

Facilitator evaluation of curriculum materials and participant responses

We would like to continue to enhance the “Motivational Interviewing in Respiratory Health Care” toolkit, so your candid feedback is critical. Please take a few minutes to **complete and return this brief evaluation form** every time you hold a training using the Motivational Interviewing in Respiratory Health Care curriculum materials. This will also help us to track the frequency and locations of training events using these materials. We will communicate this information with our funders and stakeholders, but no personal, identifying information will be shared without your consent (please see below).

Name: _____

Organization: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone (Work): (____) _____ **Telephone (Home):** (____) _____

Job title or position: _____

Which discipline do you belong to?

- General practitioners and family physicians Pharmacists
 Specialist physicians Dietitians and nutritionists
 Registered nurses Social workers
 Licensed practical nurses Psychologists
 Respiratory therapists, asthma educators Chiropractors
 Dentists Physiotherapists
 Dental hygienists and dental therapists Occupational therapists
 Dental assistants Midwives / Practitioners of natural healing
 Other: _____

What area of Ontario are you from?

- South-west area (i.e., Windsor, Elgin-St.Thomas, Grey Bruce, Perth, Oxford, London)
 Central-west area (i.e., Waterloo, Brant, Niagara, Wellington, Guelph, Haldimand-Norfolk)
 Central-east area (i.e., Peterborough, Haliburton, Simcoe, Peel, York Region)

Motivational Interviewing in Respiratory Health Care

- Eastern area (i.e., Ottawa, Kingston, Renfrew, Hastings, Prince Edward)
- North-east area (i.e., Porcupine, Sudbury, Algoma, Timiskaming, North Bay)
- Toronto area (i.e., GTA)
- Other: _____

Date of workshop: _____

Name and credentials of faculty teaching course: _____

Duration of workshop (please circle):

One hour Half day One day Other: _____

Approximate number of participants attending: _____

For each statement, please check the box that best describes your assessment of the Motivational Interviewing Trainers' Toolkit.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. The planning tips and facilitator resources in the toolkit helped me prepare to facilitate this workshop.					
2. The facilitators' notes for the slides helped me speak to the content on the slides.					
3. I was able to incorporate interactive exercises into my presentation.					
4. The audience seemed interested in the interactive learning activities.					
5. I was able to tailor the content of my workshop to address the learning needs of my audience (i.e., I could find the information I wanted on the slides provided in the toolkit).					

6. The information on the slides reflects current, evidence-based information about Motivational Interviewing.					
7. I am planning to hold another workshop in the future, and will use the toolkit again.					
8. I would recommend the toolkit as a resource to others who are planning MI training sessions.					
9. I supplemented the slide content with my own materials/resources. (Please circle the approximate % of materials used that were your own, and describe on the back of this sheet what you included.)	0%	25%	50%	75%	100%
10. I supplemented the suggested interactive activities with my own activities. (Please circle the approximate % of activities used that were your own, and describe on the back of this sheet what you included.)	0%	25%	50%	75%	100%
11. Overall, I would rate the <i>Motivational Interviewing in Respiratory Health Care</i> toolkit as:	1	2	3	4	5
	Poor			Excellent	

(OPTIONAL: Print first and last name and discipline/profession/credentials)

I, _____,

agree to allow the TEACH Project to publish my written comments both in print materials and on the TEACH website.

Please check the appropriate box:

- I agree that my first and last name and my discipline/profession/credentials may be published with my comments.
- I agree that only my first name may be published with my comments.
- I request that my comments remain anonymous.

Signature: _____

Date: _____

Thank you for taking the time to complete this evaluation form.

Please fax to: 416 599-3802 or e-mail to teach@camh.ca.