

# Training Feedback Form

|   |                          |                                |           |
|---|--------------------------|--------------------------------|-----------|
| <b>Training Course Completed:</b> Finger pulse oximeter - technical training                      |                          |                                |           |
| <b>Date:</b>  | <b>Time/Length:</b> 1/2h | <b>Trainer:</b> Steve Hardaker |           |
| <b>Content</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | ✓                              |           |
| <b>Relevance</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | ✓                              |           |
| <b>Trainer</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | ✓                              |           |
| <b>Comments</b>   |                          |                                |           |
| Do you require any further training in this area?   |                          |                                | ✓         |
| If so, what would you like this training to cover?  |                          |                                |           |
| <b>Further comments:</b>  |                          |                                |           |

**\*Please delete as applicable**

## Competency Assessment Questions – Finger Pulse Oximeters

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) What 2 types of light does a pulse oximeter shine through the measurement site?

Red light  
infrared light

2) What is the name for a graphical representation of blood flow at the measurement site?

Pleth waveform

3) What is the part number of a finger oximeter with an LCD display?

2810046

4) What is the part number of a finger oximeter with a pleth waveform?

2810011

5) How long after removing from the finger before a finger oximeter powers off?

8 seconds

6) What is the molecule that carries oxygen in the blood?

Haemoglobin

7) What type of batteries do they use?

2x AAA

8) Why don't we take these back for repair or service?

low cost to buy

Notes or Comments:

Name: EMILY HANSON Date: 21/8/23

# Training Feedback Form

|  |                          |                                |    |
|--|--------------------------|--------------------------------|----|
| <b>Training Course Completed:</b> Finger pulse oximeter - technical training                                 |                          |                                |    |
| <b>Date:</b>   | <b>Time/Length:</b> 1/2h | <b>Trainer:</b> Steve Hardaker |    |
| <b>Content</b><br>Was the course content presented in a logical manner?                                      |                          | Yes                            | No |
| Was the course content and material complete and comprehensive?  |                          |                                |    |
| Will this information be useful to you in your job role?   |                          |                                |    |
| <b>Relevance</b><br>Do you feel you now have a better understanding of the product/procedure/training area*? |                          | Yes                            | No |
| Did the course challenge your thinking and understanding of the product/procedure/training area*?            |                          |                                |    |
| Do you feel the training is beneficial to your team?   |                          |                                |    |
| <b>Trainer</b><br>Did the trainer communicate and explain the material clearly?                              |                          | Yes                            | No |
| Did you feel the instructor was knowledgeable in the area covered?   |                          |                                |    |
| Did the trainer encourage discussions and questions?   |                          |                                |    |
| <b>Comments</b><br>Do you require any further training in this area?   |                          |                                |    |
| If so, what would you like this training to cover?   |                          |                                |    |
| Further comments:  |                          |                                |    |
| <b>Name:</b>   |                          |                                |    |
| <b>Date:</b>   |                          |                                |    |

\*Please delete as applicable

## Competency Assessment Questions – Finger Pulse Oximeters

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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 2 types of light does a pulse oximeter shine through the measurement site?

Red & Infrared

2) What is the name for a graphical representation of blood flow at the measurement site?

Plethysmograph / Pleth Waveform.

3) What is the part number of a finger oximeter with an LCD display?

2810046

4) What is the part number of a finger oximeter with a pleth waveform?

2810011.

5) How long after removing from the finger before a finger oximeter powers off?

8 seconds

6) What is the molecule that carries oxygen in the blood?

Haemoglobin.

7) What type of batteries do they use?

2x AAA.

8) Why don't we take these back for repair or service?

It would cost more than a new unit.

Notes or Comments:

Name: Sophie Lines Date: 21/8/23

# Training Feedback Form

|   |                          |                                     |                                     |
|---|--------------------------|-------------------------------------|-------------------------------------|
| <b>Training Course Completed:</b> Finger pulse oximeter - technical training                      |                          |                                     |                                     |
| <b>Date:</b>  | <b>Time/Length:</b> 1/2h | <b>Trainer:</b> Steve Hardaker      |                                     |
| <b>Content</b>  |                          | <b>Yes</b>                          | <b>No</b>                           |
| Was the course content presented in a logical manner?   |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Was the course content and material complete and comprehensive?                                   |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Will this information be useful to you in your job role?  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>Relevance</b>  |                          | <b>Yes</b>                          | <b>No</b>                           |
| Do you feel you now have a better understanding of the product/procedure/training area*?          |                          | <input checked="" 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"/>            |
| Do you feel the training is beneficial to your team?  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>Trainer</b>  |                          | <b>Yes</b>                          | <b>No</b>                           |
| Did the trainer communicate and explain the material clearly?                                     |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Did you feel the instructor was knowledgeable in the area covered?                                |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Did the trainer encourage discussions and questions?  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>Comments</b>   |                          |                                     |                                     |
| Do you require any further training in this area?   |                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If so, what would you like this training to cover?  |                          |                                     |                                     |
| <b>Further comments:</b>  |                          |                                     |                                     |
| <b>Name:</b> Ajib   |                          |                                     |                                     |
| <b>Date:</b> 27/08/23   |                          |                                     |                                     |

\*Please delete as applicable

## Competency Assessment Questions – Finger Pulse Oximeters

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 2 types of light does a pulse oximeter shine through the measurement site?

