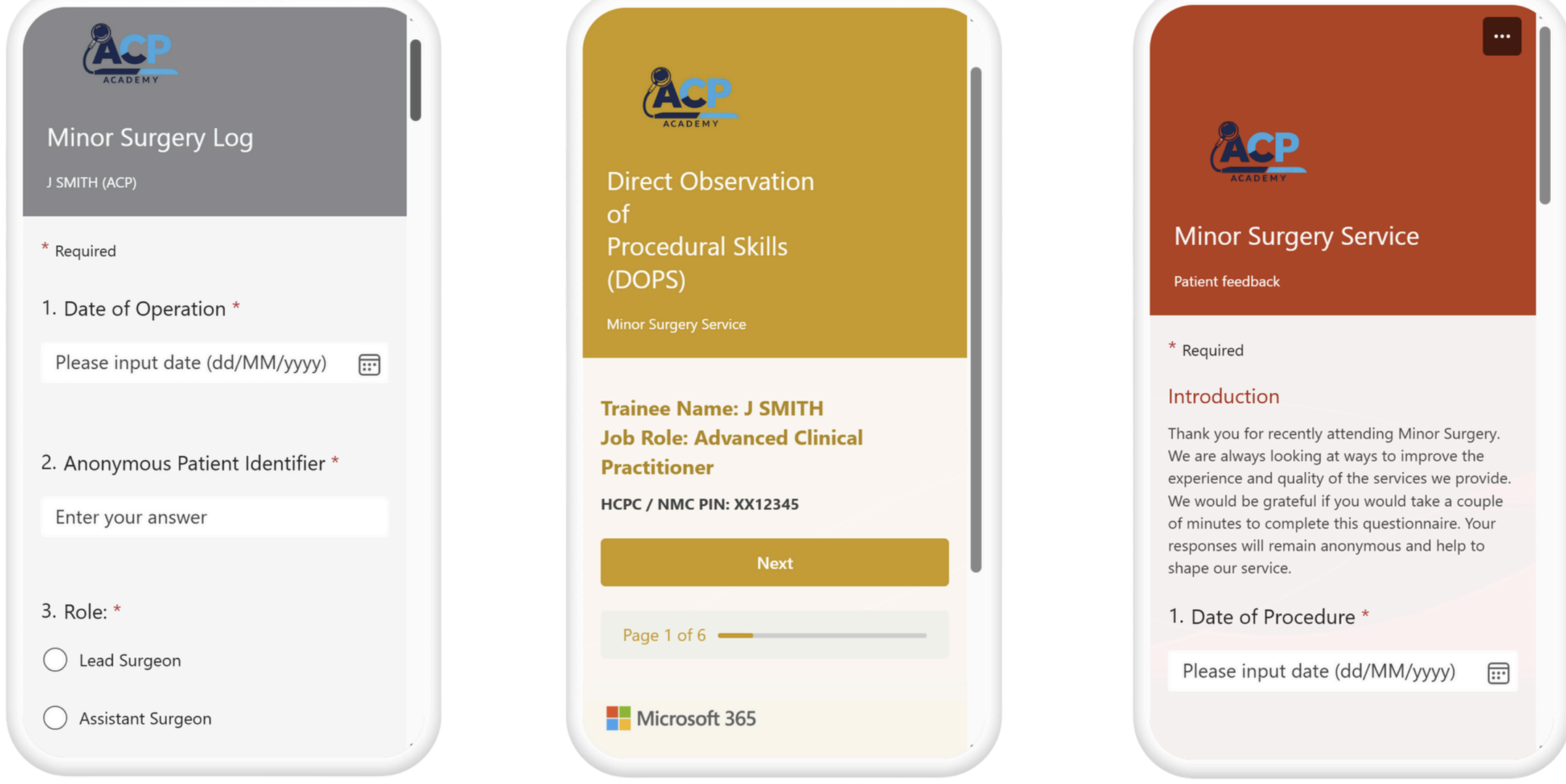
Microsoft Forms Templates



Minor Surgery Log

J SMITH (ACP)

