

**RCS Senior Clinical Fellowship Scheme**

**Fellowship interim feedback questionnaire**

Please complete the following feedback questionnaire about your Fellowship to date, to see how you are progressing. Your views play an important part in the quality assurance of the RCS Senior Clinical Fellowship Scheme. They will be provided in summary format to the RCS Quality Assurance Operational Group, the RCS Senior Clinical Fellowship Scheme Group, and your Supervisor.

The information you give on this form will be held by the Quality Assurance and Accreditation Department of the Royal College of Surgeons of England on a compartmented secure server in accordance with the General Data Protection Regulation (GDPR), and will be used only in connection with the purposes indicated here.

Please write as much as you want in the boxes for open text - the boxes will expand to fit the words you write.

*n/a = not applicable*

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Title | Mr / Mrs / Ms / Dr / Other |
| Fellowship title |  |
| Trust / hospital where Fellowship is based |  |
| Fellowship start date | MM / YYYY |
| Fellowship end date | MM / YYYY |
| Fellowship Supervisor |  |
| Date of providing feedback | DD/MM/YYYY |
| What is your **nationality**? | Please indicate with a ‘Y’ for ‘Yes’ |
| UK |  |
| Other EU |  |
| Outside EU |  |
| If you are from Outside EU, then which country are you from? |  |
| What is your **gender**? | Please indicate with a ‘Y’ for ‘Yes’ |
| Female |  |
| Male |  |
| Other |  |
| Prefer not to say :  |  |
| If ‘Other’, please specify: |  |

**Induction**

|  |  |
| --- | --- |
| *Please delete as appropriate* |  |
| Do you have an assigned educational supervisor? | Yes / No |
| Do you have a formal learning agreement for the Fellowship post? | Yes / No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | <1 Month | 1-2 Months | 3 Months | >3 Months |
| At what point during the Fellowship was the formal learning agreement set? |  |  |  |  |

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| Any other comments about your induction: |
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**Learning Outcomes**

“I feel I have achieved the expected learning outcomes for this stage of the Fellowship: Yes / No”.

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| Please provide below any reasons why you might not be meeting your learning outcomes: |
|  |

**Benefit to patients**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Strongly disagree | Disagree | Neither agree nor disagree | Agree  | Strongly agree |
| The specialist training I am receiving through this Fellowship is enhancing my ability to provide a high level of surgical care to my patients. |  |  |  |  |  |

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| --- |
| Any other comments you would like to make about how this Fellowship is enabling you to bring benefit to patients: |
|  |

**Training**

|  |
| --- |
| In an average week, how many of the following sessions do you attend (1/2 day list = 1 session; all day list = 2 sessions)? |
|  | Number of sessions: |  |
| Inpatient surgery |  |  |
| Daycase surgery |  |  |
| Outpatients |  |  |
| Special clinics |  |  |
| Ward rounds |  |  |
| Audit |  |  |
| Research |  |  |
| Other: |  |  |
|  |  |  |

**Service & training – an approximate guide**

**Service:** clinics, on-call; **Training:** theatre and endoscopy sessions with Supervisors, learning activities, audit & research, MDTs; **A mix of service & training:** ward rounds

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| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Mostly service | More service than training | About equal | More training than service | Mostly training |
| Please indicate the balance between service and training in your clinical activities: |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Very unsatisfied | Unsatisfied  | Neutral | Satisfied | Very satisfied |
| How satisfied are you with the capacity of the post to meet your training needs? |  |  |  |  |  |

|  |  |
| --- | --- |
| Does the post involve an on-call commitment? | Yes / No |
| If ‘yes’, what is the frequency of this commitment? | X in x |
| Is this commitment related to:  |  |
| Surgery in general? | Yes / No |
| The specialty Fellowship? | Yes / No |
| At what level is this commitment: |  |
| Consultant? | Yes / No |
| Senior Trainee? | Yes / No |

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| Please provide below any comments that you may have on the clinical opportunities in the post: |
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|  |
| --- |
| Please provide below any comments that you may have on the research opportunities in the post: |
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| --- |
| Any other comments about your training: |
|  |

**Your trainers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Very unsatisfied | Unsatisfied  | Neutral | Satisfied | Very satisfied |
| How satisfied are you with:  |  |  |  |  |  |
| The level of support that you receive from the Fellowship faculty?  |  |  |  |  |  |
| The level of support that you receive from your Assigned Educational Supervisor (AES)? |  |  |  |  |  |
| The ease of access to your AES and Fellowship faculty? |  |  |  |  |  |
| The quality of teaching and supervision that you receive? |  |  |  |  |  |

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| --- | --- |
| Do you feel that you have adequate opportunities with your AES to: |  |
| Discuss your progress? | Yes / No |
| Reflect on previous cases? | Yes / No |

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| --- |
| Any other comments about your trainers: |
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**Appraisal / assessment**

|  |  |
| --- | --- |
| Have you had any formal assessment of your performance in the workplace? | Yes / No |
| Do you feel you have had adequate feedback from your trainers on your performance? | Yes / No |
| Do you feel the feedback provides time for reflection on your performance and progress? | Yes / No |

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| Any other comments about your appraisal or assessment: |
|  |

**Environment and facilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Very unsatisfied | Unsatisfied  | Neutral | Satisfied | Very satisfied |
| How satisfied are you with:  |  |  |  |  |  |
| Access to relevant educational resources including journals and books? |  |  |  |  |  |
| Access to the internet? |  |  |  |  |  |
| The educational facilities overall? |  |  |  |  |  |
| The training environment at the centre(s)? |  |  |  |  |  |

|  |  |
| --- | --- |
| During your Fellowship, are you subjected to any form of: |  |
| Discrimination? | Yes / No |
| Bullying? | Yes / No |
| If you wish to provide further details, please do so below: |  |
|  |  |

|  |
| --- |
| Please provide any other comments about the environment or facilities: |
|  |

**Overall**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | 1 | 2 | 3 | 4 | 5 |
| How do you rate the Fellowship post overall, from 1-5? (1=very poor, 5=very good) |  |  |  |  |  |

|  |  |
| --- | --- |
| Would you recommend this post to a colleague? | Yes / No |

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| --- |
| Please use the space below to provide any further comments that you may have about the Fellowship post: |
|  |