



**“PEPP-3” Participant Evaluation Form  
Maryland Enhanced PEPP Program**



**ALS & BLS PEPP Provider Course**

**Date:** \_\_\_\_\_

**Level of Provider:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Years in EMS:** \_\_\_\_\_

Please rate each portion of the course based on how useful it was to you (circle your response):

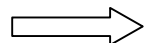
<b>Course Content</b>	<b>Not at All Useful</b>	<b>Fairly Useful</b>	<b>Very Useful</b>	<b>Extremely Useful</b>	<b>Not Used</b>
PEPP Video/DVD – Assessment	1	2	3	4	x
PEPP Video/DVD - Skills	1	2	3	4	x
<b>LECTURES</b>					
Children in Disasters	1	2	3	4	x
Child Maltreatment	1	2	3	4	x
Children with Special Health Care Needs	1	2	3	4	x
Emergency Delivery and Newborn Stabilization	1	2	3	4	x
Medical Emergencies	1	2	3	4	x
Pediatric Assessment	1	2	3	4	x
Respiratory Emergencies	1	2	3	4	x
Resuscitation and Dysrhythmias	1	2	3	4	x
Shock	1	2	3	4	x
Toxicology	1	2	3	4	x
Trauma	1	2	3	4	x
<b>SCENARIOS</b>					
Cardiovascular Emergencies	1	2	3	4	x
Child and Family Interaction	1	2	3	4	x
Special Health Care Needs	1	2	3	4	x
Emergency Delivery & Stabilization	1	2	3	4	x
Medical Emergencies	1	2	3	4	x
Trauma	1	2	3	4	x
<b>SKILLS</b>					
BLS / ALS Skills Station 1: Airway Management	1	2	3	4	x
BLS / ALS Skills Station 2: Spinal Immobilization	1	2	3	4	x
ALS Skills Station 3: Vascular Access	1	2	3	4	x
BLS / ALS Skills Station 4: Resuscitation Skills Station	1	2	3	4	x

Instructor Feedback:

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Please circle your response:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. After completing the PEPP course, I have more confidence in my ability to accurately assess and treat pediatric patients.	1	2	3	4
2. I have a better understanding of when to use ALS skills and when to use BLS skills when treating a pediatric patient.	1	2	3	4
3. I plan to change the way I perform certain skills based on something that I learned in the PEPP course.	1	2	3	4
4. I plan to purchase, or recommend the purchase of, new equipment based on something I learned in the PEPP course.	1	2	3	4
5. The PEPP Student Manual was useful in preparation for the PEPP course.	1	2	3	4
6. I plan to share the information or skills I learned with someone else.	1	2	3	4
7. The information and skills I learned in PEPP will be valuable to my practice.	1	2	3	4
8. I would recommend PEPP to a colleague.	1	2	3	4

9. What, if anything, will make it difficult for you to use the skills as presented in the PEPP course (please check all that apply):

- My organization does not provide the equipment needed to perform the skills as described in the PEPP course.
  - The skills as presented in the PEPP course are different than the protocols in my area.
  - I do not feel confident in my ability to perform the skills as described in the PEPP course.
  - There are no barriers to using the skills as presented in the PEPP course.
- Other \_\_\_\_\_

Additional Comments:

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*Thank you for your feedback. This information will be shared with the Maryland State Pediatric Emergency Advisory Committee (PEMAC) and the Maryland PEPP Steering Committee for planning future PEPP Courses.  
Thank you for your commitment to the emergency care of children in Maryland.*