Text

Description automatically generated

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

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| **Learner Details** |
| **Full Name**: |

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| **Overview** |
| **Title of DOPS**: |
| **Date of DOPS:** |

| Knowledge, Skill, Experience or Behaviour | Significantly below expectations | Below expectations | Borderline | Meets expectations | Above  expectations | Significantly above expectations | Unable to comment |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Demonstrates understanding of potential risk(s) associated with task |  |  |  |  |  |  |  |
| Demonstrates appropriate preparation pre-task |  |  |  |  |  |  |  |
| Completes task in timely manner |  |  |  |  |  |  |  |
| Demonstrates use of appropriate process & resources |  |  |  |  |  |  |  |
| Seeks help where appropriate |  |  |  |  |  |  |  |
| Post-task management |  |  |  |  |  |  |  |
| Communicates effectively |  |  |  |  |  |  |  |
| Documentation completed accurately and appropriately |  |  |  |  |  |  |  |
| Consideration of patient/ professionalism |  |  |  |  |  |  |  |
| Adopts a logical and structured approach to work |  |  |  |  |  |  |  |
| **Overall ability to perform task** |  |  |  |  |  |  |  |

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| **Summary of Case** |
| Summary of patient interaction (to include sector, patient type, focus of interaction, new or follow up case, complexity case): |

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| **Summary** |
| Suggestions for development: |
| Anything especially good: |
| Agreed action: |

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| **Mapping** | | | | | | | | | |
| **Professional Practice** | | **Communication & collaborative working** | | **Leadership & Management** | | **Education** | | **Research** | |
| 1.1 |  | 2.1 |  | 3.1 |  | 4.1 |  | 5.1 |  |
| 1.2 |  | 2.2 |  | 3.2 |  | 4.2 |  | 5.2 |  |
| 1.3 |  | 2.3 |  | 3.3 |  | 4.3 |  |  |  |
| 1.4 |  | 2.4 |  | 3.4 |  | 4.4 |  |  |  |
| 1.5 |  | 2.5 |  | 3.5 |  | 4.5 |  |  |  |
| 1.6 |  | 2.6 |  | 3.6 |  | 4.6 |  |  |  |
| 1.7 |  | 2.7 |  | 3.7 |  |  |  |  |  |
| 1.8 |  | 2.8 |  | 3.8 |  |  |  |  |  |
| 1.9 |  |  |  | 3.9 |  |  |  |  |  |
| 1.10 |  |  |  |  |  |  |  |  |  |
| 1.11 |  |  |  |  |  |  |  |  |  |
| 1.12 |  |  |  |  |  |  |  |  |  |
| 1.3 |  |  |  |  |  |  |  |  |  |
| 1.14 |  |  |  |  |  |  |  |  |  |

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| **Collaborator Details** | | |
| **Collaborator Name**: | | |
| **Collaborator Role:** | Educational supervisor / tutor |  |
|  | Employer |  |
|  | Practice supervisor |  |
|  | Senior pharmacist |  |
|  | Workplace facilitator |  |
|  | Other |  |
| **Collaborator Signature:** | | |
| **Date:** | | |