

## Safe Surgery NZ Observational Auditor Training Evaluation Form

**Your responses will aid us to improve the delivery and content of the training.  
Please give honest feedback to assist us in achieving the highest quality sessions.**

**Position:**

**Date:**

***Please indicate the extent to which you agree with each of the following statements***

*(SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree)*

**The Session:**

1. Was structured in a clear, logical manner.	SA	A	U	D	SD
2. Helped me deepen my understanding of the subject.	SA	A	U	D	SD
3. Covered topics relevant to observational auditing.	SA	A	U	D	SD
4. The learning activities were useful.	SA	A	U	D	SD
5. Will enable me to audit using the rating tools.	SA	A	U	D	SD
6. Enabled me to promote auditing of the paperless checklist in my DHB.	SA	A	U	D	SD
7. Contained the correct mix of trainer input and participant interaction.	SA	A	U	D	SD
8. I clearly understand the process to become a trained auditor.	SA	A	U	D	SD
9. Overall, I was satisfied with the quality of the session.	SA	A	U	D	SD

**Please turn over**

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What was most helpful for your learning?
What improvements or changes to the session would help you to audit the paperless Checklist?
What improvements or changes to the session would help you to implement the auditing in your DHB?

**Thank you for your feedback.**