Text

Description automatically generated

Advice on filling out this form.

This form has 2 main functions:

1. To help you as the Educational Supervisor gain an impression of how the Intensivist in Training (IiT) is performing when you may not work with them clinically on the intensive care unit.
2. To allow a clinical learning plan to help the IiT develop.

We would recommend receiving feedback from as many consultants as possible. We would suggest a minimum of 1:4 proportional consultant response rate (1 response per 3-4 consultants on the unit) to facilitate valid feedback.

With regard to the responses, EVERY comment does not need to be listed. You should use your judgement to assess the validity of feedback to help achieve the functions above. General themes and impressions are more important with individual comments helpful to explain these if needed.

The feedback should not be anonymised. Any anonymised form you receive should be ignored.

If there are any contentious comments, we would advise you seek clarification from the trainer. It is then your discretion whether you include these comments.

We would not expect the IiT to approach or communicate with the trainer who made the comments. That is not their responsibility. It is the ES’s role only to use their judgement regarding how valid these comments are in the entire feedback. This does not undermine an individual’s feedback but rather allows the ES to place it in context and in how that is communicated to the IiT.

It is important that you and your IiT reflect on the feedback and construct a plan moving forward.

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| **Multiple Consultant Report Form – Educational Supervisor’s Summary** | |
|  | |
| **Name of Intensivist in Training:** |  |
| **Educational Supervisor (ES):** |  |
| **ES Email Address:** |  |
| **Number of consultants that provided feedback via the MCRF** |  |
| **Date completed (DD/MM/YYYY)** |  |
| **Training unit/locations the consultants worked with the IiT** *(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* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professionalism & Leadership** |  | | |
| **No. of ratings received**  **per category** | **Exceeds expectations** | **No Concerns** | **Concerns** |
|  |  |  |
| **Summary of comments received** |  | | |
| **Patient Safety &  Quality Improvement** |  | | |
| **No. of ratings received**  **per category** | **Exceeds expectations** | **No Concerns** | **Concerns** |
|  |  |  |
| **Summary of comments received** |  | | |
| **Research and Teaching** |  | | |
| **No. of ratings received**  **per category** | **Exceeds expectations** | **No Concerns** | **Concerns** |
|  |  |  |
| **Summary of comments received** |  | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Specific ICM capabilities** |  | | | | | |
| **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 tasks performed independently*** | | ***More complex tasks performed with limited supervision*** | ***Independent (consultant) practice*** | ***Not witnessed*** |
|  |  | |  |  |  |
| **Summary of comments received** |  | | | | | |

|  |  |
| --- | --- |
| **Additional comments** | |
| **Summary of any additional comments** |  |
| **Feedback from conversation with Intensivist in Training** |  |
| **Actions to take forward** |  |
| **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 MCRF with your iiT and send them a copy of the completed summary as a signed PDF.***