**TRAINEE’S FIELD PLACEMENT REPORT**

**Trainee’s Name: Instructor’s name:**

**Date(s) of Placement:** / /  **to** / / **Total Placement Hours**

**Trainee’s Supervisor:**

This report should be completed by the Trainee at the conclusion of the placement; signed by both parties; with copies sent to the NZAMM Administrator, and the Supervisor. If a placement is ongoing, this report should be completed by the Trainee after the first three months, and yearly thereafter.

**Please rate, and comment on, the qualities of your instructor prior to, during, and after your placement.**

**RATING: NA = Not Applicable** (write NA or 1 to 5 in grey box)

**1 Poor. 2 Disappointing. 3 Satisfactory. 4 Very Good. 5 Excellent.**

**Pre-placement Contact:**

1. Rate the pre-placement contact with your instructor (eg reading resources; case studies; schedule of activities; logistics etc.)

**RATING**

**Comment:**

**Induction:**

**2.** How well were you introduced to the placement setting (eg procedures, facilities, resources, other staff etc.)

**RATING**

**Comment:**

**3.** How well was patient engagement demonstrated and/or explained?

**RATING**

**Comment:**

**Interaction with Patients:**

**4.** How well did the instructor prepare you for engaging with patients?

**RATING**

**Comment:**

**5.** What was the quality of the instructor’s feedback on your clinical judgments?

**RATING**

**Comment:**

**6.** How would you rate your instructor’s evidence-based applied knowledge?

**RATING**

**Comment:**

**7.** How valuable were the instructor’s comments on your patient analysis, notes and patient management plan?

**RATING**

**Comment:**

**8.** To what extent did the instructor demonstrate effective communication with patients, other staff, and you?

**RATING**

**Comment**:

**Clinic Systems:**

**RATING**

**9.** How efficient were clinic procedures in your placement location?

**Comment:**

**Follow Up:**

**RATING**

**10**. How useful was your end-of-placement de-brief with your instructor?

**Comment:**

**Benefits:**

**List the benefits of your placement**

**1.**

**2.**

**3.**

**4.**

**5.**

**Issues:**

**What issues arose during your placement?**

**Recommendations:**

**What recommendations would you make to:**

* **Your instructor**
* **Your own clinic**
* **About the placement system**
* **NZAMM**

**Trainee’s Signature:**  **Date:**

**Instructor’s Comments:**

**Instructor’s Signature: Date:**

**Additional Comments:**