Trainee Name: ………………………………………………………………… **Generic Procedural:** Compulsory Generic Procedural Summative assessments to be completed by end of the second year of CU clinical training.

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| --- | --- | --- | --- | --- |
| Compulsory Generic Procedural | **Formative assessment**  (note the date of each Formative assessment against each procedure and keep all Formative assessments for review by the Training Supervisor ) | **Summative assessment**  (note date of Summative assessment and give a copy of the Summative assessment to your Training Supervisor and keep original) | **Cumulative Formative totals to carry over to next training year** | **Supervisor’s signature** |
|  | | |  |  |
| 1 Perineal and transvaginal ultrasound |  |  |  |  |
| 2 Dual channel subtracted Cystometry |  |  |  |  |
| 3 Urethral pressure profilometry |  |  |  |  |
| 4 Insert and change suprapubic catheter |  |  |  |  |
| 5 Fit and change ring pessary |  |  |  |  |
| 6 Fit and change shelf pessary |  |  |  |  |
| 7 Urethral dilation |  |  |  |  |
| 8 Hysterectomy for prolapse |  |  |  |  |

Training Supervisor’s Signature: ………………………………………………………………… Trainee signature: ……………………………………………………………………………. Date: ……………………………………………………………