

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

FINAL Year

Student Name:			
Assessor's Name:		Assessor's Position:	F1 <input type="checkbox"/> Above F1 <input type="checkbox"/> Nurse <input type="checkbox"/> Phlebotomist <input type="checkbox"/>

GLOBAL RATING	The procedure:				The student:	
	was correct, safe and fluent, and successfully completed	was correct, safe and successfully completed	was correct and safe, but unsuccessfully completed	requires further learning before next attempt	does not require close supervision on next attempt	requires ongoing supervision
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TICK WHICH DOPS HAS BEEN COMPLETED

- Arterial gases
- Clinical diagnosis of death
- Inserting an intravenous cannula
- Inserting a nasogastric tube
- Injection - intramuscular
- Injection - subcutaneous
- Preparation of an intravenous infusion and use of infusion device
- Skin suturing, wound care and basic wound dressing
- Urinary male catheterisation
- Urinary female catheterisation
- Use of local anaesthetic for suturing
- Venepuncture for blood sample for cross matching
- Venous sample for blood cultures

FEEDBACK TO STUDENT				
Domain of practice	Excellent	Adequate	Needs improvement	Not relevant
Demonstrates understanding of indications, relevant anatomy, and appropriate preparation for procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has obtained informed consent, has appropriate consideration for patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to discuss and use appropriate analgesia/ anaesthesia and aseptic technique for procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical ability of student in performing named procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considers and accurately assesses level of risk and complexity for this procedure in this patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to discuss and prescribe post procedure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate and safe disposal of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

Student's Signature:.....
Date:.....

Assessor's Signature:.....
Date:.....

