Evaluation Form

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| Question: | Answer: |
| Please rate to what degree of proficiency you have from each competency goal:  (Ensure each competency goal is listed separately, regardless of how many there are) | Not yet proficient  Not sure  Proficient |
| Please rate what degree this activity was to your practice: | Relevant  Partially relevant  Not relevant |
| I was provided opportunities to identify gaps in my knowledge | Yes/No |
| Does this activity motivate you to change systems, processes or policies in your practice that would improve patient safety/outcome? | Yes/No |
| If yes, describe what changes you would make | Free text |
| How might you monitor these changes? | Free text |

This form may be provided to learners in either digital or hard copy format.

Customised feedback may be added to the above-listed questions.