

Attachment G - Post-training Evaluation Form

Post-training Evaluation Form

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

Please complete the following survey; it should take no longer than 3 minutes to complete. It will help us evaluate the training provided to participants.

This top section to be completed by project team					
Tool Name:					
Date of Training:					
Type of Practice (Inpatient/hospital, Rural/CAH, Urban, Ambulatory Care, FQHC, etc.)					
Number of attendees:					
Primary Professional Role for each attendee					
	Strongly Disagree	Somewha t Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Training objectives					
<i>This training improved my understanding of...</i>					
1. ...the importance of patient diagnostic safety.					
2. ...the potential impact of [TOOL NAME] on diagnostic safety.					
3. ...the <i>roles</i> required to successfully implement [TOOL NAME] in my practice/health care organization (HCO).					
4. ...the <i>resources</i> needed to successfully implement [TOOL NAME] in my practice/HCO.					
5. ...the <i>steps or activities</i> needed to successfully implement [TOOL NAME] in my practice/HCO.					
Intention to use tool					
6. I plan to use [TOOL NAME] to improve diagnostic safety in my practice/HCO.					

This survey is authorized under 42 U.S.C. 299a. This information collection is voluntary and the confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 3 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. The data you provide will help AHRQ's mission to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable. 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, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857, or by email to the AHRQ MEPS Project Director at MEPSPROJECTDIRECTOR@ahrq.hhs.gov.

Feedback about training					
	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
7. This training was effective in communicating information about diagnostic safety.					
8. This training provided content about diagnostic safety that is relevant to my role in my organization.					
9. I would recommend this training to others.					
10. Is there anything else you would like to share about this training?	[free response]				