| ASiT Survey: Mentoring in Surgery |
|---|
| 2. About you |
| *1. What is your gender? |
| ○ Male |
| ○ Female |
| *2. How old are you? |
| • |
| *3. Year of qualification from medical school? |
| *4. From which country did you obtain your primary medical qualification? |
| O United Kingdom |
| © Republic of Ireland |
| Other (please specify) |
| |
| *5. Are you a military trainee (e.g. registered with the Defence Postgraduate Medical |
| Deanery)? |
| C Yes |
| O No |
| *6. Are you in "less than full time" training? |
| ○ Yes |
| O No |
| *7. Do you currently hold an academic post (ACF, Clinical Lecturer, etc)? |
| C Yes |
| O No |
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| ' · O | . What is your current grade? | | | |
|---------------------------------------|---|------------------|----------------|---------|
| 0 | FY 1 | | | |
| 0 | FY 2 | | | |
| 0 | CT 1 / ST 1 / SHO 1 | | | |
| 0 | CT 2 / ST 2 / SHO 2 | | | |
| 0 | CT 3 / SHO 3+ | | | |
| 0 | SpR 1 / StR 3 | | | |
| 0 | SpR 2 / StR 4 | | | |
| 0 | SpR 3 / StR 5 | | | |
| 0 | SpR 4 / StR 6 | | | |
| 0 | SpR 5 / StR 7 | | | |
| 0 | SpR 6 / StR 8 | | | |
| 0 | Post-CCT | | | |
| _ | Research Fellow | | | |
| 9 | Research Fellow | | | |
| | Clinical Fellow | | | |
| 0 | | | | |
| 0 | Clinical Fellow Non-training grade | | | |
| 0 | Clinical Fellow | 1 | | |
| tthe | Clinical Fellow Non-training grade or (please specify) | | uro o Ausinium | |
| the | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu | rently work / ha | ve a training | number' |
| the | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery | rently work / ha | ve a training | number' |
| the | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery General Surgery (excluding vascular) | rently work / ha | ve a training | number' |
| 9 | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery General Surgery (excluding vascular) ENT | rently work / ha | ve a training | number' |
| the g | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery General Surgery (excluding vascular) ENT Neurosurgery | rently work / ha | ve a training | number' |
| \$ 9 | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery General Surgery (excluding vascular) ENT Neurosurgery OMFS | rently work / ha | ve a training | number' |
| • • • • • • • • • • • • • • • • • • • | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery General Surgery (excluding vascular) ENT Neurosurgery OMFS Paediatric Surgery | rently work / ha | ve a training | number |
| * 9 | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery General Surgery (excluding vascular) ENT Neurosurgery OMFS Paediatric Surgery Plastic Surgery | rently work / ha | ve a training | number |
| \$ 9 | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery General Surgery (excluding vascular) ENT Neurosurgery OMFS Paediatric Surgery | rently work / ha | ve a training | number |
| \$ 9 | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery General Surgery (excluding vascular) ENT Neurosurgery OMFS Paediatric Surgery Plastic Surgery | rently work / ha | ve a training | number |
| | Clinical Fellow Non-training grade or (please specify) D. In which surgical speciality do you cu Cardiothoracic surgery General Surgery (excluding vascular) ENT Neurosurgery OMFS Paediatric Surgery Plastic Surgery Trauma and Orthopaedics | rently work / ha | ve a training | number |

ASiT Survey: Mentoring in Surgery 10. If you selected general surgery, please indicate your MAIN sub-specialty preference: NB. Vascular surgery is now an independent specialty, see Q8. O Breast Colorectal Endocrine Transplant O Upper-gastrointestinal (inc HPB) 11. If you selected a specialty other than General Surgery do you have a specific subspecialty interest? *12. Which Deanery do you work in? C East Midlands (Trent & Leicester) East of England 0 KSS C London Mersey North West Northern Northern Ireland Oxford Deanery Penninsula / South West Scotland - East Scotland - North Scotland - Southeast Scotland - West Severn Wales Wessex West Midlands Yorkshire & Humber Other (incl Republic of Ireland) - Please specify

| | iT Survey: Mentoring in Surgery | |
|---|---|--|
| | 13. In what type of hospital do you currently work? | |
| 0 | | |
| 0 | | |
| 0 | Specialist Centre (specialty or disease based) | |
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| ASiT Survey: Mentoring in Surgery | | | | | | |
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| 3. Mentoring in surgery | | | | | | |
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| Q. What do we mean by 'mentoring'? | | | | | | |
| A. Mentoring has been defined as 'a relationship between two people in which trust and respect enables problems and difficulties to be discussed in an open and supportive environment' (Whittaker & Cartwright, 2000). | | | | | | |
| ≭14. Within surgery, do you currently have someone you would consider to be a | | | | | | |
| mentor? | | | | | | |
| ○ Yes | | | | | | |
| O No | | | | | | |
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ASiT Survey: Mentoring in Surgery **4. Your Current Mentor** Please answer these questions about the mentoring you currently receive. *15. How many mentors do you have? One O Two C Three Other (please specify) 16. Does your mentor have any other professional role for you? (Tick all that apply) ☐ Your educational supervisor ☐ Your current consultant Non-consultant senior (e.g. your SpR) ☐ Your training programme director Other (please specify) *17. How long has this mentoring relationship existed? 1 - 3 months 3 - 6 months 6 - 12 months 1 - 2 years O 3 - 4 years 5 - 6 years 7 + years *18. Are they in the same surgical specialty as you? (e.g. ENT, orthopaedics, neurosurgery, etc) Yes O No *19. Are they based in the same hospital as you?

O No

Yes

| *: | 20. Are they based in the same training region as you? |
|-----|---|
| 0 | No |
| 0 | Yes |
| *: | 21. What type of mentoring do they provide for you? |
| (Ti | ck all that apply) |
| | Clinical and professional matters |
| | Pastoral non-clinical / non-work matters |
| *: | 22. What format does this mentoring take? |
| 0 | Formal: Arranged, required or documented mentoring |
| 0 | Informal: Ad-hoc or undocumented mentoring |
| 0 | Both formats |
| *: | 23. How often do you meet your mentor? |
| 0 | Daily |
| 0 | Weekly |
| 0 | Monthly |
| 0 | Bi-monthly |
| 0 | Less often |
| 0 | Ad-hoc |
| *: | 24. Through what format(s) does this mentoring most commonly take place? |
| | Telephone |
| | Email |
| | Face-to-face |
| | Audio / teleconference (e.g. Skype) |
| | SMS / instant messaging |
| | Other (please specify) |
| | |
| 25. | . If you have more than one mentor, do different people provide different mentoring |
| | es (e.g. pastoral vs. clinical)? |
| 0 | No |
| 0 | Yes |
| 0 | Not applicable |

| SiT Survey: I | | | | | | _! ' | |
|--|----------|---------|-----|-------------|---------------|----------|---------|
| ★26. How has t nfluenced you | | | | | | | ı |
| | Str | _ | | e Neutral F | S Positive | Strongly | N/A |
| Personal life | | , | 0 | 0 | () | O | 0 |
| Exam performance | | 0 | 0 | 0 | 0 | 0 | 0 |
| Working relationships | | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinical confidence | | 0 | 0 | 0 | 0 | 0 | 0 |
| Career progression | | 0 | 0 | 0 | \odot | 0 | 0 |
| Clinical skill | | 0 | 0 | \circ | \odot | 0 | 0 |
| [≭] 27. Please rat mentoring you a | | | | efulne | ss of t | the | |
| 0,5 | Strongly | Negativ | | Neutral | Positiv | St | rongly |
| Lloofulnoss of warter | negative | Negativ | v C | O | Positiv | pc | ositive |
| Usefulness of mentoring | | 0 | | 0 | () | | Û |
| 28. Do you have | any Pi | ROBL | EM | S with | your | curre | ent n |
| | | | | | A | | |
| | | | | | ~ | | |
| | | | | | V | | |
| | | | | | | | |
| 9. Do you have | any ot | her co | omi | ments | abou | t you | r cur |
| 29. Do you have | any ot | her co | omi | ments | abou | t you | r cur |
| 29. Do you have | any ot | her co | omi | ments | | t you | r cui |
| 29. Do you have | any ot | her co | omi | ments | | t you | r cu |
| .9. Do you have | any ot | her co | omi | ments | | t you | r cu |
| 9. Do you have | any ot | her co | omi | ments | | t you | r cu |
| 9. Do you have | any ot | her co | omi | ments | | t you | r cu |
| 29. Do you have | any ot | her co | omi | ments | | t you | r cur |
| 29. Do you have | any ot | her co | omi | ments | | t you | r cur |
| 29. Do you have | any ot | her co | omi | ments | | t you | r cui |
| 29. Do you have | any ot | her co | omi | ments | | t you | r cur |
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| 29. Do you have | any ot | her co | omi | ments | | t you | r cui |
| 29. Do you have | any ot | her co | omi | ments | | t you | r cur |
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| 29. Do you have | any ot | her co | omi | ments | | t you | r cui |
| 29. Do you have | any ot | her co | omi | ments | | t you | r cui |
| 29. Do you have | any ot | her co | omi | ments | | t you | r cur |
| 9. Do you have | any ot | her co | omi | ments | | t you | r cui |

