

Training Feedback Form

Training Course Completed: TOF 3D Introductory Training			
Date: 20/02/2023	Time/Length:	Trainer: Catrin Hollings	
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 checked="" type="checkbox"/>
If so, what would you like this training to cover?			
Further comments:			
Name: <u>CSNEEN</u> Date: <u>28/2/23</u>			

*Please delete as applicable

Notes provided via iType

TOF 3D Introductory Competency Questions

Please use your PCs as reference

1. What standard accessories are included when purchasing 2510091?

- 2510102 Mains Patient Cable
- 2510103 Stimulation Cable with pinchclamps
- 2510104 Acceleration ~~the~~ Transducer
- 1x Sealing Cover for Main Patient Cable
- 1x Sealing Cover for data Interface Socket
- 1x Instructions for Use
- 4x AA 1.5v batteries

2. What is a brief description of the TOF 3D Neuromuscular Monitor?

Monitors the lvl of neuromuscular Transmission during Surgery or in Intensive Care Unit, to assess the depth or degree of muscle relaxation.

3. Is the TOF 3D a subjective or quantative monitor and what does this mean?

Quantitative - Monitoring and assessment which is measurable and repeatable

4. What is the main difference between the Microstim DB3 and the TOF 3D?

DB3 was a subjective + no display

5. What part numbers does 2510101 complete patient cable assembly consist of, including part number?

- 2510102 Mains cable
- 2510103 Stimulation cable
- 2510104 Acceleration Sensor ✓ (-2530170)
- 2510105 Skin Temp Sensor x 2 (cover for unistrap)

6. What monitoring sites can the TOF 3D be used and what accessories are required to do this?

- ^{+land} Thumb + land adapter ^{or} Thumb adapter
- Toe: Thumb Adapter
- Eye ~~#~~ - Eye adapters and pads

7. What training can Viamed provided for the TOF 3D?

✓ We do not offer Training onsite, but we can supply training materials for use by Hospital - powerpoint training presentation and a windows based Simulator.