



# Wyoming Infection Prevention Orientation Manual - Section Evaluation

This manual and the sections contained within have been developed to help make orientation to Infection Prevention in Wyoming a worthwhile experience. Your feedback on the sections will be greatly appreciated and will help us make changes that maybe necessary. Please complete an evaluation for each section. Mark the box that best fits the degree to which you agree with the statement. Then select the type of facility in which you work and enter your position. Finally provide your thoughts and suggestions in the additional comments portion on page 2. Submit completed evaluations to [emily.thorp@wyo.gov](mailto:emily.thorp@wyo.gov) or fax to 307-777-5573. Thank you.

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. The presentation of the material was clear						
2. The section was organized in a logical manner						
3. The information necessary to complete the exercises was in the required/suggested readings						
4. The instruction for the exercises were clear						
5. The allotted time for section was adequate						
6. This section enabled me to apply this knowledge to “real life” infection prevention and control situations						
7. The section helped me to develop my abilities to think critically and independently						
8. The section content provided useful information for my regular (daily, weekly or annual) infection prevention activities and duties						

### User Information:

What is your organization type? (Please check all that apply):

- Acute Care Hospital                       Critical Access Hospital                       Ambulatory Surgical Center
- Dialysis Facility                               Urgent Care Facility                               Private Physician Office
- In-Patient Rehabilitation Hospital                       Long Term Care Facility (nursing home)
- Other (please specify) \_\_\_\_\_

What is your position within the organization (e.g. infection preventionist, director of nursing, etc.)?  
\_\_\_\_\_

Is your organization/facility located within the state of Wyoming? (Please check one):     Yes     No

If no, please provide your state and country: \_\_\_\_\_

### Additional Comments/Suggestions

Keeping in mind that this is an orientation package and not meant to replace an accredited infection control course, do you now feel better prepared to begin/continue your role as an Infection Preventionist (IP)?

After completing this section, how did the information and experience impact your job duties or activities as an IP? In other words, what did you change based on the information provided in this section?

What are your suggestions on how we can improve this section?

What additional topics should be included in the section?

What additional topics should be included in the manual as a whole?

Submit completed evaluations via email to [emily.thorp@wyo.gov](mailto:emily.thorp@wyo.gov) or fax to 307-777-5573.

**Thank you for your feedback.**