

# WELSH SCHOOL OF ANAESTHESIA

## TRAINEE APPRAISAL RECORD

Name: ..... CT 1 2  
StR 2 3 4 5 6 7  
ACCS 1 2

Current Hospital: .....

Start date at this hospital:.....Duration of attachment .....months

|                               |               |
|-------------------------------|---------------|
| <b>Previous appointments:</b> | <b>Dates:</b> |
| .....                         | .....         |
| .....                         | .....         |
| .....                         | .....         |
| .....                         | .....         |

**EXAMS:**

Proposed date for primary FRCA MCQ ..... Previous attempts 0 1 2 3

Proposed date for primary FRCA OSCE/SOE ..... Previous attempts 0 1 2 3

Date primary FRCA exam passed .....

Proposed date for final FRCA SAQ/MCQ ..... Previous attempts 0 1 2 3

Proposed date for final FRCA SOE ..... Previous attempts 0 1 2 3

Date final FRCA exam passed .....

|  |             |
|--|-------------|
| <b>Courses previously attended (eg ALS):</b> | <b>Date</b> |
| .....  | .....       |
| .....  | .....       |
| .....  | .....       |
| .....  | .....       |

|                          |          |    |            |
|--------------------------|----------|----|------------|
| ECDL                     | Yes      | No | Advised to |
| Equality + diversity     | Yes      | No | Advised to |
| Registered with college  | Yes      | No | Advised to |
| College log book         | Yes      | No | Advised to |
| Induction to department: | Hospital |    | Department |
| Pump/PCA training:       | Yes      | No | Advised to |

***NB Please complete this page and bring this document with an up to date logbook/printed summary and your personal development folder to your appraisal***

## **Section 1 – Induction Meeting – Setting the Educational Contract**

1) Performance awarded in the preceding post? (please circle)

**1. Satisfactory**

**2. Targeted Training recommended** (specify)

**3. Unsatisfactory**

2) What are the main issues in the most recent **Personal Development Plan?**  
(specify)

- Personal Development Plan seen:    Yes                  No
- Log book seen:                                  Yes                  No

3) What are the trainee's current **career intentions?** Are these realistic? Is advice needed?

4) **Modules – completed:**

**required:**



5) What are the **educational objectives of this post and how will these be met?**  
(Specify time frame e.g. mid point, end of attachment)

**6) How will these be learned in this post?**

a) During clinical duties

b) Details of departmental teaching

c) Regional teaching

d) On a course

**Additional Comments:**

**Signed:** ..... **Print:** .....

**Date:** .....  
**(Trainer)**

**Signed:** ..... **Print:** .....

**Date:** .....  
**(Trainee)**

**Section 2 – 3 months appraisal**

1) Is the training programme progressing satisfactorily for trainer and trainee?  
Logbook review:

2) Workplace assessments completed

3) Audit/Research

4) Exams

5) Has attendance at educational events been satisfactory?

6) Has Protected Educational Time ( 3 hrs per week) been achieved?

7) Study Leave

**Additional Comments:**

**Signed:** ..... **Print:** .....

**Date:** .....  
**(Trainer)**

**Signed:** ..... **Print:** .....

**Date:** .....  
**(Trainee)**

### **Section 3 – 6 months appraisal**

1) Is the training programme progressing satisfactorily for trainer and trainee?  
Logbook review:

Results of MSF (Peer review assessment):

2) Workplace assessments completed:

3) Audit/Research

4) Exams

5) Has attendance at educational events been satisfactory?

6) Has Protected Educational Time (3 hrs per week) been achieved?

7) Has agreed Study Leave been taken?

**Additional Comments:**

**Signed:** ..... **Print:** .....

**Date:** .....  
**(Trainer)**

**Signed:** ..... **Print:** .....

**Date:** .....  
**(Trainee)**

## **Section 4 – Exit In-Training Assessment (9-11months)**

### **Maintaining and developing a good standard of clinical care**

Logbook summary:

Workplace assessments:

DOPS:

Mini CEX:

CBD:

Audit?Research:

Exams:

### **Communication skills with colleagues and patients**

#### **Teamworking**

#### **Maintaining trust and probity and respect for patients**

#### **Health**

#### **Additional Comments**

|   |            |                   |
|---|------------|-------------------|
| <b>Attitudes and behaviour assessment</b> | <b>Yes</b> | <b>Advised to</b> |
| <b>NHS Appraisal completed</b>            | <b>Yes</b> | <b>Advised to</b> |
| <b>Training certificate issued?</b>       | <b>BLT</b> | <b>ILT</b>        |

**Signed:** ..... **Print:** .....

**Date:** .....  
**(Trainer)**

**Signed:** ..... **Print:** .....

**Date:** .....  
**(Trainee)**

## PERSONAL DEVELOPMENT SUMMARY

*This should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified.*

| <b>What development needs have I?</b> | <b>How will I address them?</b>  | <b>Date by which I plan to achieve the development goal</b>                    | <b>Outcome</b>  | <b>Completed</b>   |
|---------------------------------------|--|--|---|--|
| <i>Explain the need.</i>              | <i>Explain how you will take action, and what resources you will need?</i> | <i>The date agreed with your appraiser for achieving the development goal.</i> | <i>How will your practice change as a result of the development activity?</i> | <i>Agreement from your appraiser that the development need has been met.</i> |
| <b>1.</b>                             |  |  |   |  |
| <b>2.</b>                             |  |  |   |  |
| <b>3.</b>                             |  |  |   |  |
| <b>4.</b>                             |  |  |   |  |