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Based on this observation please now rate the level of independent practice the trainee has shown for this procedure:

| Level of Independent Practice | |
|---|--------------------------|
| Rating | |
| Unable to perform the procedure | <input type="checkbox"/> |
| Able to perform the procedure under direct supervision/assistance | <input type="checkbox"/> |
| Able to perform the procedure with limited supervision/assistance | <input type="checkbox"/> |
| Competent to perform the procedure unsupervised and deal with complications | <input type="checkbox"/> |

Which aspects of the encounter were done well?

Any suggested areas for improvement?

Agreed Action:

Trainee's Signature..... Assessor's Signature.....