

MANDATORY

Feedback Sessions

For the supervisor to give feedback to the intern & for the intern to give feedback to the supervisor

Introduction

Feedback, both positive and negative, will be a regular part of the informal day to day interactions between Intern and Supervisor. The purpose of this document is to guide or prompt Interns and Supervisors during formal (i.e. a specific time set aside) feedback sessions. You may wish to write notes on this guide for you to discuss in the feedback session.

Interns & Supervisors should be familiarised with this guide during Intern orientation time. It is suggested that formal feedback sessions occur **at least three times a term:**

- Initial Session 1-2 weeks into the term
- Midpoint session 5 weeks
- End Session 10 weeks

Note for GP Rotation - As each "term" duration is 10 weeks, and the Intern completes 2 x terms for their GP Clinic rotation, the Feedback Sessions form should be completed at the Initial Orientation, each Mid Term Appraisal and each End of Term Assessment ie. over a full GP Clinic rotation at the orientation, 5 week, 10 week, 15 week and 20 week points in the rotation.

The feedback should focus on strengths as well as areas of improvement and be a two way process between the Supervisor and Intern. Informal, day-to-day, ad-hoc feedback is also extremely important and should complement more formal feedback sessions.

How to use this form

The following questions will help facilitate feedback from the **Supervisor** to the **Intern** and the **Intern** to the **Supervisor**. These questions are not meant to be exhaustive and there may be other areas about which you wish to provide feedback.

If either the Intern or the Supervisor has concerns arising from the feedback process it is important for the Director of Clinical Training within M2M to be notified.

It is expected that copies of the prompt form will be retained by Supervisors and Interns for the duration of the rotation. This information can be used for further discussion and feedback with Director of Clinical Training and/or Medical Educator.

Form revised 17.12.12

SUPERVISOR FEEDBACK TO INTERN - Prompts

All Supervisors to complete Questions 1, 2 & 3 – Medical, Surgical, ED & GP rotations

1. Clinical - Strengths and Weaknesses

For example:

- Knowledge Base; Procedural Skills: Appropriate investigations, management, prescribing & referral.

2. Communication – Strengths and Weaknesses

For example:

- Communication in the consultation; Communication with patients, staff, allied organisations and health professionals; Patient Records

3. What could be improved?

GP Supervisors ONLY to complete Questions 4 & 5 – GP rotations only

4. Practice Management – Strengths and Weaknesses

For example:

- Time management; Billing. Rosters, Reports; Legal responsibility; Use of practice resources.

5. Social/Personal – Strengths and Weaknesses

For example:

- Presentation/integration into the practice; Punctuality; Enthusiasm/interest

INTERN FEEDBACK TO SUPERVISOR

on their current Rotation experience - Prompts

Interns ONLY to complete this page

1. Organisational Aspects – Strengths & Weaknesses

For example:

- Hours of work; On-call requirements; Accommodation.

2. Orientation to the Community– Strengths & Weaknesses

For example:

- Practice/Health Service social events; Involvement in activities outside the practice/health service.

3. Teaching – Strengths & Weaknesses

For example: please circle Yes or No – if No please provide explanation:

- Are you receiving the required amount of face to face teaching with your supervisor? **Yes / No**
- Are you able to contact your supervisor when required? **Yes / No**
- Do you feel comfortable approaching your supervisor? **Yes / No**
- Do you receive corridor teaching? **Yes / No**
- Do you go on ward rounds with your supervisor? **Yes / No**

4. Learning - Strengths & Weaknesses

For example: please circle Yes or No – if No please provide explanation:

- Have you developed/reviewed your learning plan with your supervisor? **Yes / No**
- Does your supervisor sit in and observe you consulting? **Yes / No**
- Have you sat in with your supervisor or other practice members and observed them consulting? **Yes / No**
- Do you spend time learning/practicing procedural work? **Yes / No**

5. What are the practice/supervisor strengths?

6. What could be improved?

Supervisor and Intern feedback.

ALL Supervisors and Interns to sign when complete

Intern:	
Practice:	
Supervisor:	
Date:	

The **Feedback of supervisor to intern and intern to supervisor** has been completed successfully.

Signed:

.....
(Intern)

.....
(Date)

.....
(Supervisor)

.....
(Date)