

Post workshop delivery self-assessment and feedback Serious Illness Conversation Guide training

Trainer name: _____ Workshop date: _____

Self-Assessment of your confidence - We are interested in how confident you are feeling about delivering on the following areas of the workshop following this workshop. In the last column please indicate if you would like support to develop further in this area.

1= Really not confident 2= not confident 3= confident 4= very confident

How would you rate your confidence in the following areas of the workshop?				Self-assessment categories	Please indicate below if you would like support to develop further in this area
1	2	3	4		
1	2	3	4	Creating a safe learning environment	
1	2	3	4	Leading the group introductions	
1	2	3	4	Leading the 'your stories' reflection	
1	2	3	4	Explaining the rationale for the SICG and the elements it contains	
1	2	3	4	Facilitating debriefing after a demonstration, eliciting and responding to clinicians concerns	
1	2	3	4	Running the drill session	
1	2	3	4	Setting up small group role play	
1	2	3	4	Facilitating a small group role play	
1	2	3	4	Calling a timeout during role play	
1	2	3	4	Giving effective feedback using the feedback framework	
1	2	3	4	Acknowledging emotion of the clinician learner during role play	
1	2	3	4	Facilitating large group debriefing after role play	

What went well before, after and during the workshop?

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Training logistics - Did you experience any barriers or issues with organising the workshop and getting trainees to attend?

Teaching barriers – Did you experience any major barriers to teaching the Serious Illness Conversation Guide? Check any that apply:

Insufficient time to complete all training activities	<input type="checkbox"/>
Learners not respecting my knowledge as a trainer	<input type="checkbox"/>
Resistance from learners to using a new tool	<input type="checkbox"/>
Resistance from learners about participating in role play	<input type="checkbox"/>
Managing the group during the training session	<input type="checkbox"/>
Other barriers:	

Any other issues or feedback for the national programme office:

Thank you so much for taking the time to complete this feedback form.

Please scan the completed form and email to SICGadmin@hqsc.govt.nz together with:

Pre-course confidence surveys
Post-course confidence surveys
Participant evaluations

Or post them to SICG admin, PO Box 25496, Wellington, 6146