* Required

1. Date of Operation *

Please input date (dd/MM/yyyy)

2. Anonymous Patient Identifier *

Enter your answer

3. Role: *

- [ ] Lead Surgeon
- [ ] Assistant Surgeon

4. Lead Surgeon if Not You

Enter your answer

5. Capacity *

- [ ] Under Tuition
- [ ] Observed Practice
- [ ] Independent
- [ ] As a Mentor

6. Operation Type *

- [ ] Incision
- [ ] (+Drainage)
- [ ] Excision

- [ ] Excision
- [ ] Nail Avulsion
- [ ] Cautery

7. Suspected Lesion *

- [ ] Cyst
- [ ] Haemangioma
- [ ] Lipoma
- [ ] Naevus - Benign
- [ ] Sebhorreic Keratosis
- [ ] Skin Tag
- [ ] Viral Wart
- [ ] Other

8. If Other Please Give Deatils

Enter your answer

9. Clinical Margin *

- 0mm
- 1mm
- 2mm
- 3mm
- 4mm
- 5mm

10. Anaesthetic Used *

- Lidocaine 1%

10. Anaesthetic Used *

- ○ Lidocaine 1%
- ○ Lidocaine 2%
- ○ Lidocaine 1% with Adrenaline
- ○ Lidocaine 2% with Adrenaline

11. Body Site *

- ☐ Abdomen
- ☐ Arm Lower
- ☐ Arm Upper
- ☐ Axilla
- ☐ Back Upper
- ☐ Back Mid

- [ ] Back Lower
- [ ] Buttock
- [ ] Chest Upper
- [ ] Chest Mid
- [ ] Chest Lower
- [ ] Elbow
- [ ] Face Chin
- [ ] Face Cheek
- [ ] Face Eyelid
- [ ] Face Forehead
- [ ] Face Temple
- [ ] Foot Dorsum
- [ ] Foot Plantar

- [ ] Hand Dorsum
- [ ] Hand Palmar
- [ ] Hand Finger
- [ ] Leg Upper
- [ ] Leg Lower
- [ ] Neck
- [ ] Scalp
- [ ] Toe
- [ ] Toe Nail
- [ ] Other

12. If Other - Location

Enter your answer

13. Sutures Inserted *

- [ ] None Required
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] More than 5 (Please add additional info)

14. Complications:

Enter your answer

Enter your answer

15. Additional Info

Enter your answer

Submit

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ACP ACADEMY

Direct Observation of Procedural Skills (DOPS)

Minor Surgery Service

Trainee Name: J SMITH

Job Role: Advanced Clinical Practitioner

HCPC / NMC PIN: XX12345

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Direct Observation of Procedural Skills (DOPS)

* Required

Assessor Name: Dr S. MENTOR

Job Role: General Practitioner

GMC Number: 9876543

1. Date of Observation: *

Please input date (dd/MM/yyyy)

2. Location Where DOPS Took Place: *

- [ ] Your Place of Work

3. Name of Procedure (select all applicable): *

- [ ] Incision
- [ ] Excision of cyst
- [ ] Excision of naevus
- [ ] Excision of lipomata
- [ ] Excision of sebhorreic keratosis
- [ ] Excision of skin tag
- [ ] Excision of wart
- [ ] Sutures
- [ ] Other

4. If Other please specify:

Enter your answer

5. Simulation? *

- Yes
- No

6. Complexity of Case: *

- Basic
- Straightforward
- Difficult

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* Required

ASSESSMENT RATINGS

Please provide your ratings of the trainee's performance in each skill area observed.

This is judged against the standard expected at the *end* of training.

