## 

## Overall

Please describe the area/s of the event that you found most helpful *(please continue overleaf if needed)*

Please describe the area/s of the event that you found least helpful and/or areas that could have been developed further *(please continue overleaf if needed)*

**Please circle the score that most closely represents your views on these aspects of the workshop:**

**Poor Fair Good Excellent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Overall rating for the event** | **1** | **2** | **3** | **4** |

**Sessions Poor Fair Good Excellent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Content of Sessions** | **1** | **2** | **3** | **4** |
|  | | | | |
| **Delivery of Sessions** | **1** | **2** | **3** | **4** |
|  | | | | |

**General Poor Fair Good Excellent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hand outs | **1** | **2** | **3** | **4** |
| Room | **1** | **2** | **3** | **4** |
| Admin/information supplied pre-event | **1** | **2** | **3** | **4** |

|  |
| --- |
| **One action I’m going to take as a result of the course:** |

**PTO**

**Would you recommend this course to your colleagues?**

**Do you have any other comments?**

**Thank you for giving your feedback - Please return by email to:**

***Workshop: Teaching Evidence Based Medicine*** | ***Date:***

***Venue/provider:*** Centre for Evidence-Based Medicine, Oxford