

CPRS Basic Training Video Feedback/Suggestions

Your feedback is appreciated and will serve to assist in developing and improving future online CPRS training. Please answer the following questions to the best of your ability. Your responses will be kept strictly confidential and will only be used for evaluating existing and future online training modules within the Medical Center. Please answer the following questions on a scale from 1-10. Thank you.

1. Was the training easy to find?

Yes 10 9 8 7 6 5 4 3 2 1 No

If No, why? _____

2. Did you have problems viewing the CPRS training link?

Yes 10 9 8 7 6 5 4 3 2 1 No

If Yes, why? _____

3. Was the training informative?

Yes 10 9 8 7 6 5 4 3 2 1 No

If No, why? _____

4. Did you feel the content of the training module was appropriate for the types of things

you will be documenting within the patient's medical record?

Yes 10 9 8 7 6 5 4 3 2 1 No

If No, why? _____

5. Did you find this training useful for patient care?

Yes 10 9 8 7 6 5 4 3 2 1 No

If No, why? _____

6. Did you like receiving CPRS training in this format?

Yes 10 9 8 7 6 5 4 3 2 1 No

If No, why? _____

Comments/Suggestions: