Participant Evaluation Form

Motivational Interviewing Webinar Series



Title:	Motivational Interviewing webinar series, Dr Stan Steindl							
RACGP /ACCRM Activity no:	RACGP: 158801	Event dates: Select all dates	attended \square 29	2 May 2019 (4-part 9 May 2019 5 June 2019 9 June 2019	webinar series)			
Surname:		First Name:	First Name:					
Participant RACGP/ACCRM No:								
Participant Email:								
1. What is your	profession?							
□ GP Registrar / Intern□ Medical Student□ Specialist		□ Practice Nurse R□ Practice Nurse E□ Nurse□ Practice Manage□ Dentist	N	 □ Practice Administration □ Allied Heath* □ Other* **Please Specify:				
2. Measurement of learning outcomes. Please rate the following:			Not Met	Partially Met	Entirely Met			
Develop an understanding of the fundamental spirit, principles research and evidence of MI.								
Increase awareness and development of empathic counselling skills, that are central to using the MI technique								
Observe and practice MI elements such as: to roll with resistance, resolve ambivalence, encourage change and commitment talk, and help people carry through changes to positive health behaviours								
Learn when and helements of MI	now to use advice and otl							
3. The session met my learning needs on this subject			Not Met	Partially Met	Entirely Met			
4. The session was relevant to my practice / profession?			Not Relevant	Partially Relevant	Entirely Relevant			

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	Poor	Adequate	Good	Excellent			
5. Rate the Presenter on the quality of material							
6. Rate the Presenter on their delivery style							
7. Rate your knowledge of subject BEFORE the session							
8. Rate your knowledge in this subject AFTER the session							
9. Rate your confidence in this subject BEFORE the session							
10. Rate your confidence in this subject AFTER the session							
11. Webinar Platform. Rate the suitability of webinar format							
12. Rate the suitability of the series being in 4 parts							
13. List two key "take home" points you have learned:							
1.							
2.							
14. Please specify the changes you will make as a result of attending this activity:							
1.							
2.							
15. Webinar. Please indicate your preference for length / duration of future webinars of this type. a) 4 x 1-hour sessions b) 2 x 2-hour sessions							
16. We welcome any summary comments, or recommendations for future improvement.							

Email Completed Form to: comms@wqphn.com.au

Thank you for your participation and feedback. Your comments will assist us to continually improve our programs.