

**Direct Observation of Practical Skills (DOPS)**

Please complete the questions using a cross: ☒ Please use black ink and CAPITAL LETTERS

Pharmacist Surname:

Forename:

JPB Number:      **JPB NUMBER MUST BE COMPLETED**

Activity code: [ ] [ ]  **Other** (please specify):\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of activity:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Environment:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Complexity of Low Average High Assessor’s PT DAP lead EF

practical activity: [ ]  [ ]  [ ]  position: [ ]  [ ]  [ ]

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please grade the following areas using the scale:** | Significantly below | Below | Borderline  | Meets expectations  | Above  | Significantly above | Unable to comment\* |
| 1 Demonstrates understanding of potential risk(s) associated with activity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2 Demonstrates appropriate preparation pre- activity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3 Completes activity in a timely manner | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4 Demonstrates use of appropriate process | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5 Seeks help where appropriate | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6 Post- activity management | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7 Communicates effectively with colleagues | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8 Documentation completed accurately and  appropriately | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9 Consideration of patient/professionalism | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10 Adopts a logical and structured approach to  work | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 11 Overall ability to perform specified activity  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| \*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.**PTO:** |
| **Anything especially good?** | **Suggestions for development** |
| **Agreed action:** |

Number of previous DOPS observed by assessor 0 1 2 3 4 5-9 >9

with any trainee: [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Number of times specified activity performed by trainee 0 1 - 4 5 - 9 >9

 [ ]  [ ]  [ ]  [ ]

Have you had training in the use of [ ]  No [ ]  Yes: Face-to-Face

this assessment tool?: [ ]  Yes: Written Training

Time taken for observation (in mins):

Time taken for feedback (in mins):

Assessor’s Signature:

…………………………………………………………………………………………………………

Date:

 Assessor’s Surname

 Assessor’s Forename       **Date** **/****/**