

## Direct Observation of Procedural Skills (DOPS)

Please use black ink and CAPITAL LETTERS.		Please complete the questions using a tick	<input checked="" type="checkbox"/>							
<b>Trainee</b>		<b>Assessor</b>								
Name:		Name:								
GMC/GDC/IMC number:		GMC/GDC/IMC number:								
Specialty:		Position:								
Hospital/Organisation:		Institutional e-mail:								
Training level:		Training: No <input type="checkbox"/> Written <input type="checkbox"/> Web/CD <input type="checkbox"/> Workshop <input type="checkbox"/>								
Name of procedure:										
Difficulty of procedure: Easier than usual <input type="checkbox"/> Average difficulty <input type="checkbox"/> More difficult than usual <input type="checkbox"/>										
Performed in a simulated setting <input type="checkbox"/>		Number of times procedure previously performed:								
<b>Rate the domains using the following scale: N = Not observed or not appropriate, D = Development required, S = Satisfactory standard for completion of CCST (no prompting or intervention required)</b>										
<b>Domain</b>		<b>Rating N/D/S</b>	<b>Comments</b>							
1. Describes indications, anatomy, procedure and complications to assessor										
2. Obtains consent, after explaining procedure and possible complications to patient										
3. Prepares for procedure according to an agreed protocol										
4. Administers effective analgesia or safe sedation (if no anaesthetist)										
5. Demonstrates good asepsis and safe use of instruments and sharps										
6. Performs the technical aspects in line with the guidance notes										
7. Deals with any unexpected event or seeks help when appropriate										
8. Completes required documentation (written or dictated)										
9. Communicates clearly with patient & staff throughout the procedure										
10. Demonstrates professional behaviour throughout the procedure										
<b>FEEDBACK:</b> Verbal feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions for development which were highlighted during discussion with the trainee:										
<b>GLOBAL SUMMARY</b>			<b>Tick</b>							
<b>After summarising the discussion with the trainee in the box above, please complete the level at which the procedure was performed on this occasion</b>										
Level 0	Insufficient evidence observed to support a summary judgement									
Level 1	Unable to perform the procedure under supervision									
Level 2	Able to perform the procedure under supervision									
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)									
Level 4	Competent to perform the procedure unsupervised (and could deal with any complications that arose)									
Time taken for observation (mins):		Time taken for feedback (mins):								
Date:	Trainee's signature:	Assessor's signature:								
Not at all		Highly								
Trainee satisfaction with CbD	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Assessor satisfaction with CbD	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>