

**WORKPLACE-BASED ASSESSMENT FORM**

**HISTOPATHOLOGY**

**Evaluation of Clinical Events (ECE)**

**Trainee’s name**

**IBMS no.**

**Assessor’s name**

**Please Consultant Trainee**

**circle**

**one AP Senior BMS Other**

**Brief outline of procedure**, indicating focus for assessment

(refer to topics in curriculum). Tick category of case or write in space below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Histopathology case – assessment and/or reporting |  | Use of critical incident reporting procedures |  | Demonstration and presentation of cases in MDTM |
|  | Presenting audit findings and leading discussion on the action required |  | Making histopathological correlation and providing feedback  |  | Handling a patient safety event (e.g. specimen misidentification) |
|  | Providing clinicopathological advice in response to an enquiry |  | Other (please specify) |  |  |
|  |  **Complexity of procedure** LowAverage High |  |  |  |  |
|  |  |  |  |  |  |
|  | **Please grade the following areas using the scale provided. This should relate to the standard expected for the appropriate stage of training:**  |  Below expectations |  Borderline |  Meets expectations |  Above expectations |  Unable to comment |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 | U/C |
| 1 | Understands principles of procedure |  |  |  |  |  |  |  |
| 2 | Demonstrates 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 etc.) |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |

SUGGESTED DEVELOPMENTAL WORK:

(particularly areas scoring 1-3)

PLEASE COMMENT TO SUPPORT YOUR SCORING:

Time taken

for feedback:

Time taken for

assessment:

Signature of

trainee:

Date of

assessment:

Signature of

Assessor:

**Outcome:** Satisfactory Unsatisfactory

 (Please circle as appropriate)