Ultrasound Training Workshop

**Participant Evaluation Form**

1. Your position (tick one) Advanced Trainee Emergency Physician CMO Other
2. Where do you work? \_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please rate the following by **placing a tick** in the appropriate box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How did you rate the:** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
| **Overall quality of the educational components of the workshop** |  |  |  |  |  |
| Opportunity to perform hands-on scanning |  |  |  |  |  |
| Appropriateness of amount of material covered |  |  |  |  |  |
| Appropriateness of depth and detail of content covered |  |  |  |  |  |
| Opportunity to ask questions and receive tuition |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measurement of met Learning Objectives.**  **Please rate the following:** | | **Fully met** | **Partially met** | **Not at all met** | **n/a** |
| **SESSIONS** | Be able to recognize common artefacts in US images and correlate with the physics principles of US |  |  |  |  |
| Be able to undertake an ultrasound scan and optimise image appearance |  |  |  |  |
| Be able to detect and measure an AAA |  |  |  |  |
| Be able to perform and interpret an EFAST examination |  |  |  |  |
| Be able to perform and interpret basic echocardiography in life support (BELS) scans |  |  |  |  |
| Correctly employ procedural US to enhance patient safety in vascular access |  |  |  |  |
| Be able to perform and interpret a proximal DVT US examination |  |  |  |  |
| **OTHER** | Organisation of day |  |  |  |  |
| Audio Visuals |  |  |  |  |
| Presenters |  |  |  |  |
| Venue |  |  |  |  |
| Catering |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Fully met** | **Partially met** | **Not at all met** |
| **To what degree were your learning needs met:** |  |  |  |

1. Please rate the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Very relevant** | **Partially relevant** | **Not relevant** |
| **To what degree was this workshop relevant to your practice:** |  |  |  |

1. List the online sessions and pre-learning resources you found most valuable and why?

1. List the course activities you found most useful and why?

1. Were there any aspects of the course that did not meet your expectations and why?

*Thank you for your feedback – it will assist us to continually improve our workshops*

*If you have any other comments about this course we would welcome your input so please feel free to email the course organisers.*