



CELLULAR PATHOLOGY

Supervised Learning Event - Direct observation of practical skills (DOPS)

Trainee's name:			Year of training:				
		1	2	3	4		
		5	6				
Professional registration number (GMC/GDC):							
Assessor's name:			Please circle one	Consultant Clinical scientist	SAS Trainee	Senior BMS Other	
Brief outline of procedure , indicating focus for assessment (refer to topics in curriculum). Tick category of case or write in space below.							
<input type="checkbox"/>	Specimen cut up (state specimen or scenario)	<input type="checkbox"/>	Autopsy procedures (state aspect)	<input type="checkbox"/>	Set up and use of microscope	<input type="checkbox"/>	Systematic assessment of biopsy/cytology case (state type)
<input type="checkbox"/>	Reporting procedures	<input type="checkbox"/>	Use of camera and specimen photography	<input type="checkbox"/>	Taking a fine needle aspirate	<input type="checkbox"/>	Handling and reporting of frozen section
<input type="checkbox"/>	Other (please specify)						

Please ensure this patient is not identifiable

Please note constructive feedback is required in order for this assessment to be valid. Please comment on the following areas as and where appropriate – noting what was done particularly well, areas for improvement and any issues of patient safety. Do also aim to identify areas for learning and reflection.

1	Understands principles of procedure	
2	Demonstrate appropriate preparation pre-procedure	
3	Ensures patient safety (identification checks, adheres to SOP etc.)	
4	Complies with health and safety requirements (e.g. assessment of risk, use of personal protective equipment, aseptic technique where appropriate)	
5	Technical ability and correct use of equipment	
6	Communication skills (written and/or verbal)	

7	Consideration of patient focus and professional issues (e.g. respect for patient dignity, consent, compliance with Human Tissue legislation)	
8	Seeks help where appropriate	
9	Overall ability to perform procedure	
10	Other (please specify)	

Feedback (to be completed by assessor)

Refer to above descriptors (where appropriate)

What went well?

From this experience, how might I improve?

Next steps – including learning points

Plan for further development

Signature of assessor:	
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Signature of trainee:	
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Date of assessment:	
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Date of assessment:	
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