

Direct observation of procedural skills (DOPS)

Form for the assessment of procedural skills

Doctor (Please print name) _____

Assessor (Please print name) _____

Doctor's Level of Appointment (for example, PGY1) _____ Setting _____

Problem Complexity (circle one) Low Medium High

Patient Problem _____ Age _____ Gender _____

Procedure _____ Discipline _____

Please record a rating (x) for each component of the procedure observed on the scale 1 (extremely poor) to 9 (extremely good). A score of 1–3 is considered unsatisfactory, 4–6 satisfactory and 7–9 above that expected, for the PGY1 standard. Support ratings of 1–3 with an explanation/example in the comments box. Please add other relevant comments about this doctor's strengths and weaknesses that support your ratings and guide their future learning.

1.	Demonstrates understanding of indications, relevant anatomy, technique of procedure	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
2.	Obtains informed consent	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
3.	Demonstrates appropriate preparation pre-procedure	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
4.	Appropriate analgesia or safe sedation	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
5.	Technical ability	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
6.	Aseptic technique	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
7.	Seeks help where appropriate	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
8.	Past procedure management plan	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
9.	Communications skills	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
10.	Consideration for patient/professionalism	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			
11.	Overall clinical competence performing procedure	<input type="checkbox"/> 0	<input type="checkbox"/> 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
	Not observable/applicable	Unsatisfactory			Satisfactory			Above expected			

Assessors comments on the trainee's performance

Trainee's comments on their performance

Doctor's signature

Assessor's signature

Date