

**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)