



Direct Observation of Procedural Skills Assessment Form

Posterior Fossa Skull Base Tumour

Trainee Name: _____

The trainee should initiate completion of this DOPS when they feel they have a reasonable chance of demonstrating safe and efficient independent practice. The Assessor must be the Surgical Supervisor or another Surgical Trainer recognised by the Board of Neurosurgery who has supervised the trainee undertaking the procedure on multiple occasions. Where the Assessor is not the Surgical Supervisor, the Surgical Supervisor must also sign the DOPS form to confirm they are confident with the assessment completed by the Assessor.

This is a Type 3 DOPS procedure. Type 3 DOPS procedures must be assessed as satisfied by one Assessor. As such, trainees must submit one DOPS form during their SET Program.

This DOPS form must be submitted to the Board by the trainee within two weeks of the date the procedure was last observed by the Assessor as recorded on this DOPS form.

I confirm the trainee can perform all of the principal procedure independently in a consistently safe and effective manner based on my direct observations of the trainee performing the procedure on multiple occasions. This includes but is not limited to the trainee satisfactorily achieving the following:

- Pre-operative preparation (clinical assessment, investigations, choice of approach, consent, formal timeout etc)
- Patient setup, positioning, intra-operative localization setup of monitoring techniques
- Safe and appropriate bone removal
- Dural opening with safe and appropriate exposure of operative field
- Safe exposure of tumour, with identification of neural and vascular anatomy, avoidance of cerebral injury, avoidance of cranial nerve or vascular injury
- Safe tumour debulking techniques with appropriate facial nerve protection strategies
- Appropriate dural closure techniques and avoidance of dural fistula
- Post-operative orders and management

I consent to this Form being provided to all future training units in which the trainee is placed as part of the Surgical Education and Training Program.

____ / ____ / ____

Date this procedure was last observed by the Assessor

____ / ____ / ____

Date this DOPS Form was signed

 Assessor's Name (write above)

 Assessor's Signature (sign above)

If the Assessor was not the Surgical Supervisor, the Surgical Supervisor must also complete the following declaration.

As Surgical Supervisor, I verify that I have discussed the above assessment with the Assessor and am confident that it is an accurate assessment of the trainee's ability. I consent to this Form being provided to all future training units in which the trainee is placed as part of the Surgical Education and Training Program.

 Surgical Supervisors' Name (write above)

 Surgical Supervisors' Signature (sign above)