

WORKPLACE-BASED ASSESSMENT FORM

CHEMICAL PATHOLOGY

Evaluation of clinical/management events (ECE)

	ainee's							GMC N°:	;					Sta A	ge of B	tra C		g: D	
name: Assessor's								Please Consultant						SAS Senior BMS					
name:							circle one Clinical scientis						Tr	Trainee Other					
Brief outline of procedure, indicating focus for assessment (refer to topics in curriculum). Tick category of case or write in space below.																			
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	Clinical governance		Audit guidelines	NHS structure Teachin Management						ning	g QC/QA								
Laboratory			Direct clinical care	Please specify:															
	authorisation																		
	Complexity of procedure:								Lov	V	Average				High				
	Please grade the following grade uping the coals provided. This about a relate										•	_	ons	ne	suo	40	ons	o ta	
	Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training:										E	Below	expectations	Borderline	Meets expectations	Above	expectations	Unable to	
												Bo	dxə	_		<u>ب</u> 5			
1	Understand	ding of theory	of encounter/event/pro	2000	<u> </u>							1	2	3	4	5	6		
2	Understanding of theory of encounter/event/process Application of clinical/biochemical knowledge																		
3	Ability to make appropriate clinical/managerial judgements																		
4	Adherence to established procedures (e.g. SOP, Trust procedure, RCPath guideline)										ne)								
5	· · · · · · · · · · · · · · · · · · ·										,								
6	Maintenance of patient focus/ patient-centred care (e.g. consent, confidentiality, turnaround times)																		
7	,																		
8 Organisation and efficiency																			
9	9 Overall competency																		
PLEASE COMMENT TO SUPPORT YOUR SCORING: SUGGESTED DEVELOPM (particularly areas scoring 1-3)												EΝ	TA	L W	ORK:				
						``	,			J	,								
Outcome Catiofostonia Unactiofostonia Detact											•		Г	_	- 4- !				
Outcome: Satisfactory Unsatisfactory (Please circle as appropriate) Date of assessment:								Time taken for assessment:											
Signature of Signature of trainee:											e take								