

Anaesthetic List Management Assessment Tool [ALMAT]

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname _____

Trainee's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Discussion of assessed clinical episode	
IAC/IAOC Code	

Observed by _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

Signature of supervising doctor _____

What level of supervision does the trainee require for this list?

- Supervisor in theatre
 Supervisor in theatre suite
 Distant supervision

What went well?*	
What could have gone better?*	
Plan for learning and development**	

Possible areas for feedback:

*	Time management, prioritisation, style of management, clinical assessment, investigations and referrals
**	e-Learning, simulation, courses, targeted clinical experience, journals