Advanced Training in Nephrology

**Trainee Feedback**

The completion of this section is **optional**. The purpose is to give trainees the opportunity to provide feedback on their training rotation. This is **not required** to be shown to your supervisor.

Please provide feedback below 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 exceeded |
| 1. **Did you feel confident that you could manage the common complaints in the specialty relevant to this training period?**

[ ]  I would be unlikely to 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 as a nephrologist could manage[ ]  I could manage most of the problems in the area[ ]  I could manage all the problems in that area with confidence |
| 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 nephrology?**

[ ]  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. **How many hours per week were spent in formal training sessions (e.g. journal club, rounds, biopsy meeting etc.)?**
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| 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. **Would you recommend the rotation to other nephrology trainees?**

[ ]  Not at all[ ]  Some of the time[ ]  In general, yes[ ]  Most of the time[ ]  All of the time |
| 1. **Was the workload:**

[ ]  Insufficient[ ]  Not enough[ ]  About right[ ]  Too much[ ]  Excessive and unworkable |
| 1. **Was the on-call workload:**

[ ]  Insufficient[ ]  Not enough[ ]  About right[ ]  Too much[ ]  Excessive and unworkable[ ]  There was no on call |
| 1. **How often did you work on a weekend (per month)?**
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| 1. **How often did you work on a weeknight (per month?**
 |
| 1. **On average how many inpatients were you responsible for daily?**

[ ]  0 - 4[ ]  5 - 9[ ]  10 - 14[ ]  15 - 19[ ]  20 or More |
| 1. **For the period covered in this report, please detail per week:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2-3** | **4-6** | **6+** |
| Outpatients | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Average Overtime (hours) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Inpatients | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Clinics | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**What areas of nephrology were these clinics predominately in? i.e. general nephrology, transplant, CKD, dialysis etc.**       |
| 1. **Did you get time during work hours to do your projects/research/audit during the rotation?**

[ ]  Yes[ ]  No |
| **Please provide comments below on the opportunity you had to mentor and provide education to medical students/residents during your rotation:****What were the strengths?**       |
| **What were the problems/weaknesses/things that could be improved?**       |
| **Is there anything else that you believe it is important the Nephrology ATC or ATS know about this attachment?:**      |
| **Any further comments and reflections on what you learnt from this attachment?:**       |
| **Would you like the RACP Education Officer for Nephrology to contact you?** | **[ ]  YES Phone number**      **[ ]  NO** |

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| **Australia**Please contact nephrology@racp.edu.au. | **Aotearoa New Zealand**Please contact nephrology@racp.org.nz |

As a reminder, you are always welcome to contact the Education Officer in Nephrology if you should ever want to raise confidential concerns about your training.

*The RACP acknowledges the WA Department of Health with the development of this form.*