How do you rate the trainee in their:

7. Knowledge of anatomy, procedure & complications: *

- ○ Not Observed
- ○ Well Below Expectations
- ○ Below Expectations
- ○ Just Meets Expectations
- ○ Meets Expectations
- ○ Exceeds Expectations

8. Ability to take consent: *

- Not Observed
- Well Below Expectations
- Below Expectations
- Just Meets Expectations
- Meets Expectations
- Exceeds Expectations

9. Preparation for procedure: *

- Not Observed
- Well Below Expectations
- Below Expectations
- Just Meets Expectations

- Meets Expectations
- Exceeds Expectations

10. Administration of pain control: *

- Not Observed
- Well Below Expectations
- Below Expectations
- Just Meets Expectations
- Meets Expectations
- Exceeds Expectations

11. Technical skills and aseptic technique: *

- Not Observed
- Well Below Expectations

- Well Below Expectations
- Below Expectations
- Just Meets Expectations
- Meets Expectations
- Exceeds Expectations

12. Dealing with complications: *

- Not Observed
- Well Below Expectations
- Below Expectations
- Just Meets Expectations
- Meets Expectations
- Exceeds Expectations

13. Record keeping: *

- ○ Not Observed
- ○ Well Below Expectations
- ○ Below Expectations
- ○ Just Meets Expectations
- ○ Meets Expectations
- ○ Exceeds Expectations

14. Communication skills: *

- ○ Not Observed
- ○ Well Below Expectations
- ○ Below Expectations
- ○ Just Meets Expectations

Meets Expectations

Exceeds Expectations

15. Professionalism and leadership skills: *

Not Observed

Well Below Expectations

Below Expectations

Just Meets Expectations

Meets Expectations

Exceeds Expectations

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Direct Observation of Procedural Skills (DOPS)

* Required

FEEDBACK

Verbal feedback is a mandatory component of this assessment.

Please use this space to record areas of strength and suggestions for development, which were highlighted during discussion with the trainee.

16. General feedback *

Enter your answer

17. What went well? *

Enter your answer

18. What needs to be better? *

Enter your answer

19. Action to achieve this? *

Enter your answer

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Direct Observation of Procedural Skills (DOPS)

* Required

GLOBAL SUMMARY

Please provide an overall rating on the trainee's performance of the procedure.

This is judged against the standard expected at *their* current stage of training.

20. Overall Rating: *

- ○ Level 1 - Below that expected for their current stage of training
- ○ Level 2 - Appropriate for their current stage of training
- ○ Level 3 - Exceeds expectations for their current stage of training

Direct Observation of Procedural Skills (DOPS)

* Required

Declaration:

Person Completing DOPS: Dr S. MENTOR

21. Declaration: *

I confirm that this is a true and accurate record of the trainee as observed on the date stated, carrying out the procedures stated.

22. Date of Declaration: *

Please input date (dd/MM/yyyy)

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Submit

Thank you for your feedback

Important thing you can do next

Save my response

Submit another response

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Minor Surgery Service

Patient feedback

* Required

Introduction

Thank you for recently attending Minor Surgery. We are always looking at ways to improve the experience and quality of the services we provide. We would be grateful if you would take a couple of minutes to complete this questionnaire. Your responses will remain anonymous and help to shape our service.

1. Date of Procedure *

Please input date (dd/MM/yyyy)

2. Location of Procedure *

- Your Place of Work
- Alternative Location of Procedure
- Other

3. If "Other", where

Enter your answer

4. How would you rate the information you received BEFORE the procedure (1 POOR to 5 EXCELLENT) *

☆ ☆ ☆ ☆ ☆

5. How well was the procedure explained to you BEFORE the

5. How well was the procedure explained to you BEFORE the surgery (1 POOR to 5 EXCELLENT) *

☆ ☆ ☆ ☆ ☆

6. How would you rate the care you received on the day (1 POOR to 5 EXCELLENT) *

☆ ☆ ☆ ☆ ☆

7. Did you receive aftercare information about your procedure? *

- Yes
- No

8. Would you recommend the Minor Surgery service to your friends or family? *

- ◯ Yes
- ◯ No

9. Please provide any specific feedback you feel is relevant

Enter your answer

Submit

Thank you very much for your feedback.

Important thing you can do next

Save my response

Submit another response

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