**TA3-TRAINEE FEEDBACK QUESTIONNAIRE**

|  |  |
| --- | --- |
| Full Name |  |
| Are you a ST 1/2/3 |  |
| Name of GP Practice |  |
| Name of GP Educational/Clinical Supervisor  |  |
| Full time or Less than Full time \*if LTFT please state percentage |  |
| How long have you been in this placement? |  |
| Did you have an Induction? |  |
| How long did the induction last? |  |
| By the second week of your post had you met most members of the team? | Yes/No |
| Did your trainer access your e-portfolio in the first 4 weeks of your placement? | Yes/No |
| Did you have an opportunity to sit in with various clinical staff on their consultations? | Yes/No |
| What level of supervision were you given in the first 4 weeks when you started consulting independently? | Reviewed every patient before they left with/ without supervisorNotes review of all patients at the end of surgeryNotes review only patients about whom you were concerned at the end of surgeryRandom patients picked by your supervisor at the end of surgeryNo debrief offered |
| If you were uncertain of anything in the practice were you informed on how you could access this information, e, g. practice intranet, policies and guidelines, member of staff? |  |
| Has your contract abided by the 28 hours clinical and 12 hours educational rule? | Yes/No |
| If not please embed a copy of your timetable. |  |
| Are other doctors or health professionals in the practice involved in your teaching and training? | Yes/No |
| Have you had observed consultations or joint surgeries? How often do these occur? | Yes/No |
| Have you reviewed videos of consultations with your trainer? And how often? | Yes/No |
| Are you involved in Learning Event analysis in the practice? | Yes/No  |
| Have you been involved in any complaints or LEA and how were you supported in the practice? | Yes/No |
| Have you signed an educational contract with your Educational Supervisor? | Yes/No |
| Do you have weekly tutorial?Do you also have to see any patients during this session | Yes/No |
| Do you feel your learning needs are being met? | Yes/No |
| Do you ever feel that you are being taken advantage of in terms of working hours? | Yes/No |
| Have you ever been unsupervised in the surgery? | Yes/No |
| Have you ever felt discriminated against or undermined in the surgery? | Yes/No |
| Have you been able to undertake Out of hours easily? If not, why not? | Yes/No |
| Is there anything you might change for future learners at this practice? |  |
| Date you are sending the form to GP admin |  |

If you like to offer further verbal feedback to the visiting team, please contact GP Admin atengland.gpadmin.tv@nhs.net