

Joint Royal Colleges of Physicians Training Board

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DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Chest Drain Insertion

Seldinger/Surgical

Trainee's Name			Trainee's GMC No			
SpR Year	1	2	3	4	5	6
Assessor's Name			Assessor's GMC No			
Indication for procedure (CAPITALS)						

A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 is considered above that expected. Please note that your score should reflect the performance of the doctor against that which you would reasonably expect at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation/example in the assessor's comments box. Failure to do so will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

	Unsatisfactory			Satisfactory			Above expected		
1. Indications for procedure/clinical judgement (in particular, is it really necessary?) o Not observed or applicable	01	02	03	04	05	06	07	08	09
2. Obtaining informed consent o Not observed or applicable	01	02	03	04	05	06	07	08	09
3. Appropriate use of imaging	01	02	03	04	05	06	07	08	09
4. Selection of appropriate environment and use of sterile technique o Not observed or applicable	01	02	03	04	05	06	07	08	09
5. Appropriate analgesia or safe sedation o Not observed or applicable	01	02	03	04	05	06	07	08	09
6. Local anaesthetic technique o Not observed or applicable	01	02	03	04	05	06	07	08	09
7. Positioning and selection of appropriate (safe) site for insertion	01	02	03	04	05	06	07	08	09
8. Handling and care of equipment and technical ability with insertion o Not observed or applicable	01	02	03	04	05	06	07	08	09
9. Securing Drain o Not observed or applicable	01	02	03	04	05	06	07	08	09
10. Setting up and managing underwater seal/suction	01	02	03	04	05	06	07	08	09

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11. Awareness and management of complications ○ Not observed or applicable	01	02	03	04	05	06	07	08	09
12. Drawing up appropriate management plan ○ Not observed or applicable	01	02	03	04	05	06	07	08	09
13. Professionalism and consideration ○ Not observed or applicable	01	02	03	04	05	06	07	08	09
14. Overall clinical competence with procedure	01	02	03	04	05	06	07	08	09

Assessor's Comments

Trainee's Comments

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Assessor (Name & Signature)

.....
Trainee (Name & Signature)

.....
Date (DD/MM/YY)