**Assessment Plan: Visit four – Face to Face**

Trainee name: Assessor name:

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| **Date, time and location for assessment:**  |
| **Proposed activity** – competencies to be covered, methods of assessment:We will be covering all of the outstanding elements from previous visits. Total time for visit: Up to a maximum of 3.5 hoursPlease sign and return a copy of this plan to me so indicate your agreement.  |
| **Evidence to be sent via email in advance**:I must receive by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the **latest** please:* An edited assessment framework document clearly stating Px identifiers for the evidence you wish to present for each remaining element.
* Any outstanding witness testimony evidence **NOTE You must copy the witness(es) who have signed your witness testimonies in to this email for the WT to be valid**
* Any outstanding reflective account evidence
* This document signed to agree the assessment plan

On the day, I will need to see your up to date logbook, your signed hospital logbook (if available) and I will need access to your patient records. Please ensure that the relevant records are easily available to view on the day.  |
| **Approximate Agenda for assessment day**10.00 Arrival 10.05 Review of logbook10.15 Assessment of elements using evidence provided by trainee and supplementary evidence led by assessor10.30 Direct observation of the following patients whom you will need to organise:11.30 Continue with assessment of elements using evidence provided by trainee and supplementary evidence led by assessor1.00 Break for assessor to consider assessment outcome and feedback content1.10 Feedback of the assessment outcome with supervisor and trainee and agreement of remedial action plans if required.1.30 Assessment ends |
| Assessment dates: We will review future Stage One visits.   |
| Target date for sign off\_\_\_\_\_\_\_\_\_\_\_\_Trainee is currently aiming for \_\_\_\_\_\_\_\_\_\_\_\_\_OSCE Trainee ………………………..………… Supervisor………………………..……Assessor ………………………..………… Date………………………..………………. |