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| **Multiple Consultant Reports – Educational Supervisor’s Summary** |
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| **Doctor in Training Name:** |  |
| **Educational Supervisor (ES):** |  |
| **ES Email Address:** |  |
| **Number of consultants that provided feedback via the MCR and their initials:** |  |
| **Date completed (DD/MM/YYYY)** |  |
| **Training unit/locations the consultants worked with the StR** *(circle one or more as appropriate)* | *ICU/Cardiac ICU/Neuro ICU/Paeds ICU Anaesthesia/Medicine****SSYs:*** *Academic Research/ ECHO/ECMO/Education/Home Ventilation/QI/Transfer Medicine/PHEM* |

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| **Professionalism and Leadership** | *E.g. Communication and documentation skills, professional behaviours and attitudes, Timekeeping, reliability and trustworthiness. Understanding of ethical and legal practices*  |
| **No. of ratings received** **per category** | **Exceeds expectations** | **No Concerns** | **Concerns** |
|  |  |  |
| **Summary of comments received**  |  |
| **Patient Safety and Quality Improvement** | *E.g. Understands patient safety/ safeguarding, quality improvement, sharing good practice and learning from incidents, reflective, evidence based practice.*  |
| **No. of ratings received** **per category** | **Exceeds expectations** | **No Concerns** | **Concerns** |
|  |  |  |
| **Summary of comments received**  |  |
| **Research and Teaching** | *E.g. Up to date with current literature and best practice, critical appraisal skills, active in unit research/Delivers effective teaching to all in MDT/Reflective learner*  |
| **No. of ratings received** **per category** | **Exceeds expectations** | **No Concerns** | **Concerns** |
|  |  |  |
| **Summary of comments received** |  |

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| **Specific ICM capabilities** | *E.g. resuscitation, stabilisation, transfer. Investigation and management. Perioperative care. Care at end of life.* |
| **Number of ratings received per category** | ***Clinical*** |
| ***Direct supervision*** | ***Simple cases managed independently*** | ***Complex cases managed with limited assistance*** | ***Expert (consultant) practice*** | ***Not witnessed*** |
|  |  |  |  |  |
| ***Procedural skills*** |  |
| ***Direct supervision required*** | ***Straightforward cases performed independently*** | ***More complex cases performed with limited supervision*** | ***Independent (consultant) practice*** | ***Not witnessed*** |
|  |  |  |  |  |
| **Summary of comments received**  |  |

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| **Additional comments** |
| **Summary of any additional comments** |  |
| **Feedback from conversation with trainee** |  |
| **Actions for the next training post** |  |
| **Signature of** **Educational Supervisor** |  |

\**You do not need to add your electronic signature to the form, a typed signature will suffice*

***Please aim to discuss the MCR with your StR and send them a copy of the completed summary as a signed PDF.***