

Direct Observation Of Procedural Skills (DOPS)

Foundation doctor

Name of Foundation Doctor	
GMC Number	
Training period from	
Training period to	
Local education provider	
Specialty	

This form provides a structured checklist for giving feedback *on the foundation doctor's interaction with the patient* when performing a practical procedure. This should be managed by the foundation doctor and observed by a trained trainer for teaching purposes. Procedures should be chosen jointly by the foundation doctor and trainer to address learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor's benefit.

It is important to anonymise any patient identifiable information.

Date of DOPS: *	
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Title of DOPS: *	
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Here you can record a brief, anonymous description to allow the DOPS to be contextualised: *

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Clinical Setting: *	<input type="radio"/>	Acute (eg ED, theatre, admissions)
	<input type="radio"/>	Non-acute (eg OPD, ward)
	<input type="radio"/>	Community (eg GP surgery, home visits)
	<input type="radio"/>	Other

If Other (please specify)*:

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Provide more detail of clinical setting if desired [free-text]

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Was this in a simulated setting? *	<input type="radio"/>	Yes
	<input type="radio"/>	No

Procedure: * [free-text]

Feedback on the behaviours observed during the DOPS: *

The trainer should focus on those areas performed well and also identify areas for development, taking into consideration the GMC's Generic Professional Capabilities Framework (<https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework>).

Agreed action: *

Reflection:

The doctor should reflect on this learning event.

Reflective notes can be recorded in the above text box area or a separate, structured Reflection form linked to this SLE can be created.

Trainer details

Trainer's Name: *

Trainer's Position: *	<input type="radio"/>	GP
	<input type="radio"/>	Consultant
	<input type="radio"/>	ST3 or above / SPR
	<input type="radio"/>	ST/CT 1/2
	<input type="radio"/>	SAS doctor
	<input type="radio"/>	Pharmacist
	<input type="radio"/>	Other

If Other (please specify)*:

GMC / Other Registration Number: *

Trainer's Email: *

Have you been trained in providing feedback? *	<input type="radio"/>	Yes
	<input type="radio"/>	No

If No selected, following message to appear:

Should you wish to complete training in providing effective feedback (and details about supervised learning event tools); you can access a free, online portal: the 'Educator Training Resources' programme on e-Learning for Health (e-LfH): <https://www.e-lfh.org.uk/programmes/educator-training-resources/>. You need to register to be able to access the content; registration is free for NHS staff. Specifically, look for the following module and section: "Educator Training Resources (ETR) NEW > Training for the foundation supervisor".

Signature

Trainer signature:	
Date signed by Trainer:	