

## PARTICIPANT EVALUATION – INTERMEDIATE TRAUMA MANAGEMENT

DATE : \_\_\_\_\_

LOCATION : \_\_\_\_\_

Thank you for participating in the ITM course

Please take a moment to provide feedback.

*1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree*

	1	2	3	4	5
1. The ITM Course met the stated learning objectives.					
2. This training motivated me to learn more about trauma management.					
3. The course was presented in a way that helped me stay engaged in the learning process.					
4. The materials I was provided during the course enhanced my learning.					
5. The instructor(s) was(were) knowledgeable and prepared.					
6. I received adequate attention from my skill station instructor(s).					
7. The instructors' explanations helped me understand the concepts and master these skills.					
8. The presentation(s) was(were) the right length and provided the right amount of information.					
9. The instructional videos helped me learn trauma management concepts and lifesaving skills.					
10. I was given enough time and opportunities to practice each of the trauma management skills.					
11. The skills and exercises increased my confidence in delivering lifesaving interventions.					
12. I am confident I can properly place a tourniquet on a casualty.					
13. I am confident that I can pack a wound and apply a pressure bandage and help to slow or stop massive bleeding.					
14. I am confident I can open an airway.					
15. I am confident I can assess a casualty.					
16. I understand how these concepts and skills might apply to real-world situations.					
<b>17. Please describe what you feel were the best aspects of this course:</b>					

**18. Please comment on any recommendations you have for future trauma training:**

**19. Please add any comments that you may have about the course in general:**