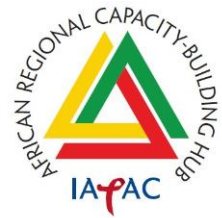


Name (optional):
Profession:
Affiliation:
Training Course:
Date/Location:



4. Do you think you will have the opportunity to utilize the knowledge you have gained during this training within the next three months?

Yes

No

5. If yes, please briefly describe when and how you might apply this knowledge in your clinical practice/healthcare setting.

6. If no, please explain why you will not be able to utilize the knowledge in your clinical practice/healthcare setting within the next three months.

7. If you were given the task of redesigning the training session, what would you change?