Evaluation

End-of-Life Care Seminar Series 5 -Team Work



| Overall, how would you rate today's training? | | | | | |
|--------------------------------------------------------|-------------------|-------|---------|----------|----------------------|
| | Excellent | Good | Average | Poor | Very Poor |
| Topic relevance to my clinical area | | | | | |
| Resources provided | | | | | |
| Content of session | | | | | |
| Overall experience | | | | | |
| My learning was | | | | | |
| | Strongly Agree | Agree | Neither | Disagree | Strongly Disagree |
| I feel more confident about providing end-of-life care | | | | | |

Tick the relevant box to indicate how you evaluate today's education