

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 type="checkbox"/>
If so, what would you like this training to cover?			
Further comments:			
Name: Kate Griffiths			
Date: 20.2.23			

*Please delete as applicable

TOF 3D Introductory Competency Questions
Please use your PCs as reference

1. What standard accessories are included when purchasing 2510091?

- 2 510102 main patient cable
- 2 510103 stim cable w pinch clamps
- 2 510104 Accel transducer
- Sealing cover - main patient cable
- " " data interface socket
- instr for use
- 4 x AA 1.5v batteries

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

A ^{device} ~~monitor~~ to quantitatively monitor the level of neuromuscular transmission during surgery or in int care, as a means of assessing the depth or degree of muscle relaxation

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

Quantitative

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

one is subj, one is quantitative

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

- 2 510102 - main patient cable
- 2 510103 - stimulation cable
- 2 510104 - AMG transducer
- cover for connection port 2530134/133

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

- hand - 2520110
- toe 2
- ~~toe~~ thumb - 2520111
- eye - 2520112

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

Instructions, Training materials for use by Hosp Clinical Educator -
p/print windows based simulator, support to " "
NO ON SITE TRAINING