

POWER Evaluation Form

SBIRT Training

Please complete this evaluation for today's training. Your responses will help us to understand how best to support you in your work to prevent and raise awareness of issues concerning substance addiction and opioid misuse among women aged 55+. IHR relies on your honest opinions & suggestions for improvement of future trainings. All of your responses will be kept confidential and will only be reported in the aggregate. Your name will not be used in any reports put together for this project.

Content of Training:

As a result of the training, to what extent do you agree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
The information and skills presented will be useful to my work.	€	€	€	€
I can describe the basic components of Screening, Brief Intervention, and Referral to Treatment (SBIRT).	€	€	€	€
I am better able to use a screening tool to screen clients for unhealthy substance use.	€	€	€	€
I can identify the elements of the Brief Negotiated Interview.	€	€	€	€
I am more comfortable talking to clients about the risks of opioids and other substance misuse.	€	€	€	€
I am better able to refer clients to appropriate levels of treatment including outpatient and/or Medication Assisted Treatment.	€	€	€	€
I am comfortable implementing the Elder SBIRT.	€	€	€	€

Use in the Field:

Have you used elements of the Brief Negotiated Interview (BNI) in your work previously? € Yes € No

Do you intend to use the features of SBIRT (screening tool, BNI, referrals for treatment) taught today in your future practice? € Yes € No

If yes, how so? _____

Have you participated in previous trainings on any of the topics addressed today? (select one)

- No, I have not participated in prior trainings on topics addressed today.
- Yes, I participated in a previous training offered by IHR.
- Yes, I participated in related training(s) offered through a different organization.

Where? _____

Presentation

To what extent do you agree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
The presenter was well prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter had good knowledge of subject.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter delivered material well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter used time effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your title/role? (Select One)

- Social Worker
- Doctor
- Nurse
- Other Clinical Staff – Please specify: _____
- Case manager
- Personal Care Attendant
- Other: _____

How can we improve this training?
