

Appendix 1. Course Feedback Form



Course Evaluation Form

Project title :

Date:

Hospital:

Role:

Please give a rating for each of the following : 1 = not at all, 10 = very much

Did you enjoy the course?

1 2 3 4 5 6 7 8 9 10

Have you improved your knowledge?

1 2 3 4 5 6 7 8 9 10

Do you feel more self-confident in the skills that were taught?

1 2 3 4 5 6 7 8 9 10

Do you think the training will help improve your practice?

1 2 3 4 5 6 7 8 9 10

Will you share this information with others, for example your colleagues or your students?

1 2 3 4 5 6 7 8 9 10

Please answer the questions below.

What did you like most during this training?

What were the three main skills that you improved/learnt throughout this course?

What three changes do you intend putting into practice based on this training?

What obstacles do you foresee when trying to implement these changes?

Do you have any suggestions? How can we improve next time?

What other topics would you like to include, remove, or change?

Any other comments or feedback?