

Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Presenter:	<input style="width: 95%;" type="text"/>
Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Adviser:	<input style="width: 95%;" type="text"/>
Study Session:	<input style="width: 95%;" type="text"/>		

Please help us to ensure the quality and relevance of our training by filling out this evaluation

\* As these forms are scanned electronically, please complete clearly in ink, using only the boxes provided. \*

<input type="checkbox"/> DF1	<input type="checkbox"/> LDFT	<input type="checkbox"/> Dental Nurse	<input type="checkbox"/> SHO	<input type="checkbox"/> Trainer
<input type="checkbox"/> DF2	<input type="checkbox"/> VDHT	<input type="checkbox"/> VDP	<input type="checkbox"/> SpR	<input type="checkbox"/> Other

**Aims & Objectives:**

**COMPLETE BEFORE THE SESSION**

How confident are you to: (Rate your confidence against the following expected learning outcomes)		Very confident				Not at all confident
		5	4	3	2	1
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMPLETE AFTER THE SESSION**

Please indicate your level of agreement with the following statements:		Strongly agree				Strongly disagree
		5	4	3	2	1
a)	The session was relevant to my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	The teaching methods were appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	The session was well organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	The atmosphere created was conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	The session was enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	The session was:	<input type="checkbox"/> Too long <input type="checkbox"/> Just right <input type="checkbox"/> Too short				

How would you rate the following:		Excellent				Poor
		5	4	3	2	1
g)	Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	Presentation skills of the presenter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i)	Subject knowledge of presenter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Please state how this session could be improved:

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	Very Accurate 5	4	3	2	Inaccurate 1
3. How accurate was the description of the session detailed in your programme compared with the content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment:

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4. Which aspects of the study day did you find most useful and why?

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5. As a result of attending this session, is there anything you intend to change regarding your practice?

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How confident are you to:

(Rate your confidence against the following expected learning outcomes)

	Very confident 5	4	3	2	Not at all confident 1
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments:

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	Excellent 5	4	3	2	Poor 1
How would you rate the session overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this form. If there is anything about this session that you would like to discuss, in confidence, or should you have any suggestions for developing the way we evaluate our training provision, please contact: Lynne Davidson, Training and Research Officer, 0141 352 2847 or e-mail [lynne.davidson@nes.scot.nhs.uk](mailto:lynne.davidson@nes.scot.nhs.uk)

