**Registrar Placement Report**

**Purpose**

This form is for registrars to report on their training experience and provide feedback on their post. The information will inform registrar training and training post accreditation. Information identifying the registrar, will not be shared with the training post, without permission of the registrar. The completed form is emailed to [training@acrrm.org.au](mailto:training@acrrm.org.au)

**Registrar information**

|  |  |
| --- | --- |
| Registrar name |  |
| Training post name |  |
| Training post location |  |
| Supervisor name |  |
| Component of Training | CGT  AST – Discipline |
| Reporting period | to |
| Date submitted |  |

**Supervision and teaching**

Your supervisor/s was available and approachable?

|  |
| --- |
| **Strongly Disagree Disagree Neutral Agree Strongly Agree** |
|  |
| **Comments:** |

Your supervisor/s engaged in the following activities with you:

|  |  |
| --- | --- |
| **Never Occasionally Monthly Weekly Daily** | |
| Observation of **you** interacting with patients? |  |
| **Your** observation of supervisor/s interacting with patients? |  |
| Case discussion? |  |
| Clinical notes discussion? |  |
| Impromptu /corridor teaching? |  |
| Planned teaching activities? |  |
| Facilitating sessions with other health professionals |  |
| **Comments:** | |

**Clinical learning opportunities**

|  |  |
| --- | --- |
| Please mark the most appropriate response | **Too much About Right Not enough** |
| Appropriateness of the patient clinical load |  |
| Appropriateness of the breadth of presentations |  |
| Opportunities to perform procedural skills |  |
| Opportunities to be involved in other aspects of business, e.g., team meetings, quality assurance activities, being part of a multidisciplinary team |  |
| **Comments:** |  |

**Demographics**

Over the reporting period, provide the following patient demographics. (If possible, draw numbers from the health service records. If this is not possible, provide an estimate of percentage.)

|  |  |
| --- | --- |
| **Demographics** | **Number or Percentage** |
| **Gender identity** |  |
| Female |  |
| Male |  |
| Different identity |  |
| **Ethnicity** |  |
| Aboriginal and Torres Strait Islanders |  |
| Other ethnic populations (optional) |  |
| **Age groups** |  |
| 0-5 |  |
| 6-15 |  |
| 16-25 |  |
| 26-45 |  |
| 46-65 |  |
| 66-80 |  |
| 81 and over |  |

**Continuity of care *(primary care placement only)***

How many patients were you providing continuity of care for? (a patient seen for three or more consults)

|  |  |  |  |
| --- | --- | --- | --- |
| 0-5 | 6-10 | 11-20 | 20+ |
|  |  |  |  |

**Extended practice *(primary care placements only)***

Provide an **indication** of the volume of extended practice you were involved in over the reporting period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home visits | Nursing home visits | Hospital patients | Telehealth consults | ED shifts |
| 0 | 0 | 0 | 0 | 0 |
| 1-5 | 1-5 | 1-5 | 1-5 | 1-5 |
| 5-10 | 5-10 | 5-10 | 5-10 | 5-10 |
| 10-20 | 10-20 | 10+ | 10-20 | 10-20 |
| 20+ | 20+ | 20+ | 20+ | 20+ |

**Departments or areas worked *(secondary care placements only)***

Provide a breakdown on the areas of the hospital you have been working in over the reporting period and percentage of time spent there.

|  |  |
| --- | --- |
| **Department/area worked** | **Percentage of time** |
|  | % |
|  | % |
|  | % |
| Emergency department | % |
| After hours | % |
| Telehealth consults | % |

**Facilities and organisational management**

|  |  |
| --- | --- |
| Please mark the most appropriate response | **Unsatisfactory Adequate Good Excellent** |
| The orientation to the post was |  |
| Support from the staff was |  |
| Clinical equipment, resources and systems were |  |
| Administrative equipment and systems, including workplace health and safety systems were |  |
| Your employment arrangement was |  |
| Your ability to get leave for mandatory training activities eg workshops, EM courses was |  |
| **Comments:** | |

**General**

|  |
| --- |
| Would you recommend this training post to another registrar? |
| No 1 2 3 4 5 6 7 8 9 10 Yes |
| What are the strengths of the training post? |
| What are the weaknesses of the training post? |

**Declaration**

I declare that the information provided by me on this form is true and accurate.