**Post-Event (Series) Feedback Survey**

Thank you for completing the 5-part Infection Prevention and Control Webinar Training Series hosted by the Indian Health Service (IHS). Please take a few minutes to provide feedback on your experience. Results will not be published but will inform the design and implementation of future IHS trainings and events. We value your feedback and appreciate your continued collaboration to advance the implementation of infection control and prevention between public health, healthcare, and community partner networks.

1. **Did you attend all five sessions of the 2024 Infection Prevention and Control Webinar Training Series?**
* Yes
* No
1. **Select the option that best describes your organization type:**
* IHS Facility
* IHS Area office
* IHS Headquarters
* Tribal Facility
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **How many years of experience do you have working in healthcare?**
* Less than 1 year
* 1-5 years
* 6-10 years
* 11-15 years
* 16-20 years
* More than 20 years
1. **In your opinion, did the 2024 IHS Infection Prevention and Control Webinar Training Series meet its objectives?**

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| --- | --- | --- |
| **Objective:** *Participants of this training series will learn to-*  | *Yes, this objective was met.*  | *No, this objective was met.*  |
| Establish a baseline knowledge of infection prevention and control practices and how to apply them in your healthcare facility.  | *
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| Enhance knowledge and understanding of CDC guidelines, tools and resources like Project Firstline to advance infection prevention and control in your healthcare facility.  | *
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| Improve compliance with infection prevention and control best practices to prevent the spread of infections in your healthcare facility.  | *
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1. **Rate the design and implementation of the 2024 IHS Infection Prevention and Control Webinar Training Series by category:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element:**  | *Excellent*  | *Very Good*  | *Good*  | *Fair*  | *Poor*  |
| Attendee Registration  | *
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 | *
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| Video Conferencing Platform *(e.g., Zoom)*  | *
 | *
 | *
 | *
 | *
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| Technical Assistance *(e.g., directions, contacts, etc.)*  | *
 | *
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 | *
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| Webinar Curriculum *(e.g., session topics and learning objectives)*  | *
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 | *
 | *
 | *
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| Audience Engagement *(e.g., polls, discussion, etc.)*  | *
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1. **Do you feel the webinar training series increased your capacity to successfully implement infection prevention and control practices within your facility and/or network?**
* Yes
* No
1. **If you answered “yes” to question 6 above, please describe how you plan to apply the infection prevention and control practices learned from this webinar training series within your IHS facility and/or network.**
2. **If you answered “no” to question 6 above, please describe how the webinar training series failed to help you apply the infection prevention and control practices taught in this webinar within your IHS facility and/or network.**
3. **Rate your overall experience attending the 2024 IHS Infection Prevention and Control Webinar Training Series:**
* Excellent
* Very Good
* Good
* Fair
* Poor
1. **Would you recommend future IHS events to your colleagues and partners?**
* Yes
* No
1. **What did you like most about the 2024 IHS Infection Prevention and Control Webinar Training Series?**
2. **What did you like the least about the 2024 IHS Infection Prevention and Control Webinar Training Series?**
3. **List any other general feedback you’d like to share with IHS and CDC. Be sure to also include any IPC trainings or resources you like to see created.**