**NAME:**  **NTN:**

**TRAINEE EVALUATION OF POST**

Please include your evaluation of **ALL** posts rotated through since your last ARCP, including internal rotations e.g. ICU, Obstetrics and rotations to other hospitals.

Please score as follows:

1. = Excellent
2. = Satisfactory
3. = Unsatisfactory: must make comment
4. = Poor: must make comment

**EDUCATION**

|  |  |
| --- | --- |
| **Topic** | Rotations (with dates) |
|  |  |  |  |  |
| Dept Meetings |  |  |  |  |  |
| Local Teaching |  |  |  |  |  |
| Assistance with Exam preparation e.g. Vivas |  |  |  |  |  |
| Study Leave |  |  |  |  |  |
| Access to EDT |  |  |  |  |  |
| Assistance with Q.I. Audit, Research |  |  |  |  |  |
| Computer Facilities |  |  |  |  |  |

**Comments:**

**CLINICAL WORK**

|  |  |
| --- | --- |
| **Topic** | Rotations (with dates) |
| Logbook Cases |  |  |  |  |  |
| Practical Procedures |  |  |  |  |  |
| Local Anaesthetic Blocks |  |  |  |  |  |
| Theoretical Knowledge |  |  |  |  |  |
| Supervision |  |  |  |  |  |
| Anaesthetic Assistance |  |  |  |  |  |
| Rest Facilities |  |  |  |  |  |
| Supportive Environment & Wellbeing |  |  |  |  |  |

**Comments:**

**STRENGTHS OF POST (specify post):**

**WEAKNESSES OF POST (specify post):**