# GP ST Feedback form

In order to help improve Training, please fill in the following sections – and please be honest!

Practice Name: Date: ST Year:

Your name: Trainer:

Normally we share this feedback with Trainers to help them improve the Training experience for incoming GPSTs – if you wish to withhold it from your Trainer please state here

Please try and complete section 1, then complete section 2 and return to section 1 to add any more detail, examples or ideas it has triggered.

Feedback on your training practice – Section 1

Please enhance your points with examples or detailed descriptions

What went well?

What went less well?

What would you change and how might it be changed?

Would you recommend this placement to a friend if so why, and if not, why not?

Section 2

TUTORIALS & WBPA:

* Were you involved in choosing the topics and setting the learning objectives?
* Which did you find most helpful and why?
* Which did you find least helpful and why?
* Was your tutorial time adequately protected?
* Any other comments, suggestions for future topics etc.?
* Do you have enough opportunity to discuss problems – clinical and non-clinical?
* Do you have enough random case analysis?
* Did you have enough support for developing your e-portfolio and preparing for ARCP panel review?
* Any comments about how your COT and CBD were assessed?

CLINICAL EXPERIENCE:

Do you think you are seeing enough….

|  |  |  |  |
| --- | --- | --- | --- |
|  | Too much | About right | Too little |
| Acute minor illness (URTI etc) |  |  |  |
| Acute major illness (MI, asthma etc) |  |  |  |
| Chronic illness (DM, BP etc) |  |  |  |
| Terminal illness |  |  |  |
| Ill children |  |  |  |
| Problems of the elderly |  |  |  |
| Psychiatric problems |  |  |  |
| Antenatal care |  |  |  |
| Child surveillance |  |  |  |
| Minor surgery |  |  |  |
| Other (ENT, eyes, orthopaedics. etc) |  |  |  |

Comments?

Are you doing enough….

|  |  |  |  |
| --- | --- | --- | --- |
|  | Too much | Too little | About right |
| Acute visits  |  |  |  |
| Chronic visits |  |  |  |
| Main surgeries |  |  |  |
| Branch surgeries |  |  |  |
| Follow-ups |  |  |  |
| Joint surgeries |  |  |  |

Comments?

Have you spent enough time with….

|  |  |  |  |
| --- | --- | --- | --- |
|  | Too much | Too little | About right |
| Practice manager |  |  |  |
| Receptionists |  |  |  |
| Practice nurse  |  |  |  |
| District nurse |  |  |  |
| Health visitor |  |  |  |
| Midwife |  |  |  |
| Macmillan nurse |  |  |  |
| Other GP partners |  |  |  |
| Other health professionals (which?) |  |  |  |

Comments?

FACILITIES:

Please comment on the following (as they affect you):

1. Your room:
2. Premises:
3. Library:
4. Computer/IT:
5. Other: