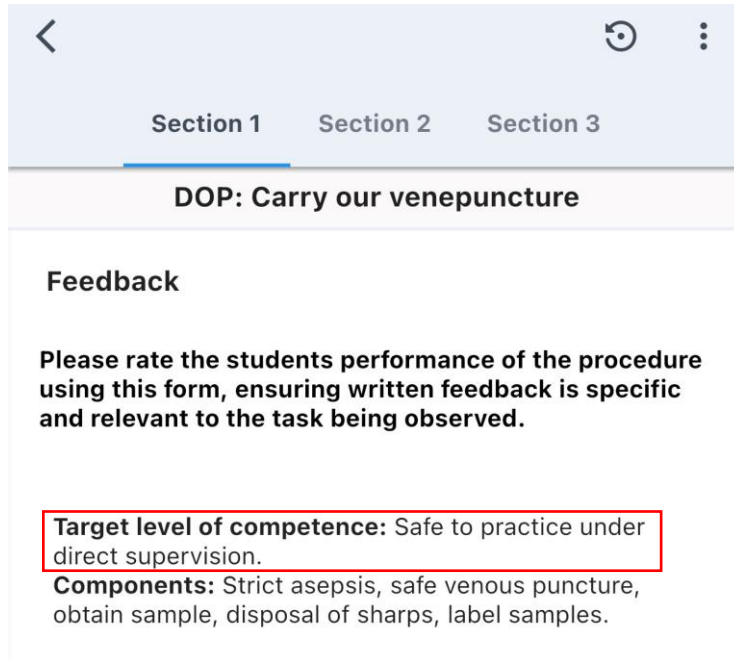


STEP 1: Each DOP form provide details on what is expected for the specific task and the minimum level of competence the student is expected to achieve; ID or DS



Section 1 Section 2 Section 3

DOP: Carry our venepuncture

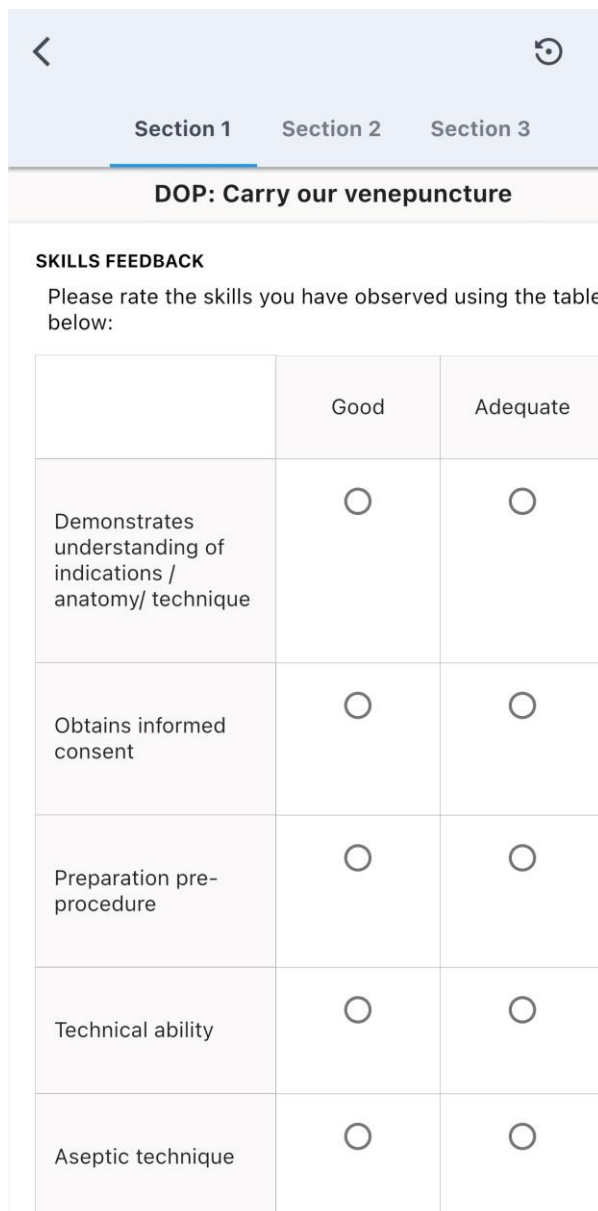
Feedback

Please rate the students performance of the procedure using this form, ensuring written feedback is specific and relevant to the task being observed.

Target level of competence: Safe to practice under direct supervision.

Components: Strict asepsis, safe venous puncture, obtain sample, disposal of sharps, label samples.

STEP 2: provide feedback on student's performance in different domains.



Section 1 Section 2 Section 3

DOP: Carry our venepuncture

SKILLS FEEDBACK

Please rate the skills you have observed using the table below:

	Good	Adequate	Needs improvement	Needs simulation
Demonstrates understanding of indications / anatomy/ technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtains informed consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparation pre-procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aseptic technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Seeks help where appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post procedure management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consideration of patient/ professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Mandatory More More >

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↺ ⋮

Section 1
 Section 2
 Section 3

DOP: Carry our venepuncture

STEP 3: provide the overall student's competence. It will also be useful to provide some feedback on what the student has done well and what needs to be improved.

Competence/Focus of Learning

STUDENT COMPETENCE

In line with the GMC outcomes for Graduates 2018 – please record the level of competence of the student:

- Safe to practice under indirect supervision
- Safe to practise under direct supervision
- Safe to practise in simulation

* Mandatory

COMMENTS

What was done well? Please give at least two comments.

FOCUS OF LEARNING

What should be the focus of the students future learning? Please be specific, considering both generic and procedure specific skills to guide your feedback.

STEP 4: provide your details and sign the form. If you are using the pc to complete a student's form and not their device you may type your name in the signature box. Provide the correct email address to receive a confirmation that you completed the form.

Assessor Details

Assessor's Name

** Mandatory*

P Year WPBA Assessor Position
Assessor Position:

CT1/ST1/PGY3

Above CT1/ST1/PGY3

** Mandatory*

P Year Placement Site
Which placement site are you completing this assessment at?

Assessor's signature

** Mandatory*

Email Sign Off

Signed off by
---Please Select---

If the person is not listed provide their details below

Assessor Name*

Assessor Email*

Submit

STEP 5: If you wish for a student to forward you their form to complete later at your own time then they may press on the 3 dots upper right corner and choose option **Email for later**. It will ask them to enter the name and the email of the Assessor they wish to send the form to. Please note that any email received from the app it will come by unic@mkmaps.com and not from the student's email directly. Make sure you always check your junk/spam folders as well.

