



Direct observation of Practical Skills (DOPS) – Consent

Trainee:		Year of training:	
Hospital/venue:		Month/ Year:	
Trainer:		Rank of Trainer:	
DOPS – Consent details			
Name of procedure for taking consent			
Previous participation in such procedure		Y/N	

Trainee’s reflection:
Specific area in which I wish to receive feedback:
What I had done well?
What can be improved and how to achieve that?
What did I learn from this experience?
Trainer’s feedback: (Please focus at least one and at most three domains)
Feedback 1:
Feedback 2:
Feedback 3:

General Feedback		
N = not applicable; I = improvement required ; C = compatible with level of training ; E = excellent		
	Rating (N/I/C/E)	
Assessment of patient’s capacity of taking consent		
Nature and indications of procedure		
Risks and benefits of procedure		
Alternatives and their risks and benefits		
Assessment of patient’s understanding		
Ensuring patient’s participation in decision making		
Documentation		
Interpersonal communication		
Professionalism		

Entrustment level recommended		Please tick
Level 1	Allowed to observe or assist only in the next similar WBA	
Level 2	Allowed to execute next similar WBA with direct or proactive supervision	
Level 3	Allowed to execute next similar WBA with indirect or quickly available supervision	
Level 4	Allowed to carry out next similar WBA unsupervised	
Level 5	Allowed to supervise junior learners in next similar WBA	

Signature of Trainee: _____

Signature of Trainer: _____