

NHS Lothian
Manual Handling Service

Induction Evaluation

Name: (optional).....

Date of course:

1. Please tick the appropriate box to indicate your area of work

Patient Handler Minimal Patient Handler Non Patient Handler

2. Have you attended a Manual Handling course PRIOR to today's course? (tick any that apply)

Yes No New to healthcare

3. How long did it take you to complete the manual handling e- learning modules?

More than 1½ hours 1 – 1½ hours Less than 1 hour

4. Please give your opinion about manual handling e-learning modules

Was the Content:	Too easy	Too difficult	About Right
Was the Assessment:	Too easy	Too difficult	About Right

5. Were you able to apply what you learned in the E-Learning to the practical session?

Yes No Not sure

6. Did you have enough opportunity to practise the methods of handling demonstrated?

Yes No

7. What was the most useful thing you learned today?

.....

8. Was the standard of teaching on the practical session:

Very Good Good Average Poor

9. Where would you prefer manual handling refreshers to be carried out?

- a) In the classroom, with simulated situations
- b) In the work area, with real situations

10. Please comment on any of the above questions and suggest any changes or additions that you feel would improve the course.

.....

.....

.....