2017 Training Evaluation Form (TEF) – Question List

- Demographics
- Educational Support and Supervision
- Gynaecology Training
- Obstetrics Training
- APM/ATSM
- Subspecialty
- Education and Professional Development
- Clinical Governance, Hospital Processes and Resources
- Working Environment and Rota
- Behaviours Experienced
- Overview and Recommendation
| Form Ref | Created Date | Name | Title | Forename | Surname | GMC | Location | Grade | Specialties | Post Start Date | Post End Date | Post ID | Code of Post | User Training Programme Expected Start Date | User Training Programme Expected End Date | Age: | Gender: | Ethnicity: | Ethnicity Other (please specify): | Do you consider yourself to be disabled? | What is your current position? | Are you currently undertaking general training in obstetrics or gynaecology or both? | Deanery/LETB: | Name of Hospital: | Trust: | Post Start Date | Post End Date | Date of Completion of TEF: | ST Year: | Are you undertaking Subspecialty training? | What is the on call frequency at your level? | Call Frequency Other (please specify): | Is your hospital’s O&G rota currently full at your level? | What type of ST1-2 level (including junior cover by other doctors e.g. Foundation & GP trainees) oncall rota does your unit have? | SHO level Other (please specify): | If ST1-2 oncall for other speciality please indicate which speciality: | ST1-2 oncall Other (please specify): | What type of middle grade oncall rota does your unit have during the day, excluding consultant cover? | Type of middle grade oncall rota Other (please specify): | What type of middle grade oncall rota does your unit have during the night, excluding consultant cover? | Type of middle grade oncall rota during night Other (please specify): |
Is the senior middle grade resident or oncall from home at night?

Resident or oncall from home at night Other (please specify):

For how many days in the week is there a consultant resident overnight?

Please specify how many days in the week a consultant is resident overnight:

What is your academic time allocation?

Please specify your academic time allocation:

Do you receive the allocated protected research time?

On average how often are you pulled to cover clinical commitments during your research time?

Full time / LTFT:

Full time / LTFT Other (please specify):

My unit has supported my less than full time training:

My LTFT training does not have a negative impact on my training:

1.1. I was able to have an induction/appraisal meeting with my educational supervisor within 2 weeks of starting my new post:

1.2. My induction meeting included an effective assessment of previous experience and competence and my learning needs:

1.3. I was able to have regular meetings with my educational supervisor to review my progress and ongoing learning needs:

1.4. My educational supervisor was supportive and approachable when needed:

1.5. I felt able to voice concerns about my training if required:

1.6. I feel well supported by my academic supervisor:

1.7. I am able to attend conferences and academic training opportunities:

1.8. I have received appropriate academic training e.g. GCP:

1.9. My last ARCP was fair:

1.10. The process for my last ARCP was transparent:

2.1. I have had appropriate opportunity to fulfil my training requirements for the year in gynaecology:

2.2. Minor procedures (e.g. diagnostic hysteroscopy & surgical management of miscarriage):

2.3. Intermediate procedures (e.g. diagnostic laparoscopy, uncomplicated salpingectomy, first vaginal repair):

2.4. Major procedures (e.g. hysterectomy, complicated adnexal procedures):

2.5. Emergency procedures:

2.6. Outpatient/office procedures:

2.7. I have had appropriate supervision for my level of training in gynaecology theatre – elective cases:

2.8. I have had appropriate supervision for my level of training in managing emergency gynaecology admissions:

2.9. I have had appropriate supervision for my level of training in gynaecology theatre – emergency cases:

2.10. Trainers were supportive in completing the required gynaecology workplace-based assessments:

2.11. My clinical supervisors have provided me with feedback that is constructive and helpful:

2.12. I have had opportunities to attend gynaecology clinic frequently enough to fulfil my learning needs:

2.13. I have had appropriate supervision for my level of training in gynaecology clinic:
2.14. I have had the opportunity to attend specialist clinics (e.g. urogynaecology, fertility and paediatric and adolescent clinics):

