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| ***Date:*** |  |
| ***Trainee:*** |  |
| ***Supervisor:*** |  |

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| **Quarter** | |
| 3mth |  |
| 6mth |  |
| 9mth |  |
| 12mth |  |

**Top of Form**

**Bottom of Form**

**Progress since last assessment:**

* ***Clinical Progress & Logbook:***•Is able to assess a wide variety of patients with pain using a biopsychosocial model  
  •Is aware of the treatment options available to effectively manage patients with acute, chronic and cancer pain
* ***Progress with WPBAs (quantify):***•Demonstrates proficiency in a range of procedures for Pain Medicine

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| *MiniCEX* |  |  |  | *CbD* |  |  |  | *DOPS* |  |  |

* ***Teamwork:*** *(comment on MSF at 6mths)*•Demonstrates empathy when caring for patients with pain   
  •Displays communication and organisational skills to be an effective member of the multi-disciplinary pain team

***Involvement with Teaching & Education:****•*Acts as an effective teacher of Pain Medicine topics

***Involvement with Admin & Management:****•*Has a comprehensive knowledge of Pain Medicine service delivery  
•Provides clinical leadership in the development of comprehensive pain medicine services.

***Involvement with Audit & Research:***•Is able to assess evidence from research related to Pain Medicine

***Trainee comments:***

***Agreed areas for development:***

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| *Signed Trainee*: | |  |  | *Signed Supervisor:* | |
|  | |  |  |  | |
| Name: |  |  |  | Name: |  |
| Date: |  |  |  | Date: |  |

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| *Signed Regional Advisor in Pain Medicine: (Required for the final quarterly assessment form to confirm satisfactory completion of Advanced Pain Training)* | | | |
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| Name: |  |  |  |
| Date: |  |  |  |