Red and Infared lights.

2) What is the name for a graphical representation of blood flow at the measurement site?

~~temp~~ pleth waveform.

3) What is the part number of a finger oximeter with an LCD display?

2810046

4) What is the part number of a finger oximeter with a pleth waveform?

2810011

5) How long after removing from the finger before a finger oximeter powers off?

8 seconds

6) What is the molecule that carries oxygen in the blood?

~~Hemoglobin~~ Hemoglobin

7) What type of batteries do they use?

AAA x 2

8) Why don't we take these back for repair or service?

Due to very low cost, be cheaper to purchase another

Notes or Comments:

Name: Agib Majeed

Date: 21/08/23

# Training Feedback Form

| Training Course Completed: Finger pulse oximeter - technical training                             |              |                         |    |
|---|--------------|-------------------------|----|
| Date:   | Time/Length: | Trainer: Steve Hardaker |    |
| Content   |              | Yes                     | No |
| 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 |
| 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 |
| 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:   |              |                         |    |

**\*Please delete as applicable**

## Competency Assessment Questions – Finger Pulse Oximeters

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) What 2 types of light does a pulse oximeter shine through the measurement site?

Red light and Infrared light.

2) What is the name for a graphical representation of blood flow at the measurement site?

plethysmograph or pleth waveform.

3) What is the part number of a finger oximeter with an LCD display?

2810046

4) What is the part number of a finger oximeter with a pleth waveform?

2810011

5) How long after removing from the finger before a finger oximeter powers off?

8 Seconds

6) What is the molecule that carries oxygen in the blood?

Haemoglobin

7) What type of batteries do they use?

2 x AAA Batteries.

8) Why don't we take these back for repair or service?

Not cost effective

Notes or Comments:

Name: JANINE GRI Date: 21/8/23

# Training Feedback Form

|   |                          |                                |           |
|---|--------------------------|--------------------------------|-----------|
| <b>Training Course Completed:</b> Finger pulse oximeter - technical training                      |                          |                                |           |
| <b>Date:</b> 21-8-23  | <b>Time/Length:</b> 1/2h | <b>Trainer:</b> Steve Hardaker |           |
| <b>Content</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          |                                | /         |
| <b>Relevance</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | /                              |           |
| <b>Trainer</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | /                              |           |
| <b>Comments</b>   |                          |                                |           |
| Do you require any further training in this area?   |                          |                                | /         |
| If so, what would you like this training to cover?  |                          |                                |           |
| <b>Further comments:</b>  |                          |                                |           |
| <b>Name:</b> M. Green   |                          | <b>Date:</b> 21-8-23           |           |

\*Please delete as applicable

## Competency Assessment Questions – Finger Pulse Oximeters

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.

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1) What 2 types of light does a pulse oximeter shine through the measurement site?

Red + IR

2) What is the name for a graphical representation of blood flow at the measurement site?

Plethysmograph

3) What is the part number of a finger oximeter with an LCD display?

2810046

4) What is the part number of a finger oximeter with a pleth waveform?

2810011

5) How long after removing from the finger before a finger oximeter powers off?

8 seconds

6) What is the molecule that carries oxygen in the blood?

~~Hb~~ Haemoglobin

7) What type of batteries do they use?

AAA

8) Why don't we take these back for repair or service?

• Uneconomical repair

Notes or Comments:

Name: M. Green Date: 21-8-23

# Training Feedback Form

|   |                          |                                |    |
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| <b>Date:</b> 21-8-23  | <b>Time/Length:</b> 1/2h | <b>Trainer:</b> Steve Hardaker |    |
| <b>Content</b>  |                          | Yes                            | No |
| 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?  |                          | /                              |    |
| <b>Relevance</b>  |                          | Yes                            | No |
| 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?  |                          | /                              |    |
| <b>Trainer</b>  |                          | Yes                            | No |
| 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?  |                          | /                              |    |
| <b>Comments</b>   |                          |                                |    |
| Do you require any further training in this area?   |                          |                                |    |
| If so, what would you like this training to cover?  |                          |                                |    |
| <b>Further comments:</b>  |                          |                                |    |
| <b>Name:</b> C.Green  |                          |                                |    |
| <b>Date:</b> 21-8-23  |                          |                                |    |

\*Please delete as applicable

### Competency Assessment Questions – Finger Pulse Oximeters

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1) What 2 types of light does a pulse oximeter shine through the measurement site?

Red and Infra Red Light.

2) What is the name for a graphical representation of blood flow at the measurement site?

Plethysmograph / Pleth Waveform

3) What is the part number of a finger oximeter with an LCD display?

2810046.

4) What is the part number of a finger oximeter with a pleth waveform?

2810011

5) How long after removing from the finger before a finger oximeter powers off?

8 seconds

6) What is the molecule that carries oxygen in the blood?

Haemoglobin

7) What type of batteries do they use?

