

## **TYNEDALE QUESTIONNAIRE – (2001 Version)**

Directions for use

### **To the Trainer**

This document has been designed to enable you to get immediate feedback from your present registrar about the training arrangements and your relationship. Such feedback has been shown to help both the process and content of training, in that it helps to match the teaching with the registrars expectations and needs. It may help to read the Appendix, which outlines the educational standards trainers are expected to achieve.

You can use this document as many times as you want during the six months attachment. However you **must** use it **at least once** at the **end** of the attachment and **send a copy to the scheme**.

Give a copy of this document **to your registrar** to complete and then make arrangements to discuss it *face to face* with him/her.

### **To the GP Registrar**

The Tynedale Questionnaire has been designed to provide you with an opportunity to give your trainer immediate feedback on how effective you feel the training arrangements and your relationship are.

Please complete the TQ independently and as honestly as you can. It may help to read the educational standards trainers are hoping to achieve. These are listed at the end of the questionnaire

*The questions ask about the structure and process of your training. They reflect the regional criteria for appointment of trainers as well as recent evidence for good educational practice.*

The next step is to make arrangements to go through the completed TQ with your trainer in a way that stresses what has been achieved by the trainer and the practice but also identifies areas that are in need of improvement.

If you are unhappy about some aspects of the training within the practice and are unable to discuss this with your trainer via the TQ or with one of his/her partners please contact your local Course Organiser or the Scheme Organiser, who will treat your comments confidentially.

**FACTS ABOUT THE TRAINING**

<b>Registrar name:</b>	<b>Trainer name:</b>
<b>Phase:</b>	

<b>Expectations:</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Did you sign a contract of employment?	[ ]	[ ]
<b>2</b> Did you agree an educational / learning contract?	[ ]	[ ]
<b>3</b> Did you experience an induction period?	[ ]	[ ]

<b>Workload</b> (refer to the average for the last four weeks – please ring).							
<b>4</b> Number of patients booked per hour.....	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>&gt;10</b>
<b>5</b> Number of home visits per week (daytime).....	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>&gt;10</b>
<b>6</b> Do you do any on call out of hours (not Saturday a.m.)	<b>Yes</b>	[ ]				<b>No</b>	[ ]
<b>7</b> Number of shifts per month for a co-op / Health Call	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>&gt;5</b>
<b>8</b> No. hours per month on call out of hours for practices in a rota	<b>0</b>	<b>&lt;10</b>	<b>10-20</b>	<b>20-30</b>	<b>&gt;30</b>		

<b>Teaching</b>	<b>0</b>	<b>1hr</b>	<b>2hrs</b>	<b>3hrs</b>	<b>4hr</b>	<b>&gt;4hrs</b>
<b>9</b> How much formal teaching per week?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>10</b> How much was protected?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>11</b> How much informal teaching per week? (this includes case discussion at any time – please estimate the total received per week)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**12** Were there regular opportunities to debrief surgeries between teaching sessions? **Yes** [ ] **No** [ ]

**13** How often were the following teaching methods used by your trainer in the last month?

a)	Topic teaching	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
b)	Video of consultations	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
c)	Case Analysis (in a formal session)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

<b>14</b> Have you ever experienced:	<b>Yes</b>	<b>No</b>
a) Sitting in	[ ]	[ ]
b) Joint visits	[ ]	[ ]
c) Review of your records	[ ]	[ ]
d) Review of your referrals	[ ]	[ ]
e) Review of your prescriptions	[ ]	[ ]
f) Critical appraisal of articles	[ ]	[ ]
g) Using Medline or equivalent	[ ]	[ ]
h) Roleplay	[ ]	[ ]
i) Audit other than summative assessment	[ ]	[ ]

	<b>always</b>	<b>usually</b>	<b>occasionally</b>	<b>never</b>
<b>15</b> Do you receive written feedback after your tutorials?	[ ]	[ ]	[ ]	[ ]
<b>16</b> Are you asked to give written feedback on tutorials?	[ ]	[ ]	[ ]	[ ]

<b>Partners:</b>	<b>frequent</b>	<b>occasionally</b>	<b>never</b>
<b>17</b> Were the other partners involved in your training?	[ ]	[ ]	[ ]

<b>Review of Progress:</b>	<b>Yes</b>	<b>No</b>
<b>18</b> Were any of the following methods of formal assessment used?		
a) Confidence rating (written or as part of PEP)	[ ]	[ ]
b) MCQ (written or as part of PEP)	[ ]	[ ]
c) MEQ (written or as part of PEP)	[ ]	[ ]
d) Rating scales (e.g. New Manchester or North Northumberland)	[ ]	[ ]
e) Staff trainee assessment rating (e.g. STAR)	[ ]	[ ]
f) Video assessment of consultations (e.g MRCGP or SA)	[ ]	[ ]
g) Did you have an opportunity to review the results of the above?	[ ]	[ ]

Please read the following statements carefully and tick the box which reflects your opinion. *Beware the trick negative questions!*

