**Clinical Examination Procedure (CEP) Assessment– ACP (Primary Care Nurse)**

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| **ACP (Primary Care Nurse) Name:** |  |
| **Clinical Supervisor:** |  |
| **Date:** |  |

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| **TYPE OF PROCEDURE**: Please provide a brief description below. |
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| **DESCRIPTION OF CEP ASSESSED**;  With reference to the items on the CEPs guidance sheet. |
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| PLEASE MARK AS **CAPABLE** or **NEEDS FURTHER DEVELOPMENT** (circle) |
| WHAT WAS DONE WELL? |
|  |
| WORKING POINTS? |
|  |
| LEARNING NEEDS? |
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