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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