Exit interview: Reflections on Training Experience for
any doctor in training in a GP Placement (Foundation or GP specialty trainee)

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| Supervisors Name:  |  |
| Supervisor role: | Clinical / Educational (delete as appropriate) |
| Host Practice: |  |
| Trainee Name: |  |
| Trainee grade (e.g. FY2 / ST1/2/3)  |  |
| Training Period  | From:  | To: |

The receipt of and reflection on feedback is essential for the on-going professional development of educators. It is also important in the quality management process for GPST and Foundation Doctor placements. GP Clinical and Educational Supervisors (CS) routinely need to seek feedback from their learners and reflect on that feedback.

Supervisors should enable their learners to complete this form towards the end of each placement, then reflect on this feedback and complete the final section of the form. This template can then be used as part of the evidence to support accreditation / re-accreditation as a CS or ES,

**Learner Reflections, please offer feedback on:**

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| **Induction** |
| What worked well in your induction to the practice? |
| How might things have been improved? |
| **Supervision** |
| The level of supervision and support you received from your Clinical Supervisor? |
| Did the level of supervision / support cause you any concern? If so, how might this be addressed? |
| **Workload / experience** |
| Was the workload pitched at the right level? Too much or not enough to gain experience?  |
| Were you able to attend Foundation / GP Specialty teaching? |
| What worked well in being able to experience educational events in the practice? |
| **Patient safety** |
| Did you share any patient safety concerns you might have had during the placement? |
| If Yes how well were you supported? |
| **Feedback** |
| The feedback you received from your clinical supervisor on your day to day performance |
| The feedback in your assessments? |

**Overall reflections:**

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| If appropriate how do you feel you may have been better supported in the practice? |
| What were the highlights of your placement in the practice? |
| What specific changes if any do you feel would improve the trainee experience in the practice? |
| **Doctor in training Signature:** |  |
| **Date:** |  |

**Supervisor reflections, please offer feedback on:**

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| Reflections on trainee comments |
| What will I change / address in the light of the learners comments and/or from my experience of working with this trainee? |
| My action plan for affecting change with completion date |

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| **Clinical Supervisor Signature:** |  |
| **Date:** |  |