**Direct Observation of Procedural Skills (DOPS)**

**Summative: Potentially Life Threatening**

|  |  |
| --- | --- |
| **Date of Assessment:** |  |

|  |  |
| --- | --- |
| **Trainee’s Name:** |  |

|  |  |
| --- | --- |
| **Trainee’s GMC Number:** |  |

|  |  |
| --- | --- |
| **Trainee’s Year:** |  |

|  |  |
| --- | --- |
| **Assessor’s Name:** |  |

|  |  |
| --- | --- |
| **Assessor’s Email Address:** |  |

|  |  |
| --- | --- |
| **Assessor’s Registration Number (e.g. GMC, NMC, GDC):** |  |

**Assessor’s position:** Consultant [ ]  SAS [ ]  SpR [ ]  SHO [ ]  GP [ ]  Nurse [ ]  Other [ ]

|  |  |
| --- | --- |
| **If Other, please specify:** |  |

|  |  |
| --- | --- |
| **Clinical setting (e.g. A&E, ICU, In-Patient):** |  |

|  |  |
| --- | --- |
| **Procedure:** |  |

**Type of assessment:** Summative **Type of procedure:** Potentially Life Threatening

**Please score the trainee on the scale shown. Please note that your scoring should reflect the performance of the trainee against which you would reasonably expect at their stage/year of training and level of experience. Please mark 'Not applicable' if the domain is not applicable to the procedure:**

|  |  |  |  |
| --- | --- | --- | --- |
| Under direct supervision/assistance | With limited supervision/assistance | Competent unsupervised and deal with complications | Not applicable |
| **Demonstrates understanding of indications, relevant anatomy, technique of procedure:** |
| [ ]  |[ ] [ ] [ ]
| **Obtains informed consent:** |
| [ ]  |[ ] [ ] [ ]
| **Demonstrates appropriate preparation pre-procedure:** |
| [ ]  |[ ] [ ] [ ]
| **Appropriate analgesia or safe sedation:** |
| [ ]  |[ ] [ ] [ ]
| **Technical ability:** |
| [ ]  |[ ] [ ] [ ]
| **Aseptic technique:** |
| [ ]  |[ ] [ ] [ ]
| **Seeks help where appropriate:** |
| [ ]  |[ ] [ ] [ ]
| **Post procedure management:** |
| [ ]  |[ ] [ ] [ ]
| **Communication skills:** |
| [ ]  |[ ] [ ] [ ]
| **Consideration of patient/professionalism:** |
|[ ] [ ] [ ] [ ]

**Based on this observation please now rate the level of independent practice the trainee has shown for this procedure:**

Unable to perform procedure ☐

Able to perform the procedure under direct supervision/assistance ☐

Trained and competent in skills lab (this does not equate to clinical competence) ☐

Able to perform the procedure with limited supervision/assistance ☐

Competent to perform the procedure unsupervised and deal with complications ☐

**Which aspects of the encounter were done well?**

|  |
| --- |
|  |

**Suggested areas for improvement:**

|  |
| --- |
|  |

**Agreed action:**

|  |
| --- |
|  |

Please tick one of the options below:

**Has the trainee passed or failed this assessment based on your observation and comments above?**

Passed [ ]  Failed [ ]

**Is this the trainee’s first or second summative sign off for this procedure?** First [ ]  Second [ ]