

Resuscitation Education & Training Dept. Evaluation Form

Course title : MAST BLS

Please take a few minutes to complete this form.

We welcome your feedback on this to inform future training.

Trainer name :

Date:

Start Time:

Session length:

Job role (please circle):

Qualified nurse

HCA

Midwife

Dr.

AHP (please state which)

Non clinical :

Non Trust staff :

Have you attended a MAST BLS at SASH before ?

YES / NO

If yes – Approx date:

Your Name (optional)	Job Title	Division

Please rate the following from 1- 5 by circling the appropriate number for the following questions;

How was the course administration (course details, times and venue information etc) ?	Unsatisfactory	1	2	3	4	5	Excellent
The standard of venue was	Unsatisfactory	1	2	3	4	5	Excellent
The level of content was	Unsatisfactory	1	2	3	4	5	Excellent
Time allocated for practical / “hands on” participation ?	Unsatisfactory	1	2	3	4	5	Excellent
The level of trainers support and approachable was	Unsatisfactory	1	2	3	4	5	Excellent
The level of trainers knowledgeable was	Unsatisfactory	1	2	3	4	5	Excellent
The length of the session was	Unsatisfactory	1	2	3	4	5	Excellent
The pace of the session was	Unsatisfactory	1	2	3	4	5	Excellent

Please circle the appropriate answer to the following questions:

Did the instructor identify learning outcomes?

YES/NO

Were the learning objectives achieved?

YES/NO

Did the session meet your needs / objectives ?

YES/NO

If No , please expand;

Re: Literature packs /hand-outs, references etc: If available electronically: would you view pre session?

YES/NO

Do you intend to use / view again the session hand-outs after the course

YES/ NO

What did you value least from the training session?

What did you find most beneficial from the training session?

What additional content would you like to see added the training session?

My take home message from the training session was?

Any other comments or suggestions?

Thank you for completing this form. Please ensure you have completed the register then please hand it in to the trainer before you receive your attendance certificate .

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For office use only:

Item:

Action req: