

(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				

Procedure:

Domain & comments	Satisfactory	Needs improvement	comments
Professional approach (to include communication, consent and consideration of the patient)	<input type="checkbox"/>	<input type="checkbox"/>	
knowledge (indication, anatomy, technique)	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrate appropriate preparation pre-procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate analgesia or safe sedation	<input type="checkbox"/>	<input type="checkbox"/>	
Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	
Post procedure management	<input type="checkbox"/>	<input type="checkbox"/>	

Overall ability to perform procedure	Competent to perform unsupervised <input type="checkbox"/>	May need supervision if complications arise <input type="checkbox"/>	Needs more practice <input type="checkbox"/>
Comments:			

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

Other (Please specify):

Time taken for feedback & observation (in minutes)

Assessor's Full Name:																				
Assessor's Registration No.																				
Assessor's Signature:																				