## Direct Observation of Procedural Skills: New Patient Exam

This assessment should observe the VED during a new patient examination. The assessment is used to record judgements on the performance of the VED following an evaluator’s observation of a specific patient encounter or case. The Assessor should give feedback as soon as possible after the event, whereby the VED’s insight into their own performance will also be evaluated. Serious concerns should be notified to the Postgraduate Dental Dean or his/her representative as soon as possible

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| --- | --- | --- | --- | --- |
| **Date of assessment:** |  |  |  |  |
| **Description of case/encounter:** |  | | | |
|  |  |  |  |  |
| **Please grade the following areas using the 1 to 4 scale:** | **Serious Concerns** | **Specific training required** | **Supervision required** | **Acceptable** |
| **1** | **2** | **3** | **4** |
| Patient examination |  |  |  |  |
| Diagnosis/clinical judgement |  |  |  |  |
| Treatment planning |  |  |  |  |
| Procedural knowledge |  |  |  |  |
| Communication (patient and team) |  |  |  |  |
| Professionalism |  |  |  |  |
| **After feedback given on the assessment, please rate:** |
| VED’s insight into own performance |  |  |  |  |
| Areas of good performance: |  | | | |
| Specific areas for development (please attach action plan): |  | | | |
| Minutes spent observing: |  |  |  |  |
| Minutes spent giving feedback: |  |  |  |  |
| VED’s comments, if any: |  | | | |
|  |  |  |  |  |
| **Validation Supervisor’s name and signature:** |  | |  | |
| **VED’s name and signature** |  | |  | |