

Attachment A: Report Format

The Department of Nursing requires this report to fulfil contractual obligations to the Clinical Training Agency

Due on: **30 October 2009**

Please report on the following:

1. Name of Course:

2. Comment on the course organisation, content and relevance:

3. Is the course workload manageable? Please comment:

4. Can you describe any changes to your nursing practice as a result of doing this course?
e.g. improved nursing assessment/leadership development/co-ordination of patient care/team work/quality initiatives to benefit patients

5. Please list some **specific** changes/improvements to nursing practice that you can relate to your studies. For example:
 - 5(a) Improved clinical skills: (if applicable)

 - 5(b) Please list topics/literature reviewed:

 - 5(c) Please list subjects/topics of projects undertaken:

PTO

6. Are there any relevant recommendations for changes to existing nursing policy in your area? If yes, have these been brought to the attention of the Charge Nurse Manager and other key stakeholders?

7. Can you describe any other benefits of attending the course?

8. Would you recommend the course to others?

9. Are there any texts/references that you have had difficulty accessing?

10. Any other comments or suggestions that may help in future planning:

Signed By

NAME (print)

Designation.....Ward/Dept.....

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Date

Thank you for completing this report form. Your feedback is valued. Please email it by the due date to: janine.seabrook@cdhb.govt.nz