Individual Peer Review (IPR) for Educational Supervisors (Part A)

# Pastel pink monochrome minimal table and office items

Supporting personal and professional development

**Please complete this document and send it to your IPR Facilitator prior to your IPR meeting**

**Guidance Notes**

The IPR process is both a reflective and developmental opportunity to have a private and confidential, one to one, with a HEE Approved IPR Facilitator.

The aim of this process is to support you in your role as Educational Supervisor and General Dental Practitioner (GDP) to have open discussions with a colleague who understands and empathises with the complex world of education and dentistry.

Individual Peer Review (IPR) is a supportive process allowing both parties to reflect on good practice and development opportunities that will enhance and support lifelong learning. We encourage honest reflection and provide an opportunity to chart continuing progress. Working together, allows you and your IPR Facilitator to identify developmental needs, formulate and prioritised a need led Personal Development Plan (PDP) for your ongoing professional practice. ­

## Getting Started

Reflect on your role as an Educational Supervisor and GDP. Please complete each of the sections providing commentary on your work, along with perceived areas of development.

Personal Details (confidential) each box will expand to accommodate the information you enter.

**Name**

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|  |

**Practice address**

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|  |

**Dental qualifications and date achieved**

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**Educational qualifications and date achieved**

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**Current role(s) in dentistry**

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**Are you a performer or provider? Please identify experience**

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**Areas of special interest in dentistry**

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**Other areas of special Interest**

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### Pre IPR-Reflection

Each box will expand to accommodate the information you enter.

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| **1. What has gone well this year?** |
| Comments on your educational role |
| Comments on your clinical role |
| **2. Reflecting on the past year, how has the impact of the Covid-19 pandemic affected you and your practise of dentistry?** |
| Comments on your educational role |
| Comments on your clinical role |
| **3. Have you felt supported by HEE during this period?** |
| Comments |
| **4. What do you feel hasn’t gone well this year?** |
| Comments on your educational role |
| Comments on your clinical role |
| **5. What are your strengths?** |
| Comments |
| How do these benefit your role as an Educational Supervisor? |
| **6. What are your weaknesses?** |
| **Comments** |
| **How can HEENW support you in your role?** This is in preparation for agreeing a PDP |
| **7. In your role as an Educational Supervisor what would you change to benefit this role? How could you bring about this change, could HEENW support this change?** |
| Comments |
| **8. Have you identified any development opportunities for yourself educationally and clinically?** |
| Comments |
| Do you need HEENW support to achieve any of these areas? **This is in preparation for agreeing a PDP** |
| **9. What educational and clinical development have you undertaken to support your role as an Educational Supervisor, can this be used as evidence for your professional portfolio?** |
| **Comment**. Development doesn’t always have to be course attendance |
| **10. Were you able to achieve the outcomes from your previous IPR?** |
| **c Yes c No**  **If no, what were the barriers? What can HEENW do to help?** |
| **11. How can HEENW support you in your role to enhance your development at being an effective Educational Supervisor?** |
| It may be useful to reflect on these specific areas: teaching and learning, assessing the learner, guidance to learners in respect of personal and professional development (PDP), other. **This is in preparation for agreeing a PDP** |

### Post Individual Peer Review

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| **We confirm that the above information is an accurate record of the documentation provided by the Educational Supervisor and used in the IPR process, and of the Educational Supervisors position regarding developmental needs.**  **Signed:**  **Educational Supervisor**  **GDC Number:**  **Signed:**  **IPR Facilitator**  **GDC Number:**  **Date:** |
| Please keep a copy of this document safe and reflect upon it as your experiences as an Educational Supervisor evolve. |