

Joint Patient Safety Reporting Training Office Hours Survey



OMB CONTROL NUMBER: 0704-0553

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AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553, is estimated to average 5 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. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. I have the ability to apply the knowledge and skills from this session in performance of my duties. *
 - a. Strongly Agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly Disagree
2. Were the key points and main ideas effectively communicated?
 - a. Strongly Agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly Disagree
3. Did the structure and organization of the presentation facilitate your understanding of the content?
 - a. Strongly Agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly Disagree
4. Did the presenter effectively address questions and concerns raised during the session?
 - a. Strongly Agree
 - b. Agree

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- c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly Disagree
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- 5. Are there any areas where you still feel uncertain or would like further clarification? Do not include any personally identifiable information.
 - 6. How engaging was the delivery of the training session (e.g., use of visuals, interactive activities)? Do not include any personally identifiable information.
 - 7. How do you think the training could be improved to better meet your learning needs? Do not include any personally identifiable information.
 - 8. How did you hear about the Office Hours? Do not include any personally identifiable information.
 - 9. What additional topics or areas would you like to see covered in future training sessions? Do not include any personally identifiable information.