

Trainee Placement Feedback

Please complete **one form for each hospital placement** covered in your ARCP and place in the box. Feedback is anonymous. Please be honest – this feedback will be used to help North West trainees in the future. Please comment wherever possible on areas that are outstanding or concerning. No names of trainers should be included. If there are specific issues you wish to discuss then please talk to your College Tutor (CT), or failing that any of the RA/Deputy RAs or TPDs.

Hospital

Length of placement

Your grade

Units of training

Was there contact with the department before you started? Yes/No

If yes, instigated by you or the department?

Did you have a Trust induction? Yes/No

Did you have a department induction? Yes/No

Any comments on the induction process....

Did you meet your CT and/or Educational Supervisor to plan your placement?
Yes/No

Did you achieve planned objectives? If not, why? Yes/No

Was safe and timely clinical supervision available...

- In hours? Yes/No
- Out of hours? Yes/No

Did you get experience without immediate supervision appropriate to your level of training?
Yes/No

Any problems getting WPBAs completed? Yes/No

Any concerns about anaesthetic assistance or monitoring equipment? Yes/No

Was the workload acceptable most of the time? Yes/No

Were you able to attend the School tutorial programme (if applicable)? Yes/No

Were you able to get annual and study leave? Yes/No

Were the following available...

- Audit meetings Yes/No
- M+M meetings Yes/No
- Journal club Yes/No
- Other local educational activity Yes/No
- Viva practice (if appropriate) Yes/No

Any major deficiencies in accommodation/IT/library facilities? Yes/No

Would you recommend this department for training at your level? (Please elaborate as necessary.)

Disregarding your special interests, is this a hospital where you would like to work as a consultant? (Please elaborate as necessary.)

Any other comments.....