

APPENDIX P : SAMPLE EVALUATION FORM



Over the last few days you have been participating in building something new and exciting. It is hoped that this kind of workshop can be repeated in the future and allow more patients and consumers to have the opportunity to become involved in improving patient safety. Your feedback about what worked well and areas that could be improved is very important to the future of workshops like this one. Please give us your honest feedback and feel free to attach additional sheets of paper if needed to give us the full benefit of your thoughts and feelings.

(Please rate your response on a scale of 1 to 5, with 1 indicating you strongly agree and 5 indicating you strongly disagree.)

The dialogue and exchange of ideas over the course of the workshop was valuable

The contribution by, and discussions with other Patient Safety Experts that joined the workshop during the week, was valuable

I have a good understanding and the role patients can play in activities related to improving safety

The products of the workshop (including Statement of Purpose and vision formulations) met my expectations

The workshop met my expectations

The information sent prior to the workshop and the short tasks was helpful in preparing for the workshop

Strongly Agree		Strongly Disagree		
1	2	3	4	5

One of the challenges for facilitators is to honor everyone's contribution, yet keep things moving. With that in mind, the sessions were: (tick one)
 The time allocated just for the Patients for Patient Safety Group was: (tick one)

Too Long	Appropriate	Too Short

Please take a few minutes to write down your ideas related to these questions:

a. How will you use the energy/passion/aspirations/vision articulated during the course of the Workshop in your work?

b. Please add any other thoughts or comments regarding this workshop

c. Are you happy for us to quote your evaluation form for any publicity or press/media materials?

Yes

No