

Direct Observation of Procedural Skills [DOPS] Assessment Form

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname _____

Trainee's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Observation _____

IAC/IAOC Code _____

Observed by _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

Signature of supervising doctor _____

What level of supervision does the trainee require for this procedure?	<input type="checkbox"/> Supervisor in theatre <input type="checkbox"/> Supervisor in theatre suite <input type="checkbox"/> Distant supervision
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What went well? *	
What could have gone better? *	
Plan for learning and development**	

Possible areas for feedback:

*	<i>Planning, preparation, grasp of theoretical background, understood procedure and alternatives, plans and risks explained to patient, handling of patient, team communication, ability to cope with problems, mindful of cross-infection, ability to evaluate own performance, maintenance of records, post-procedure instructions, professional standards</i>
**	<i>e-Learning, simulation, courses, targeted clinical experience, journals</i>