ACF Junior Doctors
Australian Curriculum Framework

CPMEC

NATIONAL GUIDELINES FOR ACF RESOURCE DEVELOPMENT

The purpose of these guidelines is to assist those individuals or groups wishing to develop an educational resource to address a Capability within the Australian Curriculum Framework for Junior Doctors (ACF). It is presumed that these will be most useful to those without an educational background, and/or who have not previously been involved in course or resource design.

This approach to resource development can be used for resources such as:

- Self directed learning resources e.g. paper based or online
- Face to Face educational experiences e.g. tutorials, workshops etc
- Train the trainer packages – to assist supervisors.

A general description of each stage in the process is provided. Sample plans are provided in the Appendices.

ESTABLISHING A NEED

Before designing an educational resource it is important to establish a need. This usually involves a needs analysis. The ACF has identified the range of capabilities required by junior doctors. Prior to developing a specific resource to be placed within the Framework, first make sure that (1) there is a real need for it and (2) another suitable resource is not already available.

Gillam and Murray, 1996 define several forms of educational needs analyses including:

- Felt needs – which refers to self reported needs
- Expressed needs – gleaned from observation
- Normative needs – which are defined by experts
- Comparative needs – which are gained by comparisons of groups.

The following examples are given as to how learning needs may be identified:

- Anecdotal evidence such as feedback from supervisors e.g. JMO unprepared in this area of the ACF
- Mapping exercises – where educational opportunities relevant to the ACF capabilities are explored and gaps established.
- Literature – suggesting a need in the target group
- Experience – evidence collected over a number of years involved in JMO education
- Survey of the JMOs or supervisors

(Grant, 2002).

AUDIENCE

It is important to determine who the learning resource is intended for. Has the need been identified in the JMO population? In this case the resource audience is the JMO. Has the need been identified by a particular unit? In this case the audience comprises the JMOs undertaking this rotation. This will help you decide how best to address the need i.e. at a local level or a more general level. Alternatively it could be a need identified in the Supervisor group. In this case the supervisors are the audience.

The audience will determine how the content is developed, the depth and context.

AIM

An overall aim of the resource should be established. This is a broad statement of the intent of the resource. For example it may be "to prepare interns for the management of paediatric emergencies in a rural setting". The aim or goal of the resource should identify the topic area and the audience.

LEARNING OBJECTIVES

Learning objectives are the lynchpin of any educational resource. They determine not only what you want to teach but also influence strategies chosen to teach and also how to evaluate and assess achievement of objectives. They should indicate the behaviour you want from the learner e.g. to practise, to identify etc.

Bloom's taxonomy (1956) provides a guide to organising different levels of thinking and learning activities. This taxonomy is widely used and recent revision has the six levels from lowest level to highest level as:

1. Remembering
2. Understanding
3. Applying
4. Analysing
5. Evaluating
6. Creating

As a resource developer setting learning objectives you will need to determine what type of knowledge acquisition you desire from your learners. For example, do you want them to remember facts or to use their knowledge to analyse a problem and determine a management plan?

Learning objectives need to be:

- Specific
- Measurable
- Objective

(Peyton, 1998 and Newble and Cannon, 2001)

Examples of learning objectives are given in the sample plans provided in the Appendices.

TEACHING/LEARNING STRATEGIES

Once you have set the learning objectives you will need to determine what teaching/learning strategies are required to achieve the objectives. If the learning objective requires practice of a skill then a lecture

or facilitated discussion will not be appropriate. Likewise if you require the learners to reflect then an opportunity needs to be provided to allow reflection.

At this stage you may determine the type of resource that best suits the learning objectives. It may be that due to time constraints you need to split the educational session into two parts in order to achieve all of the objectives. Likewise you may decide that an online self directed package is better suited to achieving the objectives.

The setting/venue also needs to be established appropriate to achievement of the learning objectives e.g. it may require a specialised setting to practise a skill.

Teaching and Learning Strategies should be based on sound Adult Learning Principles (Knowles, 1973 and 1980) encouraging opportunities for feedback, establishing relevance, promoting reflection etc.

Where you have decided on a face to face resource you need to develop the teaching strategies and learning activities into a session/course. This involves determining:

- Timing of activities – time required to adequately complete the activity or achieve the objectives
- Sequencing – in what order should activities be timetabled to have maximal impact and ensure flow and connectivity. This involves grouping (Newble and Cannon, 2001)
- Priorities – what is essential to know, do etc before moving on to something else.

