

Training Feedback Form

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|---|-------------------------------------|-------------------------------------|--------------------------|
| Training Course Completed: TOF 3D Technical Training | | | |
| Date: 27/2/23 | Time/Length: 45 mins | Trainer: Steve Hardaker | |
| 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? | | | |
| <p>Further comments:</p> <p>Very helpful, thank you</p> | | | |
| Name: Kate Griffiths | | | |
| Date: 27-2-23 | | | |

*Please delete as applicable

TOF 3D Technical Training - Competency Assessment Questions

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 and will appear as required reading. If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

1) What type of monitoring method does the TOF 3D use: subjective or quantitative?

Quantitative

2) How does the TOF 3D measure twitch response?

accelerometer myography

3) Where is the most common place on the patient to measure twitch response?

hand

4) What is the warranty period?

12 months

5) Does the TOF 3D or accessories contain any Latex?

no

6) Where can you find cleaning guidelines?

stick page under technical documents

7) What is the name for the stimulation mode that delivers 4 short stimuli over a 2s period?

Train of 4 (TOF)

8) Which accessories are single-patient use: hand adapter / thumb adapter / eye adapter?

thumb adapter + eye adapter.

Notes or Comments:

Name: Kate Griffiths Date: 27.2.23