



**American Heart Association  
Emergency Cardiovascular Care Program  
Course Evaluation**

**Instructions:** Please take a moment to complete this evaluation of the course in which you just participated. We want to provide excellent courses, and we value your opinion. Your comments will be used to make ongoing improvements in our program. Please refer to the rating scale provided below. Thank you for your participation.

Name of Course: \_\_\_\_\_ Lead Instructor: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_ Length: \_\_\_\_\_ Location: \_\_\_\_\_

Check one: \_\_\_ MD/DO \_\_\_ RN \_\_\_ Paramedic \_\_\_ Other (Please specify) \_\_\_\_\_

Reason for taking this course: \_\_\_\_\_

**Rating Scale**

1 ----- 2 ----- 3 ----- 4 ----- 5  
**Strongly Disagree          Disagree                  Neutral                  Agree                  Strongly Agree**

Check your response.

Evaluation Item	1	2	3	4	5
1. The program met its stated objectives.					
2. Overall this course met my expectations.					
3. The program content was relevant to my work and extended my knowledge.					
4. The program was presented at an appropriate pace conducive to learning.					
5. The classroom environment was conducive to learning.					
6. There were adequate and appropriate physical facilities for this course.					
7. There was an adequate supply of clean and in good working order equipment.					
8. The method of presentation (ie, on-line learning, in class videos, scenarios) enhanced my learning experience.					
9. Course materials, including the appropriate AHA textbook, were made available to allow adequate preparation time if I wanted them.					
10. I am confident I can use the skills the course taught me.					
11. I would recommend this course to my colleagues.					
12. Instructor(s) presented the material with knowledge, and clarity.					
13. The instructor was professional and courteous.					
14. Instructor(s) provided adequate and helpful feedback during practice and testing .					

*Please complete the other side.*

Please use this space to make any additional comments:

Were there any specific strengths or weaknesses of the program that you would like to comment on?

Have you previously taken this course via another method such as in the class room or on-line? Which learning method did you prefer and why?

**(Optional)**

If you would like feedback on your comments, please fill out the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Signature (required if any action is being requested)** \_\_\_\_\_

Please submit your comments to the Instructor at course end, or if you prefer, you can mail this form either directly to:

**Spencer Hospital TC**  
1200 1<sup>st</sup> Ave East  
Spencer Iowa 51301  
(712) 264-6117

and/or

**AHA ECC Training Department**  
7272 Greenville Avenue  
Dallas TX 75231  
1-877-AHA-4CPR

Nurses: A program evaluation may be submitted directly to: Iowa Board of Nursing, RiverPoint Business Park, 400 SW 8th St Suite B Des Moines, IA 50309-4685

***Thank you for your participation!***