**Template for proposed virtually- supervised or cadaveric procedures**

Virtually supervised procedures MUST be planned and approved in advance. There must be live interaction on the day of the procedure. Discussion groups/journal clubs do not count as virtually supervised procedures.

Prior to a remotely assessed case the resident must submit to their supervisor (24hrs or more) the following information in addition to the DMS required documentation:

|  |  |  |
| --- | --- | --- |
| **Resident’s Name** |  | *Supervisor Approved/Comments* |
| Date of proposed procedure |  |  |
| Location of intended procedures |  |  |
| Title of procedure folder (Candidates initials-Name of procedure- Date) |  |  |
| Procedure acronym |  |  |
| Name of procedure |  |  |
| Patient ID |  |  |
| Age |  |  |
| Tooth |  |  |
| List of preoperative diagnostic information | (Attachments where relevant) |  |
| List of intended steps | 1  2  3  4  5  6 |  |
| After procedure | | |
| Time for procedure |  |  |
| Images of steps taken | File names of attachments  (jpegs/pdf) or files labelled in numerical order. |  |
| Video clips of steps | File names of attachments (mpegs) labelled in numerical order. |  |
| Critical appraisal of steps | 1  2  3  4  5  6 |  |
| Outcome |  |  |
| Suggested improvements |  |  |
| Approved by (supervisor name/date. |  |  |