

Youth Friendly General Practice: Essential Skills in Youth Health Care

Evaluation

Please complete and return this evaluation form to your training provider.

Date:

Venue:

Please rate the following aspects of the training program: (Circle the appropriate response)	Not at all 1	Partially 2	Entirely 3
To what degree were your learning needs met	1	2	3
To what degree is this activity relevant to your practice	1	2	3
The trainer was well prepared and delivered the program in an effective and timely manner	1	2	3
The trainer's style was engaging and interesting	1	2	3
The trainer was knowledgeable about the topic and provided useful information	1	2	3
The venue was suitable and appropriate to the training needs of the group	1	2	3
If you rated any of the above 'Not at all' could you please explain why?			

Please indicate the extent to which each of the learning objectives have been met through this training:	Not met 1	Partially met 2	Entirely met 3
Understand and apply a developmental perspective to assessing youth health problems	1	2	3
Identify strategies to overcome barriers to young people accessing a general practice	1	2	3
Conduct a youth-friendly consultation, including explaining confidentiality, negotiating to see the young person alone, and using youth friendly communication skills	1	2	3
Perform a health risk assessment using the HEEADSSS psychosocial screening tool as a demonstrated systematic approach to patient safety	1	2	3
If you rated any of the above 'Not met' could you please explain why?			
What will you change in your work as a result of this course?			
Any other comments?			

Thank you