



ALERT[®]

ACUTE
LIFE-THREATENING
EVENTS
RECOGNITION AND
TREATMENT

A MULTI-PROFESSIONAL COURSE IN THE CARE OF THE ACUTELY ILL PATIENT

Date:

Please indicate if you are: a medical participant

a nurse participant

Please tick the box to indicate your response to the following where
1 is not helpful and 4 is very helpful:

- | | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Has this course been relevant and helpful for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you feel more competent to identify critically ill patients? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel more confident to deal with critically ill patients? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you clear how to get assistance with critically ill patients? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you feel able to clearly ask for help with the critical patient? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Catering - Quality & Timing ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment:

6. Please indicate 3 things that you will remember to do as a result of attending this course:

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7. Please indicate any areas that you feel

- a) unsure about

- b) you need more information about

- c) you would like to have clarified

8. Any other comments: