**Course Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ITLS Course Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Please rate by checking: 5 = Highest, best or most; 1 = least, lowest or worst.**

**ITLS Course Evaluation** Course Type\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Please rate with 5 being Excellent and 1 being Poor your experience…………………………….*

Course organization and coordinator/materials available in timely manner . . . . . . . . . . . . . . . . Rate the appropriateness of the physical facilities . . . .. . . . . . . . . . . . . . . . . . . . ……... . . . . . .

This program will assist in improving quality patient care. . . . . . .. . . . . . . .. . ……………... …..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lecture | 5 | 4 | 3 | 2 | 1 |
| Day 1 |  |  |  |  |  |
| Lecture: Scene Size-up/MOI |  |  |  |  |  |
| Lecture: Assessment and Management of Trauma Pt |  |  |  |  |  |
| Lecture: Shock |  |  |  |  |  |
| ***Skill Stations:***  Airway |  |  |  |  |  |
| Extrication/SMR |  |  |  |  |  |
| Head Injury and Helmet Removal |  |  |  |  |  |
| Station Assessment and Chest Trauma |  |  |  |  |  |
| Patient Assessment/Pediatric & Geriatric Patients |  |  |  |  |  |
| Day 2 |  |  |  |  |  |
| Lecture: Head Injury |  |  |  |  |  |
| Lecture: Burns |  |  |  |  |  |
| Assessment Practice |  |  |  |  |  |
| Station 1 |  |  |  |  |  |
| Station 2 |  |  |  |  |  |
| Station 3 |  |  |  |  |  |
| Station 4 |  |  |  |  |  |
| Station 5 |  |  |  |  |  |
| Station 6 |  |  |  |  |  |
| WRITTEN EXAM |  |  |  |  |  |
| Overall Course |  |  |  |  |  |

What would have improved the program?

Please add any additional comments:

9-19