Clinical Supervision Log Sheet

Venepuncture

Step 1

Complete your face to face training session including question paper and 10 simulated venepunctures.

Step 2

Identify your Supervisor- they must be a Registered Healthcare Professional such as a Doctor or Nur
registered with either the NMC/GMC. Complete your supervised practice and Clinical Supervision Log Shee

Candidate Name	Lowri Jones
Date of Training (Theory & Simulation)	25 Oct 2025
Date Supervision Commenced	9/1/26
Date Supervision Concluded	9/1/26
Name of Supervisor	
Professional Designation	
Registration Number (GMC/NMC/HCPC)	

Note to Supervisor:

1. The learner should have undertaken the skill 10 times in simulation before applying it in clinical practice (see **Table A**)
2. The learner should undertake between 3-10 applications of the skill in practice whilst under direct supervision and with supervisor intervention (Please sign **Table B** below). Learners may move to **Table C** as soon as the supervisor is satisfied that supervisor intervention is limited or not required.
3. **Please use the Grading Key below for each attempt and document in Tables B & C**

1	Demonstrated safe practice with no intervention of supervisor required.
2	Demonstrated safe practice with minimal guidance of supervisor.
3	Demonstrated safe practice with constant guidance of supervisor.
4	Failed attempt with safe practice demonstrated.
5	**Failed attempt due to poor practice.**

Pre-Requisites to Practical Application (Theory). The learner should be able to identify:

- ❑ Seeking Patient Consent
- ❑ Correct Identification of Patient
- ❑ Maintenance of Patient Comfort, Dignity and Respect during procedure
- ❑ Patient Preparation (Infection Prevention & Control)
- ❑ Skill/Procedure in relation to relevant policy
- ❑ Documentation of Skill/Procedure
- ❑ Reporting Adverse Incidents

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	Table A – Simulation (ALL 10 MUST BE COMPLETE)				
	Date	**Venepuncture Site**	**Grading Key**	**ECG trainer Signature**	**Comment**
1	25/10/24	ACF	Simulated		
2	-	"	Simulated		
3	"	"	Simulated		
4	"	"	Simulated		
5	"	"	Simulated		
6	"	"	Simulated		
7	"	"	Simulated		
8	"	"	Simulated		
9	"	"	Simulated		
10	"	"	Simulated		

	Table B – Application of skill under Direct Supervision with Supervisor intervention (MIN OF 3 MUST BE COMPLETE)				
	Date	**Venepuncture Site**	**Grading Key**	**Supervisor Signature**	**Comment**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

	Table C – Application of skill with minimal or no Supervisor intervention (but still being supervised) (ALL 10 MUST BE COMPLETE)				
	Date	**Venepuncture Site**	**Grading Key**	**Supervisor Signature**	**Comment**
1	9/4/26	ACF	1		Superb !!!
2	9/4/26	ACF	1		Perfect
3	9/4/26	ACF	1		Perfect
4	9/4/26	ACF	1		Excellent
5	9/4/26	ACF	1		Extreme Confidence
6	9/4/26	ACF	1		Excellent
7	9/4/26	ACF	1		Perfect
8	9/4/26	ACF	1		Textbook
9	9/4/26	ACF	1		Excellent
10	9/4/26	ACF	1		Competent

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Summative assessment of skill following completion of skills Log

Supervisor Comments Extremely Competent.	
Outcome: COMPETENT / NOT YET COMPETENT (Please circle and sign)	
Supervisor Signature:	Date: 9/1/26
Learner Signature:	Date: 9/1/26.

Progression

Supervisors: Use this table to provide feedback and feed-forward during the learner's development of the skill.

Date	Time	Feedback / Feed-Forward Comments	Signature