

Compassionate Conversations: Evaluation Survey

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Your personal data may also be used for additional communication with you as part of NHS Resolution's functions (including telling you about future events and other information about activities), for administrative purposes, or customer services; or as you permit in the questions at the end of the survey.

You have the right to access, ask us to correct mistakes in or delete your data. You can also tell us if you don't want to hear from us, in particular in terms of the data provided in questions at the end of the survey. Please send any requests to nhsr.adviceeducation@nhs.net

Please continue the survey if you are happy to accept these terms.

About You

1. Please tell us your gender: *

- Male
- Female
- Other
- Prefer not to say

2. Please complete your details: *

Full Name
*

Job Title
*

Employer
*

3. Please tell us your ethnicity: *

- White
- British
- Irish

Other

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Mixed

White and Black Caribbean

White and black African

White and Asian

Any other mixed background

Black or Black British

Caribbean

African

Any other black background

Other Ethnic Group

Chinese

Any other Ethnic Group

I do not wish to disclose my ethnic origin

Evaluative Feedback

4. Please name the trainer who led your workshop: *

5. Using a scale where 1 = Poor and 5 = Excellent, please rate the following: *

	1 = Poor	2	3	4	5 = Excellent
The extent to which the structure of the workshop supported your learning need					
The quality of interaction you experienced in the workshop					
The quality of the materials/handouts used in the training					
The pace of the workshop					
Your overall experience of the workshop					

1 = Poor

2

3

4

5 = Excellent

How would you rate the facilitator's knowledge of the topic?

How would you rate the facilitator's teaching strategies for this type of material?

How would you rate the facilitator's responsiveness to the group's learning needs?

Now you have attended the workshop, please tell us about any residual concerns you have about this topic:

Learning Objectives

Explain the value and significance of compassionate conversations both to individuals and the wider system;

Demonstrate the knowledge, skills and disposition to participate in compassionate conversations;

Integrate compassionate conversations in your own life and practice;

Model a relational and values-based approach to communication; and

If applicable to your circumstances, disseminate learning from the Compassionate Conversations programme within your own organisation or workplace.

6. Please review the learning objectives above and rate your PREVIOUS level of knowledge, skills and experience in relation to this course, then using a scale where 1 = Poor and 5 = Excellent, please rate the following: *

1 = Poor

2

3

4

5 = Excellent

Your prior knowledge and experience of the topic

Your skills to undertake any of the elements mentioned in the learning objectives

Your levels of confidence to initiate a compassionate conversation about a performance concern

Your level of personal comfort to host a compassionate conversation

Your daily experience of this subject area in the workplace

7. How will the workshop inform your professional development and practice? *

8. What organisational factors exist to help you put your learning into practice? *

9. Would you recommend this workshop to others? *

Yes

No

Comments:

10. Please feel free to add any other comments you feel may help to inform our thinking about this programme.

11. If you are happy to give a testimonial we can use for future marketing, please do so in the space below.

12. If you are happy for us to publish your feedback as a testimonial, please indicate below.

Yes, I am happy for you to publish my feedback with name, job title and organisation

Yes, I am happy for you to publish my feedback but anonymously

13. As part of our pilot evaluation, we wish to contact you in three months to understand the impact this workshop has had in the workplace; please confirm your consent for us to send you an evaluation survey by email at that point:

Yes, I consent to being contacted again as outlined above

No, I do not consent to being contacted again

14. Contact information - please provide your details if you have given a testimonial or consent to be contacted on any of the above

Email Address