CONTENT

To gather the content for your resource you can use a number of sources:

- Searches such as Medline etc to identify evidence based journal articles
- Expert Clinicians
- Facility Protocols
- National bodies e.g. National Patient Safety Framework

Content should be appropriately referenced.

SUPPORTING RESOURCES

Depending on the teaching and learning strategies you have chosen, you may need to source supporting resources for your educational resource e.g. case studies, PowerPoint presentations, equipment for skills training etc.

In addition, you may require pre course work by the participants such as pre reading. If so this material needs to be developed/sourced and provided in a timely fashion. Expected pre course work needs to be made clear to the learners.

When developing supporting resources such as PowerPoint Presentations it is important to once again consider the learning objective and the method of instruction they are supporting. If the teaching and learning strategy is a Facilitated Discussion then an extensive PowerPoint presentation will not be appropriate. Rather a few trigger slides may be used.

ASSESSMENT

Not all educational resources will require the participants to be assessed. However if your learning objectives require competency as an outcome then some assessment to determine achievement of competency will be required. You will need to determine how you will measure this competency, who will assess and what tools you will use. In addition, you will need to consider the remediation process for those learners who do not reach competency during the time allocated. For some educational resources such as online learning the competency time may be indefinite or alternatively you may set a maximum number of attempts before remediation is required.

EVALUATION

Educational resources should be evaluated to determine achievement of learning objectives. Your evaluation may focus on learning outcomes and/or process measures where relevant. Process measures may include gathering feedback on the design of the resource, the implementation of the resource (e.g. feedback on the facilitator) or resources used. An evaluation form is included for each of the sample plans in the Appendices as a guide.

You should also determine what you will do with the evaluation data. Evaluation should be an integral part of your quality control process and as such should be used to inform future development of resources or revision.

MAINTENANCE OF YOUR RESOURCE

It is important to consider the ongoing maintenance of your educational resource. This should include timeline for review, maintenance of currency of content, review of evaluations and timeline for modifications. In addition, the person responsible for the maintenance of the resource should be identified.

REFERENCES

1. Bloom, B. S. (1956). *Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain.* New York: David McKay Co Inc.

2. Gillam SJ, Murray SA. Needs assessment in general practice. London: Royal College of General Practitioners, 1996.

3. Grant, J. (2002) Learning need assessment: assessing the need. *BMJ, 324* (7330), 156-159.

4. Knowles, M. (1973). *The Adult Learner: A neglected Species.* Houston: Gulf Publishing Company.

5. Knowles, M. (1980). *The Modern Practice of Adult Education: from Pedagogy to Andragogy* (2nd ed.). New York: Cambridge Books.

6. Newble, D., & Cannon, R. (Year?) *A handbook for medical teachers.* (4th ed.) Netherlands: Kluwer Academic Publications.

7. Peyton, J. (1998). *Teaching and Learning in Medical Practice*. Great Britain: Manticore Europe Ltd.

8. Pohl, M. (2000), Learning To Think, Thinking To Learn-Models and Strategies to Develop a Classroom Culture of Thinking, Australia: Hawker Brownlow Education.

APPENDIX 1 – SAMPLE EDUCATIONAL RESOURCE PLAN 1

TITLE:SKILLS TRAINING AND ASSESSMENT PROGRAM - HOW TO SCRUB, GOWN AND GLOVE

1. Needs Analysis

A need was established via:

1. Feedback from Clinical Supervisors. There was anecdotal evidence that there were varying practices in terms of this skill and also variation in skill level amongst interns.

2. Medical Education Unit staff discussions which determined that this was an ACF required capability for all interns.

3. Hospital quality department – requirement that all hospital personnel were aware of and competent in the Hospital's protocol for Scrub, Gown and Glove.

2. Target Audience

Interns

3. Aim

The aim of this educational resource is to develop competency of the interns in the skill of Scrub, Gown and Glove.

4. Learning Objectives:

By the end of the session the interns will have:

1. identified the hospital recommended procedures and techniques on how to scrub, gown and glove
2. Practised the skill of scrubbing, gowning and gloving using the hospital procedure outlined
3. Demonstrated competency in scrubbing, gowning and gloving
4. Discussed how contamination can occur and the outcomes of contamination.

