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| **Trainee’s name** |  | **Trainee GMC Number** |  |
| **Educational Supervisor’s name** |  | **Educational Supervisor’s GMC Number** |  |
| **Trainee’s IBTPHEM registration number** |  | **Date of meeting** |  |
| **Current Training Phase** |  | **Current Training Unit** |  |

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| **Summary of previous 3-6 months of PHEM training (if applicable)** |
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| **Summary of PHEM exposure in current phase of training** |
|  | **Number of shifts** | **Unsupervised** | **Directly Supervised by Consultant** |
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| **TOTAL for phase of training** |  |  |  |
| **Percentage of supervised shifts** |  **%** |

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| **Summary of PHEM assessments**  |
|  | **CEX** | **CbD** | **SIM** | **DOPS** | **MSF** | **ACAT** | **TO** |
| **Current phase** |  |  |  |  |  |  |  |
| **Running total** |  |  |  |  |  |  |  |
| **Target for 12 month WTE PHEM training** | **15** | **30** | **10** | **30** | **2** | **25** | **5** |

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| **Trainee’s name** |  | **Educational Supervisor’s name** |  |
| **Current Training Phase** |  | **Date of meeting** |  |

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| **Courses completed, booked and planned** |
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| **Audits completed, ongoing and planned** |
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| **Research projects completed, ongoing or planned** |
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| **Teaching experience in current phase of training** |
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| **Management experience in current phase of training** |
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| **Trainee’s name** |  | **Educational Supervisor’s name** |  |
| **Current Training Phase** |  | **Date of meeting** |  |

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| **Strengths of trainee** |
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| **Areas for improvement** |
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| **Aims for next 3-6 months** |
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| **Expected date of next review** |   |

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| **Trainee’s name** |  | **Trainee’s signature** |  |
| **Educational Supervisor’s name** |  | **Educational Supervisor’s signature** |  |