



Trainee's name:		GMC N°:		Stage of training:			
				A	B	C	D

Assessor's name:		Please circle one	Consultant Clinical scientist	SAS Trainee	Senior BMS Other
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Brief outline of procedure, indicating focus for assessment (refer to topics in curriculum). Tick category of case or write in space below.

<input type="checkbox"/> Biological variation pregnancy/childhood	<input type="checkbox"/> Liver Gastroenterology	<input type="checkbox"/> Lipids CVS	<input type="checkbox"/> Diabetes Endocrinology	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Calcium/Bone Magnesium	<input type="checkbox"/> Water/electrolytes Urogenital	<input type="checkbox"/> Gas transport [H ⁺] metabolism	<input type="checkbox"/> Proteins Enzymology	<input type="checkbox"/> IMD
<input type="checkbox"/> Genetics Molecular Biology	<input type="checkbox"/> Please specify:			

Complexity of procedure: Low Average High

Please ensure this patient is not identifiable		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:					
		Below expectations		Borderline	Meets expectations	Above expectations	Unable to comment
		1	2	3	4	5	6
1	Understanding of theory of case						
2	Clinical assessment of case						
3	Additional investigations (e.g. appropriateness, cost effectiveness)						
4	Consideration of laboratory issues						
5	Action and follow-up						
6	Advice to clinical users						
7	Overall clinical judgement						
8	Overall professionalism						
9	Medical record keeping						

PLEASE COMMENT TO SUPPORT YOUR SCORING:

SUGGESTED DEVELOPMENTAL WORK:
(particularly areas scoring 1–3)

Outcome:	Satisfactory	Unsatisfactory	Date of assessment:		Time taken for assessment:	
	(Please circle as appropriate)					

Signature of assessor:		Signature of trainee:		Time taken for feedback:	
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