5. Teaching and Learning Strategies

As this is a skill required by all interns it was decided that this educational session would be offered early in the year to the entire intern cohort.

Pre-reading: Optional for this training

Handout : "Recommended Procedures And Techniques On How To Scrub, Gown And Glove"
Video: ACORN Standards for Perioperative Nursing

Venue: Theatre sink (or simulated environment)
Setting: Small group work, expert facilitator
Training Time: 40 minutes

Session Plan

Time *(min)*	***Teaching Objective***	***Teaching Strategy***
5	- *Provide outline of session* - *Brief participants on competency testing process*	*Facilitated Discussion*
10	*Demonstrate scrubbing, gowning, gloving*	*Skill Demonstration*
10	*Allow participant to practise*	*Skill Practice*
10	*Perform competency test & complete certification paperwork*	*Competency Assessment by Expert Facilitator*
5	*Evaluation (if required at this stage)*	*Questionnaire*

7. Supporting Resources:

The following supporting resources are required:

- Handout : "Recommended Procedures And Techniques On How To Scrub, Gown And Glove" (See attachment1)
- Video: ACORN Standards for Perioperative Nursing
- Equipment and material:
    - Facilitator who can demonstrate and assess skill
    - Sink and scrubbing materials, gown, gloves
    - Competency sign-off sheet / certificate
    - Evaluation form

8. Assessment

As this is a required ACF capability competency will be determined using a checklist (see attachment 2). The Assessor will be the Expert Facilitator. Interns can attempt the competency as many times as required during the allocated time. If further time is required to obtain competency a remediation process will be determined for the individual to provide further practice and assessment opportunities.

9. Evaluation

A questionnaire will be used to evaluate the session (see Attachment 3). This will be administered at the end of the session and results collated and presented to the Postgraduate Medical Education Committee along with recommendations for future sessions.

10. Maintenance of Resource

The course will be reviewed annually by the Medical Education Officer in conjunction with the expert facilitator. Last review date of Training Package: **May 2008**

ATTACHMENT 1 - *MACKAY HEALTH SERVICE DISTRICT* - RECOMMENDED PROCEDURES AND TECHNIQUES ON HOW TO SCRUB, GOWN AND GLOVE

The correct wearing of perioperative attire includes:

- **all** hair is completely covered
- surgical face mask is worn correctly
- the wearing of protective eyewear
- nails are short (to ensure maintenance of glove integrity) and free from nail polish
- jewellery is removed.

Hospital identification badge is being worn.

The surgical scrub procedure uses the ACORN Standards for Perioperative Nursing (refer to video).

Choose an appropriate surgical scrub solution:

- broad spectrum and fast acting
- non irritant and has persistent residual effect
- contains an antimicrobial ingredient.

First scrub of the day is five (5) minutes and thereafter three (3) minutes (or as per organisational policy, procedure and or work unit guidelines).

Steps for scrubbing:

- Open the packaging of the sterile scrubbing brush and place on the side of the sink.
- Wet hands and forearms.
- Apply antimicrobial agent to hands, lather hands for only 30 seconds.
- Starting from the wrist using a circular motion, lather arms to 2.5 cm above the elbow – 30 seconds.

Total time for initial washing of hands and arms being one (1) minute.

- Apply the antimicrobial agent and lather hands and then pick up the scrub brush and scrub nails. Only use the scrub brush for the first scrub of the day and only for a maximum of 30 seconds for each hand.
- Rinse hands and arms well holding hands higher than the arms so that the water drips down the arm to the elbows and not onto the hands.
- Apply antimicrobial agent and lather the hands and forearms using a circular motion to 2.5 cms below the elbow. Complete the hand wash, ensuring that all digits have been well washed – two (2) minutes in total.
- Rinse hands and arms.

Turn off taps using elbows.

Donning a surgical gown using aseptic technique:

Dry each hand and forearm thoroughly with the opposite side of a sterile hand towel prior to gowning and gloving. Avoid dripping water onto the sterile field.

Adopt a posture leaning slightly forward at the waist preventing the hand towel, as it unfolds from touching the scrub clothes.

If only one (1) hand towel is used, it is mentally divided into half, with one half used for each hand and arm.

The towel(s) are discarded after use.

The folded gown is lifted upward from the sterile packaging.

