North Region / Centre for Postgraduate Dental Education
VT/DFT Feedback and Evaluation Form

NHS Education for Scotland

Date: ☐☐ / ☐☐ / ☐☐ **Presenter:**

Code: ☐☐☐☐☐☐ **Adviser:**

Study Session:

Please help us to ensure the quality and relevance of our training by filling out this evaluation

* As these forms are scanned electronically, please complete clearly in ink, using only the boxes provided. *

☐ **DF1**	☐ **LDFT**	☐ **Dental Nurse**	☐ **SHO**	☐ **Trainer**
☐ **DF2**	☐ **VDHT**	☐ **VDP**	☐ **SpR**	☐ **Other**

Aims & Objectives:

COMPLETE BEFORE THE SESSION

How confident are you to:
(Rate your confidence against the following expected learning outcomes)

		Very confident 5	4	3	2	*Not at all confident* 1
1		☐	☐	☐	☐	☐
2		☐	☐	☐	☐	☐
3		☐	☐	☐	☐	☐
4		☐	☐	☐	☐	☐
5		☐	☐	☐	☐	☐

COMPLETE AFTER THE SESSION

Please indicate your level of agreement with the following statements:

	Strongly agree 5	4	3	2	*Strongly disagree* 1
a) The session was relevant to my needs	☐	☐	☐	☐	☐
b) The teaching methods were appropriate	☐	☐	☐	☐	☐
c) The session was well organised	☐	☐	☐	☐	☐
d) The atmosphere created was conducive to learning	☐	☐	☐	☐	☐
e) The session was enjoyable	☐	☐	☐	☐	☐

f) The session was:	☐ Too long	☐ Just right	☐ Too short

How would you rate the following:

	Excellent 5	4	3	2	*Poor* 1
g) Style and delivery	☐	☐	☐	☐	☐
h) Presentation skills of the presenter(s)	☐	☐	☐	☐	☐
i) Subject knowledge of presenter(s)	☐	☐	☐	☐	☐

Please turn over

2. Please state how this session could be improved:

		Very Accurate				*Inaccurate*
		5	**4**	**3**	**2**	**1**
3.	How accurate was the description of the session detailed in your programme compared with the content?	☐	☐	☐	☐	☐

Please comment:

4. Which aspects of the study day did you find most useful and why?

5. As a result of attending this session, is there anything you intend to change regarding your practice?

How confident are you to:
(Rate your confidence against the following expected learning outcomes)

		Very confident				*Not at all confident*
		5	**4**	**3**	**2**	**1**
1		☐	☐	☐	☐	☐
2		☐	☐	☐	☐	☐
3		☐	☐	☐	☐	☐
4		☐	☐	☐	☐	☐
5		☐	☐	☐	☐	☐

Any other comments:

	Excellent				*Poor*
	5	**4**	**3**	**2**	**1**
How would you rate the session overall?	☐	☐	☐	☐	☐

Thank you for taking the time to complete this form. If there is anything about this session that you would like to discuss, in confidence, or should you have any suggestions for developing the way we evaluate our training provision, please contact: Lynne Davidson, Training and Research Officer, 0141 352 2847 or e-mail lynne.davidson@nes.scot.nhs.uk

Data Protection: NES uses the personal data you provide for purposes associated with our responsibilities for health workforce development, including the administration of courses, monitoring training programmes and circulating information relating to relevant development opportunities. For more information see www.nes.scot.nhs.uk/dataprotection. Personal data will be retained in line with our records retention policies. We will not share your data with third parties.