



COURSE SUMMARY EVALUATION

Course #: _____ Course Location: Huntsville, AL

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|---|---|
| 1. How well-organized was the entire program? | <u>1</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>1</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>1</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>1</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>1</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>1</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>1</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>1</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>1</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?
- understanding what can, and cannot, be done by non-EMS.

11. What was the worst or least helpful part of the program for you?
- None

- | | | | | | | |
|---|----------|---|---|-------------------|----------|-----|
| 12. How beneficial were the skill stations? | | | | | | |
| Introduction to TEMS | <u>1</u> | 2 | 3 | Care Under Fire | <u>1</u> | 2 3 |
| Patient Assessment | <u>1</u> | 2 | 3 | Bleeding Control | <u>1</u> | 2 3 |
| Airway Management | <u>1</u> | 2 | 3 | Drags and Carries | <u>1</u> | 2 3 |
| Comprehensive Scenarios | <u>1</u> | 2 | 3 | | | |

13. Would you recommend this course to others? Yes No _____

14. General comments:
Great course to help bridge the gap between LE and EMS! Course is all based upon lessons learned in OIF/OEF and not the paramedic practices of 30 yrs ago.



COURSE SUMMARY EVALUATION

Course #: _____ Course Location: ~~XXXXXXXXXXXXXXXXXXXX~~ HUNTSVILLE

COURSE SUMMARY EVALUATION*

- | | | | |
|---|-----|---|---|
| 1. How well-organized was the entire program? | (1) | 2 | 3 |
| 2. To what extent did the program meet your needs? | | 2 | 3 |
| 3. Did the program meet the course objectives? | | 2 | 3 |
| 4. What is your overall evaluation of the program? | | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | | 2 | 3 |

10. What was the best or most helpful part of the program for you?
~~THE BEST~~ THE HANDS ON AND CLASSROOM INSTRUCTION

11. What was the worst or least helpful part of the program for you?
THERE WASNT A PARTICULAR PART THAT WAS WORST OR LEAST HELPFUL.

- | | | | | | | |
|---|-----|---|---|-------------------|-----|-----|
| 12. How beneficial were the skill stations? | | | | | | |
| Introduction to TEMS | (1) | 2 | 3 | Care Under Fire | (1) | 2 3 |
| Patient Assessment | (1) | 2 | 3 | Bleeding Control | (1) | 2 3 |
| Airway Management | (1) | 2 | 3 | Drags and Carries | (1) | 2 3 |
| Comprehensive Scenarios | (1) | 2 | 3 | | | |

13. Would you recommend this course to others? Yes No

14. General comments:
GREAT COURSE FOR ALL FIRST RESPONDERS. I WILL RECOMMEND THIS COURSE TO LOCAL LE AGENCIES



COURSE SUMMARY EVALUATION

Course #: _____ Course Location: Huntsville, AL

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|---|---|
| 1. How well-organized was the entire program? | <u>1</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>1</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>1</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>1</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>1</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>1</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>1</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>1</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>1</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?

T applicable, wound care

11. What was the worst or least helpful part of the program for you?

not being a medic, use of ACRONYMS & medical terminology

12. How beneficial were the skill stations?

Introduction to TEMS

1 2 3

Care Under Fire

1 2 3

Patient Assessment

1 2 3

Bleeding Control

1 2 3

Airway Management

1 2 3

Drags and Carries

1 2 3

Comprehensive Scenarios

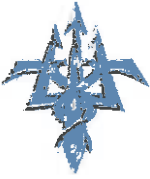
1 2 3

13. Would you recommend this course to others? Yes No

14. General comments:

I learned even more from the invarious experiences of classmates. It was a multi-disciplinary experience.

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE



COURSE SUMMARY EVALUATION

Course #: _____ Course Location: Huntsville, AL

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|---|---|
| 1. How well-organized was the entire program? | <u>1</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>1</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>1</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>1</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>1</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>1</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>1</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>1</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>1</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?

Hands-on experience and scenarios

11. What was the worst or least helpful part of the program for you?

N/a

12. How beneficial were the skill stations?

Introduction to TEMS

1 2 3

Care Under Fire

1 2 3

Patient Assessment

1 2 3

Bleeding Control

1 2 3

Airway Management

1 2 3

Drags and Carries

1 2 3

Comprehensive Scenarios

1 2 3

13. Would you recommend this course to others? Yes X No _____

14. General comments:

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE



COURSE SUMMARY EVALUATION

Course #: _____ Course Location: HUNTSVILLE, AL

COURSE SUMMARY EVALUATION*

- | | | | |
|---|---|---|---|
| 1. How well-organized was the entire program? | ① | 2 | 3 |
| 2. To what extent did the program meet your needs? | ① | 2 | 3 |
| 3. Did the program meet the course objectives? | ① | 2 | 3 |
| 4. What is your overall evaluation of the program? | ① | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | ① | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | ① | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | ① | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | ① | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | ① | 2 | 3 |

10. What was the best or most helpful part of the program for you?

TOMM The addition of a realistic training mannequin was incredibly helpful

11. What was the worst or least helpful part of the program for you?

N/A

12. How beneficial were the skill stations?

Introduction to TEMS	①	2	3	Care Under Fire	①	2	3
Patient Assessment	①	2	3	Bleeding Control	①	2	3
Airway Management	①	2	3	Drags and Carries	①	2	3
Comprehensive Scenarios	①	2	3				

13. Would you recommend this course to others? Yes No _____

14. General comments:

This is a course that all firearms instructor should be required to attend before they work at the range. The skills taught were applicable to a variety of different agencies.

