**Course Satisfaction Survey - Results**

***For every question, under each of the five options, please fill in the percentage of respondents that selected that option. Percentages should be rounded to the nearest integer.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question** | **Strongly Agree**  **5** | **Agree**  **4** | **Neutral**  **3** | **Disagree**  **2** | **Strongly**  **Disagree**  **1** |
| 1. The objectives and goals of the training were clearly explained. |  |  |  |  |  |
| 1. The training objectives and goals were met. |  |  |  |  |  |
| 1. The trainer spoke clearly using words I understood. |  |  |  |  |  |
| 1. The information was well organized and easy to follow. |  |  |  |  |  |
| 1. Participation and team work were encouraged. |  |  |  |  |  |
| 1. The training topics covered relate to my job. |  |  |  |  |  |
| 1. I think that what I learned will improve my patient care. |  |  |  |  |  |
| 1. Technology was used well to help me with learning. |  |  |  |  |  |
| 1. The training room was comfortable and helpful for learning. |  |  |  |  |  |

***For every short response question, please indicate any helpful feedback or common threads from the respondents’ comments.***

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| --- | --- |
| **Question** | **Response** |
| 1. What did you like the most about this training? |  |
| 1. What could be done better? |  |
| 1. Will this training change how you do your job? If yes, please explain. |  |