

Trainee		Assessor	
Name / GMC/GDC/IMC number:		Name / GMC/GDC/IMC number:	
Assessment date:		Hospital DOPS took place:	
<b>FEEDBACK:</b>			
Verbal and written feedback is a mandatory component of this assessment.			
General			
Strengths			
Development needs			
Recommended actions			
<b>TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)</b>			
What did I learn from this experience?			
What did I do well?			
What do I need to improve or change? How will I achieve it?			
<b>RATINGS</b>			
Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training. <b>N</b> = Not observed <b>D</b> = Development required, <b>S</b> = Satisfactory (no prompting or intervention required) <b>O</b> = Outstanding			
Domain	Rating	Comments	
1: Describes indications, anatomy, procedure and complications to assessor			
2: Obtains consent, after explaining procedure and possible complications to patient			
3: Prepares for procedure according to an agreed protocol			
4: Administers effective analgesia or safe sedation (if no anaesthetist)			
5: Demonstrates good asepsis and safe use of instruments and sharps			
6: Performs the technical aspects in line with the guidance notes			
7: Deals with any unexpected event or seeks help when appropriate			
8: Completes required documentation (written or dictated)			
9: Communicates clearly with patient and staff throughout the procedure			
10: Demonstrates professional behaviour throughout the procedure			
<b>GLOBAL SUMMARY</b>			<b>Tick</b>
Level at which completed elements of the PBA were performed on this occasion			
Level 0	Insufficient evidence observed to support a summary judgement		
Level 1a	Able to assist with guidance (was not familiar with all steps of procedure)		
Level 1b	Able to assist without guidance (knew all steps of procedure and anticipated next move)		
Level 2a	Guidance required for most/all of the procedure (or part performed)		
Level 2b	Guidance or intervention required for key steps only		
Level 3a	Procedure performed with minimal guidance or intervention (needed occasional help)		
Level 3b	Procedure performed competently without guidance or intervention but lacked confidence		
Level 4a	Procedure performed confidently to a high standard without any guidance or intervention		
Level 4b	As 4a and was able to anticipate, avoid and/or deal with common problems/complications		
<b>DOPS DETAILS</b>			
Name of Procedure:			
No. times procedure previously performed:		Emergency / Elective (please circle)	
Performed in a simulated setting <input type="checkbox"/> Description of the simulation:			
DOPS performed while on a course Yes / No If yes, please give details:			
Difficulty of procedure: Easier than usual <input type="checkbox"/> Average difficulty <input type="checkbox"/> More difficult than usual <input type="checkbox"/>			
Trainee's signature:		Assessor's signature:	