****

**Directorate of Education and Quality**

**School of Medicine**

**EDUCATIONAL SUPERVISOR FEEDBACK FORM**

**TO BE COMPLETED BY TRAINEE**

**EDUCATIONAL SUPERVISOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINEE SPECIALTY AND GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. Were you able to arrange induction, mid-point and end of year appraisals with your Educational Supervisor in a timely fashion? |  |  |  |  |  |  |
| 2. Did your Educational Supervisor fill in your Supervisor’s report in advance of your ARCP in your presence? |  |  |  |  |  |  |
| 3. Did you find your Educational Supervisor approachable? |  |  |  |  |  |  |
| 4. Could your Educational Supervisor make time to meet with you if you had concerns? |  |  |  |  |  |  |
| 5. Did your Educational Supervisor support you and provide advice during the MRCP / Specialty Examination? |  |  |  |  |  |  |
| 6. Would you feel able to discuss concerns about your training and progress with your Educational Supervisor? |  |  |  |  |  |  |
| 7. Would you feel able to discuss concerns about your personal life, which are impacting upon your work life, with your Educational Supervisor? |  |  |  |  |  |  |
| 8. Have you ever felt undermined, harassed or bullied by your Educational Supervisor? 1=Never; 3=occasionally; 5=frequently |  |  |  |  |  |  |
| 9. Do you feel that your Educational Supervisor is familiar with the ePortfolio? |  |  |  |  |  |  |
| 10. Is your Educational Supervisor familiar with your curriculum? |  |  |  |  |  |  |
| 11. Is your Educational Supervisor a good role model? |  |  |  |  |  |  |
| 12. Do you feel able to ask your Educational Supervisor for careers advice? |  |  |  |  |  |  |

***Rating (except Q8): 1 = Very much so; 3 = Average; 5 = Not at all; N/A = Not applicable***

**Please state below if anything was especially good about your Educational Supervisor/ Supervision:**

**Please state below if you feel there are areas that your Educational Supervisor should develop further:**

***Upon completion, please return to the RCP Tutor***