***HENW Schools of Anaesthesia***

**SUMMARY OF CONSULTANT FEEDBACK FORM**

**Trainee Name/Grade:**

**Hospital:**

|  |  |  |  |  |  |  |  |
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|  | **Exceeds Expectations** | **Appropriate For Grade** | | **Minimum Acceptable Standard** | | **Requires Improvement**  **(Detail Below)** | **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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| **Copy of any specific comments received regarding this trainee** |
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| **Additional Educational Supervisor/College Tutor Feedback** |
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| **Details of action plan to address any points for improvement** |
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**CT/ES Signature : Date:**

**Trainee Signature: Date:**

*This document should be uploaded to the e-portfolio*

*ES/CTs should keep a copy along with completed feedback forms*