**Teaching Observation (TO)**

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| --- | --- |
| **Date of Assessment:** |  |

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| --- | --- |
| **Trainee’s Name:** |  |

|  |  |
| --- | --- |
| **Trainee’s GMC Number:** |  |

|  |  |
| --- | --- |
| **Trainee’s Year:** |  |

|  |  |
| --- | --- |
| **Assessor’s Name:** |  |

|  |  |
| --- | --- |
| **Assessor’s Email Address:** |  |

|  |  |
| --- | --- |
| **Assessor’s Registration Number (e.g. GMC, NMC, GDC):** |  |

**Assessor’s position:** Consultant [ ]  SAS [ ]  SpR [ ]  StR [ ]

**Institution/Setting:**

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| --- |
|  |

**Learner Group:**

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| --- |
|  |

**Number of Learners:** Less than 5 [ ]  5-15 [ ]  16-30 [ ]  More than 30 [ ]

**Title of Session:**

|  |
| --- |
|  |

**Brief Description of the Session:**

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| --- |
|  |

**Introduction:**

|  |  |
| --- | --- |
| e.g.* Introduction of self
* Gained attention of group
* Stated the objectives
 |  |

**Development:**

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| --- | --- |
| e.g.* Key points emphasised
* Clear, concise delivery
* Knowledge of subject
* Logical sequence
* Well paced
* Good use of voice/tone
* Resources supported topic
* Quality of resources
* Effective group participation
* Effective use of questioning
* Appropriate teaching methods used
* Management to teaching activities
* Appropriate assessment techniques
 |  |

**Conclusion:**

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| --- | --- |
| e.g.* Summarised key points
* Objectives were mete
* Kept to time limit
 |  |

**General comments and action points:**

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|  |

**Trainee’s Signature**…………………………………………………… **Assessor’s Signature**…………………………………………………….