[](http://www.rcpath.org/index.asp?PageID=1)

**HISTOPATHOLOGY**

**Assessment of performance (AoP) in the workplace**

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| --- | --- | --- | --- |
| **Trainee’s name:** |  |  | **Year of training**  **1 2** |

|  |  |
| --- | --- |
| **Professional registration number (GMC/GDC):** |  |

|  |  |
| --- | --- |
| **Name of supervising consultant/ clinical supervisor** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of attachment:**  **(e.g. specialty)** |  |  | **Date range of attachment:** |  |

|  |  |  |
| --- | --- | --- |
| **Approximate number of cases undertaken and reported during attachment** |  |  |

**Trainee self-assessment**

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| --- |
| Using curriculum as a guide, how did you progress through this training? |

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| --- |
| What could you improve on? |

**Supervisor feedback**

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| **Professionalism**  Please comment on the trainee’s generic professional skills and attributes using the [curriculum](https://www.rcpath.org/uploads/assets/359dd57d-da20-4b62-b6fdefb3acf62309/Histopathology-curriculum-2015.pdf) |
| **Comments:** |

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| **Gross examination and technical skills**  Please comment on the trainee’s capabilities in gross description, tissue handling and dissection together with knowledge and application of appropriate published guidance. |
| **Comments:** |

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| --- |
| **Diagnostic interpretation and Report Writing**  Please comment on the trainee’s capabilities in pathological interpretation, use and inclusion of additional techniques or diagnostic modalities, report writing and clinicopathological correlation. |
| **Comments:** |

Using this feedback form, any relevant supervised learning events (SLE) and your experiences of working with this trainee, please complete the following section.

|  |  |
| --- | --- |
| **Summary**  Please use the form above to support your feedback. | |
| Is this trainee progressing at the appropriate rate for their stage of training? | Yes No |
| Do you have any concerns? | Yes No  If yes, details: |
| What are the trainee’s strengths? |  |
| What areas could the trainee improve on? |  |
| Has the trainee completed any independent tasks during this attachment? | Yes No  If yes, details: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of supervisor: |  |  | Signature of trainee: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Date: |  |