



## Direct Observation of Procedural Skills Assessment Form

### Meningioma resection involving sphenoid wing or venous sinus

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 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
- Safe and appropriate craniotomy for exposure
- Safe exposure of tumour, with protection of neural structures and vessels
- Safe debulking and removal of tumour and strategies for tumours of the medial sphenoid wing or venous sinus
- Appropriate haemostasis and closure techniques
- Post-operative 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

\_\_\_\_\_  
 Assessors' Name (write above)

\_\_\_\_\_  
 Assessors' 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)