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**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>	
<b>Rating</b>	
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.....