

PTC Post-Course Participant Form

Thank you for participating in this Primary Trauma Care Course. We hope you have found the training both useful and enjoyable.

Name:

Date:

Course Location:

Course Feedback Questions

Please say how well we fulfilled the learning objectives for the course?	Very Poor 1	Poor 2	Average 3	Good 4	Very Good 5
• understand and apply a system for assessing and treating trauma patients					
• have the knowledge, skills and attitudes of the PTC principles					
• apply these PTC principles to where you work					

What was the best part of the course?

What would you change in the course?

Please turn over

<i>Name (Capitals)</i>	
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	How confident do you feel in managing:	Not at all confident 1	2	3	4	Completely confident 5
A	A 5 year old child with a fractured pelvis					
B	A 30 year old week pregnant woman with a fractured femur					
C	A 25 year old man with a knife in his abdomen					
D	A 60 year old female with 40 % burns					
E	A 50 year old man unconscious with a fixed dilated pupil					
F	A 20 year old male who is conscious but cannot move his legs					
G	A 2 year old child with major haemorrhage from a traumatic amputation of his leg					
H	A 50 year old man cyanosed from a tension pneumothorax					

Post-Course Multiple Choice Questionnaire (MCQ) Answer Sheet

Question	Answer
1	
2	
3	
4	
5	
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7	
8	
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10	

Question	Answer
11	
12	
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20	

Thank you for completing this form.