Steps are taken backwards before allowing the gown to fall open, to avoid contamination of the gown by the lower areas of the gown table.

The gown is grasped at the neckline, allowing the gown to unfold.

The gown is held with the inside of the gown towards you (the wearer).

Simultaneously the hands are slipped into the armholes, holding the hands at the shoulder level and away from the body; the circulating nurse will then pull the gown from the back. The scrub person should ensure that the hands do not go through the cuff of the gown.

The circulating nurse will tie and or button the back of the gown.

Donning sterile gloves using aseptic technique:

The closed method of donning sterile gloves is used at the commencement of the procedure.

The open gloving technique is only used **following** commencement of the surgical procedure when either one and or both gloves need to be changed, without any other assistance during the surgical procedure.

<u>Closed Method:</u>

Open glove packet with the glove fingers facing towards your body.

With one (1) hand that is covered by the fabric of the sleeve or the cuff, pick up a glove at the thumb and glove cuff.

Turn the hand 180° until the fingers of the glove are extending along the forearm pointing towards the elbow.

The glove cuff and the sleeve cuff are held together with the thumb of the hand being gloved.

The sleeve covered hand stretches the cuff of the glove over the over end of the sleeve – peeling back over the hand.

The sleeve covered and grasps both the cuff of the glove over the gown, as the fingers are worked into the glove; the cuff is pulled up onto the wrist.

The other glove is put on in the same manner with the assistance of the gloved hand.

<u>Open Method:</u>

Pick up the outside cuff of the glove using the thumb and the index finger of the other hand.

Pull the glove onto the hand, leaving the cuff of the glove turned down.

With the gloved hand, slide the fingers inside the cuff of the other glove, being careful to keep the gloved fingers under the folded cuff.

Pull the glove onto the hand avoiding inward rolling of the cuff. Then by rotating the arm, the cuff of the glove is pulled over the gown.

Place the fingers of the hand that was gloved second, under the folded cuff of the hand gloved first, rotate the arm and pull the cuff of the glove over the gown.

Last review date: May 2008

ATTACHMENT 2 - SKILLS COMPLETION FORM - SCRUB, GOWN AND GLOVE

	Yes	No
• Demonstrated correct scrubbing procedures	☐	☐
• Demonstrated correct gowning technique	☐	☐
• Demonstrated correct gloving technique	☐	☐
• Showed awareness of how contamination can occur	☐	☐

Comments:

Participants Name: …….

has completed the skill session of
Scrubbing, Gowning and Gloving

Facilitator's Name: ……

Facilitator's Signature: …….. Date: ……

ATTACHMENT 3 – SKILLS TRAINING AND ASSESSMENT EVALUATION FORM

Thank you for participating in this session. Please complete the following evaluation which will assist us in planning future courses.

Session Title:□ □ …… Date:□□ □ □ □ □ □ □ □ □

1. Overall how would you rate this session?

Poor ☐ Fair ☐ Good ☐ Very Good ☐ Outstanding ☐

2. Please provide feedback about the following:

	Strongly Disagree	**Disagree**	**Slightly agree**	**Agree**	**Strongly Agree**
I clearly understood the learning objectives of this session.	☐	☐	☐	☐	☐
The skills were expertly demonstrated.	☐	☐	☐	☐	☐
There was adequate time to practise the required skills.	☐	☐	☐	☐	☐
The facilitator provided a supportive learning environment	☐	☐	☐	☐	☐
The session was appropriate for an adult learner with prior clinical knowledge.	☐	☐	☐	☐	☐

3. Do you have any recommendations to assist us with our future planning of this session?

4. Other comments:

Thank you for completing

APPENDIX 2 – SAMPLE EDUCATIONAL RESOURCE PLAN 2

TITLE: COMMUNICATION: PATIENT INTERACTION – OPEN DISCLOSURE

1. Needs Analysis

A need was established via:

1. Network Clinical Governance Unit– requirement that all hospital personnel (particularly managers and clinicians) were aware of NSW Health and Network policy directives for Open Disclosure.

2. Network Incident Information Management System (IIMS) requirements in terms of responses to adverse events.

3. JMO Unit staff discussions which determined that this was an ACF required capability for all junior doctors.

2. Target Audience

Interns

3. Aim

The aim of this educational resource is to highlight NSW Health and Network policy requirements with regard to Open Disclosure when responding to an adverse event.

4. Learning Objectives:

By the end of the session the interns will be able to:

5. Defined the term "Adverse Event"
6. Discuss the importance of recording adverse events in the Network Incident Information Management System
7. Describe the principles of "Open Disclosure"
8. Understand the harm that can be caused by errors and system failures
9. Describe how to access NSW Health and Network policy guidelines regarding "Open Disclosure"

5. Teaching and Learning Strategies

To allow interns to "acclimatise" into their roles as Junior Doctors, it was decided that this educational session would be offered during Term 3 to the entire intern cohort.

Pre-reading: This topic is covered in the JMO Clinical Handbook, which is updated at the commencement of every clinical year. Interns are asked to revise this section of the Handbook prior to attending the education session.

Handout: "HNE Health Policy Compliance Procedure: Open Disclosure" 22 June 2007 (Attachment 1)

Venue: Lecture Theatre
Setting: Large Group Audience – with Clinical Governance Team
Training Time: 60 minutes
Session Plan

Time *(min)*	***Teaching Objective***	***Teaching Strategy***
5	*Provide outline of session*	*Expert Facilitator*
30	*Open Disclosure Presentation*	*PowerPoint Presentation Facilitator*
20	*Video: 16 Hours – A Day in the Life- (MDA National)*	*Video screening and facilitation by GP*
5	*Evaluation*	*Questionnaire*

7. Supporting Resources:

The following supporting resources are required:

- Handout : 16 Hours – A day in the Life – Participant's Pack
- Equipment and material:
    - Facilitator – Clinical Governance Team
    - Evaluation form

8. Assessment

No formal assessment required, however **attendance at this session is mandatory and all interns are expected to attend**. It is planned to develop On-line self assessment, with relevant clinical scenarios, in the future.

9. Evaluation

A questionnaire will be used to evaluate the session (see Attachment 2). This will be administered at the end of the session and results collated and presented to the Clinical Governance Unit and local GCTC Meeting, along with recommendations for future sessions.

10. Maintenance of Resource
The course will be reviewed annually by the Medical Education Officer in conjunction with the expert facilitator. Last review date of Training Package: **July 2008**

HUNTER NEW ENGLAND
NSW HEALTH

Policy Compliance Procedure - Open Disclosure

This PCP relates to	
NSW Health PD	2007_040
PCP number	NSW Health PD 2007_040 - PCP 1

Sites where PCP applies	All sites
Target audience	All staff especially managers and clinicians
Description	This PCP sets out how HNEH staff are to communicate with patients, their families and community members about patient-related incidents
Subject	Open disclosure
Keywords	Open disclosure, general and high-level response, patient care, values
Replaces Existing PCP?	No

Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or Circular, other HNEH Documents, Professional Guidelines, Codes of Practice or Ethics:

• NSW PD 2007_040 Open Disclosure:
http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_040.pdf

• NSW GL 2007_007 Open Disclosure Guidelines
http://www.health.nsw.gov.au/policies/gl/2007/pdf/GL2007_007.pdf

• ACQSHC (2003) *Open Disclosure Standard: A national standard for open communication in public and private hospitals following an adverse event in health care*. Canberra: Department of Health and Ageing

Portfolio Executive Director responsible for Policy and PCP		Dr Kim Hill Director Clinical Governance
Policy Contact Person	Dr Rosemary Aldrich Associate Director Clinical Governance	Ms Dianne Sales Manager Executive Support Service
Contact Details	49 214 935 0423 782 182	6592 9777 0428 105 903

Summary

• Open Disclosure is the process of ensuring that patients and their families receive appropriate and clear information about an adverse event concerning them
• Open disclosure reflects our organisational values
• Any adverse event warrants either a general or high level response with respect to open disclosure
• General and high level responses vary in terms of who undertakes the communication and when, and in the extent to which communication continues with the patient and their family.

