

# RCP DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) :

## Generic Form for assessment of SpR's core procedural skills

<b>Assessor's GMC Number</b>	<b>or surname if NOT a doctor</b>	<b>SpR's GMC Number</b>	<b>Year of SpR training</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6

Procedure being observed: (CAPITALS)

Indication for procedure/diagnosis: (CAPITALS)



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.

<b>1. Indications for procedure</b>	<input type="radio"/> Not observed or applicable	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 UNSATISFACTORY	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 SATISFACTORY	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 ABOVE EXPECTED
<b>2. Obtaining informed consent</b>	<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
<b>3. Appropriate analgesia or Safe Sedation</b>	<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
<b>4. Technical ability</b>	<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
<b>5. Professionalism and consideration for patient including during the procedure</b>	<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
<b>6. Clinical judgement</b>	<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
<b>7. Awareness and management of complications</b>	<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
<b>8. Interpreting diagnostic information</b>	<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
<b>9. Drawing up an appropriate management plan</b>	<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
<b>10. Counselling and communication of results to patient/relatives</b>	<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
<b>11. OVERALL CLINICAL COMPETENCE PERFORMING PROCEDURE</b>		<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

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

Trainee's Comments on their performance on this occasion (BLOCK CAPITALS PLEASE)

Trainee's signature

Assessor's signature

Date (DD/MM/YY)

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