



Survey : EMS Education

Marking Instructions

USE A NO. 2 PENCIL ONLY

- Use number 2 pencil only.
- Make dark marks that fill the circle completely.

Incorrect Marks



- Erase cleanly any mark you wish to change.
- Make no stray marks.

Correct Mark



1. Which of the following was the last EMT certification training course which you successfully completed?
- EMT-Basic EMT-Intermediate EMT-Paramedic

Please answer the following questions about the course you checked in question 1

2. Please evaluate the course's lead instructor (or coordinator) with respect to the following characteristics: PLEASE MARK ONE CIRCLE ON EACH LINE.
- | | Excellent | Good | Fair | Poor |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Technical knowledge of the subject area | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Practical knowledge (clinical skills) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Teaching ability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Enthusiasm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability to answer questions outside of class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professionalism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Which of the following certifications, if any, did the lead instructor (or coordinator) have? PLEASE MARK ONE CIRCLE ON EACH LINE.
- | | Yes | No |
|-------------------------------|-----------------------|-----------------------|
| EMT - Basic | <input type="radio"/> | <input type="radio"/> |
| EMT - Intermediate | <input type="radio"/> | <input type="radio"/> |
| EMT - Paramedic | <input type="radio"/> | <input type="radio"/> |
| Nurse | <input type="radio"/> | <input type="radio"/> |
| Physician Assistant | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> |
| Other (PLEASE DESCRIBE) _____ | <input type="radio"/> | <input type="radio"/> |
| None | <input type="radio"/> | <input type="radio"/> |

4. Please evaluate the following materials associated with this course. PLEASE MARK ONE CIRCLE ON EACH LINE.
- | | Excellent | Good | Fair | Poor |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Textbook | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Audiovisual materials (videos, slides) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Course equipment (mannequins, splints, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. How frequently did this course meet?
- 1 time per week 3 times per week 5 times per week
- 2 times per week 4 times per week 6 or more times per week

6. About how long was the typical class?
- 1 hour or less 3 hours 5 hours 7 hours 9 or more hours
- 2 hours 4 hours 6 hours 8 hours

7. How long did it take to complete this course?
- 1 month or less 4 months (13 - 17 weeks) 13 - 24 months
- 2 months (5 - 8 weeks) 5 - 6 months (18 - 26 weeks) More than 24 months
- 3 months (9 - 13 weeks) 7 - 12 months (27 - 52 weeks)

8. How difficult was it for you to get to the location(s) at which this course was taught?
- Very difficult Slightly Difficult
- Difficult Easy

PLEASE DO NOT WRITE IN THIS AREA



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9. Did you have to personally pay a fee to attend this course? Do not include any fees for which you were reimbursed.
- Yes → How much did you have to pay? \$1 - \$100 \$2,501 - \$5,000
 \$101 - \$500 \$5,001 - \$10,000
 \$501 - \$1,000 \$10,001 - \$15,000
 \$1,001 - \$2,500 \$15,001 or more
- No

10. Do you think the cost of this course was . . .? (PLEASE MARK ONE)
- Very expensive About right Very inexpensive
 Expensive Inexpensive

11. About how many classroom, clinical and field internship hours were required for completion of this course?
- 50 to 109 111 - 149 250 - 499 1,000 - 1,500
 110 only 150 - 249 500 - 999 More than 1,500

12. Where was the classroom training for this course provided? (PLEASE MARK ONE)
- Community College Hospital Other (PLEASE DESCRIBE) _____
 Four year College or University Church
 EMS Station Community Hall
 Fire Station Academy (EMS, Fire, Police)

13. Who was responsible for conducting this course?
- Community College Public Safety Agency
 Four year College or University Academy (EMS, Fire, Police)
 Hospital Don't know
 EMS Agency Other (PLEASE DESCRIBE) _____

14. Have you heard of the Joint Review Committee on Accreditation for EMT Programs?
- Yes → Was your course accredited by this committee? Yes No Don't know
 No

15. As a result of the training you received in this course, how well were you prepared to perform the following? PLEASE MARK ONE CIRCLE ON EACH LINE.
- | | Very well Prepared | Adequately Prepared | Poorly Prepared |
|------------------------------|-----------------------|-----------------------|-----------------------|
| Trauma patient assessment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical patient assessment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cardiac arrest management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Airway management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spinal immobilization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fracture management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hemorrhage control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Childbirth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pediatric patient management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient transport | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. In which of the following ways have you received *continuing EMS education*? PLEASE MARK ONE CIRCLE ON EACH LINE.
- | | Yes | No |
|--|-----------------------|-----------------------|
| Classroom instruction | <input type="radio"/> | <input type="radio"/> |
| State conferences | <input type="radio"/> | <input type="radio"/> |
| National conferences | <input type="radio"/> | <input type="radio"/> |
| Run reviews or case reviews | <input type="radio"/> | <input type="radio"/> |
| Internet | <input type="radio"/> | <input type="radio"/> |
| CD-ROM and interactive computer programs | <input type="radio"/> | <input type="radio"/> |
| Telemedicine | <input type="radio"/> | <input type="radio"/> |
| Journal articles | <input type="radio"/> | <input type="radio"/> |
| Grand rounds | <input type="radio"/> | <input type="radio"/> |
| Video cassette | <input type="radio"/> | <input type="radio"/> |
| Satellite TV | <input type="radio"/> | <input type="radio"/> |