

(Please answer all questions with block capital letters using blue or black ink. Mark boxes with an ☒)

Trainee's Forename:																					
Trainee's Surname:																					
Trainee's GMC:																					
Date of Assessment (dd/mm/yy):														/		/20					

Clinical setting: A&E OPD In-patient Acute Admission Community Neonates

Procedure number:

Other (Please specify):

Assessor's position: Consultant GP SpR SASG AHP Nurse Specialist Nurse ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8

Other (Please specify):

Please grade the below areas using the following scale:
 UC = Unable to comment or not observed Unsafe Below expectations Borderline Meets expectations Above expectations Well above expectations U/C

Question	1	2	3	4	5	6	U/C
Demonstrates understanding of indications, relevant anatomy, technique of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate appropriate preparation pre-procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate analgesia or safe sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post procedure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of patient/professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall ability to perform procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of previous assessments of this type observed by assessor with any trainee: 0 1-4 5-9 >10

Number of times this patient was seen before by trainee:

Difficulty of procedure: Low Average High

Please record areas of strength or any suggestions for development:

