

START QD Reflection Sheet:

Self Reflection

Peer Review

QD Assessment



Venue:

Educator Completing Form:

Co-Educator being peer reviewed:

Date:

Course type: F1 F2

No. of people with pre-diabetes attending course:

No. of people accompanying those attending course:

1) Identify 3 things that went well? *Give specific examples*

3) Have you completed DOS/DOT for any of the sessions?

Yes No

If yes which sessions? *Please attach*

2) Suggestions for improvements in relation to content and process - *Give specific examples*

4) Were any issues highlighted from DOS/DOT?

NEXT Educator Action Plan

Self Reflection

Peer Review

QD Assessment



STEP 1: Please Tick Your Personal Goal

STEP 2: Please Complete Your Personal Action Plan

Content & Key Messages

To use open questions appropriately

Support the use of:

- Personally relevant information
- Active Learning
- Participant being the expert
- A piece meal approach

Link to Patient Story throughout course

Demonstrate a non-judgemental attitude, empathy & genuineness

Demonstrate insight (Self reflection)

Other Goal

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What do I need to do?
(please give specific examples)

How am I going to achieve this?
(please give specific examples)

What will stop me?
(please give specific examples)

How can I overcome this?
(please give specific examples)

How confident do I feel in achieving this?
(Choose number between 1 and 10. 1 being the lowest)

Number I choose is:

How can I increase my confidence?
(please give specific examples)

When will I review this plan?

Date: