

(Please answer all questions with block capital letters using blue or black ink. Mark boxes with an ☒)

<b>Trainee's Forename:</b>																				
<b>Trainee's Surname:</b>																				
<b>Trainee's GMC:</b>								<b>Date of Assessment (dd/mm/yyyy):</b>												

**Areas of strength and suggestions for development:**

Main Areas to cover	Comments (Please include feedback from others including nurses)
<b>Structure of handover &amp; organisation</b> <ul style="list-style-type: none"> <li>• Clarity</li> <li>• background information</li> <li>• plan of action</li> <li>• was SBAR (or alternative structure) used appropriately</li> </ul>	Trainer to complete after discussion.
<b>Safety briefing</b> <ul style="list-style-type: none"> <li>• High risk patients identified (MEWS, PEWS etc)</li> <li>• Isolation</li> <li>• Similar names</li> <li>• Safeguarding</li> <li>• Parental concerns</li> <li>• High risk treatment due</li> </ul>	
<b>Unit Ward Management</b> <ul style="list-style-type: none"> <li>• Staffing medical</li> <li>• Staffing nursing</li> <li>• Bed status</li> </ul>	
<b>Workload</b> <ul style="list-style-type: none"> <li>• Discharges and follow ups</li> <li>• Expected patients</li> </ul>	
<b>Non-technical skills</b> <ul style="list-style-type: none"> <li>• Time management &amp; prioritisation</li> </ul>	

