**Higher And Advanced Fellowship Post Feedback Form**

**South West School of Anaesthesia**

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| **Name of fellowship post** |  |
| **Trust**  |  |

**Log book numbers:**

This is for *fellowship-specific* cases completed solely *during this fellowship period*

(e.g. number of vascular cases during a vascular fellowship)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supervision:** | **Total cases:** | **Specific case** - *please specify* (e.g. elective EVAR)  | **Specific case** – *please specify* | **Specific case** – *please specify*  |
| **Direct** |  |  |  |  |
| **Indirect** |  |  |  |  |
| **Solo**  |  |  |  |  |

|  |  |
| --- | --- |
| **Did you achieve the number of fellowship-specific cases that you expected?** | Yes No*Comments:* |
| **Did the variety of cases that you had exposure to meet your expectations?** | Yes No*Comments:* |
| **Did the number of training / protected lists you received meet what was advertised or promised at the start of the post?** | Yes No*Comments:* |
| **Did the amount of admin time you received meet what was advertised or promised at the start of the post?** | Yes No*Comments:* |

|  |  |
| --- | --- |
|  | *Please comment on the following:* |
| **Educational supervision** |  |
| **Opportunity for QI / audit / research**  |  |

|  |  |
| --- | --- |
| **Overall, do you feel you gained the appropriate specialist experience and increase in clinical confidence from this fellowship?** | Yes No*Comments:* |
| **Do you have any suggestions for change?** |  |
| **Any other comments?** |  |