ADVANCED OBSTETRIC ANAESTHESIA TRAINING

**SUPERVISOR REPORT**

|  |  |
| --- | --- |
| Date |  |
| Name |  |
| NTN |  |
| Level of training |  |
| Base hospital |  |
| Supervisor |  |

 **UNITS/ HOSPITALS ATTENDED**

|  |  |
| --- | --- |
| **DATES** | **UNIT/ HOSPITAL** |
|  |  |
|  |  |
|  |  |
|  |  |

##  LOG BOOK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PRM** | **QEUH** |  |  |
| Elective CS listsALMAT |  |  |  |  |
| High risk obstetrics |  |  |  |  |
| High risk and other clinic attendance |  |  |  |  |
| Other obstetric |  |  |  |  |
| Totals |  |  |  |  |

**OTHER ACTIVITY**

|  |  |
| --- | --- |
| ACTIVITY | COMMENTS |
| RESEARCH |  |
| AUDIT/ QI |  |
| COURSES/ MEETINGS |  |
| TEACHING |  |
| PRESENTATIONS/ PUBLICATIONS |  |
| MANAGEMENT |  |

EXTERNAL UNIT VISIT

|  |  |  |
| --- | --- | --- |
| SITE/ UNIT |  |  |
| START/ END DATES |  |  |
| AREAS/ FOCUS OF LEARNING |  |  |
| VISIT REPORT ATTACHED | Y / N | Y / N |
| SUMMARY OF VISIT |  |  |

**SUMMARY**

|  |  |
| --- | --- |
| **ACTIVITY** | COMMENTS |
| CONSULTANT FEEDBACK |  |
| OVERALL PERFORMANCE |  |

|  |  |
| --- | --- |
| SUPERVISOR |  |
| TRAINEE |  |
| DATE |  |