



**WORKPLACE-BASED ASSESSMENT FORM**  
**CHEMICAL PATHOLOGY**  
**Direct observation of practical skills (DOPS)**

|                         |  |  |
|-------------------------|--|--|
| <b>Trainee's name:</b>  | <b>GMC N°:</b>   | <b>Stage of training:</b><br><b>A      B</b> |
| <b>Assessor's name:</b> | <b>Please circle one</b><br>Consultant<br>Clinical scientist | SAS<br>Trainee<br>Senior BMS<br>Other        |

**Brief outline of procedure**, indicating focus for assessment (refer to topics in curriculum). Tick category of case or write in space below.

|   |  |   |   |                                |
|---|--|---|---|--------------------------------|
| <input type="checkbox"/> Automated instrumentation      | <input type="checkbox"/> Clinical competencies | <input type="checkbox"/> Enzymology/electrophoresis | <input type="checkbox"/> Manual technique | <input type="checkbox"/> QC/QA |
| <input type="checkbox"/> POCT solid/dry phase chemistry | <input type="checkbox"/> Spectrometric methods | <input type="checkbox"/> Please specify:            |   |                                |

**Complexity of procedure:**     Low     Average     High

| <b>Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training:</b> |   | Below expectations |   | Borderline | Meets expectations |   | Above expectations |  | Unable to comment |
|---|---|--------------------|---|------------|--------------------|---|--------------------|--|-------------------|
|   |   | 1                  | 2 | 3          | 4                  | 5 | 6                  |  |                   |
| 1   | Understanding of indications for and scientific principles of procedure       |                    |   |            |                    |   |                    |  |                   |
| 2   | Consideration of health and safety requirements (e.g. risk assessment, COSHH) |                    |   |            |                    |   |                    |  |                   |
| 3   | Familiarity with SOP  |                    |   |            |                    |   |                    |  |                   |
| 4   | Consideration of QC/QA  |                    |   |            |                    |   |                    |  |                   |
| 5   | Technical ability and correct use of equipment                                |                    |   |            |                    |   |                    |  |                   |
| 6   | Post-procedural documentation   |                    |   |            |                    |   |                    |  |                   |
| 7   | Communication skills (written and/or verbal)                                  |                    |   |            |                    |   |                    |  |                   |
| 8   | Professionalism (e.g. patient confidentiality, respect)                       |                    |   |            |                    |   |                    |  |                   |
| 9   | Ability to seek help where appropriate  |                    |   |            |                    |   |                    |  |                   |
| 10  | Overall ability to perform procedure  |                    |   |            |                    |   |                    |  |                   |

**PLEASE COMMENT TO SUPPORT YOUR SCORING:**

**SUGGESTED DEVELOPMENTAL WORK:**  
(particularly areas scoring 1–3)

|   |                            |                                   |
|---|----------------------------|-----------------------------------|
| <b>Outcome:</b> Satisfactory    Unsatisfactory<br><small>(Please circle as appropriate)</small> | <b>Date of assessment:</b> | <b>Time taken for assessment:</b> |
|---|----------------------------|-----------------------------------|

|                               |                              |                                 |
|-------------------------------|------------------------------|---------------------------------|
| <b>Signature of assessor:</b> | <b>Signature of trainee:</b> | <b>Time taken for feedback:</b> |
|-------------------------------|------------------------------|---------------------------------|