Appendix A:

Form SDOC1

This form is used to record completion of the Skills Development Objective as part of the **[INSERT YOUR ORGANISATION]** Minor Surgery Service, Standardised Training Program.

As the below practitioner's Surgical Mentor (SM), I confirm satisfactory direct observation of a minimum of 20 of each type of surgical procedure covering the skills required for minor surgery and have recorded these on the mentee's online DOPS log.

These include; shave excision with scalpel, incision and excision of epidermoid / pilar cyst, lipoma and full excision by surgical ellipse.

I am satisfied that the below named practitioner has attained a standard of safe practice no longer requiring direct observation.

Surgical Mentor Name: _____ Role: _____

Date: _____

Mentee Practitioner Name: _____ Role: _____

Date: _____