

Feedback of Trainees on Their Trainers in Neonatology Subspecialty Training, Malaysia

Name of Trainees:_____

Name of Trainer assessed by the trainee:_____

Period of training: From_____ To_____

1. Did you and your trainer planned a learning objectives at the beginning of your training period with him/her?

0. No 1. Yes

2. Do you think at the end of this training period, you have achieved most or all of the learning objectives planned at the beginning of this period?

0. No 1. Yes

3. If the answer to question to answer 2 above is no, please give reasons for the failure to achieve the learning objectives.

4. Did you and your trainer planned a educational time-table for your training at the beginning of this training period?

0. No 1. Yes

5. Did your trainer carried out educational activities regularly according to this schedule?

1. 0. No 1. Yes

6. Did he/she handle your questions and comments calmly and courteously?

1. 0. No 1. Rarely 2. Sometimes 3. Always

7. Did he/she provide clear instructions for all activities?

1. 0. No 1. Yes

8. Was he approachable to help you improve and fine-tune your practice and learning by telling you your strength and weakness in all encounters?

i. 0. No 1. Yes

Feedback of Trainee on Trainer

9. Was he/she knowledgeable in his/her area of practice?

i. 0. No 1. Yes

10. Did you have a cordial working relationship with your trainer?

i. 0. No 1. Yes

Please kindly returned this completed form to the secretariate at the College of Paediatrics, Academy of Medicine of Malaysia