

Training Feedback Form

Training Course Completed:			
Date:	Time/Length:	Trainer:	
17.5.23	9.40am	Steve Hardacre	
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: C. Green			
Date: 17.5.23			

*Please delete as applicable

Competency Assessment Questions – Posey Products

Please 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) Why would users not use Posey pulse oximetry sensor wraps with disposable sensors?

Disposable sensor has its own self-adhesive tape as part of the sensor

2) At which monitoring site might you see a Posey sensor wrap on a neonate?

Big Toe

3) What fixation method does a Posey I.D. bracelet use instead of adhesive tape?

hook and loop fasteners

4) Why can Posey SecureSleeve be left in place during X-ray procedures?

As it's x-ray translucent

5) For what purpose might a Posey Elbow Splint be used?

for to restrict movement at the elbow to prevent self injury (impairment of ~~bone~~ wound healing)

6) Can a Posey I.V. Armboards be used on multiple patients?

Single patient use.

7) What is the name for an opening created at the front of the neck so that a tube can be inserted into the trachea to assist breathing?

Tracheostomy

8) What neck circumference are Posey Secure Trach Ties designed for?

33-48cm ~~Gate~~

Notes or Comments:

Name: C Green

Date: 17 5 23