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| **Multiple Consultant Report (MCR)** |
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| **Specialty Registrar surname:** | ES/StR to complete prior to sending to assessors for feedback |
| **Specialty Registrar forename(s)** | ES/StR to complete prior to sending to assessors for feedback |
| **Educational Supervisor (ES):** | ES/StR to complete prior to sending to assessors for feedback |
| **ES email:** | ES/StR to complete prior to sending to assessors for feedback |
| **Name of consultant completing MCR:** |  |
| **Time supervising trainee:** *(choose one & delete as appropriate)* | Single or few sessions/3-5 sessions/6-10 sessions/>10 sessions |
|  |
| **Date completed** | *Eg DD/MM/YYYY* |
| **Training unit/location** *(choose one & delete as appropriate)* | ***E.g.:*** *ICU/Cardiac ICU/Neuro ICU/Paeds ICU Anaesthesia/Medicine****SSYs:*** *Academic Research/ ECHO/ECMO/Education/Home Ventilation/QI/Transfer Medicine/PHEM* |

This form is designed to help to capture StR performance in relation to the ICM curriculum’s High-Level Learning Outcomes (HiLLOs).

Your judgement of performance in relation to each section (if observed) should be offered alongside free text comments. Comments **must** be provided to support any rating indicating improvement is required. This will support the ES in making global judgements in relation to capability within each of these HiLLOs and supporting the StR in planning their future learning.

It is important that ALL consultants the StR has worked with are sent the form and have the opportunity to respond. An absolute minimum of >4 consultants need to feedback on the StR to make this a valid feedback tool. A greater number of responses is expected in larger units to increase validity and reduce bias. **ALL responses should be returned to the ES directly for analysis.**

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| **Generic Professional Capabilities** |
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| **HiLLO 1: Professionalism** | *E.g. communication and documentation skills, professional behaviours & attitudes, individually and corporately including legal and ethical obligations. Timekeeping, reliability & trustworthiness.* |
| **Rating** *(choose one & delete as appropriate)* | Exceeds expectations / No Concerns /Minor concerns (see comments) / Major concerns (see comments) |
| **Comments to justify & identification of areas** **for improvement****and/or excellence** |  |
| **HiLLO 2: Patient Safety & Quality Improvement** | *E.g. safeguarding, quality improvement, sharing good practice and learning from incidents, reflective, evidence based practice. Effective communication, priority of patient safety & governance.* |
| **Rating** *(choose one & delete as appropriate)* | Exceeds expectations / No Concerns /Minor concerns (see comments) / Major concerns (see comments) |
| **Comments to justify & identification of areas** **for improvement** **and/or excellence** |  |

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| **HiLLO 3: Research & Data Interpretation** | *E.g. up to date with current literature and best practice, critical appraisal skills, active in unit research activities. Use of data locally / nationally to improve services and inform treatment plans* |
| **Rating** *(choose one & delete as appropriate)* | Exceeds expectations / No Concerns /Minor concerns (see comments) / Major concerns (see comments) |
| **Comments to justify & identification of areas** **for improvement** **and/or excellence** |  |
| **HiLLO 4: Teaching & Training** | *E.g. delivery of effective teaching & training to wider MDT. Enthusiastic, constructive, reflective educator. Provision of constructive feedback to learners.* |
| **Rating** *(choose one & delete as appropriate)* | Exceeds expectations / No Concerns /Minor concerns (see comments) / Major concerns (see comments) |
| **Comments to justify & identification of areas** **for improvement****and/or excellence** |  |
| **HiLLO 9: Leadership & Management** | *E.g supportive leadership, effective communication & leadership skills in diverse teams, proactive in improvement strategies to enhance delivery of safe care. Appropriate confidence and initiative. Aware of mass casualty and emergency response roles.* |
| **Rating** *(choose one & delete as appropriate)* | Exceeds expectations / No Concerns /Minor concerns (see comments) / Major concerns (see comments) |
| **Comments to justify & identification of areas** **for improvement****and/or excellence** |  |
| **Specialty-specific (ICU) capability** |
|  | *E.g. resuscitation, stabilisation, transfer. Investigation and management. Perioperative care. Care at end of life.* |
| **Rating** *(choose one & delete as appropriate)* | ***Clinical:*** *Direct supervision required/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* |
| **Comments to justify & identification of areas****for improvement and/or excellence** |  |

**FICM MCR Form v1.0**

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| **Additional comments** |
| **E.g. further detail regarding areas of excellence or identified for improvement, summary of discussion with trainee, any other comments** |  |
| **Signature of completing assessor\*** |  |

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

***Please send the completed form to the ICM StR’s Educational Supervisor directly.*** *(They will provide anonymised feedback to the StR)*