

Emergency Preparedness Basics

Date _____

Instructor(s)/Trainer(s) _____

Please check the job description below that best matches your position.

Public Health Staff:

- Public Health Administrator/Manager
- Public Health Nurse
- Public Health Professional
- Other Public Health Staff

Key Hospital-Based Personnel:

- Emergency Room Physician
- Emergency Room Nurse
- Other Hospital Physician
- Other Hospital Nurse
- Infection Control Practitioner
- Hospital Administrator/Manager
- Other Hospital Personnel

Key Community and Community Health Care Personnel:

- School Nurse
- Pharmacist
- Elected Government Official
- Other Key Community/School Personnel

Community-Based Primary Care Providers:

- Physician
- Midlevel Practitioner
- Mental and Behavioral Health Professional
- Clinic/Practice Administration
- Other Health Care Personnel

First Responders:

- Emergency Medical Technician, Paramedic, Fire/Rescue
- Law Enforcement
- Other First Responder

Other (please specify)

This evaluation is designed to measure your satisfaction with this session, as well as provide us information to continually improve our trainings. We appreciate your feedback.

Section 1. Instructor(s)

	High				Low
1. Overall rating	5	4	3	2	1
2. Demonstrated knowledge of content	5	4	3	2	1
3. Responsiveness	5	4	3	2	1
4. Organization	5	4	3	2	1

Section 2. Content

	High				Low
5. Overall Rating	5	4	3	2	1
6. Content was what I expected	5	4	3	2	1
7. Directly applied to my job	5	4	3	2	1
8. I found value in the resource materials	5	4	3	2	1
9. Content was well organized	5	4	3	2	1

Section 3. Materials/ Visual Aids/Facility

	High				Low
10. Usefulness of participant workbook	5	4	3	2	1
11. Effectiveness of visual aids	5	4	3	2	1
12. Organized and well prepared	5	4	3	2	1
13. The appropriateness of the facilities in relation to the objectives, content, teaching methods and learner comfort	5	4	3	2	1

Section 4. Training Objectives

	To a Great Extent				Not at All
To what extent do you understand the following:					
14. The importance of emergency preparedness.....	5	4	3	2	1
15. The roles and responsibilities of the medical and public health systems in emergency response.....	5	4	3	2	1
16. The necessary steps for developing a preparedness plan, for both public health organizations and hospitals.....	5	4	3	2	1

17. The interaction among different levels of government in emergency planning and response.....	5	4	3	2	1
18. The types of specialized knowledge required for emergency response.....	5	4	3	2	1
19. The solutions for staffing shortages during an emergency	5	4	3	2	1
20. The terms <i>Local Emergency Planning Committee, Emergency Support Function, Disaster Medical Assistance Team, and Strategic National Stockpile</i>	5	4	3	2	1

Section 5. You as a Participant

To a Great Extent

Not at All

21. I was fully present and actively participated....	5	4	3	2	1
22. My co-participants were actively involved and supported	5	4	3	2	1
23. To what extent were you familiar with the training content prior to this session?	5	4	3	2	1
24. After completing this training, how confident are you that you will be able to take appropriate action?.....	5	4	3	2	1

Section 6. Additional Comments

25. The information I found most useful:

26. What I wish I would have received from the program:

27. How my organization will benefit from this training experience:

28. What changes, modifications, or improvements would you suggest before subsequent presentation of this session?

29. Please indicate other specific learning needs you have related to your practice:

30. Please share your comments in 30 words or less about this program:

Thank you!

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