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## Educational Meeting: Supplementary Review's Preview

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Fields marked with ★ are required.

## Section 1

This form is to be used to record any additional Educational Review Meetings required between trainee and supervisor.

| This form can also be used by Training Programme Directors/Heads of School to record any |
|------------------------------------------------------------------------------------------|
| meetings they may have with the trainee.                                                 |
| Name of Reviewer ★                                                                       |
|                                                                                          |
| Role of Reviewer ★                                                                       |
| Role of Reviewer *                                                                       |
|                                                                                          |
| Review Date ★                                                                            |
|                                                                                          |
|                                                                                          |
| Any concerns raised by the training faculty?                                             |
|                                                                                          |
|                                                                                          |
| Review evidence on trainee's ePortfolio                                                  |
| Work Place Based Assessments completed                                                   |
|                                                                                          |
| Logbook                                                                                  |
|                                                                                          |
| Outlier Audit Management of CTD and to the                                               |
| Quality, Audit, Management or CTR projects                                               |
|                                                                                          |
| Exam progress                                                                            |
|                                                                                          |
| Courses booked or completed (including regional training days attended)                  |
| 2 3 2 2 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2                                                  |
|                                                                                          |

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| Jltrasound              |
|-------------------------|
|                         |
|                         |
| Other activities        |
|                         |
| Absence/Sickness        |
|                         |
|                         |
| SUI/Complaints          |
|                         |
|                         |
| Overall review/comments |
|                         |
|                         |