



# Run evaluation report

## Completed by interns at the end of each run

- Once completed, this report will contain specific information about your supervision and learning experience. Feedback will be summarised for the intern supervisor and shared in a way that does not identify individual doctors. The summarised feedback and a report on how the hospital or practice is acting on that feedback to improve the runs may be shared with the Medical Council's accreditation team at the time of a hospital visit, with the Clinical Training Agency, with consultant teams or with individual consultants.
- To protect your confidentiality your report will be analysed by an independent person. Please do not supply your name.

Consultant's names (no abbreviations):	
Run type: <input type="checkbox"/> Medical <input type="checkbox"/> Surgical	Run category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Branch of medicine (specialty):	
Quarter: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth	Year

KEY:	1	Unsatisfactory	Poor standard
	2	Poor	Below what I would consider acceptable; disappointing
	3	Satisfactory	Acceptable
	4	Good	Very positive/helpful
	5	Exceptional	Highly stimulating
	NA	Not applicable	

	Your experience	1	2	3	4	5	NA
1	Enthusiasm and stimulation provided by senior clinicians						
2	Communication of clinical knowledge by senior clinicians/registrars						
3	Feedback on your performance from senior clinicians						
4	Directions and guidance given by senior clinicians on day to day duties						
5	Accessibility of registrars/senior clinicians for urgent advice						
6	Overall quality of supervision and support by registrars (where applicable)						
7	Quality of your orientation to this run						
8	Opportunity to attend lectures, grand rounds, teaching sessions						
9	Amount of formal training (lectures, grand rounds, teaching sessions)						
10	How would you rate the quality of in-house education sessions						
11	Ability to take leave entitlements (sick, study, holiday)						
12	Level of support from nursing staff						
13	Level of support from management and administrative staff						
14	How do you feel about this run overall						

Please circle the comment which best describes your response to each of the following:			
15	Amount of face-to-face contact with your senior medical staff supervisors	1 Once a week or less 2 Twice a week 3 Three times per week	4 Four times per week 5 Five+ times per week
16	How do you perceive your clinical workload	1 Too low 2 Low 3 Appropriate	4 Very high 5 Excessive
17	Extent to which your clinical workload negatively or positively influenced your educational experience	1 Very negative 2 Negative 3 No effect	4 Positive 5 Very positive
18	The range of patients with a variety of conditions to broaden your learning experience	1 Narrow spectrum 2 Limited variety 3 Not much variety	4 Some variety 5 Wide range
19	Level of clinical responsibility you were expected to take given your level of experience	1 Too low 2 Low 3 Appropriate	4 Very high 5 Excessive

## GENERAL

1 Did you formulate written learning objectives with your supervising consultant at the start of the run? YES / NO  
If so, were you given the opportunity to achieve the learning objectives? YES / NO

2 Did you have a mid-run evaluation with your supervising consultant? YES / NO

3 What were the positive aspects of your experience during this run:

4 What were the negative aspects of your experience during this run:

5 How could this run be improved from a training viewpoint?

6 Additional comments:

**PLEASE FORWARD IN THE CONFIDENTIAL ENVELOPE PROVIDED**

**THANK YOU VERY MUCH FOR CONTRIBUTING TO THE ONGOING QUALITY IMPROVEMENT OF THIS RUN**