



Health Education England

Colleague Feedback Questionnaire

Date:	
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Please remember that this is just about the Colleague you have worked with as part of the surgical team.

1. Overall, how satisfied were you with the clinician that you have worked with?					
Doctor	<input type="checkbox"/>	Advanced clinical practitioner	<input type="checkbox"/>	Surgical care practitioner	<input type="checkbox"/>
Physicians Associate	<input type="checkbox"/>				

	Yes definitely	Yes to some extent	Not really	Definitely not	Does not apply
2. Was the colleague polite and considerate?					
3. Did the colleague work as part of the team?					
4. Was there a clear understanding of their role within the team?					
5. Did the colleague help with your orientation into the team/organisation?					
6. Did the colleague consider your training requirements?					
7. Did the colleague help facilitate your training requirements?					
8. Did the colleague provide any training?					

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9. Did the colleague positively impact on your day?					
10. Do you perceive this colleague to be a role model?					
11. If you required support/ advice do you feel this colleague is approachable?					

12. Overall, would you like to work with this colleague in the future?

Yes ☐ No ☐ N/A ☐

13. Please state what profession you are as the reviewer

Doctor ☐ Nurse ☐ AHP ☐ ACP ☐ Surgical care practitioner ☐
 Physicians Associate ☐

14. Please make any additional comments about the colleague in the space below: