EfCCNa
European federation of Critical Care Nursing associations

EfCCNa Exchange Program – Evaluation Form

Thank you for your feedback by filling in this form – EfCCNa is very much interested to know about your experience with the program and appreciates your suggestions for improvements.

1. Organisation of the exchange (before)

1.1. The time taken to organise was.

short ☐ ☐ ☐ ☐ ☐ very long

1.2. to prepare everything it was

easy ☐ ☐ ☐ ☐ ☐ very difficult

1.3. the intermediation of the EfCCNA representative was

very useful ☐ ☐ ☐ ☐ ☐ hindering

1.4. Comments about the organisation

_____

1.5. Your objectives (*optional)

_____

2. Development of the exchange

2.1. reception, accommodation

impersonal ☐ ☐ ☐ ☐ ☐ very friendly

2.2. Were you hosted by a nurse? ☐ yes ☐ no

2.3. the program agreed on was respected

totally ☐ ☐ ☐ ☐ ☐ not at all

2.4. the exchange of professional horizons and competence was

unilateral ☐ ☐ ☐ ☐ ☐ multidirectional

2.5. Comments

3. Results of the exchange

3.1. Does the result match with your expectations?

☐ yes ☐ no ☐ partially

because:

3.2. the balance of the experience is

absolutely positive totally negative

3.3. About the experience

3 positive comments:

3 negative comments:

4. Suggestions

Please send this form to: Adriano Friganovic
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The exchange programme committee wish you an exciting professional life.