**Evaluation form [Date]**

**[GP SEA Learning event title]**

Your feedback is important to us. Please complete this evaluation form with your views about today’s learning event.

1. **What was your level of understanding of how to complete a good quality Cancer Significant Event Analysis (SEA) on a new diagnosis?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all confident | Slightly confident | Somewhat confident | Fairly confident | Very confident |
| Understanding pre-event |  |  |  |  |  |
| Understanding post-event |  |  |  |  |  |
| **Please comment on how this learning event has effected your attitudes and thoughts towards Cancer SEAs:** | | | | | |

1. **What was your level of understanding of the range of Safety Netting Methods?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all confident | Slightly confident | Somewhat confident | Fairly confident | Very confident |
| Understanding pre-event |  |  |  |  |  |
| Understanding post-event |  |  |  |  |  |
| **Has the education made you more aware of the STAGES involved in Safety Netting**  **YES NO**  **Are you more likely to use verbal methods of Safety Netting? YES NO**  **Are you more likely to use written methods of Safety Netting? YES NO**  **Are you more likely to use electronic methods of Safety Netting? YES NO** | | | | | |

1. **What was your level of understanding of Risk Assessment Tools?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all confident | Slightly confident | Somewhat confident | Fairly confident | Very confident |
| Understanding pre-event |  |  |  |  |  |
| Understanding post-event |  |  |  |  |  |
| **Has the learning event influenced you to now use Risk Assessment Tools in clinical practice? YES NO** | | | | | |

1. **What was your opinion of today’s presentations?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slightly | Somewhat | Mostly | Completely |
| How clear were the presentations? |  |  |  |  |  |
| How informative were they? |  |  |  |  |  |
| Was the pace right? |  |  |  |  |  |
| **Additional Comments:** | | | | | |

1. **Group Work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slightly | Somewhat | Mostly | Completely |
| How useful was the group work? |  |  |  |  |  |
| How was the pace of the group work |  |  |  |  |  |
| **Additional comments:** | | | | | |

1. **How confident do you feel to write up a Cancer SEA that would lead to quality improvements to your practice and patients**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Slightly | Somewhat | Mostly | Completely |
|  |  |  |  |  |
| **Any additional comments:** | | | | |

1. **Have your aims for today been met?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Slightly | Somewhat | Mostly | Completely |
|  |  |  |  |  |
| **Additional comments:** | | | | |

|  |
| --- |
|  |

1. **How could the day have been improved?**

**Many thanks for taking time to complete this feedback form.   
Please leave the completed evaluation form on the table.**