SMART CAREPRO OJT FORM

Name:

Surname:

Nrc:

District:

Province:

Facility:

Trainer Name:

1. What module are you using for the service you are providing?

   ....

2. Which module did you find easiest to use ?

   Medical Encounter (OPD)

   Investigation

   Pharmarcy

   ART Related Module

   MCH Related Module

   Medical Encounter (IPD)

   Other ....

3. Which module did you find hardest to use?

   Medical Encounter

   Investigation

   Pharmarcy

   ART Related Module

   MCH Related Module

   Medical Encounter (IPD)

   Other ....

4. How would you rate the training support provided?

    a. Very good

    b. Good

    c. Moderate

    d. Bad

    e. Very bad

5. Were your questions and concerns addressed during the post-training support?

    a. Yes

    b. No

6. How would you rate your overall experience with SmartCare Pro Training.

    a. Very good

    b. Good

    c. Moderate

    d. Bad

    e. Very bad