



**Postgraduate Institute of Medicine
University of Colombo**

Annexure VII

Trainer evaluation form

Please handover the completed evaluation form to the designated official at the Postgraduate Institute of Medicine soon after completion of PBCA. Information provided herein will be kept confidential and anonymous by the PGIM.

Name of the trainer: Speciality: Training period:	Strongly Disagree				Strongly Agree
	1	2	3	4	5
During my training period, my trainer:					
was attentive to my training					
created a conducive learning environment					
discussed the goals and objectives of my training at the beginning					
provided me adequate contact hours with him/her					
provided me with adequate practical/clinical insights					
made an appropriate effort towards stimulating me to learn					
referred me to appropriate sources of additional information					
was well prepared and organized for the training sessions/clinical activity					
utilized instructional time efficiently					
was fair and objective in assessing my abilities					
provided me with useful feedback					
interacted and communicated with me in a mutually respectful way					
was an effective role model					
What did you like about this particular trainer?					
What could have been done better / differently by the trainer?					
What is your overall rating of the trainer's competency in training?					
Not competent					Extremely competent
	1	2	3	4	5
Name:			Signature:		