

## DOPS

<b>Doctor's Surname</b>	<input style="width: 80%;" type="text"/>
<b>Doctor's Forename</b>	<input style="width: 80%;" type="text"/>
<b>Doctor's GMC Number</b>	<input style="width: 80%;" type="text"/>
<b>Clinical Setting</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>Procedure</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>If Other, please specify</b>	<input style="width: 80%;" type="text"/>
<b>Assessor's position</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>Number of previous DOPS observed by assessor with ANY trainee</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>Number of times procedure performed by this trainee</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>Difficulty of procedure</b>	<input style="width: 80%;" type="text" value="Select"/>

### Please grade the following areas using the scale below:

*Please mark as 'Insufficient Evidence' if you have not observed the behaviour and feel unable to comment*

#### **Demonstrates understanding of indications, relevant anatomy, technique of procedure\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Obtains informed consent\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Demonstrates appropriate preparation pre-procedure\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Appropriate analgesia or safe sedation\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Technical ability\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Aseptic technique (if appropriate)\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Seeks help where appropriate\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Post procedure management\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Communication skills\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Consideration of patient/professionalism\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Overall ability to perform procedure\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Please use this space to record areas of strength or any suggestions for development.**

**Have you had training in the use of this assessment tool?:**

**Time taken for observation: (in minutes)**

**Time taken for feedback: (in minutes)**

**Assessor's Name**

**Assessor's GMC number**

**Assessor contact details**