

The Satisfaction Questionnaire of Training Program/Tutor

Training Department : _____

Year/Month : _____

※ Session 1: Satisfaction Degree

Item	Strongly Disagree	Disagree	General	Agree	Strongly agree	NA	Remark
Orientation/Learning Guide Offer orientation package, specify learning objects, structured teaching material...etc	1	2	3	4	5	NA	
Teaching Activities Meet students needs and well planned	1	2	3	4	5	NA	
Faculties - Faculties know how to teach and give good advice at the right time	1	2	3	4	5	NA	
Learning Environment The training department have arranged space for teaching/meeting, offer adequate reference books, and duty rooms' lockers	1	2	3	4	5	NA	
Academic Meetings - The conference worked well and the topics were proper and inspiring	1	2	3	4	5	NA	
Loading/Learning Opportunity - The number of patient care, days of on duty, and case reports meet the learning requirements	1	2	3	4	5	NA	
Clinical Assessment - The frequency of assessment is adequate with proper feedback	1	2	3	4	5	NA	
Total Satisfaction	1	2	3	4	5		

※ Session 2: Evaluation of your tutor [Name of your tutor : _____]

Item	Strongly Disagree	Disagree	General	Agree	Strongly agree	Remark
Providing appropriate knowledge and technique advising	1	2	3	4	5	
Carrying out adequate assessment and feedback	1	2	3	4	5	
Showing good communication and teaching skills	1	2	3	4	5	
Understanding students' learning needs and obstacles	1	2	3	4	5	
The tutor is a competent clinical teacher	1	2	3	4	5	
Comment about the training program :	Comment on the tutor:					

※ Session 3: Please recommend your preferred tutors for the selection of annual best tutor

1.Name : _____ Reason : _____

2.Name : _____ Reason : _____

3.Name : _____ Reason : _____