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| **Local Ombudsman Training Session Evaluation** |

**Date: \_\_\_\_\_\_\_\_\_**

**State: \_\_\_\_\_\_\_\_\_**

**Please check the appropriate rating for each of the following sections.**

**Agree Disagree Neutral N/A**

**Presenter(s)**

Knowledgeable **🞎 🞎 🞎 🞎**

Effective **🞎 🞎 🞎 🞎**

Comments regarding specific speaker(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agree Disagree Neutral N/A**

**Session Content**

Well organized **🞎 🞎 🞎 🞎**

Presented in engaging way **🞎 🞎 🞎 🞎**

Useful information & materials **🞎 🞎 🞎 🞎**

**Agree Disagree Neutral N/A**

**Skills Learned**

The information & ideas provided today will improve my effectiveness as a LTC ombudsman.

**🞎 🞎 🞎 🞎**

This session has increased my knowledge about the signs and symptoms of CAUTI.

**🞎 🞎 🞎 🞎**

After this session, I am more familiar with alternatives to indwelling catheters.

**🞎 🞎 🞎 🞎**

This session has helped me identify multiples ways to help prevent CAUTI.

**🞎 🞎 🞎 🞎**

This session has clarified the role of the ombudsman in regards to CAUTI/HAI prevention.

**🞎 🞎 🞎 🞎**

**Identify the major strengths of this session (check all that apply)**

Presenter Demos/Hands-on Audience engagement Creative ideas

Information gained Support materials Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe how your plan to share this information with residents and families: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On a scale of 1-5 (1 being least satisfied, 5 being extremely satisfied) please rate your overall satisfaction of this session: 1 2 3 4 5**

**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**THANK YOU FOR COMPLETING THIS EVALUATION! WE VALUE YOUR FEEDBACK AND APPRECITATE YOUR TIME.**