**Inter-Collegiate Board for Training in Pre-Hospital Emergency Medicine**

**Teaching Observation (TO)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee name:** |  | **Training Phase:** |  |
| Assessor name: |  | Registration no: |  |
| Grade of assessor:  |  | Date |  |
| Teaching topic/title |  | **Curriculum elements covered** |
| Number of learners |  |  |
| Teaching environment |  |  |
| Length of teaching session |  |  |
| **Please TICK to indicate the standard of the trainee’s performance in each area**  | *Not observed* | *Further core learning needed* | *Demonstrates good practice* | *Demonstrates excellent practice* |
| *Must address learning* | *Should address learning* |
| Introduction of self |  |  |  |  |  |
| Gained attention of group |  |  |  |  |  |
| Gave expected learning outcomes |  |  |  |  |  |
| Key points emphasised  |  |  |  |  |  |
| Good knowledge of subject |  |  |  |  |  |
| Logical sequence |  |  |  |  |  |
| Well paced |  |  |  |  |  |
| Clear concise delivery  |  |  |  |  |  |
| Good use of tone/voice |  |  |  |  |  |
| Appropriate use of resources |  |  |  |  |  |
| Encouraged group participation |  |  |  |  |  |
| Effective use of questioning |  |  |  |  |  |
| Appropriate use of teaching methods |  |  |  |  |  |
| Encouraged questions from group |  |  |  |  |  |
| Dealt with questions appropriately  |  |  |  |  |  |
| Summarised key points at end |  |  |  |  |  |

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Teaching Observation (TO) (cont.)

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| --- | --- | --- | --- |
| **Trainee name:** |  | **Training Phase:** |  |
| Assessor name: |  | Registration no: |  |
| Grade of assessor:  |  | Date |  |
| **Please TICK to indicate the standard of the trainee’s performance in each area**  | *Not observed* | *Further core learning needed* | *Demonstrates good practice* | *Demonstrates excellent practice* |
| *Must address learning* | *Should address learning* |
| Met learning outcomes |  |  |  |  |  |
| Kept to time limit |  |  |  |  |  |
| Overall performance |  |  |  |  |  |
| **Areas of strength** |
|  |
| **Areas for improvement** |
|  |
| **Action plan** |
|  |
| Assessor Signature: | Trainee Signature: |