

PRIVATE & CONFIDENTIAL

End of GP Term – Evaluation & Feedback Form - Intern

For the intern to give evaluation & feedback on the General Practice term rotation.

This tool is provided to Interns to enable them to record their evaluation of the General Practice term, and is required to be completed at the **10 week and again at the 20 week point in the rotation.**

Please complete this form at the end of your GP term/rotation (10 weeks and then again at 20 weeks) and return completed form to the M2M administration. Please note that all evaluation forms will be treated as confidential to protect the intern and to encourage frank and honest feedback.

Name:		Position: <input type="checkbox"/> PGY1 (Intern) <input type="checkbox"/> PGY2
Parent Health Service: (please circle)		Applicable Term/Rotation for this Evaluation: (please circle)
Alpine Health		GP Rotation
Cobram District Health		GP Clinic:
Benalla Health		
Yarrawonga Health		
Term/Rotation Dates:		Term/Rotation Number:
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
1.	During Orientation/ initial meeting with your Supervisor, did you read through and discuss Learning Objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did you understand what was expected of you during this term?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Were you confident about who to contact if you had any queries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Did you read and understand the additional guidelines of the Practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	During this term, was the following achieved?	
	▪ Intern attendance at Emergency Presentations of common conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	▪ Intern attendance at Outpatient Clinics of common presenting conditions/post-operative follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	▪ ISBAR Handover guidelines were discussed at Term Orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	▪ ACF for Junior Doctors was discussed by Supervisor at Term Orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. I found the Clinic "Term Description" helpful for the start of my GP rotation

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

7. My GP Clinic Rotation met my expectations:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

8. My GP Clinic Rotation has enhanced my understanding of the role of primary health care doctor:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree



9. My GP Clinic Rotation has enhanced my understanding of the interface between primary & secondary health care:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

10. My GP Clinic Rotation has enhanced my understanding of continuity of care:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

11. My GP Clinic Rotation has enhanced my understanding of referral patterns between primary & secondary care:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

12. I was satisfied with the level of patient contact provided to me during my GP Clinic Rotation:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

13. I was satisfied with the level of clinical training opportunities provided to me during my GP Clinic Rotation:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

14. I was satisfied with the level of clinical supervision provided to me during my GP Clinic Rotation:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

15. I was satisfied with the level of training and support provided to me during my GP Clinic Rotation:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

16. My GP Clinic Rotation has provided me with a valuable learning experience:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

17. I am better informed at my career decision as a result of the GP Clinic Rotation:

Yes	No