

CRITICAL CARE TRANSFER TRAINING

Example - EVALUATION FORM

North West London

Date:-		Centre				
questionnair	onnaire is part of a continuing effort by the Network and local Trusts to improv- re is entirely anonymous. Please answer all the questions that apply to you by RINT THE FORM AND BRING IT WITH YOU TO THE COURSE.					
Please tick	the correct box: Doctor Nurse ODP	Observer				
		Poor	Satisfactory	Good	Very Good	N/A
1.	Introduction					
2.	Reasons for transfer presentation					
3.	"A Critical Transfer" Film					
4.	Physiological effects of transfer presentation					
5.	Medico legal aspects presentation					
6.	Pre-transfer stabilisation presentation					
7.	Sub-specialty transfers - Neuro emergencies					
8.	Sub-specialty transfers – Aortic emergencies					
9.	Communication / CRM presentation					
10.	Ambulance presentation					
11.	Workshop: Neuro transfer					
12.	Workshop: Equipment					
13.	Workshop: Intra-hospital transfer					
14.	Question and answer opportunities					
			Please t	ick the a	ppropriate b	юх
13. Did you find the course relevant to your daily practice? Yes				No		
14. Has y	our attendance of this course given you greater confidence	to undert	ake critical	care tr	ansfers?	
			Yes		No	
15. Do yo	ou think that your attendance on this course will improve the	e standar	d of the trai	nsfers i	n which y	ou are
iiivoiveu:			Yes		No	
16. How (useful did you find the course? Please mark a line () using	the scale	below			
	1 2 3 4 5 6 7 not useful	7 8	9 very t	10 useful		

17. Any other comments?