This document is to help provide evidence of peer review and self reflection based on clinical practice while working. Be mindful of what information is detailed within the reflection to avoid sensitive or identifying information being recorded.

**Name**

**Assessor/Review**

**Date**

**Rotation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Requires substantial improvement | Requires some development | Consistent with level of experience | Above expected standard | Not applicable |
| **Clinical Abilities** |  |  |  |  |  |
| Knowledge |  |  |  |  |  |
| Procedural Skills |  |  |  |  |  |
| History and examination |  |  |  |  |  |
| **Communication** |  |  |  |  |  |
| Within multidisciplinary team |  |  |  |  |  |
| Consulting a team |  |  |  |  |  |
| With patient and family |  |  |  |  |  |
| **Professionalism** |  |  |  |  |  |
| Time management and organisational skills |  |  |  |  |  |
| Documentation |  |  |  |  |  |
| **Cultural competency** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Strengths**

**Areas to improve and suggested strategies**

**Other Comments**

**Signature** **Signature of Peer**