

## Record of Learning and Development

### Directly Observed Practical Skill (DOPS) Feedback Form

*This form should not be used for feedback from patients, service users and carers*

This form can be used to receive feedback on a practical skill.  
The form is also available in TURAS Professional Portfolio

**Title of  
Observation**

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**Date of  
Observation**

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#### Details of Practitioner being observed

**Name of  
Practitioner**

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**Registration  
Number**

--

**Procedure,  
skills or  
clinical  
encounter  
observed**

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**Complexity  
of procedure**

	<b>Low</b>
	<b>Average</b>
	<b>High</b>

**Brief  
description  
of feedback  
requested**

**Feedback  
provider  
forename**

**Feedback  
provider  
surname**

**Feedback  
provider  
e-mail**

## DOPS feedback areas

*The feedback areas are for the feedback provider to rate and cannot be edited by the requester.*

	Not observed, not relevant	Needs further development	Completed	Exemplary
<b>Demonstrates understanding of indications, relevant anatomy, technique of procedure</b>				
<b>Awareness and ability to manage complications</b>				
<b>Ability to correctly interpret diagnostic/clinical data</b>				
<b>Obtains informed consent</b>				
<b>Demonstrates appropriate preparation pre-procedure</b>				
<b>Technical ability</b>				
<b>Aseptic Technique (if appropriate)</b>				
<b>Seeks help where appropriate</b>				
<b>Post procedure management</b>				
<b>Communication skills</b>				
<b>Professional/Person centred approach</b>				
<b>Documentation</b>				

## Feedback Summary

**Feedback and  
recommendations  
for further  
development**

**Feedback  
provider role**

**Feedback  
provider date**