

# Training Evaluation Survey



**Produced by the LIHNN Trainers' Group**

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## Introduction

This document has been developed by the LIHNN Trainers' Group to help library staff in the region to effectively evaluate any training sessions that they may carry out. There is a great emphasis at present on service evaluation and hopefully, this document will provide some useful ideas and guidance.

The document has been divided into four sections, with each section providing examples of survey questions that library staff may want to ask. The four sections are:

1. General Information - This section focuses on the general questions that library staff may want to ask.

2. Pre-course information - This section focuses on questions that Trainers may want to ask before a session to gauge the needs of the participant.

3. Immediately after the session - This section focuses on questions that Trainers may want to ask immediately after the session has finished.

4. Several weeks later - This section focuses on questions that can be asked some time after the session has taken place.

The questions in this document are provided as a guide only and library staff are free to pick and choose the questions that will be suitable for their own circumstances. Any feedback or suggestions for questions not included would be greatly appreciated.

**The LIHNN Trainers' Group**

## Part 1: General Information

Please provide the following information about yourself:

### 1. Job Title

### 2. Department

### 3. Professional Group

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Clerical & Administration  | <input type="checkbox"/> Midwife |
| <input type="checkbox"/> Doctor                     | <input type="checkbox"/> Nurse   |
| <input type="checkbox"/> GP                         | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other (please specify)     |                                  |

### 4. I am:

- A member of the acute Trust  
 A member of the PCT  
 Other (please specify)

### 5. Which training course did you attend?

- |   |   |
|---|---|
| <input type="checkbox"/> Library Induction    | <input type="checkbox"/> The Cochrane Library                           |
| <input type="checkbox"/> Literature Searching | <input type="checkbox"/> NHS Evidence                                   |
| <input type="checkbox"/> PubMed               | <input type="checkbox"/> Evidence-Based Medicine and Critical Appraisal |

6. When did the training course take place?

MM / DD / YYYY

Date

7. Where did the training course take place?

8. Please provide the name of the Trainer

## **Part 2: Pre-course information**

### 1. How did you find out about this training session?

- |   |  |
|---|--|
| <input type="checkbox"/> Word of mouth                  | <input type="checkbox"/> Library staff |
| <input type="checkbox"/> Library literature             | <input type="checkbox"/> Presentation  |
| <input type="checkbox"/> Library Intranet/Internet site |  |
| <input type="checkbox"/> Other (please specify)         |  |

### 2. Have you ever attended a similar session before?

- Yes  
 No

### 3. Do you have access to a computer at home or work?

- Yes  
 No

### 4. Do you feel confident using:

	Yes	No
A mouse	<input type="checkbox"/>	<input type="checkbox"/>
A keyboard	<input type="checkbox"/>	<input type="checkbox"/>
Accessing the Internet	<input type="checkbox"/>	<input type="checkbox"/>
Typing in web addresses	<input type="checkbox"/>	<input type="checkbox"/>
Moving between web pages	<input type="checkbox"/>	<input type="checkbox"/>
Saving and printing documents	<input type="checkbox"/>	<input type="checkbox"/>

5. Are you familiar with (or have you ever used):

	Yes	No
The library catalogue	<input type="checkbox"/>	<input type="checkbox"/>
Search engines, e.g. Google, Yahoo	<input type="checkbox"/>	<input type="checkbox"/>
Online databases, e.g. Medline, Cinahl	<input type="checkbox"/>	<input type="checkbox"/>
The Cochrane Library	<input type="checkbox"/>	<input type="checkbox"/>
NHS Evidence	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Journals	<input type="checkbox"/>	<input type="checkbox"/>
Search strategies	<input type="checkbox"/>	<input type="checkbox"/>
Boolean, e.g. AND, OR, NOT	<input type="checkbox"/>	<input type="checkbox"/>
MESH (Medical subject headings)	<input type="checkbox"/>	<input type="checkbox"/>

6. At present, how confident do you feel locating health-related information online?

- Not at all confident
- Not very confident
- Average
- Fairly confident
- Very confident

7. What do you hope to learn from attending this session?

### **Part 3: Immediately after the session**

#### **1. What promoted you to attend a training session?**

- |  |  |
|--|--|
| <input type="checkbox"/> New job   | <input type="checkbox"/> Research                                  |
| <input type="checkbox"/> Education/assignment                            | <input type="checkbox"/> Continuing professional development       |
| <input type="checkbox"/> To improve evidence-based practice/patient care | <input type="checkbox"/> Writing guidelines/competencies/protocols |

#### **2. Please rate the following (1 = poor 5 = excellent):**

	1	2	3	4	5
Session content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training materials and handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training room facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### **3. Do you feel that information was provided at the correct level for your learning?**

- No, it was too complicated  
 Yes, it was just about right  
 No, it was too easy

#### **4. Did the course meet the objectives set out at the beginning of the session?**

- Yes  
 No

#### **5. Did the course meet your own expectations?**

- Yes  
 No



6. How would you rate your knowledge and skills before the training session?

- Not at all confident
- Not very confident
- Average
- Fairly confident
- Very confident

7. How would you rate your knowledge and skills now?

- Not at all confident
- Not very confident
- Average
- Fairly confident
- Very confident

8. Overall, how satisfied were you with the training session?

- Very satisfied
- Satisfied
- Not satisfied

9. What did you like most about the session?

10. What did you like least about the session?

11. Would you recommend the training session to colleagues?

Yes

No

12. If you have any further comments or suggestions on how we can improve our training, please write in the box below.

## **Part 4: Several weeks later**

1. Since attending the training session, have you used any of the skills learned in order to find health-related information?

- Yes  
 No  
 I have not had the time/opportunity

2. Have you shared what you have learnt with colleagues?

- Yes  
 No

3. Please indicate if you feel the training has impacted on the following areas:

- |  |  |
|--|--|
| <input type="checkbox"/> Continuing Professional Development | <input type="checkbox"/> Patient Care        |
| <input type="checkbox"/> Education                           | <input type="checkbox"/> Research            |
| <input type="checkbox"/> Evidence Based Practice             | <input type="checkbox"/> Service Improvement |

Please provide additional information