East of England Deanery

Psychiatry Specialist Trainee Special Interest Session (SIS) Supervisors Report

Region:

Name of Psychiatry Specialist Trainee:

Level of training (e.g. ST4):

Name and role of Supervisor:

Type of SIS (please highlight): Clinical Specialty, Management/ Leadership, Quality Improvement/ Audit, Medical Education, Psychotherapy, Research, Other

Title of SIS:

Dates of attendance:

Details of trainee’s engagement in this *clinical or clinically related area of service*:

Please highlight strengths demonstrated by the trainee during this period:

How this experience will be of *direct relevance to the prospective career pathway of the trainee*:

Date and signature of supervisor