		<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither</b>	<b>Dis-agree</b>	<b>Strongly Disagree</b>
1	My responsibilities within the Practice were made clear to me at an early stage.					
2	By the end of the first month I had no idea what to expect of my trainer and the practice.					
3	I was encouraged to take responsibility for my own education.					
4	I was able to steadily increase my workload and rate.					
5	I was overworked in the last month					
6	I was adequately supported when on call					
7	I was exposed to a wide range of conditions					
8	I did not receive training in specific areas I needed (e.g. minor surgery, child health surveillance or family planning – specify in next section)					
9	I found I could discuss most problems with my trainer.					
10	My trainer was enthusiastic about teaching					
11	I was encouraged to actively participate in teaching/learning situations.					
12	I felt that my contributions to practice discussions were valued.					
13	I did not feel welcomed by other members of the practice					
14	Teaching time was adequately protected					
15	Teaching on the consultation was unhelpful.					
16	I was given a good overview of the effective use of records					
17	Instructions on how to use the computer were poor					
18	I was not encouraged to use evidence-based medicine to solve my clinical problems					
19	The resources available for learning were good (e.g. medline access; practice library)					
20	The standard of teaching on prescribing was high					
21	I learned to work as a member of a multi-disciplinary team					
22	I gained little insight into the organisation and management of a modern practice.					
23	I received a good grounding in the skills of effective standard setting and performance review (clinical governance)					
24	Teaching on the consultation involved several different methods					
25	My consultations were regularly reviewed using video					
26	I was not given the opportunity to learn from other members of the team.					

	<i>Beware the negative questions!</i>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither</b>	<b>Dis-agree</b>	<b>Strongly Disagree</b>
27	I was given appropriate support towards summative assessment					
28	The trainer showed their ability to use different teaching methods.					
29	Teaching was directed at my needs					
30	I felt that the assessments carried out were of no value.					
31	I found the process of assessment very threatening					
32	Feedback from my trainer helped identify my strengths and weaknesses					
33	Many of the teaching sessions were irrelevant to my needs					
34	I felt unable to approach other partners with problems					
35	When my trainer was absent I always knew who was available to help					
36	Teaching undertaken by other partners was worthwhile					
37	I found the staff helpful.					
38	I am unclear about the roles of the various members of the primary health care team.					
39	I found the attitude of the practice helped to motivate me to learn.					
40	I have enjoyed my time here.					

**Your comments** (both positive and negative) would be welcome, both to identify problems and share your ideas on how things might be improved:

**On Expectations:-**

**On Workload:-**

**On Relationship with trainer:-**

**On your Involvement:-**

**On the Teaching:-**

**Were there any areas of need not covered?** (e.g. *minor surgery, clinical governance skills*)

**On the feedback given to you about your progress:-**

**On Partners:-**

**On Staff:-**

***Please make arrangements to discuss this questionnaire with your trainer.***

**To the trainer:-**

Have you adapted your training in response to feedback from your registrar via the TQ ? YES NO

If yes, please outline in what way it has changed :-

## ***Educational standards***

The trainers on the Northumbria Vocational Training Scheme considered the following criteria as representing good educational practice. Trainers should be judged against these statements.

### **1. Expectations**

The registrar's responsibilities should be made clear via a contract of employment early in the attachment.

The trainer should make clear to the registrar what the registrar can expect from the trainer and the trainer should also make clear the expectations of the registrar in contributing to their own education i.e. preparation, reading, self-assessment.

This is best achieved via a learning or education contract.

### **2. Workload**

The registrar should progressively take on more work as their experience grows.

The registrar (if full time) should not do more work than a full time partner in the practice.

The registrar should be exposed to a full range of acute and chronic conditions, in a range of settings i.e. surgeries, visits, clinics, emergencies.

### **3. Relationship with trainer**

The trainer should be friendly, helpful and approachable. The trainer should be available to the registrar at regular times through the week for advice and support. When they are unavailable, responsibility for the registrar's needs should be delegated to a named partner. The trainer should be consistent when dealing with the registrar.

The trainer should have a positive approach to teaching and practice and provide a good role model particularly in the areas of interpersonal relationships with patients and his/her own clinical standards.

### **4. Involvement**

A training practice should provide ample opportunity to involve the registrar in the discussions leading to decision making about clinical care and practice management.

The registrar should be a valued member of the team, and be regarded as a colleague - not just an extra pair of hands.

## **5. Teaching**

The trainer should dedicate two *notional half days* per week to teaching activities. One of these should represent protected teaching time.

The trainer should ensure that registrars learn the skills required for:  
conducting the consultation  
keeping good records  
responsible, effective and economic prescribing  
effective team-work;  
effective standard setting and performance review  
minor surgery, child health surveillance and family planning  
as well as be exposed to the principles and skills of practice management

The registrar should be given adequate support and encouragement to achieve the relevant parts of summative assessment and the MRCGP examination.

The trainer should encourage the registrar to solve clinical problems through appropriate use of evidence.

The trainer should vary the teaching methods used according to the lesson to be learned.

The trainer should ensure that the registrar is given the opportunity to learn from other members of the team.

## **6. Review of Progress**

Assessment of the registrar's progress should be undertaken formally on at least two occasions in every six months. A range of assessment tools should be available and used appropriately. Written record of these assessments should be kept and shared.

Feedback on performance should be timely and helpful.

Teaching and learning should be directed towards deficiencies identified.

## **7. Partners**

Partners of trainers should be prepared to contribute (formally or informally) to the education of their registrar.

## **8. Staff**

Practice staff should be friendly and helpful. The registrar should have an opportunity to learn about the roles of different staff members (employed and attached), and be encouraged to ask them for help where appropriate.