2.15. I have had access to a laparoscopic box trainer or virtual reality simulator:

2.16. There was a formal programme of simulation training in gynaecological procedural skills:

2.17. All things considered I would recommend this unit to other O&G trainees for the development of their gynaecology skills:

2.18. I have had adequate opportunities for training in BASIC early pregnancy ultrasound scanning (8-12 weeks):

2.19. I have had adequate opportunities for assessment in BASIC early pregnancy ultrasound scanning (8-12 weeks):

2.20. Once I was assessed as competent in BASIC early pregnancy ultrasound, I had the opportunity to maintain my skills:

2.21. Are you undertaking the intermediate ultrasound in gynaecology module?

2.22. I have had adequate opportunities for training in intermediate ultrasound in gynaecology:

2.23. I have had adequate opportunities for assessment in intermediate ultrasound in gynaecology:

2.24. Once I was assessed as competent in intermediate ultrasound in gynaecology, I had the opportunity to maintain my skills:

2.25. Are you undertaking the intermediate ultrasound of early pregnancy complications module?

2.26. I have had adequate opportunities for training in intermediate ultrasound of early pregnancy complications:

2.27. I have had adequate opportunities for assessment intermediate ultrasound of early pregnancy complications:

2.28. Once I was assessed as competent in intermediate ultrasound of early pregnancy complications, I had the opportunity to maintain my skills:

3.1. I have had appropriate opportunity to fulfil my training requirements for the year in obstetrics:

3.2. I had sufficient opportunities based on my curriculum needs to perform caesarean section delivery appropriate to my level of training:

3.3. I had sufficient opportunities based on my curriculum needs to perform operative vaginal delivery appropriate to my level of training:

3.4. I have had appropriate supervision & support whilst on labour ward – in normal working hours:

3.5. I have had appropriate supervision & support whilst on labour ward – outside of normal working hours:

3.6. Trainers were supportive in completing the required obstetric workplace-based assessments:

3.7. My clinical supervisors have provided me with feedback that is constructive and helpful:

3.8. I have had opportunities to attend antenatal clinics frequently enough to fulfil my learning needs:

3.9. I have had appropriate supervision for my level of training in antenatal clinic:

3.10. I have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine):

3.11. All things considered I would recommend this unit to other O&G trainees for the development of their obstetric skills:

3.12. I have had adequate opportunities for training in BASIC obstetric ultrasound
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>assessment of fetal size, liquor and the placenta:</td>
<td>3.13. I have had adequate opportunities for assessment in BASIC obstetric ultrasound assessment of fetal size, liquor and the placenta:&lt;br&gt;3.14. Once I was assessed as competent in basic obstetric ultrasound, I had the opportunity to maintain my skills:&lt;br&gt;3.15. Are you undertaking the intermediate ultrasound of normal fetal anatomy module? 3.16. I have had adequate opportunities for training in intermediate ultrasound of normal fetal anatomy:&lt;br&gt;3.17. I have had adequate opportunities for assessment in intermediate ultrasound of normal fetal anatomy:&lt;br&gt;3.18. Once I was assessed as competent in intermediate ultrasound of normal fetal anatomy, I had the opportunity to maintain my skills:&lt;br&gt;I have had adequate academic experience to make progress in the APM since my last ARCP:&lt;br&gt;The APM structure and content supports my academic development:&lt;br&gt;Undertaking the APM has made me more confident to undertake the role of PI in a study:&lt;br&gt;My APM supervisor is accessible:&lt;br&gt;I was able to have regular meetings/discussion with my APM supervisor to review my progress and ongoing learning needs:&lt;br&gt;Did you complete this ATSM within your most recent placement?&lt;br&gt;I was able to have an induction/appraisal meeting with my ATSM supervisor for this ATSM:&lt;br&gt;My induction meeting included an effective assessment of previous experience and competence and my learning needs:&lt;br&gt;I was able to have regular meetings with my ATSM supervisor to review my progress and ongoing learning needs:&lt;br&gt;I have had a minimum of 2 sessions per week (pro rata) protected in order to attend my ATSM training:&lt;br&gt;If ATSM sessions have not been achieved please give reasons:&lt;br&gt;I have had sufficient opportunities to perform surgical/practical procedures for this ATSM:&lt;br&gt;I have had appropriate supervision for training in these procedures:&lt;br&gt;I have developed independent level 3 competence in the required areas for this ATSM:&lt;br&gt;I have had opportunities to attend clinic frequently enough to fulfil my learning needs:&lt;br&gt;The caseload in this unit provided me with enough experience to complete this ATSM:&lt;br&gt;I have had appropriate opportunity to fulfil my training requirements for this ATSM:&lt;br&gt;All things considered I would recommend this unit to other trainees completing the same ATSM:&lt;br&gt;Do you participate in an out of hours (OOH) rota?&lt;br&gt;On average how many sessions (half day) per week do you lose because of (OOH) commitments?&lt;br&gt;What is your oncall working pattern?&lt;br&gt;What does your OOH include?&lt;br&gt;My OOH commitment does not have a negative impact on training:&lt;br&gt;The rota allows the opportunity to undertake all aspects of my subspecialty training programme:&lt;br&gt;I rarely miss specific training sessions to cross cover commitments for others planned leave:&lt;br&gt;What is the name of your Subspecialty Training Programme Director:&lt;br&gt;My subspecialty training programme director has been approachable:&lt;br&gt;My subspecialty training programme director has been a good teacher:</td>
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</table>
My subspecialty training programme director has been supportive:

