

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>
Demonstrates understanding of indications, relevant anatomy, technique of procedure:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains informed consent:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates appropriate preparation pre-procedure:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate analgesia or self-sedation:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical ability:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help where appropriate:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post procedure management:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of patient/professionalism:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall ability to perform procedure:						
<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:

Level of Independent Practice	
<i>Rating</i>	
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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