

## Evaluation of Serious Illness Conversation Guide training

Name: \_\_\_\_\_ Workshop date: \_\_\_\_\_

**General feedback** (please circle one answer for each question):

1. Did the workshop meet your expectations?      Yes                  No
  
2. The teaching methods were effective.  
*Strongly agree                  Agree                  Unsure                  Disagree                  Strongly disagree*
  
3. This training positively impacted my attitude about communication with my seriously ill patients.  
*Strongly agree                  Agree                  Unsure                  Disagree                  Strongly disagree*
  
4. I can apply what I learned in the training immediately to my clinical practice.  
*Strongly agree                  Agree                  Unsure                  Disagree                  Strongly disagree*
  
5. This training will help me manage my own stress in caring for seriously ill patients.  
*Strongly agree                  Agree                  Unsure                  Disagree                  Strongly disagree*
  
6. This training will help me feel more engaged in working with my sickest patients.  
*Strongly agree                  Agree                  Unsure                  Disagree                  Strongly disagree*
  
7. I would recommend this training to others.  
*Strongly agree                  Agree                  Unsure                  Disagree                  Strongly disagree*
  
8. Please give one to three examples of how this training workshop might change/improve your practice.

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Thinking about the workshop facilitator/s (please circle one for each question):

9. The facilitator/s actively engaged the group.

*Strongly agree*

*Agree*

*Neutral*

*Disagree*

*Strongly disagree*

10. The facilitator/s maintained my interest.

*Strongly agree*

*Agree*

*Neutral*

*Disagree*

*Strongly disagree*

11. The facilitator/s handled questions and discussion satisfactorily.

*Strongly agree*

*Agree*

*Neutral*

*Disagree*

*Strongly disagree*

Additional comment about the facilitator/s:

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12. What were the best aspects of the training?

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13. Please add any additional comments or suggestions for improving the training.

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Thank you for taking the time to complete this evaluation.

**Please return the form to the course facilitator/s.**