



Choices and Changes - Workshop Assessment Summary

Workshop date: _____

Location: _____

Instructor: _____ Attendance: _____ participants

To complete this form, please summarize the number of participants who endorsed each rating for all evaluation categories and submit to the IHC-C office by FAX (905-629-0893) or via e-mail (ks@cfpc.ca)

The Presenter		n/a	Excellent	Good	Fair	Poor
1	Mastery of subject matter					
2	Human relation skills (listening, interest in opinion of others)					
The Facility		n/a	Excellent	Good	Fair	Poor
3	The training facility.					
Workshop Components		n/a	Excellent	Good	Fair	Poor
4	Lecture: Premise					
5	Exercise: Motivation					
6	Lecture: Clinician					
7	Exercise: Clinician Assessment					
8	Exercise: Clinician Conviction & Confidence with a Challenging Patient					
9	Lecture: Environment and Intervention					
10	Exercise: Assessing Patients					
11	Exercise: Increasing choices to promote change					
Workshop Objectives		n/a	Strongly Agree	Agree	Disagree	Strongly Disagree
12	As a result of this workshop I feel able to ... reflect on the role of the clinician as a facilitator of change.					
13	As a result of this workshop I feel able to ... identify two strategies to assess an individual's motivation to change.					
14	As a result of this workshop I feel able to ... describe two skills to influence patient behaviour changes, which apply to situations in a clinical setting.					
15	As a result of this workshop I feel able to ... demonstrate two techniques to use in clinical settings to influence change.					
Overall		n/a	Strongly Agree	Agree	Disagree	Strongly Disagree
16	Overall, this workshop was effective.					
17	I will recommend this workshop to colleagues.					
18	There was no evidence of industry bias in this presentation					

