***HENW Schools of Anaesthesia***

**SUMMARY OF CONSULTANT FEEDBACK FORM**

**Trainee Name/Grade:**

**Hospital:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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**  |
|  |

**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*