

Competency Assessment Questions – Disposable EEG Sensors

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 EEG an acronym for?

Electroencephalogram

2) Name 2 types of EEG Monitoring.

Bispectral (BIS)
Entropy

3) State 2 clinical goals of depth of anaesthesia monitoring.

Induction
Emergence

4) What does BIS stand for?

Bispectral Index

EEG Sensors

5) What is the pack quantity for BIS and Entropy sensors?

25

Technical

6) Which departments in a hospital would use these sensors?

Anywhere that needs to monitor brain activity. Dementia, head injuries or anaesthesia.

Notes or Comments:

Name: M. GREEN Date: 05-6-24

Training Feedback Form

| | | | |
|---|-------------------------------------|--------------------------------|--------------------------|
| Training Course Completed: Disposable EEG Sensors Technical Training | | | |
| Date: | Time/Length: | 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? | | | |
| If so, what would you like this training to cover? | | | |
| Further comments: | | | |
| Name: M. GREEN | | | |
| Date: 5-6-24 | | | |

Please delete as applicable

Competency Assessment Questions – Disposable EEG Sensors

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

1) What is EEG an acronym for?

Electroencephalogram

2) Name 2 types of EEG Monitoring.

BIS

Entropy

3) State 2 clinical goals of depth of anaesthesia monitoring.

Therapeutic, Delta

4) What does BIS stand for?

Bispectral Index Monitor

5) What is the pack quantity for BIS and Entropy sensors?

25

6) Which departments in a hospital would use these sensors?

Theatre

ICU

Notes or Comments:

Name: EMMA Date: 24.4.24

Training Feedback Form

| | | | |
|---|-------------------------------------|--------------------------------|--------------------------|
| Training Course Completed: Disposable EEG Sensors Technical Training | | | |
| Date: | Time/Length: | 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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure | | | |
| If so, what would you like this training to cover? | | | |
| | | | |
| Further comments: | | | |
| | | | |
| Name: Emma | | | |
| Date: 24/4/24 | | | |

Please delete as applicable

Training Feedback Form

| | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| Training Course Completed: Disposable EEG Sensors Technical Training | | | |
| Date: 24.4.24 | Time/Length: 30 | 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? | | | |
| Further comments: | | | |
| Name: PHIL CROSSLEY | | | |
| Date: 24.4.24 | | | |

Please delete as applicable

Competency Assessment Questions – Disposable EEG Sensors

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.

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1) What is EEG an acronym for?

ELECTROENCEPHALOGRAM

2) Name 2 types of EEG Monitoring.

BISPECTRAL INDEX

ENTROPY

3) State 2 clinical goals of depth of anaesthesia monitoring.

OPTIMIZE DRUG DOSAGES

AVOID EXCESSIVE ANAESTHESIA DEPTH

4) What does BIS stand for?

BISPECTRAL INDEX

5) What is the pack quantity for BIS and Entropy sensors?

25

6) Which departments in a hospital would use these sensors?

THEATRES

INTENSIVE CARE

HIGH DEPENDENCY

Notes or Comments:

Name: PHIL CROSSLEY Date: 24.4.24

Competency Assessment Questions – Disposable EEG Sensors

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1) What is EEG an acronym for?

Electroencephalogram

2) Name 2 types of EEG Monitoring.

Bispectral (BIS) + Entropy

3) State 2 clinical goals of depth of anaesthesia monitoring.

To prevent waking up during surgery
to avoid excessive anaesthesia depth

4) What does BIS stand for?

Bispectral Index

5) What is the pack quantity for BIS and Entropy sensors?

25

6) Which departments in a hospital would use these sensors?

Theatres, Intensive care, High Dependency Units

Notes or Comments:

Name: Kate Griffiths Date: 24.4.24

Training Feedback Form

| | | | |
|---|----------------------------|--------------------------------|---------------|
| Training Course Completed: Disposable EEG Sensors Technical Training | | | |
| Date: 24-4-24 | Time/Length: 45mins | Trainer: Steve Hardaker | |
| Content | Yes | No | Unsure |
| Was the course content presented in a logical manner? | ✓ | | |
| Was the course content and material complete and comprehensive? | ✓ | | |
| Will this information be useful to you in your job role? | ✓ | | |
| Relevance | Yes | No | Unsure |
| Do you feel you now have a better understanding of the product/procedure/training area*? | ✓ | | |
| Did the course challenge your thinking and understanding of the product/procedure/training area*? | ✓ | | |
| Do you feel the training is beneficial to your team? | ✓ | | |
| Trainer | Yes | No | Unsure |
| Did the trainer communicate and explain the material clearly? | ✓ | | |
| Did you feel the instructor was knowledgeable in the area covered? | ✓ | | |
| Did the trainer encourage discussions and questions? | ✓ | | |
| Comments | | | |
| Do you require any further training in this area? | | ✓ | |
| If so, what would you like this training to cover? | | | |
| Further comments: | | | |
| Name: Kate Griffiths | | | |
| Date: 24-4-24 | | | |

