

**Mississippi Trauma Care System Foundation**

Pre-Survey Questionnaire

Please take a few moments to answer the following questions. Your participation is very important and appreciated. Results are reported to improve educational opportunities and quality.

**What expectations do you have for this course or program?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Which skills do you hope to improve by coming to this course?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What topics would you like to focus on during training?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Is this course for initial certification or recertification?** \_\_\_\_\_ Initial Certification \_\_\_\_\_ Recertification

**How long have you worked directly in trauma patient care?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often do you work directly in trauma patient care?** \_\_\_\_Full Time \_\_\_\_\_Part Time \_\_\_\_\_ PRN

**Related to your course success, how important are the following aspects of training to you?**

Rating: Very Important (4) Important (3) Somewhat Important (2) Not Important (1)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Skill Of Course Director / Instructor | 1 | 2 | 3 | 4 |
| Personality Of Course Director / Instructor | 1 | 2 | 3 | 4 |
| Consistency (Same) of Course Director / Instructor | 1 | 2 | 3 | 4 |
| Courses Provided Near Me | 1 | 2 | 3 | 4 |
| State-Wide Consistency of cost, course quality & expectations from Level 1 facility | 1 | 2 | 3 | 4 |

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

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