All foundation trainees are asked to complete this form so that individual educational supervisors can receive feedback regarding their performance of this role. Responses will be collated after sign-off has been completed and anonymised so that individual supervisors will receive one summary form covering all trainees they have supervised. Feedback will not be given until responses from 2 trainees are available. Thank you for taking the time to complete this feedback form. Please ensure that it is returned to natalie.band@southwest.hee.nhs.uk

1. Your name (please PRINT) …………………………………………………………………………………………………...……………

2. Name of your educational supervisor this year (please PRINT) …………………………………………………………………..…..

3. How many face-to-face meetings did you have with your educational supervisor this year? ………………………………….…...

4. On average, how long did each of these meetings take (please tick the relevant box)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 minutes or less | 15- 30 minutes | 30- 45 minutes | 45 minutes – 1 hour | More than an hour |

5. Was the length of your meetings

|  |  |  |
| --- | --- | --- |
| Too short | About right | Too long |

6. Overall, how do you rate the educational supervision you received this year (please tick the relevant box)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Don’t think I received any | Received it but thought it was POOR  | Received it and thought it was OKAY | Received it and thought it was GOOD | Received it and thought it was EXCELLENT |

7a. Were you happy with the educational supervisor you were given this year? YES/NO (please delete as appropriate)

7b. If NO, please describe any action you took to change to another supervisor ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

8. Please rate your educational supervisor for the following qualities, attitudes and skills by ticking the relevant box. It would be most helpful if you could provide specific comments where you have identified particular good practice or concern. \*Please answer NOT APPLICABLE only if you did not seek this aspect of supervision from your educational supervisor.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | NOT APPLICABLE\* | POOR | OKAY | GOOD | EXCELLENT | COMMENTS |
| Availability (to meet and speak to you) |  |  |  |  |  |  |
| Responsiveness (to contact from you) |  |  |  |  |  |  |
| Interest in you as an individual |  |  |  |  |  |  |
| Understood the needs of a foundation trainee |  |  |  |  |  |  |
| Was a good listener |  |  |  |  |  |  |
| Helped you to identify your learning needs |  |  |  |  |  |  |
| Helped you to find ways to meet your learning needs |  |  |  |  |  |  |
| Ability to give constructive feedback |  |  |  |  |  |  |
| Commitment to the task of being an educational supervisor |  |  |  |  |  |  |
| Was up-to-date with foundation matters |  |  |  |  |  |  |
| Ability to provide career advice  |  |  |  |  |  |  |
| Ability to provide pastoral support |  |  |  |  |  |  |

8. If applicable, please list up to 3 ways in which you consider your educational supervisor to have enhanced your foundation training.

(i).............................................................................................................................................................................................................................

(ii) ............................................................................................................................................................................................................................

(iii)............................................................................................................................................................................................................................

9. Any other comments ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………