

Attachment F

Training Participant Satisfaction Survey



Form Approved
 OMB No. 0935-XXXX
 Exp. Date XX/XX/20XX

COURSE EVALUATION

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS)

Location: _____

Rating 1 = Disagree
Scale 2 = Neither agree nor disagree
 (circle 1) 3 = Agree

Date: _____

Module: Enhancing Safety for Patients with Limited English Proficiency (LEP)			
Instructor Name:	Disagree	Neither agree nor disagree	Agree

Do you agree with the following statements?

1. The speaker was knowledgeable, organized, & effective in his/her presentation	1	2	3
2. The teaching methods and aids were used effectively.....	1	2	3
3. I improved my understanding of patient safety risks to LEP patients	1	2	3
4. I learned the process to assemble the most effective care team for LEP patients	1	2	3
5. I learned how to identify and raise patient communication issues due to language or cultural barriers...	1	2	3

6. What in this training did you find MOST useful?

7. What in this training did you find LEAST useful?

8. What could be done to improve this training?

9. How do you plan to use what you learned in this training?

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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.