Advanced Training in Nephrology

**Trainee Feedback**

The completion of this section is **optional**. The purpose is to give trainees the opportunity to provide feedback on their training rotation. This is **not required** to be shown to your supervisor.

Please provide feedback below of the rotation completed.

|  |  |
| --- | --- |
| 1. **Did your rotation meet your expectations regarding improvements of knowledge?**   Failed to meet any of my expectations  Met some but not all my expectations  My expectations were met  My expectations were exceeded in some areas  Almost all of my expectations were exceeded | |
| 1. **Did your rotation meet your expectations regarding improvements in your confidence to manage patients?**   Failed to meet any of my expectations  Met some but not all my expectations  My expectations were met  My expectations were exceeded in some areas  Almost all of my expectations were exceeded | |
| 1. **Did you feel confident that you could manage the common complaints in the specialty relevant to this training period?**   I would be unlikely to be able to manage many problems without help  I could manage some of the problems, but not as many as I thought I would  I could manage most of the problems as a nephrologist could manage  I could manage most of the problems in the area  I could manage all the problems in that area with confidence | |
| 1. **Did you feel that you were integrated well into the department you were assigned?**   Failed to meet any of my expectations  Met some but not all my expectations  My expectations were met  My expectations were exceeded in some areas  Almost all of my expectations were exceeded | |
| 1. **Did you feel that the clinical responsibility you were given was appropriate for an advanced trainee in nephrology?**   Not at all  Some of the time  In general, yes  Most of the time  All of the time | |
| 1. **Was there an opportunity to attend teaching sessions within the department?**   Not at all  Some of the time  In general, yes  Most of the time  All of the time | |
| 1. **How many hours per week were spent in formal training sessions (e.g. journal club, rounds, biopsy meeting etc.)?** | |
| 1. **Was there good consultant clinical support?**   Not at all  Some of the time  In general, yes  Most of the time  All of the time | |
| 1. **Would you recommend the rotation to other nephrology trainees?**   Not at all  Some of the time  In general, yes  Most of the time  All of the time | |
| 1. **Was the workload:**   Insufficient  Not enough  About right  Too much  Excessive and unworkable | |
| 1. **Was the on-call workload:**   Insufficient  Not enough  About right  Too much  Excessive and unworkable  There was no on call | |
| 1. **How often did you work on a weekend (per month)?** | |
| 1. **How often did you work on a weeknight (per month?** | |
| 1. **On average how many inpatients were you responsible for daily?**   0 - 4  5 - 9  10 - 14  15 - 19  20 or More | |
| 1. **For the period covered in this report, please detail per week:**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **0** | **1** | **2-3** | **4-6** | **6+** | | Outpatients |  |  |  |  |  | | Average Overtime (hours) |  |  |  |  |  | | Inpatients |  |  |  |  |  | | Clinics |  |  |  |  |  |   **What areas of nephrology were these clinics predominately in? i.e. general nephrology, transplant, CKD, dialysis etc.** | |
| 1. **Did you get time during work hours to do your projects/research/audit during the rotation?**   Yes  No | |
| **Please provide comments below on the opportunity you had to mentor and provide education to medical students/residents during your rotation:**  **What were the strengths?** | |
| **What were the problems/weaknesses/things that could be improved?** | |
| **Is there anything else that you believe it is important the Nephrology ATC or ATS know about this attachment?:** | |
| **Any further comments and reflections on what you learnt from this attachment?:** | |
| **Would you like the RACP Education Officer for Nephrology to contact you?** | **YES Phone number**  **NO** |

|  |  |
| --- | --- |
| **Australia**  Please contact [nephrology@racp.edu.au](mailto:nephrology@racp.edu.au). | **Aotearoa New Zealand**  Please contact [nephrology@racp.org.nz](mailto:nephrology@racp.org.nz) |

As a reminder, you are always welcome to contact the Education Officer in Nephrology if you should ever want to raise confidential concerns about your training.

*The RACP acknowledges the WA Department of Health with the development of this form.*