



1. Welcome

Thank you for being part of the John Flynn Placement Program (JFPP). We trust that your placement was enjoyable and appreciate your honest feedback about the experience. Your responses will enable us to improve the program.

We just need a few details before we begin.

1. Details

Your Name

Mentor

Comm. Contact

Start date

End date

Town/State

2. Current University

- Adelaide
- ANU
- Bond
- Deakin
- Flinders
- Griffith
- James Cook
- Melbourne
- Monash
- New England
- Newcastle
- Notre Dame
- Notre Dame Sydney
- NSW
- Queensland
- Sydney
- Tasmania
- Western Australia
- Western Sydney
- Wollongong

3. JFPP placement

- 1st 2nd 3rd 4th

4. Current year of study

- 1st 2nd 3rd 4th 5th 6th

2. Placement planning

1. Please rate these aspects of placement planning:

	Excellent	Good	Average	Poor	Unsatisfactory	Not applicable
Planning experiences and activities with mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement timing in relation to study workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport around town/area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact with mentor outside placement period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The learning planner in defining the educational experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility of JFPP staff at ACRRM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approachability and friendliness of JFPP staff at ACRRM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment of student stipend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice and support provided by JFPP staff at ACRRM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information packs supplied by ACRRM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any further comments



3. Mentor

1. How often did you have contact with your mentor?

- Frequently (daily) Regularly (a few times a week) Occasionally (once a week) Seldom (once or twice) Never

2. What percentage of your work time was spent with your mentor?

100%
 75%
 50%
 25%
 0

3. Do you think your mentor was more inspirational or educational, or both?

Mostly educational
 More educational
 Both
 More Inspirational
 Mostly Inspirational

4. Overall, how would you rate:

	Excellent	Good	Average	Poor	Unsatisfactory	Not applicable
The mentor-mentee relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support provided by other medical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The educational experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The experience as inspiration for rural practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any further comments



4. Rural healthcare exposure

1. Please indicate your relative exposure to:

	Frequent	Regular	Occasional	Seldom	Never	Not available
Hospital Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aged Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Royal Flying Doctor Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Public Health Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aboriginal Medical Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allied Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Worker Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Clinical experience

1. Please rate these JFPP clinical experiences:

Experiences	Excellent	Good	Average	Poor	Unsatisfactory	Not available
Getting to know patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in patient consultations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical skill development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical supervision received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gaining medical expertise relevant to your placement community and stage of training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating people in context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being part of the local medical network (e.g. Divisions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practising history-taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practising patient examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practising patient treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practising patient management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practising communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any further comments



2. What percentage of your placement was spent gaining clinical experience?

100%
 75%
 50%
 25%
 0%

3. How would you rate the clinical experience overall?

	Excellent	Good	Average	Poor	Unsatisfactory	Not applicable
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Social Experience

1. Please rate these social aspects of the placement

	Excellent	Good	Average	Poor	Unsatisfactory	Not available
Discovering the local region - exploring, sightseeing, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting and socialising with people with similar interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having access to community contact(s) to facilitate social activities in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building social connections within the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in community activities (e.g. competitions, sporting events)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any arrangements for cultural training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any further comments	<input type="text"/>					



2. What percentage of your free time was spent undertaking social activities in your local community?

100%
 75%
 50%
 25%
 0%

3. How would you rate the social experience overall?

	Excellent	Good	Average	Poor	Unsatisfactory	Not applicable
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Your past and future

1. How has your JFPP experience impacted on your ambitions to practice rurally?

Very Positively
 Positively
 No change
 Negatively
 Very Negatively

2. What main factors determined that impact? (select all that apply to you)

<input type="checkbox"/> Community	<input type="checkbox"/> Friendliness	<input type="checkbox"/> Workload
<input type="checkbox"/> Medical team	<input type="checkbox"/> General support	<input type="checkbox"/> General experience
<input type="checkbox"/> Mentor	<input type="checkbox"/> Career	<input type="checkbox"/> Rural upbringing
<input type="checkbox"/> Range of medical skills	<input type="checkbox"/> Socialising	<input type="checkbox"/> Scenery/Wilderness
<input type="checkbox"/> Continuity of patient care	<input type="checkbox"/> Rural workforce shortage	<input type="checkbox"/> Indigenous culture
<input type="checkbox"/> Lifestyle	<input type="checkbox"/> Relationships	<input type="checkbox"/> Money
<input type="checkbox"/> Rural medicine	<input type="checkbox"/> Partner/Family	

Other (please specify)



3. Did you live in a rural area at any stage prior to studying medicine?

Yes
 No

4. If yes, what is the longest period of time you have spent living in a rural area?

Years
 Months

5. Has your family remained in a rural area?

- Yes
- No



6. If you have undertaken other rural medical placements, where were you stationed?

Town/State 1

Town/State 2

Town/State 3

7. If you answered yes to the previous question:

	Much better	Better	Same	Worse	Much worse	Not applicable
How does the JFPP compare with other rural medical placements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do you intend to TRAIN in a rural or urban area?

- Definitely rural
- Probably rural
- Unsure/Both
- Probably urban
- Definitely urban

9. Do you intend to PRACTISE in a rural or urban area?

- Definitely rural
- Probably rural
- Unsure/Both
- Probably urban
- Definitely urban

10. What are your current career preferences regarding medical specialisation?

First preference

Second preference

Third preference

11. Do you intend to work in public or private practice?

- Public
- Private
- Both
- Unsure



8. General feedback

1. Please outline any safety issues identified during your placement

2. What do you:

MOST like about the JFPP?

LEAST like about the JFPP?

Think could CHANGE?

3. All things considered, how was your overall placement experience?

	Very positive	Positive	Neutral/Unsure	Negative	Very negative
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Any further comments?

5. Are you aware of ACRRM's GP vocational training pathways?

- Yes
- No

6. Would it be OK if

	Yes	No
ACRRM emailed you information about our GP training pathways?	<input type="radio"/>	<input type="radio"/>
Your responses are deidentified and aggregated with other JFPP students' responses to promote rural medicine through ACRRM publications or presentations?	<input type="radio"/>	<input type="radio"/>

9. End of questionnaire

Thank you for your time.

Please return your evaluation to Lachlan Kent at ACRRM within SIX weeks of completing your placement

email: jfpevaluation@acrrm.org.au
 Fax: 07 3105 8299
 Mail: GPO Box 7532 Brisbane Qld 4001

If you have any questions please contact us at JFPP on 1800 231 231 or email jfpevaluation@acrrm.org.au

