

## **Observation of Teaching (OoT)**

Trainee	Assessor
Name / GMC/GDC/IMC number:	Name / GMC/GDC/IMC number:
Assessment date:	Hospital OoT took place:

FEEDBACK:					
Verbal and written feedback is a mandatory_component of this assessment.					
General					
Strengths					
C					
Development needs					
Recommended actions					
	TRA	AINEE REFLECTIONS	ON THIS ACTIVITY (optional)		
What did I learn from the	nis experience?				
What did I do well?					
What do I need to impr	ove or change? He	ow will I achieve it?			
RATINGS					
Your ratings should be	judged against the	e standard laid out in the	e syllabus for the trainee's stage of training.		
O: Outstanding S: Sa	tisfactory <b>D:</b> Dev	velopment required N:	Not assessed		
OVERALL QUALITY OF TEACHING					
		r: Based on this	Based on this observation please rate the level of overall quality of clinical audit:		
(please circle)			Key descriptors (please tick one)		
1. Introduction	O/S/D/N		Outstanding: Topic related to an important clinical problem, detailed		
			e methodology applied, resulting in conclusions with		
2. Presentation	O/S/D/N		significant clinical importance. Plans for future direction highlighted. An exemplary teaching session.		
3. Conclusion	O/S/D/N		Satisfactory: Limited preparation. Sound methodology in a relevant		
			topic, resulting in conclusions with practical clinical importance. Plans for future direction highlighted.		
4. Professionalism	O/S/D/N		Development required: Insufficient preparation. Inappropriate topic or		
4. FIGIESSIGNALISM	poor meth		or methodology resulting in inappropriate conclusions or conclusions of		
	limited practical use. Inadequate consideration of future direction.				
TEACHING DETAILS					
Date of event:					
Type of teaching: e.g. Lecture					
Brief description of teaching session: (including aims and intended outcomes)					
Who were the learners? Number of learners: 1-5 / 6-10 / 11-20 / >20 / >50					
Teaching performed on a course / simulation training? Yes / No If yes, please give details:					
<u></u>					
Performed in institution setting   Description of setting:					
Title (if any):					
Trainee's signature:			Assessor's signature:		