Distribution:	All staff, intranet
Date PCP authorised:	22 June 2007
PCP authorised by:	Dr Kim Hill Director Clinical Governance
Date of Issue:	22 June 2007
PCP Review Due Date:	June 2008
TRIM Number:	04/197-26

Open disclosure is the process of communicating with a patient and their support person about the events and outcomes of an incident in health care delivery. Open disclosure provides an ethical framework for staff and health service organisations in fulfilling their duty of care to patients, families and carers, and to the community. Open disclosure reflects and embodies the values that underpin patient care and health service delivery in Hunter New England Health. The essential elements of open disclosure are acknowledging the incident, offering an apology and giving an explanation of the anticipated consequences of the incident. In addition, psychological and social support may be offered to the patient, their family and their support person, and further information provided about the findings of an investigation into the causes of the incident and how any repeat of the incident is to be prevented. A record of the open disclosure process is made in the patient's health care record.

Who communicates with patients and their support person about an adverse event and ***when*** that occurs depends on the nature of the patient related incident or adverse event. When an incident occurs, it is easily assessed according to the Severity Assessment Criteria (SAC) matrix and given a SAC rating. SAC 1 or 2 incidents require a high-level response; SAC 3 or 4 incidents require a general level response, as illustrated in the flow chart below (reproduced from page 5 of NSW Health Open Disclosure Guideline). Steps in the process are as follows:

1) Incident recorded in IIMS; SAC rating assessed
2) Determine whether general level or high level response required
3) ***If the incident requires a general level response***, the clinician directly involved in the incident (such a registered nurse, medical officer or allied health professional)
i) meets with the patient, their family/support person either in person or by phone
ii) offers an explanation, an apology and further support, and further follow-up as required, and
iii) records that open disclosure has occurred in the patient 's health care record
iv) If the incident escalates in SAC rating then a high-level response may be initiated

4) ***If the incident requires a high-level response***

i) An open disclosure team is formed. Staff of Clinical Governance are available to advise on the formation of an open disclosure team

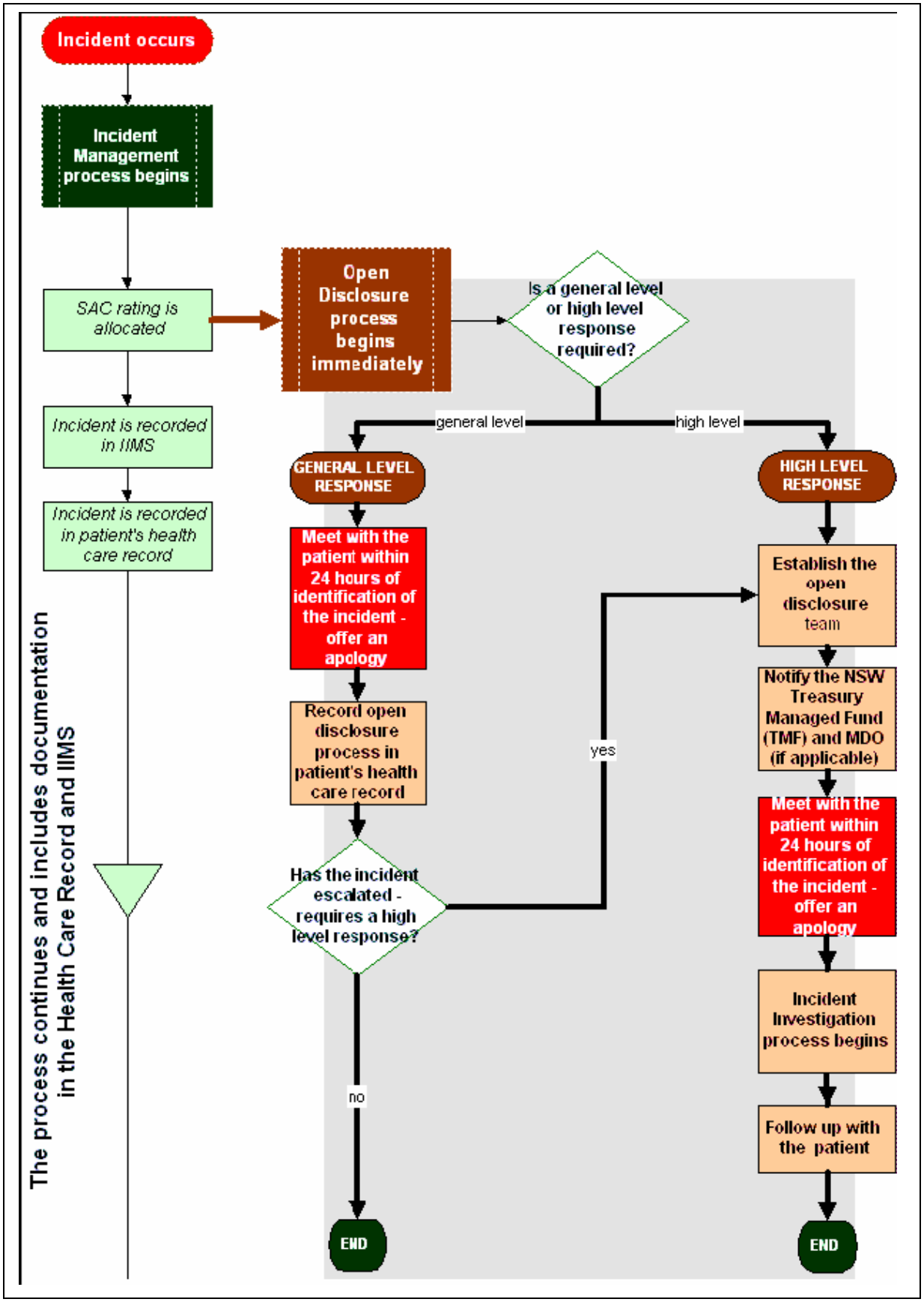
ii) The open disclosure team develops a plan of action to determine who will be involved in direct communication with the patient and with their family/support person about the incident, what immediate patient care must occur, what ongoing support is required for the patient and their family/ support person, and for staff (and who will provide that support).

