

STANDARD BST CANDIDATE APPRAISAL FORM

Section One – General information	
Name of candidate: <u>Alina Fida</u>	Medical Council Number: <u>424689</u>
This person worked under my supervision from: <u>13/7/2020</u>	To: <u>Present</u>
Clinical Site: <u>Ennis General Hospital</u>	Country: <u>Ireland</u>
Specialty: <u>General Medicine</u>	Grade (e.g. Intern, SHO): <u>SHO</u>
Are you in anyway related to the applicant? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Relationship: <u>CONSULTANT - NCHD</u>	

Please complete the following sections based on the following marking system:

1 = poor 2 = inadequate 3 = satisfactory 4 = above average 5 = excellent

It is expected that most candidates will score "3". Only exceptional candidates should score "4" or "5".

Section Two - Professional Attitude	Please tick one number per line				
Professionalism	1	2	3	<u>4</u>	5
Diagnostic skills	1	2	3	<u>4</u>	5
Diligence in record taking	1	2	3	<u>4</u>	5
Emergency management	1	2	3	<u>4</u>	5
Clinical judgement	1	2	3	<u>4</u>	5
Punctuality	1	2	3	4	<u>5</u>
Relationship with other medical colleagues	1	2	3	4	<u>5</u>
Relationship with nursing, paramedical & allied health staff	1	2	3	4	<u>5</u>
Relationship with patients and relatives	1	2	3	4	<u>5</u>

Section Three - Personal Attributes	Please tick one number per line				
Time management	1	2	3	<u>4</u>	5
Management of stress & workload	1	2	3	<u>4</u>	5
Commitment & motivation	1	2	3	4	<u>3</u>
Communication skills	1	2	3	4	<u>3</u>
Disposition & appearance	1	2	3	4	<u>5</u>
Reliability	1	2	3	<u>4</u>	5
Teamwork	1	2	3	4	<u>5</u>
Attendance & performance at conferences	1	2	3	4	<u>5</u>

Section Four - Additional Questions

Did this doctor perform well in this post? ☒ Very well ☐ Acceptable ☐ Not Acceptable

Would you be happy to work again with this doctor? ☒ Yes ☐ No

To your knowledge has this candidate ever been the subject of a complaints process/ investigation relating to a patient incident? If yes, please provide more details under the comment section. ☐ Yes ☒ No

Do you think this doctor is suitable for a career in [specialty] BST? ☒ Yes ☐ Unsure ☐ No
- M-F -

Has this doctor any outstanding characteristics?

Get on well with colleagues.

If you have any further comments/concerns regarding the candidate that have not been covered above, please use the space below or attach further correspondence.

Your Full Name Dr. M. RAHMAN
Job Title Consultant physician
Telephone Number 087-232 9549
Signed *M Rahman* Date 12.11.2020

**Mid West Regional Hospital
Ennis**

This form will not be accepted
without stamp
12 NOV 2020

Notes for candidates;

- Candidates please note that as set out in the application form for the basic specialist training programme, that for the purposes of employment, and in accordance with the Data Protection Acts 1988 and 2003, this form will be made available to the relevant employers/ training sites if you are successful in your application to the basic specialist training programme.
- Two completed appraisal forms are required for your basic specialist training application. At least one of the two references should be from the current/most recent supervising consultant/employer. References may be obtained from educational institutions if the candidate has not undertaken a clinical internship during their Basic Medical Training.