My subspecialty training programme director has taken part in regular and constructive appraisals:

How many other subspecialty clinical trainers / supervisors do you have?:

My clinical supervisors have provided me with feedback that is constructive and helpful:

What is the name of your next other trainer?

This trainer has been approachable:

This trainer has been a good teacher:

This trainer has been supportive:

This trainer has taken part in regular and constructive appraisals:

My schedule was tailored to my learning objectives:

I have had opportunities to attend specialist clinics frequently enough to fulfil my learning needs:

I have had adequate supervision in these specialist clinics appropriate to my level of training:

I have had opportunities to demonstrate my patient communication / counselling skills to my trainer:

I have had adequate opportunities for training in IVF and assisted conception to achieve my training goals:

I have had adequate opportunities to discuss complex cases with my trainers:

I have had adequate exposure to a multidisciplinary approach to reproductive medicine to achieve my training goals for this year:

I have had appropriate supervision for surgical/practical procedures:

The case load of this unit provides a broad spectrum of surgical/practical procedures:

I have had adequate opportunities to complete workplace based assessments:

I have received appropriate feedback from my trainers:

All things considered I would recommend this unit to other subspecialty trainees in RM:

Ultrasound scans:

Oocyte retrievals:

Embryo transfers:

Operative Hysteroscopic procedures:

Operative (intermediate to advanced levels) Laparoscopic procedures:

Andrology procedures (such as SSR):

I have had appropriate opportunity to fulfil my subspecialty training requirements for the year in gynaecology appropriate for my stage of training:

Open:

Laparoscopic:

Radical hysterectomy:

Debulking surgery:

Pelvic node dissection:

Radical Vulval surgery:

Groin node surgery:

I have had appropriate supervision for my level of training in gynaecology theatre – elective cases:

I have had appropriate supervision for my level of training in managing emergency gynaecology cases:

Trainers were supportive in completing the required gynaecology workplace-based
assessments:

My clinical supervisors have provided me with feedback that is constructive and helpful:

I have had sufficient exposure to the multidisciplinary meeting frequently enough to fulfil my learning needs:

I have had appropriate supervision for my level of training in gynaecology clinic:

I have had the opportunity to commence my modules and / or have a plan to complete them:

All things considered I would recommend this centre to other trainees who wish to attain gynaecology subspecialty training:

I have had access to a laparoscopic box trainer or virtual reality simulator

There was formal programme of simulation training in gynaecological procedural skills

I have had appropriate opportunity to fulfil my subspecialty training requirements for the year in gynaecology appropriate for my stage of training:

I have had adequate opportunities for training in high level obstetric ultrasound:

