

RCP DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) :

Pericardiocentesis

Assessor's GMC Number

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Date (DD/MM/YY)

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SpR's GMC Number

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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. Understands indications for procedure	<input type="radio"/> Not observed or applicable <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
2. Interacts appropriately with patient and obtains consent	<input type="radio"/> Not observed or applicable <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
3. Plans and organizes the procedure	<input type="radio"/> Not observed or applicable <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
4. Uses appropriate analgesia and sedation	<input type="radio"/> Not observed or applicable <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
5. Uses appropriate imaging to guide procedure	<input type="radio"/> Not observed or applicable <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
6. Able to complete procedure	<input type="radio"/> Not observed or applicable <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
7. Draws up an appropriate management plan	<input type="radio"/> Not observed or applicable <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
8. Counsels patient/relatives appropriately pre and post procedure	<input type="radio"/> Not observed or applicable <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
9. Overall clinical competence	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
<input type="radio"/> Not observed or applicable	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 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

27307

