|  |  |
| --- | --- |
| Trainee name | *Click or tap here to enter text.* |
| Trainee GMC number | *Click or tap here to enter text.* |
| Training year | Choose an item. |
| Assessor name | *Click or tap here to enter text.* |
| Assessor status | Choose an item. |
| *If Assessor is Other, please specify* | *Click or tap here to enter text.* |
| Date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Brief description of case | *Click or tap here to enter text.* |
| Overall difficulty of case | Choose an item. |
| Number of times procedure performed before | Choose an item. |
| Procedure performed on | Choose an item. |

**Please grade the following areas using the scale below.**

| **Criterion** | **Please choose major concerns, minor concerns or meets expectations from the drop-down list** |
| --- | --- |
| Demonstrates understanding of indications, relevant anatomy, techniques of procedure | Choose an item. |
| Obtains informed consent | Choose an item. |
| Demonstrates appropriate preparation pre-procedure | Choose an item. |
| Appropriate analgesia | Choose an item. |
| Technical ability | Choose an item. |
| Aseptic technique | Choose an item. |
| Seeks help where appropriate | Choose an item. |
| Awareness of potential complications and how to avoid them | Choose an item. |
| Post procedure management | Choose an item. |
| Communication skills | Choose an item. |
| Consideration to patient/professionalism | Choose an item. |

|  |  |
| --- | --- |
| **Overall assessment** | Choose an item. |

**Please use the boxes below for free-text comments and recommendations for further training.**

|  |  |
| --- | --- |
| Please note any aspects which were especially good*Click or tap here to enter text.* | Please note any suggestions for improvement and action points – this is essential where any section is rated below ‘meets expectations’*Click or tap here to enter text.* |

**Signature of assessor: Signature of trainee:**