

**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:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

practical activity:    position:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** **/****/**