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE



COURSE SUMMARY EVALUATION

Course #: _____ Course Location: Huntsville, AL

COURSE SUMMARY EVALUATION*

- | | | | |
|---|---|---|---|
| 1. How well-organized was the entire program? | 1 | 2 | 3 |
| 2. To what extent did the program meet your needs? | 1 | 2 | 3 |
| 3. Did the program meet the course objectives? | 1 | 2 | 3 |
| 4. What is your overall evaluation of the program? | 1 | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | 1 | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | 1 | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | 1 | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | 1 | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | 1 | 2 | 3 |

10. What was the best or most helpful part of the program for you?
Tourniquet Application / Wound Packing

11. What was the worst or least helpful part of the program for you?
I don't feel like there was a bad part to this program

12. How beneficial were the skill stations?
- | | | | | | | | |
|-------------------------|---|---|---|-------------------|---|---|---|
| Introduction to TEMS | 1 | 2 | 3 | Care Under Fire | 1 | 2 | 3 |
| Patient Assessment | 1 | 2 | 3 | Bleeding Control | 1 | 2 | 3 |
| Airway Management | 1 | 2 | 3 | Drags and Carries | 1 | 2 | 3 |
| Comprehensive Scenarios | 1 | 2 | 3 | | | | |

13. Would you recommend this course to others? Yes No _____

14. General comments:
None / class was great!



COURSE SUMMARY EVALUATION

Course #: _____ Course Location: HUNTSVILLE

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|----------|---|
| 1. How well-organized was the entire program? | <u>1</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>1</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>1</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>1</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>1</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | 1 | <u>2</u> | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>1</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>1</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>1</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?

The skill center training and scenario based training and evaluations

11. What was the worst or least helpful part of the program for you?

There was not an area that I could characterize as "worst or least helpful". There were some problems in the PP presentation

12. How beneficial were the skill stations?

Introduction to TEMS	<u>1</u>	2	3	Care Under Fire	<u>1</u>	2	3
Patient Assessment	<u>1</u>	2	3	Bleeding Control	<u>1</u>	2	3
Airway Management	<u>1</u>	2	3	Drags and Carries	<u>1</u>	2	3
Comprehensive Scenarios	<u>1</u>	2	3				

13. Would you recommend this course to others? Yes No

14. General comments:

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE



COURSE SUMMARY EVALUATION

Course #: _____ Course Location: NASA MSFC Huntsville

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|---|---|
| 1. How well-organized was the entire program? | <u>1</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>1</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>1</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>1</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>1</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>1</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>1</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>1</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>1</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?

~~The level of~~ The fact that the class was designed for street officers with no medical background

11. What was the worst or least helpful part of the program for you?

n/a

12. How beneficial were the skill stations?

Introduction to TEMS	<u>1</u>	2	3	Care Under Fire	<u>1</u>	2	3
Patient Assessment	<u>1</u>	2	3	Bleeding Control	<u>1</u>	2	3
Airway Management	<u>1</u>	2	3	Drags and Carries	<u>1</u>	2	3
Comprehensive Scenarios	<u>1</u>	2	3				

13. Would you recommend this course to others? Yes X No _____

14. General comments:

Excellent class.



COURSE SUMMARY EVALUATION

Course #: _____ Course Location: NASA HUNTSVILLE, AL

COURSE SUMMARY EVALUATION*

- | | | | |
|---|-----|---|---|
| 1. How well-organized was the entire program? | (1) | 2 | 3 |
| 2. To what extent did the program meet your needs? | (1) | 2 | 3 |
| 3. Did the program meet the course objectives? | (1) | 2 | 3 |
| 4. What is your overall evaluation of the program? | (1) | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | (1) | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | (1) | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | (1) | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | (1) | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | (1) | 2 | 3 |

10. What was the best or most helpful part of the program for you?

THE AMOUNT OF HANDS ON PRACTICE MADE YOU VERY CONFIDENT IN THE SKILLS YOU WERE TAUGHT.

11. What was the worst or least helpful part of the program for you?

N/A

12. How beneficial were the skill stations?

Introduction to TEMS	(1)	2	3	Care Under Fire	(1)	2	3
Patient Assessment	(1)	2	3	Bleeding Control	(1)	2	3
Airway Management	(1)	2	3	Drags and Carries	(1)	2	3
Comprehensive Scenarios	(1)	2	3				

13. Would you recommend this course to others? Yes No _____

14. General comments:

VERY GOOD COURSE. WILL BE ABLE TO TAKE SOME GOOD INFO BACK TO TEACH TO MY DEPARTMENT.



COURSE SUMMARY EVALUATION

Course #: STREET SURVIVAL Course Location: MARSHALL SPACE FLIGHT CENTER

COURSE SUMMARY EVALUATION*

- | | | | |
|---|-----|---|---|
| 1. How well-organized was the entire program? | (1) | 2 | 3 |
| 2. To what extent did the program meet your needs? | (1) | 2 | 3 |
| 3. Did the program meet the course objectives? | (1) | 2 | 3 |
| 4. What is your overall evaluation of the program? | (1) | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | (1) | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | (1) | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | (1) | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | (1) | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | (1) | 2 | 3 |

10. What was the best or most helpful part of the program for you?

THE AMOUNT OF HANDS ON SKILL STATIONS

11. What was the worst or least helpful part of the program for you?

NONE

12. How beneficial were the skill stations?

Introduction to TEMS

(1) 2 3

Care Under Fire

(1) 2 3

Patient Assessment

(1) 2 3

Bleeding Control

(1) 2 3

Airway Management

(1) 2 3

Drags and Carries

(1) 2 3

Comprehensive Scenarios

(1) 2 3

13. Would you recommend this course to others? Yes X No _____

14. General comments:

THIS IS AN OUTSTANDING CLASS THAT TEACHES SURVIVAL MEDICAL SKILLS TO THE LEO.

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE