Form APP

APPRAISAL FORM

APPRAISAL INTERVIEW WITH COLLEGE TUTOR (CT) OR EDUCATIONAL SUPERVISOR (ES) TO APPRAISE PROGRESS IN TRAINING

Please type/print this form clearly in black ink as it will be photocopied

To be completed by the trainee and trainer at regular appraisals throughout the post, (including the induction interview).
A few days prior to each subsequent interview the trainee ***appraises his/her own*** *educational situation on this side of the page and submits it together with the Postgraduate Training File to the CT/ES.*

Trainee's name: _____ **Date:**_____

Post: ***(i.e. SHO/SpR)*** _____ **Year:** _____

HOW HAVE YOU DEVELOPED SINCE YOUR LAST APPRAISAL?

ATTITUDES AND ATTRIBUTES
(e.g. reliability, enthusiasm, relationship with colleagues, communication, relationship to patients, families and medical staff)

ACTIVITIES AND KNOWLEDGE
(e.g. presentations, audit, literature, teaching, research)

CLINICAL SKILLS/PROBLEM SOLVING
(e.g. history, examination, acumen, judgement, investigations, notekeeping, knowledge, operative and practical skills)

This side to be completed at the interview

SUGGESTED PLAN OF ACTION FOR TRAINING AND EDUCATION FOR THE NEXT 3/6 MONTHS

FROM _____ **TO** _____

1. SKILLS AND EXPERIENCE TARGETS

2. SUGGESTED EXAMINATION WORK AND COURSES

3. WILL ANY AUDIT WORK, PRESENTATIONS AND PROJECTS BE UNDERTAKEN?

4. WHICH AREAS OF EDUCATIONAL INTEREST WILL BE PURSUED BY INDEPENDENT LEARNING?

5. READING SUGGESTIONS

6. OTHER TARGETS TO ACHIEVE

Suggested date of next appraisal/assessment: _____

Signed: Trainee: _____ **Date:** _____

Consultant: _____ **Date:** _____

CT/ES: _____ **Date:** _____