



**Postgraduate Institute of Medicine
University of Colombo**

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:	Strongly Disagree				Strongly Agree
Speciality:					
Training period:	1	2	3	4	5
During my training period, my trainer:					
1. was attentive to my training					
2. created a conducive learning environment					
3. discussed the goals and objectives of my training at the beginning					
4. provided me adequate contact hours with him/her					
5. provided me with adequate practical/clinical insights					
6. made an appropriate effort towards stimulating me to learn					
7. referred me to appropriate sources of additional information					
8. was well prepared and organized for the training sessions/clinical activity					
9. utilized instructional time efficiently					
10. was fair and objective in assessing my abilities					
11. provided me with useful feedback					
12. interacted and communicated with me in a mutually respectful way					
13. 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:	