



**FACULTY OF
PAIN MEDICINE**
of the Royal College of Anaesthetists

Pain Medicine Consultant Feedback Form

Trainee Name/Grade:

Consultant Name:

| PLEASE TICK APPROPRIATE BOX | Exceeds Expectations | Appropriate For Grade | Minimum Acceptable Standard | Requires Improvement <i>Please Comment</i> | Unable to Comment |
|---|----------------------------------|---------------------------------------|-------------------------------------|--|----------------------|
| Clinical Skills | | | | | |
| Pain assessment and formulation | | | | | |
| Diagnostic Ability | | | | | |
| Management plan including biopsychosocial aspects | | | | | |
| Theoretical Knowledge | | | | | |
| Technical Procedures | | | | | |
| Record Keeping | | | | | |
| Communication & Teamwork | | | | | |
| Therapeutic relationships | | | | | |
| Communication with Patients & Relatives | | | | | |
| Communication with Colleagues | | | | | |
| Team working & Leadership | | | | | |
| Personal Attributes | | | | | |
| Cultural awareness and sensitivity | | | | | |
| Reliability & Punctuality | | | | | |
| Organisation | | | | | |
| Working Under Pressure | | | | | |
| Enthusiasm | | | | | |
| | | | | | |
| | Appropriate for Grade | Sometimes Lacks Confidence | Sometimes Over Confident | Unable to Comment | |
| Confidence | | | | | |



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Overall opinion of this trainee

Include strengths, weaknesses & probity or patient safety issues. Continue overleaf if necessary

How often have you worked with this doctor ?

| | |
|--------------|--|
| 1 or 2 times | |
| A few times | |
| Regularly | |

Signed:

Date: