

BADGER GP VTS CLINICAL SUPERVISOR FEEDBACK FORM

Clinical Supervisor completing form	Name			
	Signature			
Trainee name & GMC no.	Name		GMC No	
Session Details	Centre		Date	
	Please circle your preference			
	Strongly disagree	Disagree	Agree	Strongly agree
• Punctual, appropriately dressed	1	2	3	4
• Competent in Patient care management	1	2	3	4
• Competent in Clinical Documentation	1	2	3	4
• Identifies Learning Needs	1	2	3	4
• Addresses Pre-existing needs	1	2	3	4
• Competent in prescribing	1	2	3	4
• Uses evidence base in decision making	1	2	3	4
Areas of concern				
Comments				

PLEASE RETURN THIS FORM TO: Dr Vijaya

Please photocopy this page x 11.

Confidential Clinical Supervision: GPRs Feedback Form				
Centre/ Session type	/			
Date/ Time				
Clinical Supervisor				
	Please circle your preference			
	Strongly Disagree	Disagree	Agree	Strongly Agree
Introduction				
My Clinical Supervisor:				
• Adequately explained / confirmed my understanding of Adastra system	1	2	3	4
• Discussed the completion of the GP Registrar sessional form	1	2	3	4
• Made me feel welcome	1	2	3	4
Supervision throughout shift				
My Clinical Supervisor:				
• Responded quickly to my requests for advice/ support	1	2	3	4
• Gave me helpful advice and support when needed	1	2	3	4
• Was learner – centered in approach to supervision	1	2	3	4
• Gave me useful structured feedback on my performance	1	2	3	4
• Gave me an appropriate level of supervision for the type of shift undertaken	1	2	3	4
• Increased my confidence in my OOH work	1	2	3	4
Completion of shift				
My clinical Supervisor:				
• Made time to discuss the session with myself	1	2	3	4
• Gave me useful overall feedback on my performance	1	2	3	4
• Adequately checked my completion of the sessional forms	1	2	3	4
• Encouraged me to reflect on the experience	1	2	3	4
• Helped me to identify any learning needs	1	2	3	4
• Highlighted any areas of concerns/ issues for discussion with my trainer	1	2	3	4
Please return to Dr. Vijaya: Associate Medical director				