***HENW Schools of Anaesthesia* Consultant Feedback Form**

**Trainee Name/Grade: Consultant Name:**

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| PLEASE TICK APPROPRIATE BOX | **Exceeds Expectations** | **Appropriate For Grade** | **Minimum Acceptable Standard** | **Requires Improvement*****Please Comment*** | **Unable to Comment** |
| **Clinical Skills** |  |  |
| Theoretical Knowledge |  |  |  |  |  |
| Technical Procedures |  |  |  |  |  |
| Diagnostic Ability |  |  |  |  |  |
| Record Keeping |  |  |  |  |  |
| **Communication & Teamwork** |  |  |
| Communication with Patients & Relatives |  |  |  |  |  |
| Communication with Colleagues |  |  |  |  |  |
| Teamworking & Leadership |  |  |  |  |  |
| **Personal Attributes** |  |  |
| Reliability & Punctuality |  |  |  |  |  |
| Organisation |  |  |  |  |  |
| Working Under Pressure |  |  |  |  |  |
| Enthusiasm |  |  |  |  |  |
|  |  |  |
|  | **Appropriate for Grade** | **Sometimes Lacks Confidence** | **Sometimes Over Confident** | **Unable to Comment** |
| Confidence |  |  |  |  |

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| **Overall opinion of this trainee** Include strengths, weaknesses & probity or patient safety issues. Continue overleaf if necessary |
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| **How often have you worked with this doctor ?** |
| 1 or 2 times |  |
| A few times |  |
| Regularly |  |

 **Signed:**

 **Date:**