

## Supplementary material S2

### Medicine Return to Practice Pre-Course Questionnaire

Date \_\_\_\_\_

We gather information to improve our courses and to share learning.

This is confidential. Responses are aggregated and never used to identify individuals.

I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be treated in accordance with the terms of the Data Protection Act 1998.

Tick to consent

**Please create your own unique ID for pre and post course comparison. Use your initials followed by your day and month of birth (e.g. If your name is *Aisha Patel* and you were born on the *4th July* put AP0407)**

\_\_\_/\_\_\_/\_\_\_

If you are happy to be contacted for later data collection and follow-up please provide a contact email:

\_\_\_\_\_

Current role

College Tutor

Programme Director

Educational Supervisor

Consultant

Clinical Supervisor

Other (please clarify)

Place of work

\_\_\_\_\_

Speciality

\_\_\_\_\_

What do you hope to achieve from this course?

\_\_\_\_\_

\_\_\_\_\_

Please turn the page

What is your current level of understanding of the SuppoRTT programme (rate 1-100)

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For each statement below please state how certain you are that you can do the things described.

Rate your degree of confidence by writing a number between 1 and 100 using this scale.

0	10	20	30	40	50	60	70	80	90	100
<i>Cannot do at all</i>			<i>Moderately can do</i>				<i>Highly certain can do</i>			

1	Explain the reasons why trainees might take time out of training	
2	Manage a trainee returning to practice after time out of training	
3	Signpost trainees and colleagues to appropriate resources to help with return to training	
4	Explain the importance of supporting returning trainees to patient safety and staff wellbeing/retention.	
5	Take a leadership role in your trust/organisation in supporting trainees returning to training/ developing return to training resources.	

Thank you for completing this form.

## Medicine Return to Practice Post-Course Questionnaire

Date \_\_\_\_\_

We gather information to improve our courses and to share learning.

This is confidential. Responses are aggregated and never used to identify individuals.

I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be treated in accordance with the terms of the Data Protection Act 1998.

Tick to consent

**Please complete your unique ID for pre and post course comparison. Use your initials followed by your day and month of birth (e.g. If your name is *Aisha Patel* and you were born on the *4th July* put AP0407)**

\_\_\_/\_\_\_/\_\_\_

Please rate the following items regarding the course from 1 (not at all happy) to 100 (completely happy)

1	Met stated aims	
2	Met your own learning needs/ expectation for the day	
3	Interesting	
4	Relevant	
5	Facilitation/ teaching	
6	Overall satisfaction	

Please outline 3 things you have learnt today:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please give a specific example of something you will change in your practice as a result of this course.

\_\_\_\_\_  
\_\_\_\_\_

Please outline one area of improvement for the course

\_\_\_\_\_  
\_\_\_\_\_

What is your current level of understanding of the SupportTT programme (rate 1-100)

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For each statement below please state how certain you are that you can do the things described.

Rate your degree of confidence by writing a number between 1 and 100 using this scale.

<b>0</b>	<b>10</b>	<b>20</b>	<b>30</b>	<b>40</b>	<b>50</b>	<b>60</b>	<b>70</b>	<b>80</b>	<b>90</b>	<b>100</b>
<i>Cannot do at all</i>			<i>Moderately can do</i>				<i>Highly certain can do</i>			

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Thank you for completing this form.