



**Adelaide Western
General Practice
Network Inc**

COLLATED EVALUATION FORM

ADELAIDE WESTERN GENERAL PRACTICE NETWORK SEMINAR

CPR Update- 19th May 2010

Name: _____

RACGP No: _____

In the spirit of feedback and continuous quality improvement, please take a moment to reflect on today's workshop and complete the following evaluation. Consider the following statements:

a) Please rate the following aspects of this workshop:	Poor	Adequate	Good	Excellent
Overall quality of the educational components as a learning experience			22%	78%
Opportunity to ask questions for clarification			11%	89%
Opportunity to interact				100%
Usefulness of the worksheets and handouts			11%	89%
Appropriateness of the length of the workshops to the amount of material covered			22%	78%

Note : Only objectives specific to this workshop are evaluated here.

b) Measurement of met learning objectives. Please rate the following:	Not at all met	Partially Met	Completely Met
1. Increase personal knowledge on improving skills in basic 1 person CPR.			100%
2. Increase personal knowledge on improving skills in basic 2 persons CPR.			100%
3. Have an increased awareness of need for developing a system for monitoring and updating all surgery equipment and pharmaceutical agents for emergency CPR update.		22%	78%
4. Have in improved confidence in managing emergency resuscitation situations.			100%

c) Please rate to what degree your learning needs were met:

Not met	Partially met	Entirely met
		100%

d) Please rate to what degree this activity is relevant to your practice:

Not relevant	Partially relevant	Entirely relevant
	22%	78%

e) How did you hear about this workshop?

E-mail	Hard Copy flyer	Division newsletter	Other
18%	9%	45%	28%

If you selected 'other' please state how you heard about this workshop

Practice Manager / Employee

f) How would you rate the catering at this event?

Poor	Satisfactory	Good	Excellent
	24%	38%	38%

g) Are there any topics you would like to address for the next workshop or any other prospective educational activities?

Asthma & Diabetes

h) Please provide any comments you have regarding the venue (i.e. accessibility, car parking etc)

Good

i) Other comments:

Nil

Thank you for your feedback – it will assist us to continually improve our programs.