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| RACP2016_CMYK_withtag_OL | Advanced Training in  General and Acute Care Medicine  Trainee’s Report for NZ trainees  **Confidential**  **This Trainee Report can be submitted confidentially without supervision notification.** |  |

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| **TRAINEE DETAILS AND TRAINING POSITION** |

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| --- | --- | --- | --- | --- | --- |
| Full Name of Trainee |  | | | | |
|  | | | | | |
| Report covers period | From |  | To | |  |
|  | | *Date (dd/mm/yy)* | |  | *Date (dd/mm/yy)* |
|  | | | | | |
| Training position |  | | | | |
|  | | | | | |
| Year of Advanced Training |  | | | | |
|  | | | | | |

**Please complete the below trainee report of the rotation completed**

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| 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 met | |
| 1. **Did you feel confident that you could manage the common complaints in the specialty relevant to this training period?**   I would unlikely 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 a generalist could manage  I could manage most of the problems in the area | |
| 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 general medicine?**   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. **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. **Was there adequate junior medical officer 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 general and acute care medicine trainees?**   Not at all  Some of the time  In general, yes  Most of the time  All of the time | |
| 1. **Was the workload, including on call:**   Insufficient  Not enough  About right  Too much  Excessive and unworkable | |
| 1. **On average how many inpatients were you responsible for daily?**   < 12  12 - 18  19 - 24  25 - 32  > 32 | |
| 1. **How many clinics a week did you do on this rotation?**   0  1  2 - 4  4 - 6  More than 6 | |
| 1. **On average how many patients in a clinic (i.e. per clinic) did you see yourself?**   NA  2  2 - 4  4 - 6  More than 6 | |
| 1. **Did you get time during work hours to do your projects/research/audit during the rotation?**   Yes  No | |
| 1. **Please provide comments below on the opportunity you had to mentor and provide education to medical students/residents during your rotation:**   Comments: | |
| **What were the strengths of this rotation?** | |
| **What were the problems/weaknesses/things that could be improved?** | |
| **Is there anything else that you believe it is important the committee know about this attachment?** | |
| **Any further comments and reflections on what you learnt from this attachment?** | |
| **Would you like the Education Officer to contact you following the submission of this report?** | **YES Phone number**  **NO** |

As a reminder, you are always welcome to contact the Education Officer or a member of the NZ ATC General and Acute Care Medicine if you should ever want to raise confidential concerns about your training.

**New Zealand Office**

Please contact [generalmedicine@racp.org.nz](mailto:generalmedicine@racp.org.nz) or write to the NZ ATC – General and Acute Care Medicine:

RACP

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