Tripple A

8) Why don't we take these back for repair or service?

No.

Notes or Comments:

Name: C Green

Date: 21.8.23

# Training Feedback Form

|   |                          |                                |           |
|---|--------------------------|--------------------------------|-----------|
| <b>Training Course Completed:</b> Finger pulse oximeter - technical training                      |                          |                                |           |
| <b>Date:</b> 21/8/23  | <b>Time/Length:</b> 1/2h | <b>Trainer:</b> Steve Hardaker |           |
| <b>Content</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | /                              |           |
| <b>Relevance</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | /                              |           |
| <b>Trainer</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | /                              |           |
| <b>Comments</b>   |                          |                                |           |
| Do you require any further training in this area?   |                          |                                | /         |
| If so, what would you like this training to cover?  |                          |                                |           |
| <b>Further comments:</b>  |                          |                                |           |
| <b>Name:</b> Ryan Jevine  |                          | <b>Date:</b> 21/8/23           |           |

\*Please delete as applicable

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1) What 2 types of light does a pulse oximeter shine through the measurement site?

• RED & INFRARED

2) What is the name for a graphical representation of blood flow at the measurement site?

PLETHYSMOGRAPH

3) What is the part number of a finger oximeter with an LCD display?

2810046

4) What is the part number of a finger oximeter with a pleth waveform?

• 2810011

5) How long after removing from the finger before a finger oximeter powers off?

8 seconds.

6) What is the molecule that carries oxygen in the blood?

Hemoglobin

7) What type of batteries do they use?

2x AAA

8) Why don't we take these back for repair or service?

NOT ECONOMICAL

Notes or Comments:

Name: Ryan Swaine Date: 21/8/2023

# Training Feedback Form

|   |                          |                                |    |
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| <b>Training Course Completed:</b> Finger pulse oximeter - technical training                      |                          |                                |    |
| <b>Date:</b><br>21.8.23   | <b>Time/Length:</b> 1/2h | <b>Trainer:</b> Steve Hardaker |    |
| <b>Content</b>  |                          | Yes                            | No |
| 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?  |                          | /                              |    |
| <b>Relevance</b>  |                          | Yes                            | No |
| 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?  |                          | /                              |    |
| <b>Trainer</b>  |                          | Yes                            | No |
| 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?  |                          | /                              |    |
| <b>Comments</b>   |                          |                                |    |
| Do you require any further training in this area?   |                          |                                | /  |
| If so, what would you like this training to cover?  |                          |                                |    |
| <b>Further comments:</b>  |                          |                                |    |
| <b>Name:</b><br>PHIL CROSBY   |                          |                                |    |
| <b>Date:</b><br>21.8.23   |                          |                                |    |

\*Please delete as applicable

### **Competency Assessment Questions – Finger Pulse Oximeters**

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RED + INFRARED

2) What is the name for a graphical representation of blood flow at the measurement site?

PLETHYSMOGRAPH PLETHYSMOGRAM

3) What is the part number of a finger oximeter with an LCD display?

2810046

4) What is the part number of a finger oximeter with a pleth waveform?

2810011

5) How long after removing from the finger before a finger oximeter powers off?

8 SECONDS

6) What is the molecule that carries oxygen in the blood?

HEMOGLORIN

7) What type of batteries do they use?

2XAAA

8) Why don't we take these back for repair or service?

NOT WORTH IT

Notes or Comments:

Name: PHIL CLOSSER Date: 21.8.23

# Training Feedback Form

|   |                          |                                |           |
|---|--------------------------|--------------------------------|-----------|
| <b>Training Course Completed:</b> Finger pulse oximeter - technical training                      |                          |                                |           |
| <b>Date:</b><br>21/08/23  | <b>Time/Length:</b> 1/2h | <b>Trainer:</b> Steve Hardaker |           |
| <b>Content</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | ✓                              |           |
| <b>Relevance</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | ✓                              |           |
| <b>Trainer</b>  |                          | <b>Yes</b>                     | <b>No</b> |
| 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?  |                          | ✓                              |           |
| <b>Comments</b>   |                          |                                |           |
| Do you require any further training in this area?   |                          |                                | ✓         |
| If so, what would you like this training to cover?  |                          |                                |           |
| <b>Further comments:</b>  |                          |                                |           |
| Name: Robert Connor<br>Date: 21/08/23   |                          |                                |           |

**\*Please delete as applicable**

## Competency Assessment Questions – Finger Pulse Oximeters

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1) What 2 types of light does a pulse oximeter shine through the measurement site?

Red and infrared

2) What is the name for a graphical representation of blood flow at the measurement site?

plethysmograph

3) What is the part number of a finger oximeter with an LCD display?

2810046.

4) What is the part number of a finger oximeter with a pleth waveform?

2810011

5) How long after removing from the finger before a finger oximeter powers off?

8 seconds

6) What is the molecule that carries oxygen in the blood?

Haemoglobin

7) What type of batteries do they use?

AAA x 2

8) Why don't we take these back for repair or service?

Not economical, low cost to just replace vs. cost of engineer time.

Notes or Comments:

Name: Robert Connor

Date: 21/08/23