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| Biomedical Scientist’s Name |  | IBMS Membership Number |  |
| Assessors Name |
| Assessor Role(Please Circle One) | Consultant | Clinical Scientist | Senior BMS | Trainee |
| Brief Outline of Specimen Dissected |  |
| Category of Specimen (Please Circle) | B | C | D | E |

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|  | **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 | Understands principles of procedure |  |  |  |  |  |  |  |
| 2 | Demonstrate appropriate preparation pre-procedure |  |  |  |  |  |  |  |
| 3 | Ensures patient safety (identification checks, adheres to SOP etc.) |  |  |  |  |  |  |  |
| 4 | Complies with health and safety requirements (e.g. assessment of risk, use of personal protective equipment, aseptic technique where appropriate) |  |  |  |  |  |  |  |
| 5 | Technical ability and correct use of equipment |  |  |  |  |  |  |  |
| 6 | Communication skills (written and/or verbal) |  |  |  |  |  |  |  |
| 7 | Consideration of patient focus and professional issues (e.g. respect for patient dignity, consent, compliance with Human Tissue Act) |  |  |  |  |  |  |  |
| 8 | Seeks help where appropriate |  |  |  |  |  |  |  |
| 9 | Overall ability to perform procedure |  |  |  |  |  |  |  |

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| PLEASE COMMENT TO SUPPORT YOUR SCORING |  | SUGGESTED DEVELOPMENTAL WORK(particularly areas scoring 1 - 3) |

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| Outcome | Satisfactory | Unsatisfactory |  | Time taken for Assessment |  | Time taken for Feedback |  |
| (Please circle as appropriate) |  |

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| Assessor Signature |  | Biomedical Scientist’s Signature |  |