| ASiT Survey: Mentoring in Surgery | | | | | |
|--|--|--|--|--|--|
| 5. Mentoring in surgery | | | | | |
| You do not currently have a mentor. Please answer these questions for your current surgical experiences. | | | | | |
| ≭ 30. Would you like a clinical mentor? | | | | | |
| C Yes | | | | | |
| C No | | | | | |
| O Don't know | | | | | |
| ≭31. W ould you like a pastoral mentor? | | | | | |
| C No | | | | | |
| C Yes | | | | | |
| O Don't know | | | | | |
| *32. How important would it be to | | | | | |
| have a mentor in your surgical | | | | | |
| training? | | | | | |
| Doesn't Slightly Very N/A matter Importantimporant | | | | | |
| Importance = C C C | | | | | |
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| i. Ideal Mentoring | Programn | me | | |
|--|-----------------|----------------|---------------|--------------------------------------|
| The following questions rela | ate to your IDI | EAL mentoring | relationship: | |
| *33. Ideally, in whic | h areas wo | uld you part | ticularly li | ike mentoring? (Tick all that apply) |
| Clinical skill | | | - | |
| ☐ Working relationships | | | | |
| Exam performance | | | | |
| ☐ Career progression | | | | |
| Personal life | | | | |
| _ | | | | |
| Clinical confidence | | | | |
| Academic / research work | | | | |
| Other (please specify) | | | | |
| | | | | |
| *34. How important | to you are | the following | ng | |
| attributes of your ide | al mentor? | • | | |
| | DO NOT want | Doesn't matter | DO want | |
| Works in same clinical team | 0 | 0 | 0 | |
| Works in same hospital | 0 | 0 | 0 | |
| Works in same region Works in same surgical specialty | 0 | 0 | 0 | |
| Has received mentoring training | 0 | 0 | 0 | |
| Maintains confidentiality | 0 | 0 | 0 | |
| Is the same ethnicity and/or religion | 0 | 0 | 0 | |
| Is the same gender as you | 0 | 0 | 0 | |
| Is a clinical academic | 0 | 0 | 0 | |
| Is a similar generation to you | 0 | 0 | 0 | |
| Is also your educational supervisor | 0 | O | 0 | |
| Someone who is allocated to you | O | O | O | |
| Someone who is chosen by you | 0 | 0 | 0 | |
| 35. What other perso | | | | mentor have? |

ASiT Survey: Mentoring in Surgery *36. Ideally, through what format would your mentoring most frequently take place? (Tick all that apply) Audio / teleconference (e.g. Skype) Telephone Face-to-face ☐ Email SMS / instant messaging Other (please specify) *37. Ideally, would your mentoring be: ☐ Informal, undocumented mentoring sessions Formal, documented mentoring sessions ■ No preference *38. Ideally, what grade of mentor would you most prefer? Consultant Registrar SHO / Core Trainee *39. Ideally, how long would this mentoring relationship exist? During current post O During training (until Consultancy) For a specific period C Lifelong (into Consultancy) No preference

ASiT Survey: Mentoring in Surgery 7. Acting as a mentor *40. Have you ever acted as a mentor? O No O Yes *41. Have you had formal mentoring training? O No Yes *42. Would you like mentoring training (or further training if you have already received some previously)? O No Yes *43. Would you be willing to act as a mentor to other trainees while you are still a trainee yourself? O No Yes

ASiT Survey: Mentoring in Surgery

8. Mentoring others

| *4 | 14. If you acted as a mentor, how often would you be prefer to meet? |
|----|---|
| 0 | Daily |
| 0 | Weekly |
| 0 | Monthly |
| 0 | Bi-monthly |
| 0 | Less often |
| 0 | Ad-hoc |
| 0 | No preference |
| *4 | 15. How would you prefer to mentor? |
| 0 | Prepared to travel to meet face-to-face |
| 0 | Prefer other means (e.g. telephone, email, online, etc) |
| *4 | 16. What grade of trainee would you prefer to mentor? (Tick all that apply) |
| | Registrar |
| | SHO / Core Trainee |
| | HO / Foundation Year |
| | Medical student |
| *4 | 17. What type of mentoring would you be prepared to offer: |
| 0 | Formal, documented mentoring sessions |
| 0 | Informal, undocumented mentoring sessions |
| 0 | No preference |
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