

# MEDICAL EDUCATION UNIT

## CONFIDENTIAL

### MID TERM FEEDBACK FORM 2018



This form is to provide you with feedback on your professional development and to guide your learning for the remainder of the Term. It is used to encourage discussion between you and your Supervisor. Once completed you can either retain for your record or send to Medical Education Unit to be filed into a confidential folder. The **second page** of this form must be returned to the Medical Education Unit for record keeping. This is a compulsory requirement of rotation.

**Junior Doctor Name:** \_\_\_\_\_ **Position:** Intern HMO2 HMO3 +  
**Unit:** \_\_\_\_\_ (specify e.g. Med 1) **Hospital:** \_\_\_\_\_

**Term 1**  **Term 2**  **Term 3**  **Term 4**  **Term 5**

	Clearly Below Expected Level	Borderline	Expected Level	Clearly Above Expected Level
CLINICAL MANAGEMENT				
1. Safe Patient Care				
2. Patient Assessment				
3. Emergencies				
4. Patient Management				
5. Skills and Procedures				
COMMUNICATION				
6. Patient Interaction				
7. Managing Information				
8. Working in Teams				
PROFESSIONALISM				
9. Professional Behavior				
10. Teaching and Learning				
Other Learning Objectives as agreed between Junior Doctor and Supervisor				
11. _____				
12. _____				
13. _____				

**Strengths:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Areas for Improvement:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Overall Performance:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**MEDICAL EDUCATION UNIT  
CONFIDENTIAL  
MID TERM FEEDBACK RECORD 2018**



The Medical Education Unit requires evidence that a mid term feedback meeting has occurred. Please scan and send as attachment via email to [medicaleducationunit@nh.org.au](mailto:medicaleducationunit@nh.org.au) or post a copy of this page to:

Ms Rebecca Hartmann  
c/-Medical Education Unit  
NH Education, Level 2, NCHER

<b>Junior Doctor Name:</b> _____	<b>Position:</b> _____	<b>Unit:</b> _____
Rotation 1   2   3   4   5		
I was given an orientation to the Unit:	Yes ___      No ___	By Whom _____
Specific Learning Objectives were discussed:	Yes ___      No ___	By Whom _____
<b>Supervisor Name:</b> _____	<b>Position:</b> _____	
<b>Signature:</b> _____	<b>Date:</b> _____	
I would like to discuss this feedback further with the Intern/ HMO 2/3 Supervisor: Yes _____ No _____		