Capnography tea trolley training feedback form

1. Role (please circle)
   a. Consultant/associate specialist or staff grade/post FRCA trainee/pre FRCA trainee
   b. ODP/Anaesthetic nurse/PACU nurse/theatre staff
   c. ICU senior doctor/ICU resident doctor/ICU nurse
   d. Other (please state) ……………………………………………………………………………………

2. How confident did you feel in interpreting capnography waveforms *before* training today?

Very under confident	Quite under-confident	Neither under-confident nor confident	Quite confident	Very confident

3. How confident did you feel in interpreting capnography waveforms *after* training today?

Very under confident	Quite under-confident	Neither under-confident nor confident	Quite confident	Very confident

4. Do you feel that this training will improve your ability to assist with intubations?

Of no help at all	Not much help	Will neither help or not help	Might help a bit	Will definitely help

5. Do you feel that this training will improve your ability to detect an airway problem should one arise?

Of no help at all	Not much help	Will neither help or not help	Might help a bit	Will definitely help

6. How useful was the capnography training today?

Not at all useful | Not that useful | Neither useful or not useful | Quite useful | Extremely useful

7. Would you recommend that we run this training again in Bath?

Definitely not recommend | Not recommend | Neither recommend or not recommend | Recommend | Strongly recommend

8. Would you recommend this training to other hospitals?

Definitely not recommend | Not recommend | Neither recommend or not recommend | Recommend | Strongly recommend

9. Any comments or suggestions for how to improve this teaching?
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Thank you for taking the time to fill in this feedback form!