

EMS and Trauma Programs/AHA Training Center
ECC Course Evaluation

TYPE OF COURSE

- ACLS BLS Heartsaver PALS

DATE

CID #

Please indicate your degree (MD, NP, PA, etc.) _____

INSTRUCTOR(S)

Please rate the instructor(s) overall effectiveness.

5 - Excellent 4 - Good 3 - Satisfactory 2 - Fair 1 - Poor

Instructor	5	4	3	2	1	Comments

COURSE CONTENT

The course learning objectives were clear.

- Yes No

The content was presented clearly.

- Yes No

The overall level of difficulty of the course was

- Too hard Too easy Appropriate

The quality of videos and written materials was

- Excellent Good Fair Poor

The equipment was clean and in good working condition.

- Yes No

SKILL MASTERY

I am confident I can use the skills the course taught me.

- Yes No

The course prepared me to successfully pass the skills session.

- Yes No

I will respond in an emergency because of the skills I learned in this course.

- Yes No Not sure

I took this course to obtain professional education credit or continuing education credit.

- Yes No

OVERALL COURSE EVALUATION

The activity was free of commercial bias or influence.

**N/A for BLS and HS courses*

- Yes No N/A

Written disclosures of any relevant financial relationships of instructors were made prior to the course.

**N/A for BLS and HS courses*

- Yes No N/A

Have you previously taken this course via another method, such as in a classroom or online? Which learning method do you prefer and why?

Were there any strengths or weaknesses of the course that you would like to comment on?

What would you like to see in future courses developed by the AHA or UNMC CCE EMS/Trauma?

Do you intend to make changes or apply new knowledge that will impact patient outcomes as a result of this educational activity? Briefly explain.

Are there barriers preventing you from implementing these changes?

- Yes, please describe below. No

Thank you for taking the time to complete this form. Your comments will be used to make ongoing improvement in our program. We want to provide excellent courses and we value your opinion.

Sincerely,
 The UNMC CCE EMS/Trauma Program

UPON COMPLETION, please submit to your instructor at the end of the class **OR** scan and email the completed form to emstrauma@unmc.edu.

You may also mail this to:
AHA - ECC Training Department
 7272 Greenville Ave, Dallas, TX 75231