**Clinical Examination and Procedural Skills**

Date: …………………………………………. Clinical setting: ………

Doctor's Name: ....................................Doctor's GMC number:

Assessor's name....................................Assessor's GMC /NMC number:

Assessor's position: ………………………… Assessor’s email: ………………..

CEPS observed: Prostate/Prostate and Rectal/Rectal/Breast/Male Genital/Female Genital including bimanual and speculum/Respiratory system/Ear Nose and Throat/Abdominal system/Cardiovascular system/Musculoskeletal system/Neurological examination/Child 1- 5 year/Other …….

Assessor declaration:

I confirm that I am a Doctor (GP, Consultant ST4 or above in experience or SAS equivalent) or a nurse who is appropriately experienced to carry out this assessment and I perform this clinical examination or procedure routinely as part of my work. Yes ▢

Title: ………………………..

Clinical Examination / Procedural Skill Observed: \*

**Observation and feedback on performance**

To consider:

* Communication with the patient
* Awareness of Cultural and ethical factors
* Ability to perform clinical examination or procedural skill
* Consideration of patient and professionalism demonstrated

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Agreed actions for further development:

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**Assessment of Performance**

**Based on this observation, please rate the trainees overall performance:**

Unable to perform the procedure appropriately  ▢

Able to perform the procedure but needs direct supervision and /or assistance ▢

Able to perform the procedure with minimal supervision or assistance   ▢

Competent to perform the procedure unsupervised ▢

*Please note the presence of a chaperone is not assistance in this context.*