

## Prevocational term evaluation form

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospital \_\_\_\_\_ Term 1  Term 2  Term 3  Term 4  Term 5

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:

### ORIENTATION

o Was orientation offered before starting the term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
o Rate the orientation session and materials supplied	<input type="checkbox"/> Highly useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not useful	<input type="checkbox"/> Not applicable
o How satisfied are you with prevocational training	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied	

### SUPERVISION

o Most supervision and guidance was provided by	<input type="checkbox"/> Consultant	<input type="checkbox"/> Registrar	<input type="checkbox"/> Resident Medical Officer	<input type="checkbox"/> Other												
o Rate your overall supervision in this term	<ul style="list-style-type: none"> <li>• By Consultant           <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Highly useful</td> <td><input type="checkbox"/> Useful</td> <td><input type="checkbox"/> Not helpful</td> <td><input type="checkbox"/> Not available</td> </tr> </table> </li> <li>• By Registrar           <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Highly useful</td> <td><input type="checkbox"/> Useful</td> <td><input type="checkbox"/> Not helpful</td> <td><input type="checkbox"/> Not available</td> </tr> </table> </li> <li>• By RMO (if applicable)           <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Highly useful</td> <td><input type="checkbox"/> Useful</td> <td><input type="checkbox"/> Not helpful</td> <td><input type="checkbox"/> Not available</td> </tr> </table> </li> </ul>				<input type="checkbox"/> Highly useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Not available	<input type="checkbox"/> Highly useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Not available	<input type="checkbox"/> Highly useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Not available
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<input type="checkbox"/> Highly useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Not available													

### WORKLOAD and WELLNESS

o Rate your overall workload in this term	<input type="checkbox"/> Excessive	<input type="checkbox"/> Busy	<input type="checkbox"/> Reasonable	<input type="checkbox"/> Insufficient
o Were rostered overtime shifts spread out as evenly as possible over the term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
o On average how many hours of <b>un-rostered</b> overtime did you work each week?	<input type="checkbox"/> < 1 hour	<input type="checkbox"/> 1-5 hours	<input type="checkbox"/> 5-10 hours	<input type="checkbox"/> >10 hours
o On average how many hours of <b>rostered</b> overtime did you work each week?	<input type="checkbox"/> < 1 hour	<input type="checkbox"/> 1-5 hours	<input type="checkbox"/> 5-10 hours	<input type="checkbox"/> >10 hours
o Do you feel that you have special needs and that you require additional support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

LEARNING and EDUCATION OPPORTUNITY				
o Did the term meet the learning objectives	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
o Were you offered formal teaching sessions and tutorials in this term?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
o Rate the overall education and learning opportunity you received in this term, including clinical supervision	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

ASSESSMENT				
o Rate the overall feedback and assessment process	<input type="checkbox"/> Highly useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not useful	<input type="checkbox"/> Not performed

OVERALL RATING				
o I have gained clinical skills and had good educational opportunities in this term	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
o Would you recommend this term to your colleagues?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

ADDITIONAL COMMENTS				
<p>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.</p>				