

TML/MSH Microbiology Department Policy & Procedure Manual	Policy # MI/EDU/11/04/v02	Page 1 of 1
Education Manual		

Toronto Medical Laboratory and Mount Sinai Hospital
Microbiology Department: **Mycology Section**

Bench Training Evaluation Form For Trainee - To be completed by the trainee at the end of training

Name of the trainee: _____

Dates of training: _____

Supervising Technologist: **Subhash K. Mohan**

- | | Disagree | | | Agree | | | Strongly Agree | | | | |
|----|---|---|-------------------------------|-------|----------------------------------|--|--|---|--------------------------------------|---|---|
| | 1 | 2 | 3 | 4 | 5 | | | | | | |
| | (Circle one) | | | | | | | | | | |
| 1. | The objectives specified in the bench manual as applicable to your specific needs were covered during bench training. | | | | | | 1 | 2 | 3 | 4 | 5 |
| | If disagree please explain: | | | | | | | | | | |
| 2. | The supervising technologist was patient and supportive (Approachable) | | | | | | 1 | 2 | 3 | 4 | 5 |
| 3. | Frequent opportunities for questions and discussions were offered | | | | | | 1 | 2 | 3 | 4 | 5 |
| 4. | The supervising technologist was able to give: | | | | | | | | | | |
| | a. Clear and precise instructions | | | | | | 1 | 2 | 3 | 4 | 5 |
| | b. Explanations | | | | | | 1 | 2 | 3 | 4 | 5 |
| 5. | Feed back about your performance was given throughout the rotation | | | | | | 1 | 2 | 3 | 4 | 5 |
| 6. | There were adequate hands-on participation on the bench | | | | | | 1 | 2 | 3 | 4 | 5 |
| 7. | The supervising technologist's teaching abilities are: | | | | | | | | | | |
| | <input type="checkbox"/> Poor | | <input type="checkbox"/> Fair | | <input type="checkbox"/> Average | | <input type="checkbox"/> Above Average | | <input type="checkbox"/> Outstanding | | |

Comments:

Trainee's signature