I have had adequate opportunities for training in invasive prenatal diagnostic procedures (CVS/amniocentesis):

I have had adequate opportunities for observation of higher level invasive fetal medicine procedures such as IUT and laser:

I have had adequate exposure to fetal medicine to achieve my training goals for this year:

I have had adequate supervision in fetal medicine clinics:

I have had adequate exposure to a multidisciplinary approach to maternal medicine to achieve my training goals for this year:

I have had adequate supervision in maternal medicine clinics:

I have had adequate opportunity to be observed counselling patients in complex clinical situations:

I have had sufficient exposure to specialist medical clinics to achieve my training goals this year:

I have had sufficient exposure to perinatal pathology to achieve my training goals this year:

I have had sufficient exposure to neonatal surgery to achieve my training goals this year:

I have had sufficient time and encouragement to complete workplace based assessments:

I have received sufficient feedback from my trainers:

I have had appropriate opportunity to fulfil my training requirements for the year in urogynaecology:

Opportunities for minor procedures (e.g. cystoscopy, bulking agents, suprapubic catheterization etc.) have been available:

Opportunities for intermediate procedures (e.g. TVT, anterior repair, posterior repair, mesh revision etc.) have been available:

Opportunities for major procedures (e.g. Vaginal oopherectomy, Sacrospinous fixation, Sacrocolpopexy etc.) have been available:

Opportunity for Emergency procedures (repair of OASI) have been available:

I have had adequate supervision for surgical procedures:

Outpatient/office procedures have been undertaken (e.g. Botox):

Trainers were supportive in completing the required urogynaecology workplace-based assessments:

My clinical supervisors have provided me with feedback that is constructive and helpful:

I have had the opportunity to attend specialist clinics (e.g. perineal trauma, urology, colorectal, GI physiology and continence clinics):

I have found urogynaecology clinics a useful training opportunity with adequate exposure
I have had the opportunity to demonstrate my patient communication/counselling skills to my trainer:

I have had opportunities to discuss cases with my trainer:

I have had ample opportunities to develop my vaginal surgical skills / opportunities for operating:

I have had opportunities for training in laparoscopic urogynaecology:

I have had ample opportunities for develop my laparoscopic urogynaecology operating skills:

The case load of this unit provides a broad spectrum of surgical / practical procedures:

I am able to contact my supervision consultants easily for advice:

I am involved in regular constructive ward rounds:

All things considered I would recommend this unit to other urogynaecology SSTs:

I have had appropriate opportunity to fulfil my training requirements for the year in urogynaecology:

I have had access to a laparoscopic box trainer or virtual reality simulator

There was formal programme of simulation training in gynaecological procedural skills

4.1. I was given sufficient independence and clinical responsibility appropriate to my level of training (i.e. given the opportunity to practice independently):

4.2. I had sufficient opportunity to develop management and leadership skills:

4.3. I have had the opportunity to develop my teaching and training skills:

4.3.1. Trainers were supportive in completing NOTSS assessments:

4.4. I received encouragement and support in undertaking audit projects:

4.5. Audit/clinical governance meetings were constructive:

4.6. I received encouragement and support in undertaking clinical research:

4.7. I participated in clinical research:

4.8. Effective local teaching sessions were held in the unit:

4.9. How often were local teaching sessions held?

4.10. How often did you attend local teaching sessions?

4.11. Local teaching was appropriate for my level of training and learning needs:

4.12. Local teaching was facilitated by senior colleagues and consultants:

4.13. Effective clinical review sessions were held (e.g. CTG meetings & perinatal meetings):

4.14. Effective journal review sessions were held:

4.15. There were opportunities to participate in local professional meeting (e.g. present cases, projects or journal reviews):

