



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.....