HENW Schools of Anaesthesia

SUMMARY OF CONSULTANT FEEDBACK FORM

Trainee Name/Grade:

Confidence

Hospital:							
	Exceeds Expectations		opriate Grade	Minimun Acceptabl Standard	le	Requires Improvement (Detail Below)	Unable to Comment
Clinical Skills							
Theoretical							
Knowledge							
Technical							
Procedures							
Diagnostic							
Ability							
Record Keeping							
Communication							
& Teamwork		T					
Communication							
with Patients &							
Relatives							
Communication							
with Colleagues							
Teamworking &							
Leadership							
Personal Attributes							
Reliability &							
Punctuality							
Organisation							
Working Under							
Pressure							
Enthusiasm							
					1		
	Appropriate for Grade		Sometimes Lacks Confidence		Sometimes Over Confident		Unable to Comment

Copy of any specific comments received regarding this trainee							
Additional Educational Cunomican /College Tutor Foodback							
Additional Educational Supervisor/College Tutor Feedback							
Date: Land Continued to the Continued to							
Details of action plan to address any points for imp	rovement						
CT /CC Ci t	Data						
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