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| Prevocational term evaluation form **Hospital\_\_\_\_\_\_\_\_ Term 1** [ ]  **Term 2** [ ]  **Term 3** [ ]  **Term 4**  [ ]  **Term 5** [ ]  | DATE \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ PGY1 [ ]  or PGY2 [ ]   |
| *Thank you for your hard work this term. Please evaluate the term by answering the questions below. Your feedback will help ensure that education, training and service arrangements are appropriate and continue to improve.* |
| **Term name:** |  |
| **Term Supervisor:** |

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| ORIENTATION |
| * Was orientation offered before starting the term?
 | [ ]  Yes | [ ]  No |
| * Rate the orientation session and materials supplied
 | [ ]  Highly useful | [ ]  Useful | [ ]  Not useful | [ ]  Not applicable |
| * How satisfied are you with prevocational training
 | [ ]  Very Satisfied | [ ]  Satisfied | [ ]  Not satisfied |

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| SUPERVISION |
| * Most supervision and guidance was provided by
 | [ ]  Consultant | [ ]  Registrar | [ ]  Resident Medical Officer | [ ]  Other |
| * Rate your overall supervision in this term
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| * By Consultant
 | [ ]  Highly useful | [ ]  Useful | [ ]  Not helpful | [ ]  Not available |
| * By Registrar
 | [ ]  Highly useful | [ ]  Useful | [ ]  Not helpful | [ ]  Not available |
| * By RMO (if applicable)
 | [ ]  Highly useful | [ ]  Useful | [ ]  Not helpful | [ ]  Not available |

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| WORKLOAD and WELLNESS |
| * Rate your overall workload in this term
 | [ ]  Excessive | [ ]  Busy | [ ]  Reasonable | [ ]  Insufficient |
| * Were rostered overtime shifts spread out as evenly as possible over the term?
 | [ ]  Yes | [ ]  No |
| * On average how many hours of *un-rostered* overtime did you work each week?
 | [ ]  < 1 hour | [ ]  1-5 hours | [ ]  5-10 hours | [ ]  >10 hours |
| * On average how many hours of *rostered* overtime did you work each week?
 | [ ]  < 1 hour | [ ]  1-5 hours | [ ]  5-10 hours | [ ]  >10 hours |
| * Do you feel that you have special needs and that you require additional support?
 | [ ]  Yes | [ ]  No |

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| LEARNING and EDUCATION OPPORTUNITY  |
| * Did the term meet the learning objectives
 | [ ]  Yes | [ ]  No |
| * Were you offered formal teaching sessions and tutorials in this term?
 | [ ]  Yes | [ ]  No |
| * Rate the overall education and learning opportunity you received in this term, including clinical supervision
 | [ ]  Excellent | [ ]  Good | [ ]  Average | [ ]  Poor |

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| ASSESSMENT |
| * Rate the overall feedback and assessment process
 | [ ]  Highly useful | [ ]  Useful | [ ]  Not useful | [ ]  Not performed |

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| OVERALL RATING |
| * I have gained clinical skills and had good educational opportunities in this term
 | [ ]  Strongly agree | [ ]  Agree | [ ]  Disagree | [ ]  Strongly disagree  |
| * Would you recommend this term to your colleagues?
 | [ ]  Yes | [ ]  No |

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| ADDITIONAL COMMENTS |
| *Please provide any additional comments on any specific training issues raised by your experience in this term. This feedback will help to ensure that education, training and service arrangements are appropriate and continue to improve.*  |