OMB Control No: 0970-0401 Expiration date: 5/31/18

POST-TRAINING EVALUATION SURVEY

Feedback Set Preview

Set Name: Activity Evaluation SOAR Training

Please note that your comments within this Evaluation are <u>anonymously</u> coded with a unique identifier number. Completion of this evaluation in its entirety is required to receive Continuing Education (CE) credit. Please note that you will be receiving a second and final evaluation reminder in four days. If you have already completed the course evaluation by then, please disregard that follow-up message.

Pre-test

Rate your level of confidence in being able to:	
Describe the types of human trafficking in the United States	O Very LowO LowO ModerateO HighO Very High
2. Recognize possible indicators of human trafficking	0 Very Low0 Low0 Moderate0 High0 Very High
3. Show others how to identify and respond to potential trafficking victims	O Very LowO LowO ModerateO HighO Very High

Rate your level of confidence in being able to:	
4. Respond appropriately to potential human trafficking in your community	O Very LowO LowO ModerateO HighO Very High
5. Respond appropriately to potential human trafficking in your community	O Very LowO LowO ModerateO HighO Very High

Post-test

I. OVERALL ACTIVITY OBJECTIVES

Rate your level of confidence in being able to:	
Describe the types of human trafficking in the United States	0 Very Low0 Low0 Moderate0 High0 Very High
Recognize possible indicators of human trafficking	O Very LowO LowO ModerateO HighO Very High
3. Show others how to identify and respond to potential trafficking victims	 Very Low Low Moderate High Very High

human trafficking in your community 0 L	Very Low
	LOW
0 M	Moderate
о н	High
o V	Very High
Respond appropriately to potential 0 V	Very Low
human trafficking in your community O L	OW
o M	Moderate
о н	High
o V	Very High
Respond appropriately to potential o V human trafficking in your community o L o M o H	Very High Very Low Low Moderate High

II. COMMITMENT TO CHANGE

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6. Which of the following SOAR tools and strategies do you commit to using in your work environment with regard to advocacy for potential victims of human trafficking? Please select all that apply:
□□Add human trafficking topic to Meetings/Briefs/Huddles
Debrief others on this training
☐☐Encourage team members to speak up and challenge when appropriate ☐☐Share resources
☐☐Display tips and referral information in prominent work areas
□□None
□□Other (please explain):
7. Of these barriers listed below which do you believe will be a SIGNIFICANT CHALLENGE
to keeping your commitment to change (check all that apply)?
☐ Lack of senior leadership support
☐☐Lack of frontline champions/coaches/trainers ☐☐Lack of frontline leadership support and accountability
□□Lack of frontine leadership support and accountability □□Continuous turnover and shortages of key personnel

	OWH SOAR Post-course Evaluation Draft 1, 2016
	□Competing priorities/Lack of urgency □Other (please explain):
III. IM	IPACT OF TRAINING
trainii O O O	n confident that I will be able to use the knowledge and skills that I learned during SOAR ng when I return to my job. Strongly Agree Agree Neutral/Moderate Disagree Strongly Disagree
IV. Co	DURSE CONTENT AND DELIVERY
0 0	s training activity met my educational needs. Strongly Agree Agree Neutral/Moderate Disagree Strongly Disagree
10. Th	e educational materials provided during this training were useful. Strongly Agree Agree Neutral/Moderate Disagree Strongly Disagree
	e activity provided appropriate and effective opportunities for active learning (e.g., case is, discussion, Q&A, etc.) Strongly Agree Agree Neutral/Moderate

o Disagree

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May 31, 2016	

13. How much did you learn in this activity?

o Strongly Disagree

A Great Deal

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12. (Ov	erall	were	the	instru	ctors k	knowle	edgeal	ole reg	gardin	g the	cont	ent?
	0	Yes											
	0	No											

Very Little

g activity were most beneficial?
aining activity?

V. DISCLOSURE OF FINANCIAL RELATIONSHIPS

- 14. Were you provided disclosure of relevant financial relationships between faculty and commercial entities?
 - o Yes
 - o No
 - o Not Sure
- 15. Was there any bias in favor of a product present to the extent that the presentation was unbalanced or represented commercial promotion?
 - o Yes
 - o No
 - o Not Sure

VI. PARTICIPANT AFFILIATION

16.	How did you hear about the SOAR training?
	o Website
	o Email
	o Blog Post
	o Social Media (Facebook, Twitter, etc.)
	o Word of mouth
	o Conference
	o Other (please explain):
	ee!
17.	What professional continuing education (CE) credit are you requesting for this training
	tivity?
o	ACCME CME (Physicians Physicians Assistants Nurse Practitioners)
	ACHE (Healthcare Executives)
	ACPE (Pharmacists – Pharmacy Techs)
0	ADA CERP (Dentists – Dental Technicians)
0	ANCC CNE (Nurses Nurse Practitioners)
0	APA (Psychologists - Social Workers - Marriage and Family Therapists)
0	Non-Physician Medical Staff (EMT – Paramedics – Chiropractors – All other medical staff
•	not meeting above professional requirements)
o	IACET CEU (NonSpecific Continuing Education Unit)
•	11021 020 (110110 pointe dominante de la company)
10	At what type of facility do you primarily work? Please select only ONE.
	Hospital only
	Ambulatory Clinic only Path Haspital and Ambulatory Clinic
0	Both Hospital and Ambulatory Clinic
0	Social Services Setting
0	Other (please explain):

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