COSTaRS Workshop for Nurses

Evaluation Form

1. How easy was it to understand the information presented in the workshop?
   □ Very easy
   □ Somewhat easy
   □ Somewhat complex
   □ Too complex

2. How comprehensive is the information in the workshop?
   □ Too much information
   □ Just right
   □ Not enough information

3. Did the workshop provide you with new or additional information about remote symptom management (telephone, email)?
   □ Yes
   □ No
   □ Not sure

4. Did the workshop meet the proposed learning objectives? (circle your response)
   a) Describe elements of evidence-informed remote symptom support
      Yes   No   Not sure
   b) Explain how to assess and triage patients' cancer treatment related symptoms
      Yes   No   Not sure
   c) Discuss tailoring symptom self-care to patients' needs
      Yes   No   Not sure
   d) Use evidence and theory-based practice guides for patients experiencing cancer treatment related symptoms
      Yes   No   Not sure
   e) Review basic principles and conduct for remote support
      Yes   No   Not sure
   f) To know how to document remote support
      Yes   No   Not sure

5. Please rate the following statements based on your perceptions before the workshop began and now that the workshop is completed.

<table>
<thead>
<tr>
<th></th>
<th>Before workshop</th>
<th>Statements</th>
<th>After workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Strongly Agree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td></td>
<td>1    2   3   4   5</td>
<td>I am confident in my ability to assess, triage, and guide patients in self-care for their cancer treatment related symptoms</td>
<td>1    2   3   4   5</td>
</tr>
<tr>
<td></td>
<td>1    2   3   4   5</td>
<td>I am confident in my ability to use the COSTaRS practice guides to facilitate symptom assessment, triage, and care</td>
<td>1    2   3   4   5</td>
</tr>
</tbody>
</table>

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6. Was there enough time allocated to trying the COSTaRS practice guide(s) in role play?  
   □ Too much time  
   □ Just right  
   □ Not enough time

8. What is your overall impression of the workshop?  
   □ Excellent  
   □ Good  
   □ Fair  
   □ Poor

11. Would you recommend this workshop to others?  
   □ Yes  
   □ No  
   □ Not sure

12. What did you like most about the workshop?

13. What are your suggestions for improving the workshop?

Please indicate your employer: ____________________________

Thank you for participating in the workshop and for providing this feedback!