

Management: Critical Incident (2021)'s Preview

THIS VERSION IS ARCHIVED
Version 2

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Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Analyses patient attendance:

Identifies key points:

Commissions appropriate statements:

Synthesises Evidence:

Analyses incident through root cause analysis:

Writes clear report:

Makes appropriate recommendations:

Ensures recommendations enacted:

Reviews in 3 months to check recommendations:

Assessor rating

1 – What was done particularly well? ★

2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★