

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 <i>Please Comment</i>	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					

Overall opinion of this trainee

Include strengths, weaknesses & probity or patient safety issues. Continue overleaf if necessary

How often have you worked with this doctor ?

1 or 2 times	
A few times	
Regularly	

Signed:

Date: