

HEALTHCARE ASSOCIATED INFECTIONS (HAI) PROJECT: TRAINING EVALUATION

Thank you for participating in training on aspects of infection prevention at your facility and in your work as part of a project to identify factors associated with the implementation of training that can assist facilities in successfully preventing infections associated with the process of care and sustaining these reductions. It will take about approximately 10 minutes to complete this form after you have been through training. All the answers you give are CONFIDENTIAL. Individual responses will not be shared. We are requesting identification information for data-coding use only. Thank you very much for agreeing to participate in this project.

Today's date: / /
(month) (day) (year)

HAI Master Site Name: _____
NOTE: Contractors may prepopulate this line

This site's name and location:
 one.)
 (facility and unit, if applicable)

What is your position at this facility? (Please mark one.)

 officer

- | | |
|--|--|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Physician (attending/staff) | <input type="checkbox"/> Healthcare aide |
| <input type="checkbox"/> Resident/intern | <input type="checkbox"/> Hospital administration |
| <input type="checkbox"/> Physician assistant | <input type="checkbox"/> Risk manager |
| <input type="checkbox"/> Respiratory therapist | <input type="checkbox"/> Patient safety/quality |
| <input type="checkbox"/> Other, specify: _____ | |

1. The HAI Project consists of 3 training tools. For the training which you completed today, please indicate your overall opinion about the tool(s).

Training Tool	Extremely useful (5)	Very useful (4)	Useful (3)	Minimally useful (2)	Not Useful (1)
a. Chest Tube Insertion CD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Central Venous Catheter (CVC) CD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Safe Critical Care Education [Blood Stream Infection (BSI) and Ventilator-Associated Pneumonia (VAP)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your assessment of various aspects of the training by marking an X in the box under the response which indicates your agreement with the statement. Please choose one response for each statement.

Yes, all new and informative	Yes, mostly new and	Somewhat new and informative	Minimally new and informative	Not at all new and informati
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	(5)	informative (4)	(3)	(2)	very (1)
2. The information in this training was new for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the survey. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

	Extremely relevant and useful (5)	Very relevant and useful (4)	Somewhat relevant and useful (3)	Minimally relevant and useful (2)	Not at all relevant and useful (1)
2. Compared to other infection prevention training I have taken on this subject, this training was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Extremely easily (5)	Very easily (4)	Somewhat easily (3)	Not very easily (2)	Not at all (1)
3. I will integrate the knowledge and information I learned today into my daily work practice right away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes, very supportive (5)	Yes, supportive (4)	Somewhat (3)	Not very supportive (2)	Not at all supportive (1)
4. I have a supportive work-team environment which makes it easy to put new knowledge into practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree (5)	Agree (4)	Somewhat agree (3)	Disagree (2)	Strongly disagree (1)
5. This training continues to reinforce to me that my facility is committed to ensuring patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I took this training because it was mandatory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

7. What aspects of this training did you find helpful?

8. What suggestions do you have for improving this specific training (e.g., how it was administered, reinforcing content, etc)?

9. Suggestions for other training topics you would like to see offered:

10. Other comments or suggestions you'd like to note:
