Formative € Summative €

Trainee Name: ………………………………………………………………… Date:

Assessor Name: …………………………………………………………………………………………………… Training Supervisor € Consultant €

Second Assessor Name: ……………………………………………………………............................... Training Supervisor € Consultant €

(If applicable, for example preoperative and operative assessors)

CU Year Level of Training: Year 1 € Year 2 € Year 3 €

Hospital: ……………………………………………………………………………………………………………………………………………………………………………

Clinical Details:

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

Case Complexity: Low □ Medium □ High □

Number of times previously performed this procedure: 0-3 € 3-6 € 6-10 € 10+ €

Please indicate how you rate this Trainee by ticking the appropriate box.

|  |  |
| --- | --- |
| Procedural skills under observation:  | Performance Scale |
| 1 | 2 | 3 | 4 | N/A |
| Able to perform the skill(s) under supervision | Able to perform the skill(s) with minimal supervision (needed occasional help) | Competent to perform the skill(s) without supervision (required help when complication arose) | Competent to perform the skill(s) without supervision (did not require help when complication arose) |
| Appropriate patient selection, pre-operative advice given to patient and informed consent given |  |  |  |  |  |
| Prep and position patient, drape |  |  |  |  |  |
| General, spinal or local anaesthesia as required |  |  |  |  |  |
| Scope selection (e.g.: 00, 300, 700) |  |  |  |  |  |
| Insert rigid cystoscope via urethra into bladder |  |  |  |  |  |
| Gently insert sterile water to fill bladder |  |  |  |  |  |
| Systematic examination of urethra and the interior of the bladder |  |  |  |  |  |
| Clearly identify ureteric orifices and trigone noting any abnormal appearances |  |  |  |  |  |
| Perform any potentially necessary procedures i.e. biopsy, as required |  |  |  |  |  |
| Consideration of antibiotic prophylaxis both before and after cystoscopy if high risk group |  |  |  |  |  |
| Documentation of incidental pathology if present and appropriate referral |  |  |  |  |  |
| Appropriate post-operative management plan, explanation and counselling |  |  |  |  |  |
|  |  |  |  |  |  |
| Global rating(Overall impression of professional behaviours) \*\* The global rating is separate  to the procedural skill score | Below Expectation | Just Meets Expectation | Meets Expectation | Well Above Expectation |
|  |  |  |  |

Aspects of the procedure that were performed well:

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

Aspects of the procedure where improvement is required:

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

Recommendations:

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

 Please tick this box if the trainee is deemed competent.

(Trainee must achieve a score of 3 or 4 against each of the listed criteria and a minimum Global rating of ‘Meets Expectation’ to be deemed competent)

Assessor signature: …………………………………………………………………. Date: ……………………………..….

Trainee signature: …………………………………………………………………. Date: ……………………..………….