Appendix 1: Site Survey

**End of Rotation Rural Secondment Survey**

1. **Which secondment have you just completed?**
	* Site 1
	* Site 2
	* Site 3
	* Site 4
	* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Other please specify)
2. **Did your orientation include the following?**
	* Written Manual Yes/No
	* Verbal Yes/No
	* Tour of Site Yes/No
	* Clinical handover from previous therapist Yes/No
3. **Did you feel the orientation you received was adequate and appropriate?**
* Yes
* No

Explain – i.e., what was helpful, what needs to be improved?

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1. **Did you have access to the following contact lists:**
* JHH Yes/ No
* Secondment Site Yes/ No
* Physiotherapists in the Local Health District Yes/ No
1. **Did you have access to local shared drives or relevant JHH Physiotherapy shared drives?**
	* Yes
	* No
2. **Did you feel supported in your role?**
	* Yes
	* No

If so, how? If not, why?

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1. **While on rural secondment, were you aware of how to escalate issues if they arose?**
	* Yes
	* No
2. **Did you feel you were kept up to date with onsite news?**
	* Yes
	* No
3. **Do you know how to access JHH department in-services?**
	* Yes
	* No
4. **How often would you prefer to be contacted by onsite staff?**
	* Weekly
	* Fortnightly
	* Monthly
5. **How would you prefer to be contacted?**
	* Email
	* Phone
	* Other

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1. **Did you feel you had completed all relevant competencies prior to seconding?**
	* Yes
	* No

If no, what competencies do you feel were necessary to complete prior to your secondment?

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1. **What do you feel worked well when you were on secondment?**

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1. **Do you have any suggestions for improving secondment rotations? Is there anything that would have made you feel better prepared for your secondment?**

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