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Please score the trainee on the scale shown. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage/year of training and level of experience. Please mark 'Unable to Comment' if you feel you have not observed the behaviour.

<i>Well below expectation for stage of training</i>	<i>Below expectation for stage of training</i>	<i>Borderline for stage of training</i>	<i>Meets expectation for stage of training</i>	<i>Above expectation for stage of training</i>	<i>Well above expectation for stage of training</i>	<i>Unable to Comment</i>
<b>Awareness and management of complications:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drawing up appropriate management plan:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Counselling and communication of results to patients/relatives:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall clinical competence with procedure:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Level of Independent Practice</b>	
<i>Rating</i>	
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.....