RCP DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) :

Cardiology Version

Assessor's GMC Number | **Date (DD/MM/YY)** | **SpR's GMC Number** | **Year of SpR training**

/ /

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 is considered above that expected, for a trainee at the same stage of training and level of experience. Please note that your scoring should reflect the performance of the SpR 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 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.

1. Interacts appropriately with other staff

○ Not observed or applicable ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

UNSATISFACTORY SATISFACTORY ABOVE EXPECTED

2. Understanding of equipment and staff needed for cardioversion

○ Not observed or applicable ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

3. Prepares patient appropriately for cardioversion with anticoagulants

○ Not observed or applicable ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

4. Prepares patient appropriately for cardioversion with antiarrhythmic drugs

○ Not observed or applicable ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

5. Prepares patient appropriately for cardioversion with sedation/anaesthetic support

○ Not observed or applicable ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

6. Prepares patient appropriately for cardioversion with correct positioning of DC electrode patches

○ Not observed or applicable ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

7. Cardioverts patient with appropriate shock waveform and energy

○ Not observed or applicable ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

8. Advises appropriate follow-up care for anticoagulants and antiarrhythmic drugs

○ Not observed or applicable ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

9. Assessor's comments on trainee's performance on this occasion (BLOCK CAPITALS PLEASE)

10. Trainee's comments on their performance on this occasion (BLOCK CAPITALS PLEASE)

Trainee's signature

Assessor's signature

63724

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