

Training Feedback Form

Training Course Completed: <u>Versastream TECHNICAL</u>			
Date: <u>6 12 22</u>	Time/Length: <u>30min</u>	Trainer: <u>SH</u>	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the course content and material complete and comprehensive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this information be useful to you in your job role?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the course challenge your thinking and understanding of the product/procedure/training area*?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the training is beneficial to your team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel the instructor was knowledgeable in the area covered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the trainer encourage discussions and questions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Do you require any further training in this area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, what would you like this training to cover?			
Further comments:			
Name: <u>EMMA CLARK</u>			
Date: <u>6 12 22</u>			

*Please delete as applicable

Competency Assessment Questions – VersaStream Sampling Lines

Please refer to any system resources that you have access to in order to locate the information. The training materials will be made available on the system.

If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

1) What is the name of the type of capnography that VersaStream sampling lines are used with?

Side stream capnography

2) What colour is used for the connectors on Viamed's Oridion compatible **long-term** sampling lines?

Yellow

3) Prior to VersaStream Viamed used a multi-part sampling system using a separate filter called a Nomo adapter. Explain one disadvantage of this system.

more chance of a leak between components
and not always comply with infection control

4) Which of the 3 main ranges of VersaStream sampling lines that Viamed supplies is missing from this list?

Viamed / Masimo Luer Lock Male Oridion

5) How long can a short-term sampling line be used for?

Up to 24 hours

6) Can VersaStream sampling lines be cleaned and re-used?

no as disposable

Notes or Comments:

Name: EMMA CLARK Date: 6.12.22