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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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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|  |  |
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| **How often have you worked with this doctor ?** | |
| 1 or 2 times |  |
| A few times |  |
| Regularly |  |

**Signed:**

**Date:**