



AANZHPBA PFET HOSPITAL POST TRAINEE EVALUATION FORM

(to be completed by the AANZHPBA PFET Trainee)

Return completed form to the AANZHPBA Executive Officer via email: info@Aanzhpba.com

Trainee Information

Trainee Name: _____ Year: 20____

Unit Assessment Type: Mid Term End of Term

Hospital Information

Hospital Name: _____ Unit Name: _____

Supervisor Name: _____

Assessment / Survey

This is a confidential assessment/survey for AANZHPBA fellows to complete regarding their current hospital unit placement. Please answer all the questions honestly.

Are you satisfied with your current HPB clinical exposure?

Operative caseload Satisfactory Unsatisfactory

Non operative Satisfactory Unsatisfactory

Comments _____

Are you exposed to pre-operative assessment of patients? Yes No

Comments _____

Are you happy with the unit structure (eg division of duties, junior support)

Satisfactory Unsatisfactory

Comments _____

Is the level of supervision adequate? Yes No



What level of supervision do you receive?

Is your on-call schedule satisfactory? Yes No

Comments

Are you being encouraged to conduct research? Yes No
Is your research being supported and are you receiving dedicated time? Yes No

Comments

Do you have access to adequate facilities (eg office space, computers) for education, audit and research activities? Yes No

Comments

Are you happy with the education programme you are receiving through this post? Yes No

Comments

Are you supported to attend educational activities (Journal club, HPB conferences)? Yes No

Comments

Are there opportunities for development management and leadership skills outside of clinical and educational activities (eg involvement in committees)? Yes No

Comments

Are you happy with the unit culture? Yes No

Comments



Any other comments

Overall rating of the hospital unit

- Excellent
- Very Good
- Good
- Fair
- Poor

Signature - Trainee

Name: _____ Signature: _____ Date: _____