

TODAY'S DATE

M M D D Y Y

Your confidential ID number is the first two letters of your
FIRST name, the first two letters of your LAST name, the
MONTH of your birth, and the DAY of your birth.

CONFIDENTIAL IDENTIFIER

FN	FN	LN	LN	M	M	D	D

Intensive Practicum Post-Course Evaluation

Public reporting burden of this collection of information is estimated to average 4minutes 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0995).

1. How satisfied were you with your overall learning experience?

very unsatisfied ① ② ③ ④ ⑤ very satisfied

2. How satisfied were you with the quality of the content?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

3. How satisfied were you with the trainer(s)?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

4. How satisfied were you with the teaching methods?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

5. What could improve this training?

6. Was this training free of commercial bias?

- ① Yes
- ② No

7. Was this training evidence-based?

- ① Yes
- ② No

8a. Were the learning objectives met?

- ① Yes
- ② No

8b. If the learning objectives were not met, please explain.

9a. As a result of information presented, do you intend to make changes in your practice or at your worksite setting?

- ① Yes
- ② No
- ③ Not my job
- ④ I already use these practices
- ④ Other reason (please specify) _____

9b. If yes, please list at least one intended change.

SKILLS

10a. How confident were you in your ability to list the steps in the appropriate order for conducting an STD-oriented male genital exam BEFORE this training?

not at all confident very confident

10b. How confident are you AFTER the training?

not at all confident very confident

11a. How confident were you in your ability to identify the testis, epididymis and spermatic cord by palpation BEFORE this training?

not at all confident very confident

11b. How confident are you AFTER the training?

not at all confident very confident

12a. How confident were you in your ability to use or direct patients to use the correct techniques to obtain STD test specimens for male patients BEFORE this training?

not at all confident very confident

12b. How confident are you AFTER the training?

not at all confident very confident

13a. How confident were you in your ability to list the steps in the appropriate order for conducting an STD-oriented female genital exam BEFORE this training?

not at all confident very confident

13b. How confident are you AFTER the training?

not at all confident very confident

14a. How confident were you in your ability to palpate the uterus and adnexa by bimanual exam BEFORE this training?

not at all confident very confident

14b. How confident are you AFTER the training?

not at all confident very confident

15a. How confident were you in your ability to use or direct patients to use the correct techniques to obtain STD test specimens for female patients BEFORE this training?

not at all confident very confident

15b. How confident are you AFTER the training?

not at all confident very confident

Thank you for your time and thoughtful feedback!