**Teaching Observation (TO)**

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| **Date of Assessment:** |  |

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

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

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

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

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

|  |  |
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| **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:**

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|  |

**Brief Description of the Session:**

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**Introduction:**

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

**Development:**

|  |  |
| --- | --- |
| 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**…………………………………………………….