Direct Observation of Procedural Skills (DOPS)

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| **Trainee name:** |  | | | **Training Phase:** | | |  | |
| Assessor name: |  | | | Registration no: | | |  | |
| Grade of assessor: |  | | | Date | | |  | |
| **Procedure assessed** | | | | **Curriculum elements covered** | | | | |
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| **Please TICK to indicate the standard of the trainee’s performance in each area** | | *Not observed* | *Further core learning needed* | | *Demonstrates good practice* | | | *Demonstrates excellent practice* |
| *Must address learning* | *Should address learning* | |
| Clinical indication | |  |  | |  |  | |  |
| Appropriately deals with issues related to consent | |  |  | |  |  | |  |
| Appropriate preparation | |  |  | |  |  | |  |
| Technical skills | |  |  | |  |  | |  |
| Situational awareness and clinical judgement | |  |  | |  |  | |  |
| Safety, including prevention and management of complications | |  |  | |  |  | |  |
| Post procedure management | |  |  | |  |  | |  |
| Professionalism, communication and consideration for patient, relatives and colleagues | |  |  | |  |  | |  |
| Documentation | |  |  | |  |  | |  |
| Adherence to Good Medical Practice | |  |  | |  |  | |  |

Direct Observation of Procedural Skills (DOPS) (cont.)

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| **Trainee name:** |  | **Training Phase:** | |  |
| Assessor name: |  | Registration no: | |  |
| Grade of assessor: |  | Date | |  |
| **Areas of strength** | | | | |
|  | | | | |
| **Areas for improvement** | | | | |
|  | | | | |
| **Action plan** | | | | |
|  | | | | |
| Assessor Signature: | | | Trainee Signature: | |