iii) Those designated to do so meet with the patient and their family/support person, explain the known facts, give an apology, provide information about people in the health facility who can address concerns and complaints and provide psychological and social support, explain how the incident is to be investigated, and indicate a timeframe within which the patient and their support person can expect further information.

iv) A designated member of the open disclosure team continues communicating with the patient and their support person until the final follow-up letter and interview. The final interview and letter includes an apology for harm suffered, acknowledgement of the patient's or support person's concerns and complaints, details of the investigation (such as a Root Cause Analysis), and information about measures to prevent a similar incident (and how those prevention measures are to be monitored).

Note

- Explanations for why or how an incident occurred should be deferred until an investigation is concluded and the facts have been therefore ascertained
- Open disclosure is not about assigning blame to a person, health service, facility or organisation
- Refer to the Open Disclosure Guidelines for further detail around each of these steps as well as related resources, definitions, a list of frequently asked legal and insurance questions and templates for recording open disclosure information and for a final letter to a patient.
- Clinical Governance is available to provide advice if you don't know what to do


Incident occurs
Incident Management process begins
SAC rating is allocated
Incident is recorded in IIMS
Incident is recorded in patient's health care record
The process continues and includes documentation in the Health Care Record and IIMS
Open Disclosure process begins immediately
Is a general level or high level response required?
general level
high level
GENERAL LEVEL RESPONSE
Meet with the patient within 24 hours of identification of the incident - offer an apology
Record open disclosure process in patient's health care record
Has the incident escalated - requires a high level response?
yes
no
END
HIGH LEVEL RESPONSE
Establish the open disclosure team
Notify the NSW Treasury Managed Fund (TMF) and MDO (if applicable)
Meet with the patient within 24 hours of identification of the incident - offer an apology
Incident Investigation process begins
Follow up with the patient
END

ATTACHMENT 2 – EVALUATION OF TEACHING SESSION

HUNTER NEW ENGLAND
NSW HEALTH

HNE Health JMO Unit
Byrne House
ABN 24 500 842 605

DATE: 7TH JULY 2008 **TERM: 3** **WEEK: 4**

TOPIC SESSION : OPEN DISCLOSURE

Overall the session was:

1	2	3	4	5
Poor		OK		Excellent

The Session was directed at Interns? Yes / No
(Please circle one)

Was the content appropriate?

1	2	3	4	5
Strongly disagree		Agree		Strongly agree

Did this session serve your educational needs?

1	2	3	4	5
Strongly disagree		Agree		Strongly agree

Was the session useful in Day-to-Day management of the patient?

Yes / No
(Please circle one)

The Presentation format was appropriate to the content:

1	2	3	4	5
Strongly disagree		Agree		Strongly Agree

Presenter's style was:

1	2	3	4	5
Poor		OK		Excellent

Group size was:

(a) too small	(b) just right	(c) too big

What was good about the session?

What could be improved?