

TRAINEE DATA

ASSESSOR DATA

Trainee First Name:

Assessor First Name:

Hospital:

Trainee Last Name:

Assessor Last Name:

Date of Assessment:

Assessor ACEM ID:

PATIENT CASE DETAILS

Name of procedure*

Patient Type* Adult Paediatric

COMPONENT ASSESSMENT

Select the ONE best option that describes the level of input required on this observed occasion:	Trainee performed; senior clinician input required for majority of task	Trainee performed; senior clinician input required for minority of task	Trainee performed independently; senior clinician observed and advised for trouble shooting	Trainee performed independently; senior clinician required to check	Trainee performed independently	N/A Not Applicable
Please rate the following task:						
Technical Skill Performing the Procedure Knowledge, technique, efficiency, safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<i>Rationale:</i>					
Please rate as many of the following components as observed:						
Indications and Contraindications Specific to patient and procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>Rationale:</i>					
Informed Consent Risks, benefits, carers, local guidelines where applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>Rationale:</i>					
Preparation and planning Setting, equipment (including monitoring), staff, patient positioning, medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>Rationale:</i>					
Situational Awareness Procedure, patient, and surrounding environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>Rationale:</i>					
Communication and Consultation Patient, carer/s, team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>Rationale:</i>					
Prevention and Management of Complications During and after procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>Rationale:</i>					

Post Procedure Management Follow up investigations, clinical care and documentation	<input type="radio"/>					
	Rationale					
Discharge Advice to Patient/Carers	<input type="radio"/>					
	Rationale:					

GLOBAL ASSESSMENT

Select the ONE best option that describes the level of input required on this observed occasion:	Trainee performed; senior clinician input required for majority of task	Trainee performed; senior clinician input required for minority of task	Trainee performed independently; senior clinician observed and advised for trouble shooting	Trainee performed independently; senior clinician required to check	Trainee performed independently
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Areas of strength:

Areas for development and/or agreed learning goals for next encounter:

Any other Assessor comments about this assessment (optional):

Trainee comments about this assessment:

(end of assessment)

Time taken for observation: Minutes

Time taken for feedback: Minutes