Direct observation of procedural skills (DOPS)

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.

Foundation doctor’s name: 

GMC number: 

Date (dd/mm/yy)

<table>
<thead>
<tr>
<th>Title/Description of clinical event: Up to max of 35 characters</th>
<th>Here you can record a brief, anonymous history to allow the SLE to be contextualised: Free text area</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clinical setting</th>
<th>Procedure</th>
<th>Focus of encounter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please select:</td>
<td>Please specify:</td>
<td>Please select:</td>
</tr>
<tr>
<td>ED, OPD, Ward, Admissions, GP surgery, Home visit, Other (please specify)</td>
<td>Demonstrates understanding of indications/anatomy/technique, Obtains informed consent, Preparation pre-procedure, Appropriate analgesia, Safe sedation, Technical ability, Aseptic technique, Seeks help where appropriate, Post procedure management, Communication skills, Consideration of patient/professionalism, Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Feedback based on the behaviours observed.** The trainer should focus on those areas performed well and also identify areas for development

**Agreed action:**

**Reflection.** The doctor should reflect on this learning event. *Reflective notes can be recorded using a structured reflective log and linked to this SLE accordingly. The option to create a reflective log will be presented upon completion/ticketing of this form.*

**Trainer’s details**

Name: 

Position: GP ☐ Consultant ☐ ST3 or above/SPR ☐ ST/CT 1/2 ☐ Other (please specify) ☐

GMC / other registration number: 

Email address: 

Have you been trained in providing feedback? Yes ☐ No ☐

Signature: 

Optional – If you would like to link this SLE to the FP Curriculum Syllabus, please indicate which Curriculum sections were covered: