**Integrated Medical Staffing**

**Medical Observation / Supervision Form**

**Name**

**Practice observed:**

|  |  |  |
| --- | --- | --- |
| **Identified actions** | **By whom** | **By when** |
|  |  |  |

**Signature of assessor: Job role:**

**Observation/considerations:**

How the task was carried out

Professional approach

Give rationale why practice was good/bad and how it can be improved

The client/staff relationship

Questions and answers to gain evidence of practice

How they prepared to carry out the task

Any equipment used – appropriate, checked, cleaned