**Information Skills Teaching Evaluation Form**

Course Title: Date:

Please complete this form and return to the address below. We would like to use your feedback to show how our service has made a difference.   
We may anonymise the data and include it in annual reports, promotional literature and other such documents. **Please tick here to confirm that you are happy for us to use the information for this purpose:** [ ]

1 = poor excellent = 5

**How would you rate the content of the session?** 1 2 3 4 5

Any comments?

**How did you find the delivery of the presentation?** 1 2 3 4 5

Any comments?

**What were the environment / facilities like?** 1 2 3 4 5

Any comments?

What was the most important thing you gained from the training session?

How will you apply the training to your work?

What could be improved about the training?

Where did you learn about this service?

Global email / Trust publication Library website / Intranet Library enquiry desk

Library staff in your workplace Library current awareness Colleague / Course Supervisor

Leaflet / Poster / Display / Library newsletter Trust induction Previous training session

Your name: Job Title:

Address / Department: Email / Phone:

Trust / Employer:

**Please return this form to:**

**Information Skills Teaching Impact Form**

In order to evaluate the long term effectiveness of the teaching, and offer ongoing support, we would be grateful if you could complete this questionnaire.

We would like to use your feedback to show how our service has made a difference.   
We may anonymise the data and include it in annual reports, promotional literature and other such documents. **Please tick here to confirm that you are happy for us to use the information**

**for this purpose**: [ ]

It has been x weeks since you attended our teaching on:

**Have you used the skills learnt in the teaching session in your work?** Yes / No

If no, why not?

**How did you use, or how might you use, the information, knowledge or skills gained?**

Please tick any that apply

|  |  |  |
| --- | --- | --- |
|  | Have Used | Probably will use |
| Audit |  |  |
| Commissioning or contracting |  |  |
| Developing guidelines/ guidance/ pathways/ policies |  |  |
| Direct patient care |  |  |
| Legal or ethical questions |  |  |
| Organisational/ service development/ business planning |  |  |
| Patient information, advising or educating patients, clients or families |  |  |
| Personal or professional development |  |  |
| Publication |  |  |
| Research |  |  |
| Sharing information with, or advising, other staff or colleagues |  |  |
| Teaching or presentations |  |  |
| None of the above |  |  |

**And what was the outcome? Can you give specific examples of impact or probable future impact?**

|  |  |
| --- | --- |
| **How did the skills gained help? (Tick any that apply)** | |
| Confirm prior knowledge or refresh my memory |  |
| Gain new knowledge |  |
| Generate new ideas |  |
| Update skills |  |
| Gain new skills |  |
| Improve my confidence |  |
| Save my time |  |
| None of the above |  |

|  |  |  |
| --- | --- | --- |
| **Did the teaching contribute to any of the following impacts? (Tick any that apply)** | | |
|  | Had an immediate contribution | Probable future contribution |
| Reduced risk or improved safety |  |  |
| Improved the quality of patient care |  |  |
| Saved money or contributed to financial effectiveness |  |  |
| More informed decision making |  |  |
| Contributed to service development or delivery |  |  |
| Facilitated collaborative working |  |  |
| Contributed to personal or professional development |  |  |
| None of the above |  |  |

Your name: Job Title:

Address / Department: Email / Phone:

Trust / Employer:

**Please return this form to…**

Thank you for your feedback.

If you would like a refresher session or teaching on another aspect of information skills, details are available at [www.knowledgeshare.nhs.uk](http://www.knowledgeshare.nhs.uk) (OpenAthens password required) or on our website at [www.bsuh.nhs.uk/library](http://www.bsuh.nhs.uk/library). We can also provide you with evidence on a specific topic or regular evidence updates.

**Evidence Search Impact Form**

Dear

You recently requested a search on

We would be grateful if you could complete this feedback on the search report, which is designed to assess the impact on your work and help us improve the quality of our services.

With your permission we would like to cite your request as an example of where our service has made a difference. We will anonymise the data and include it in annual reports, promotional literature and other such documents. **Please tick here if you are happy for us to use the information for this purpose**: .

Thank you for your help.

**Have you used the search results in your work?** Yes  / No

If no, please could you say why not?

**On a scale of 1-5 (where 5 is high) how relevant were the search results to your needs?**

1  2  3  4  5

**How did you use, or how might you use, the information, knowledge or skills gained?**

Please tick any that apply

|  |  |  |
| --- | --- | --- |
|  | Have Used | Probably will use |
| Audit |  |  |
| Commissioning or contracting |  |  |
| Developing guidelines/ guidance/ pathways/ policies |  |  |
| Direct patient care |  |  |
| Legal or ethical questions |  |  |
| Organisational/ service development/ business planning |  |  |
| Patient information, advising or educating patients, clients or families |  |  |
| Personal or professional development |  |  |
| Publication |  |  |
| Research |  |  |
| Sharing information with, or advising, other staff or colleagues |  |  |
| Teaching or presentations |  |  |
| None of the above |  |  |

|  |  |
| --- | --- |
| **How did the skills gained help? (Tick any that apply)** | |
| Confirm prior knowledge or refresh my memory |  |
| Gain new knowledge |  |
| Generate new ideas |  |
| Update skills |  |
| Gain new skills |  |
| Improve my confidence |  |
| Save my time |  |
| None of the above |  |

|  |  |  |
| --- | --- | --- |
| **Did the search report contribute to any of the following impacts? (Tick any that apply)** | | |
|  | Had an immediate contribution | Probable future contribution |
| Reduced risk or improved safety |  |  |
| Improved the quality of patient care |  |  |
| Saved money or contributed to financial effectiveness |  |  |
| More informed decision making |  |  |
| Contributed to service development or delivery |  |  |
| Facilitated collaborative working |  |  |
| Contributed to personal or professional development |  |  |
| None of the above |  |  |

**Please describe the background to your search request**

What was the problem that needed to be solved? Had you already searched for literature on the topic?

**Please briefly describe what information you received**

Were there certain documents or resources that were particularly useful?

**Please give specific examples of impact or probable future impact**

What was the impact on patient care? Was there a financial impact? If the information contributed to a publication, where will it be published? Did the information alter your opinion / course of action, or confirm it? How widely were the results shared?

**THANK YOU FOR YOUR CO-OPERATION**

**Please return this form electronically to**

**Or by post to the following address:**