



South Australian Trainee Medical Officer Survey (SATMOS)

STANDARDISED END-OF-TERM SURVEY FOR LHNS

Prevocational Doctor Details					
My training level is... <i>[drop down selection]</i>					
Training Term					
This end-of-term survey relates to my experiences in the... <i>[drop down selection]</i>					
Within the... <i>[drop down selection]</i>					
During term number... <i>[drop down selection]</i>					
Monitoring, Evaluation and Continuous Improvement	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. I had the opportunity and was encouraged to provide feedback in confidence on all aspects of my education and training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any additional comments?					
Education, Training and Clinical Experience	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
2. I have access to a formal education program that addresses my learning needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was encouraged to participate in educational opportunities, including informal, formal and hospital wide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was able to attend education sessions during this rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My knowledge and clinical skills have improved since commencing this rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I received an orientation program that prepared me for my role and responsibilities in the rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The clinical handover processes within this rotation are appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8. I received a timely and appropriate response from my supervisors, once contacted, when dealing with a difficult clinical situation that I was concerned about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was able to escalate clinical concerns quickly and easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I was provided adequate education to support the care of Aboriginal and Torres Strait Islander patients and their communities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any additional comments?					
Supervision	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
11. I received supervision at a level appropriate to my experience and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My term supervisor/s or delegate provided me with regular constructive feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have additional comments?					
Assessment	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13. I received a formal mid-term assessment from my Term Supervisor or delegate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I received a summative end-of-term assessment which was discussed with me, and I was given the opportunity to comment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any additional comments?					
Prevocational Doctor Welfare	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
15. I felt confident I could access welfare support (including psychological) for myself or a colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The workload was appropriate for my level of training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The workload was manageable within my rostered hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I was able to achieve a healthy work/life balance within this rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How many hours on average did you work each fortnight during this rotation?	<input type="checkbox"/> < 80	<input type="checkbox"/> 80-100	<input type="checkbox"/> 100-120	<input type="checkbox"/> 120-140	<input type="checkbox"/> 140-160
20. I felt culturally and professionally supported during this rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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21. On this rotation I have been subjected to discrimination, bullying or sexual harassment in my training environment.	Yes	No			
*If YES, do you wish further investigation of your concern? If appropriate, please provide more information.					
22. On this rotation I have witnessed discrimination, bullying or sexual harassment in my training environment.	Yes	No			
*If YES, do you wish further investigation of your concern? If appropriate, please provide more information.					
23. My concern of discrimination, bullying or sexual harassment in my training environment was resolved?	Yes	No	N/A		
24. I would recommend this rotation to other prevocational doctors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any additional comments:					
Comments and Suggestions					
25. Please describe any positive aspects of this rotation.					
26. Please describe any improvements that could be implemented.					
27. Any other comments or suggestions?					