4.16. The rota allowed me to attend professional meetings:

4.17. Regional teaching was appropriate for my level of training and learning needs:

4.18. There is little conflict between attending regional teaching sessions and service provision:

4.19. How often is regional teaching held?

4.20. How often did you attend regional teaching?

5.1. Initial induction to the clinical department was effective and useful:

5.2. The medical staffing of my work area was adequate for patient safety during routine working hours:

5.3. The medical staffing of my work area was adequate for patient safety out of hours:

5.4. I knew the proper channels to direct any concerns regarding patient safety:
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>5.5. There was a culture of critically appraising systems following adverse incidents:</td>
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<td>5.6. There was suitable access to computers:</td>
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<td>5.7. There was suitable access to office facilities to complete administrative and management duties:</td>
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<td>6.1. I was often obliged to work beyond contracted hours:</td>
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<td>6.2. The work intensity was too high for my learning needs:</td>
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<td>6.3. The work intensity was too low for my learning needs:</td>
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<td>6.4. The rota allowed team working and continuity of care:</td>
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<td>6.5. Handover arrangements were effective and appropriate for patient safety:</td>
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<td>6.6. I was allowed study leave for appropriate courses (i.e. not regional teaching):</td>
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<td>6.7. I felt included as part of the multidisciplinary team whilst working within the unit:</td>
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<td>6.8. On-call accommodation was available if required:</td>
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<td>6.9. There was a suitable area for resting whilst on duty:</td>
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<td>6.10. Which contract did you hold during this placement?</td>
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<tr>
<td>6.11. I feel supported to submit exception reports when appropriate:</td>
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<td>6.12. Exceptions reports are used by my trust to improve training:</td>
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<tr>
<td>6.13. Exceptions reports are used by my trust to improve the delivery of safe patient care:</td>
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<td>6.14. I was able to meet with my educational supervisor to set my personalised work schedule within 2 weeks of starting my new post:</td>
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<td>6.15. What are your contracted hours per week?</td>
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<tr>
<td>Contracted hours Other (please specify):</td>
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<tr>
<td>7.1. In this post, I was NOT subjected to persistent behaviours by others which have eroded my professional confidence or self esteem:</td>
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<td>7.2. Did you report it?</td>
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<td>7.3. What was the outcome?</td>
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<td>What was the outcome Other (please specify):</td>
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<tr>
<td>Further comments:</td>
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<td>7.4. Why did you not report it?</td>
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<tr>
<td>Why did you not report it - Other (please specify):</td>
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<tr>
<td>Further comments:</td>
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<tr>
<td>7.5. In this post, I did NOT witness other specialist trainees being subjected to persistent behaviours by others which has eroded their professional confidence or self esteem.</td>
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<td>7.6. Did you report it?</td>
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<td>7.7. What was the outcome?</td>
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<td>What was the outcome Other (please specify):</td>
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<td>Further comments:</td>
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<td>7.8. Why did you not report it?</td>
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<td>Why did you not report it - Other (please specify):</td>
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<td>Further comments:</td>
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<td>7.9. I know who my local work place behaviour champion is:</td>
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<td>7.10. My local work place behaviour champion is approachable and accessible:</td>
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<td>7.11. I contacted my workplace behaviour champion in relation to behaviour experienced or witnessed:</td>
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<td>7.12. My local workplace behaviour champion was helpful in tackling the issue:</td>
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<tr>
<td>7.13. If your workplace behaviour champion was not helpful please give reasons:</td>
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<tr>
<td>7.14. Please identify the types of behaviour you have witnessed or being subjected to</td>
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<tr>
<td>7.15. Please state who has subjected you or other work colleagues to inappropriate behaviour (please select ALL that apply):</td>
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<tr>
<td>Please state Other who has subjected you or other work colleagues to inappropriate behaviour (please specify):</td>
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<tr>
<td>8.1. This placement enabled me to make appropriate progress with my long term development needs:</td>
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<td>8.2. I enjoyed working in this unit:</td>
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<td>8.3. I would recommend this placement to other trainees at my level:</td>
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<td>8.4. The thing I most liked about this unit was:</td>
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<tr>
<td>8.5. The thing I least liked about this unit was:</td>
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<tr>
<td>8.5.1 Please name any members of the MDT who have had a particularly positive impact on your training (may include other Trainees):</td>
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<tr>
<td>8.6. Additional Comments:</td>
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