

TODAY'S DATE _____ M M D D Y Y	Your confidential ID number is the first two letters of your FIRST name, the first two letters of your LAST name, the MONTH of your birth, and the DAY of your birth.	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>FN</td><td>FN</td><td>LN</td><td>LN</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> CONFIDENTIAL IDENTIFIER									FN	FN	LN	LN	M	M	D	D
FN	FN	LN	LN	M	M	D	D											

Attachments 13 & 14

Practicum Post-Course Evaluation Instrument

Word version and screenshot

Practicum Post-Course Evaluation

Public reporting burden of this collection of information is estimated to average 4minutes 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 D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0995).

S1 How satisfied were you with your overall learning experience?

very unsatisfied ① ② ③ ④ ⑤ very satisfied

S2 How satisfied were you with the quality of the content?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

S3 How satisfied were you with the trainer(s)?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

S4 How satisfied were you with the teaching methods?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

S5 What could improve this training?

CE1 Do you believe this activity was influenced by commercial interests?

- ① Yes
- ② No

CE2 Was this presentation evidence-based?

- ① Yes
- ② No

CE3a Were the learning objectives met?

- ① Yes
- ② No

CE3b If the learning objectives were not met, please explain.

A1 As a result of information presented, do you intend to make changes in your practice or at your worksite setting?

- ① Yes
- ② No
- ③ Not my job
- ④ I already use these practices
- ④ Other reason (please specify) _____

A2 If yes, please list at least one intended change.

SKILLS

SK2bef How confident were you in your ability to list the steps in the appropriate order for conducting an STD-oriented male genital exam BEFORE this training?

not at all confident very confident

SK2aft How confident are you AFTER the training?

not at all confident very confident

SK3bef How confident were you in your ability to identify the testis, epididymis and spermatic cord by palpation BEFORE this training?

not at all confident very confident

SK3aft How confident are you AFTER the training?

not at all confident very confident

SK4bef How confident were you in your ability to use or direct patients to use the correct techniques to obtain STD test specimens for male patients BEFORE this training?

not at all confident very confident

SK4aft How confident are you AFTER the training?

not at all confident very confident

SK5bef How confident were you in your ability to list the steps in the appropriate order for conducting an STD-oriented female genital exam BEFORE this training?

not at all confident very confident

SK5aft How confident are you AFTER the training?

not at all confident very confident

SK6bef How confident were you in your ability to palpate the uterus and adnexa by bimanual exam BEFORE this training?

not at all confident very confident

SK6aft How confident are you AFTER the training?

not at all confident very confident

SK7bef How confident were you in your ability to use or direct patients to use the correct techniques to obtain STD test specimens for female patients BEFORE this training?

not at all confident very confident



SK7aft How confident are you AFTER the training?

not at all confident very confident