

## Direct Observation of Procedural Skills (DOPS)

Date of Assessment (DD/MM/YY)

 /  / 

Trainee's Name

Trainee's year

Assessor's Name

Clinical Setting (OPD/Ward):

Procedure:

<i>Well below expectation for stage of training</i>	<i>Below expectation for stage of training</i>	<i>Borderline for stage of training</i>	<i>Meets expectation for stage of training</i>	<i>Above expectation for stage of training</i>	<i>Well above expectation for stage of training</i>	<i>Unable to Comment</i>
<b>Demonstrates understanding of indications, relevant anatomy, technique of procedure:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Obtains informed consent:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Demonstrates appropriate preparation pre-procedure:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appropriate analgesia or self-sedation:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Technical ability:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aseptic technique:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Seeks help where appropriate:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Post procedure management:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication skills:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consideration of patient/professionalism:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall ability to perform procedure:</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dr Mansoor Dilnawaz, Consultant Dermatologist

Dr Zafar Iqbal Shaikh, Advisor in Dermatology

Department of Dermatology, Military Hospital (MH) Rawalpindi  
(Adapted from Royal College of Physicians/JRCPTB)

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

<b>Level of Independent Practice</b>	
<b><i>Rating</i></b>	
Unable to perform the procedure	<input type="checkbox"/>
Able to perform the procedure under direct supervision/assistance	<input type="checkbox"/>
Able to perform the procedure with limited supervision/assistance	<input type="checkbox"/>
Competent to perform the procedure unsupervised and deal with complications	<input type="checkbox"/>

Any suggested areas for improvement:

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