

BLOOD STOCKS MANAGEMENT SCHEME

Open Meeting 2003



Meeting Evaluation



Fill the form in online by clicking or typing in the relevant boxes. Then use the buttons at the bottom of the form to print or email the form to the BSMS Team

Dear Participant,

We hope that you found this day to be of benefit to you. Your comments are important to us, so we would ask you to take some time to complete this evaluation form. The results will be analysed to ensure that programmes for any future meetings will fulfil our participant's requirements.

Please tick as appropriate:

Hospital Participant NBS staff Exhibitor

1. Your objectives for attending the user group meeting :

Please tick as appropriate:

To learn about this year's data and BSMS developments
To learn about stock management from workshops
To meet with the exhibitors
To discuss issues related to the scheme
To meet with other participants

Other (please specify)

2. Have your objectives been achieved?

Yes No Partially

3. How useful did you find the presentations with respect to your understanding of blood supply management?

Please circle (1 = extremely useful, 5 = not at all useful)

Review of this year's data and BSMS developments	1	2	3	4	5
EDI Development	1	2	3	4	5
BSMS Award Presentation	1	2	3	4	5
Open Forum	1	2	3	4	5

4. How useful did you find the workshop sessions that you attended?

Please circle (1 = extremely useful, 5 = not at all useful)

Workshop Session	Morning / Afternoon (enter M or A)	Rating				
<i>Managing satellite and remote fridges</i>		1	2	3	4	5
<i>The role of the SPOT in blood stock management</i>		1	2	3	4	5
<i>Managing older blood</i>		1	2	3	4	5
<i>Hospital Partnerships for improved stock management</i>		1	2	3	4	5
<i>Managing blood shortages</i>		1	2	3	4	5

5. Was there enough time for discussion of issues related to the scheme that were not on the programme?

Yes

No

6. Would you attend a BSMS Open Meeting next year?

Yes

No

7. Was the information you were sent prior to the meeting adequate?

Yes

No

8. How useful did you find the delegate pack?

Please circle (1 = extremely useful, 5 = not at all useful) 1 2 3 4 5

9. How did you rate the meeting venue?

Please circle as appropriate

	Excellent	Good	Satisfactory	Poor	Very Poor
Venue	1	2	3	4	5
Conference room facilities	1	2	3	4	5
Refreshments	1	2	3	4	5

10. Please list any topics you would like discussed at future meetings

Please either place completed forms in the box as you leave or return to: BSMS Office, PO Box 33910, London NW9 5YH or fax to 020 8258 2856