

CDC Ebola Treatment Units Training Evaluation; Day 3

Date: _____

Circle the number, which represents your response to each item, and include any specific comments.

| Community Health Promotion and Epidemic Management: Contract Tracing - Lecture | | | | | | | | | |
|--|------------------|-----------|---------------------|------------|-------------------|---|---|---|----|
| 5-Agree | 4-Somewhat Agree | 3-Neutral | 2-Somewhat Disagree | 1-Disagree | NA-Not Applicable | | | | |
| The training objectives were met. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| My personal learning objectives were met. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| The content was organized and easy to follow. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| The time allotted for the training was sufficient. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| The visual aids and/or examples provided were helpful. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| After completion of this presentation, I feel confident in my ability to explain the key points of the material to others. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc. | | | | | | | | | |
| | | | | | | | | | |
| Cultural Sensitivity - Table Top Exercise | | | | | | | | | |
| 5-Agree | 4-Somewhat Agree | 3-Neutral | 2-Somewhat Disagree | 1-Disagree | NA-Not Applicable | | | | |
| The training objectives were met. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| My personal learning objectives were met. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| The content was organized and easy to follow. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| The time allotted for the training was sufficient. | | | | 5 | 4 | 3 | 2 | 1 | NA |
| The visual aids and/or examples provided were helpful. | | | | 5 | 4 | 3 | 2 | 1 | NA |

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30333; ATTN: PRA (0920-1026)

| | | | | | | |
|--|-------------------------|------------------|----------------------------|-------------------|--------------------------|----|
| After completion of this presentation, I feel confident in my ability to explain the key points of the material to others. | 5 | 4 | 3 | 2 | 1 | NA |
| Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc. | | | | | | |
| Experimental Treatments and Vaccines - Lecture | | | | | | |
| 5-Agree | 4-Somewhat Agree | 3-Neutral | 2-Somewhat Disagree | 1-Disagree | NA-Not Applicable | |
| The training objectives were met. | 5 | 4 | 3 | 2 | 1 | NA |
| My personal learning objectives were met. | 5 | 4 | 3 | 2 | 1 | NA |
| The content was organized and easy to follow. | 5 | 4 | 3 | 2 | 1 | NA |
| The time allotted for the training was sufficient. | 5 | 4 | 3 | 2 | 1 | NA |
| The visual aids and/or examples provided were helpful. | 5 | 4 | 3 | 2 | 1 | NA |
| After completion of this presentation, I feel confident in my ability to explain the key points of the material to others. | 5 | 4 | 3 | 2 | 1 | NA |
| Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc. | | | | | | |
| PPE/Patient and Body Transport - Exercise | | | | | | |
| 5-Agree | 4-Somewhat Agree | 3-Neutral | 2-Somewhat Disagree | 1-Disagree | NA-Not Applicable | |
| The training objectives were met. | 5 | 4 | 3 | 2 | 1 | NA |
| My personal learning objectives were met. | 5 | 4 | 3 | 2 | 1 | NA |

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| | | | | | | |
|--|---|---|---|---|---|----|
| The content was organized and easy to follow. | 5 | 4 | 3 | 2 | 1 | NA |
| The time allotted for the training was sufficient. | 5 | 4 | 3 | 2 | 1 | NA |
| The visual aids and/or examples provided were helpful. | 5 | 4 | 3 | 2 | 1 | NA |
| After completion of this exercise, I feel confident in performing the steps performed in this exercise. | 5 | 4 | 3 | 2 | 1 | NA |
| Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc. | | | | | | |

| Logistics and Program | | | | | | |
|--|------------------|-----------|---------------------|------------|-------------------|----|
| 5-Agree | 4-Somewhat Agree | 3-Neutral | 2-Somewhat Disagree | 1-Disagree | NA-Not Applicable | |
| Advertising/online information was adequate. | 5 | 4 | 3 | 2 | 1 | NA |
| Advance information about the training was sufficient. | 5 | 4 | 3 | 2 | 1 | NA |
| The training rooms met the needs of the activities. | 5 | 4 | 3 | 2 | 1 | NA |
| The time allotted for the training was sufficient. | 5 | 4 | 3 | 2 | 1 | NA |
| Overall, the program was well organized. | 5 | 4 | 3 | 2 | 1 | NA |

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Session Comments: Please include feedback including observations about missing resources or visual aids, any repetitions in content, etc.

Overall, would you change any aspects of this training?

When and where will you be deploying to Africa? Which NGO will you be representing?

Have you have been involved in an Ebola Response? If so, when and where?

Have you worked in an ETU? If so, what were your lessons learned?

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Would you be interested in becoming an instructor in the future? Do you know of someone that you would recommend to be an instructor for this course? If so, please contact eocevent276@cdc.gov.

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