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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trainee Name: | | | | | | Training Supervisor: | | | | | | | | | | | |
| Year level of training:  1 □ 2 □ 3 □ | | | | | | | | | | | | | | | | Date: | |
| Procedure being assessed: | | □ CVS □ Amniocentesis | | | | | | | | | | | | | | | |
| □ Formative  □ Summative | Before being assessed for a summative assessment, trainees are strongly encouraged to complete a *minimum* of 3 formative assessments, including feedback. Only the summative assessment has to be submitted to the College.  If summative, number of times procedure has been formatively assessed: \_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Degree of difficulty | □ Simple □ Complex | | | | | | | | | | | | | | | | |
| Reason for any added degree of difficulty (e.g. obesity, multiple pregnancy) |  | | | | | | | | | | | | | | | | |
| Assessment | Significant input required from assessor | | | | Perform with assistance | | | | Able to perform independently | | | | | | | | Not Assessable |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | | | 8 | | | 9 | | NA |
| Consent | Explains procedure to the patient and obtains specific informed consent | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | | 9 | | | | NA |
| Preparation | Prepares appropriately for the procedure. Ensures assisting staff are present; checks correct instruments, equipment are available | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | | 9 | | | | NA |
| Clinical Knowledge | Demonstrates knowledge of specific procedure, including risks, outcomes, potential complications and their incidence | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | | 9 | | | | NA |
| Procedure and Care | Demonstrates correct selection of probe and machine settings | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | | 8 | | | 9 | | | NA |
| Demonstrates correct assessment of fetal biometry and anatomy | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | | 8 | | | 9 | | | NA |
| Demonstrates correct assessment of placenta and cord location and accessibility (demonstration of technique to determine path of needle) | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | | 8 | | | 9 | | | NA |
| Demonstrates sterile techniques | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | | 8 | | | 9 | | | NA |
| Demonstrates acquisition of sample requested | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | | 9 | | | | NA |
| Demonstrates strategies for poor views | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | | 9 | | | | NA |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient interaction | Provides reassurance and checks for discomfort, concerns and complications | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | 9 | | NA |
| Insight | Knows when to seek assistance, abandon procedure or arrange alternative care to prevent harm to patient | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | 9 | | NA |
| Professional behaviour | Demonstrates appropriate and professional interaction with other team members, provides clear and concise instructions and conveys relevant information to team members | | | | | | | | | | | | | |
| 1 | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | | | 9 | NA |
| Trainee Name: | | | | | | | | | | | Date: | | | |
| Procedure being assessed: | |  | | | | | | | | | | | | |

Complete only *ONE* of the following two sections (formative OR summative) dependent upon the purpose of this assessment as indicated on the previous page.

|  |  |
| --- | --- |
| Formative Assessment – Not to be submitted to College | |
| Assessment | Able to perform the procedure under supervision  Able to perform the procedure with minimal supervision  Able to perform the procedure without supervision |
| Feedback | Aspects performed well and those to be improved: |
| Suggestions for gaining greater independence: |
| Summative Assessment – To be submitted to College | |
| Assessment | □ Competent □ Not yet achieved  *NOTE: To be assessed as competent to perform the procedure independently, without supervision and as the primary operator, a trainee must achieve a minimum ranking of 7 – 9 in all listed skill areas.* |
| Feedback | Suggestions for gaining even greater independence: |

The assessor MUST discuss this assessment with the trainee following the procedure and upon completion of the form to this point. THIS FORM SHOULD NOT BE SIGNED IF THIS HAS NOT OCCURRED.

|  |  |  |
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| Assessor name: | Assessor signature: | Relationship to trainee:  □ Training Supervisor  □ Consultant (CMFM)  □ Consultant (COGU)  □ DDU |
| Trainee signature: | Training Supervisor: | Date: |