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| RACP2016_CMYK_withtag_OL | Advanced Training in General and Acute Care MedicineTrainee’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 or write to the NZ ATC – General and Acute Care Medicine:

RACP

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