



Trainee:		Year of training:	
Hospital/venue:		Month/ Year:	
Trainer:		Rank of Trainer:	
DOPS details			
Name of procedure			
Specialty		Previously operated	Y/N
Context of DOPS	Independent procedure / as a part of the whole procedure		

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)	
Describe the indications and contra-indications		
Consent		
Preparation for the procedure		
Process of the procedure		
Aftercare and instruction to patient		
Leadership		
Team Work		
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: _____