**Course Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ITLS Course Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Please rate by checking: 5 = Highest, best or most; 1 = least, lowest or worst.**

**Pediatric ITLS Course Evaluation** Date\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Please rate with 5 being Excellent and 1 being Poor your experience…………………………….*

Course organization and coordinator/materials available in timely manner . . . . . . . . . . . . . . . . Rate the appropriateness of the physical facilities . . . .. . . . . . . . . . . . . . . . . . . . ……... . . . . . .

This program will assist in improving quality patient care. . . . . . .. . . . . . . .. . ……………... …..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lecture | 5 | 4 | 3 | 2 | 1 |
| PITLS |  |  |  |  |  |
| ***Lectures:***  Assessment of the Pediatric Patient |  |  |  |  |  |
| Head and Spine Trauma |  |  |  |  |  |
| Chest and Abdominal Trauma |  |  |  |  |  |
| Special Considerations in Pediatric Trauma |  |  |  |  |  |
| ***Stations:***  Immobilization, Head and Spine Trauma |  |  |  |  |  |
| Shock Resuscitation, IV Access-IO |  |  |  |  |  |
| Airway Needle and Decompression |  |  |  |  |  |
| Chest and Abdominal Trauma |  |  |  |  |  |
| Pediatric ITLS Trauma Assessment |  |  |  |  |  |
|  |  |  |  |  |  |
| WRITTEN EXAM |  |  |  |  |  |
| Overall Course |  |  |  |  |  |

What would have improved the program?

Please add any additional comments:

9-19