

POST TRAINING SURVEY

Date:

Clinic:

Title (check one):

- MD/ DO RN/NP PA RD CDE
 MA Receptionist Outreach Worker
 Other (Please name) _____

	strongly disagree	disagree	neutral	agree	strongly agree
Using this registry will improve patient care in our clinic.	1	2	3	4	5
Using this registry will be a burden on our operations.	1	2	3	4	5
Using this registry will improve our access to information about our patients with diabetes.	1	2	3	4	5

How likely are you to use this registry...

	probably will not	not likely	don't know	likely	very likely
	1	2	3	4	5
for patient visit?	1	2	3	4	5
to print an action list?	1	2	3	4	5
for patient outreach?	1	2	3	4	5
for looking up information on patients?	1	2	3	4	5
for entering information about patients?	1	2	3	4	5
as a part of your role in the clinic?	1	2	3	4	5

Turn over please...

	<u>strongly disagree</u>	<u>disagree</u>	<u>neutral</u>	<u>agree</u>	<u>strongly agree</u>
<i>The information I gained in this training...</i>					
• was understandable	1	2	3	4	5
• was applicable to my job	1	2	3	4	5
• could have long term, positive impact on our patients	1	2	3	4	5
• was enjoyable / interesting	1	2	3	4	5
• was worth my time and effort	1	2	3	4	5
<i>The presenter...</i>					
• was prepared	1	2	3	4	5
• was knowledgeable	1	2	3	4	5
• was interesting	1	2	3	4	5
• handled questions effectively	1	2	3	4	5

What did you like most about this training?

What did you like least about this training?

What areas do you think could be improved?

What other training would you find useful to make the diabetes registry a more effective tool for you?

Other comments:

Thank you for your participation!