

ASSET Directly Observed Procedural Skills Paediatric Version

(This must be completed on the ASSET website www.asset.rcpch.ac.uk)

(Please answer all questions with block capital letters using blue or black ink. Mark boxes with an ☒)

Trainee's Forename:																				
Trainee's Surname:																				
Trainee's GMC:																				
Date of Assessment (dd/mm/yy):														/	/	20				

Procedure:

Domain & comments	Satisfactory	Needs improvement	comments
Professional approach (to include communication, consent and consideration of the patient)	<input type="checkbox"/>	<input type="checkbox"/>	
knowledge (indication, anatomy, technique)	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrate appropriate preparation pre-procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate analgesia or safe sedation	<input type="checkbox"/>	<input type="checkbox"/>	
Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	
Post procedure management	<input type="checkbox"/>	<input type="checkbox"/>	

Overall ability to perform procedure	Competent to perform unsupervised <input type="checkbox"/>	May need supervision if complications arise <input type="checkbox"/>	Needs more practice <input type="checkbox"/>
Comments:			

Assessor's position: Consultant GP SpR SASG AHP Nurse Specialist ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8

Other (Please specify):

Time taken for feedback & observation (in minutes)

Assessor's Full Name:																				
Assessor's Registration No.																				
Assessor's Signature:																				