Please delete as applicable

Training Feedback Form

| | | | |
|---|-------------------------------------|--------------------------------|-------------------------------------|
| Training Course Completed: Disposable EEG Sensors Technical Training | | | |
| Date: 24/4/26 - | Time/Length: | 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| If so, what would you like this training to cover? | | | |
| Further comments: | | | |
| Name: Steve RYAN SWAIN Date: 24/4/24. | | | |

Please delete as applicable

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1) What is EEG an acronym for?

ELECTROENCEPHALOGRAPH

2) Name 2 types of EEG Monitoring.

BIS

ENTROPY

3) State 2 clinical goals of depth of anaesthesia monitoring.

PREVENT ANAESTHESIA AWARENESS & AVOID EXCESSIVE ANAESTHESIA DEPTH

4) What does BIS stand for?

BISPECTRAL INDEX

5) What is the pack quantity for BIS and Entropy sensors?

25

6) Which departments in a hospital would use these sensors?

THEATRE

ICU

Notes or Comments:

Name: Ayan Swaine Date: 24/4/2024

Training Feedback Form

| | | | |
|---|----------------------------|--------------------------------|---------------|
| Training Course Completed: Disposable EEG Sensors Technical Training | | | |
| Date: 24/4/24 | Time/Length: 30 min | Trainer: Steve Hardaker | |
| Content | Yes | No | Unsure |
| Was the course content presented in a logical manner? | ✓ | | |
| Was the course content and material complete and comprehensive? | ✓ | | |
| Will this information be useful to you in your job role? | ✓ | | |
| Relevance | Yes | No | Unsure |
| Do you feel you now have a better understanding of the product/procedure/training area*? | ✓ | | |
| Did the course challenge your thinking and understanding of the product/procedure/training area*? | ✓ | | |
| Do you feel the training is beneficial to your team? | ✓ | | |
| Trainer | Yes | No | Unsure |
| Did the trainer communicate and explain the material clearly? | ✓ | | |
| Did you feel the instructor was knowledgeable in the area covered? | ✓ | | |
| Did the trainer encourage discussions and questions? | ✓ | | |
| Comments | | | |
| Do you require any further training in this area? | | ✓ | |
| If so, what would you like this training to cover? | | | |
| Further comments: | | | |
| Name: ROBERT CONNOR | | | |
| Date: 24/4/24 | | | |

Please delete as applicable

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1) What is EEG an acronym for?

Electroencephalogram

2) Name 2 types of EEG Monitoring.

Bispectral index,
entropy monitoring

3) State 2 clinical goals of depth of anaesthesia monitoring.

optimize drug doses,
prevent anaesthesia awareness

4) What does BIS stand for?

bispectral index

5) What is the pack quantity for BIS and Entropy sensors?

25

6) Which departments in a hospital would use these sensors?

ICU, HDU, operating theatres

Notes or Comments:

Name: ROBERT CONNOR Date: 24/4/24

Competency Assessment Questions – Disposable EEG Sensors

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.

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1) What is EEG an acronym for? *Electroencephalogram.*

2) Name 2 types of EEG Monitoring.

Bis monitoring

Entropy monitoring

3) State 2 clinical goals of depth of anaesthesia monitoring.

prevent Anaesthesia awareness

Avoid excessive anaesthesia depth

4) What does BIS stand for?

Bispectral Index Monitoring

5) What is the pack quantity for BIS and Entropy sensors?

25 per Box

6) Which departments in a hospital would use these sensors?

Theatres, Intensive Care, High Dependency units

Notes or Comments:

Name: JANINE GILL Date: 24.4.24

Training Feedback Form

| | | | |
|---|-------------------------------------|--------------------------------|--------------------------|
| Training Course Completed: Disposable EEG Sensors Technical Training | | | |
| Date: 26.4.24 | 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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure | | | |
| If so, what would you like this training to cover? | | | |
| | | | |
| Further comments: | | | |
| | | | |
| Name: JANNIE GILL | | | |
| Date: 26.4.24 | | | |

Please delete as applicable