

Direct Observation of Procedural Skills (DOPS) - F2 Version

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Doctor's Surname:

Forename:

GMC Number:

GMC NUMBER MUST BE COMPLETED

Clinical setting: A&E OPD In-patient Acute Admission GP Surgery

Procedure:

Assessor's position: Consultant SASG SpR GP Nurse Other

Number of previous DOPS observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Number of times procedure performed by trainee: 0 1-4 5-9 >10 Difficulty of procedure: Low Average High

Please grade the following areas using the scale below:	Below expectations for F2 completion		Borderline for F2 completion	Meets expectations for F2 completion	Above expectations for F2 completion		U/C*
	1	2	3	4	5	6	
1 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"/>
2 Obtains informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 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"/>
4 Appropriate analgesia or safe sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 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"/>
8 Post procedure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 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"/>
11 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"/>

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

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

Trainee satisfaction with DOPS Not at all 1 2 3 4 5 6 7 8 9 10 Highly

Assessor satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10

Have you had training in the use of this assessment tool?: Face-to-Face Have Read Guidelines Web/CD rom

Assessor's Signature: Date: / /

Time taken for observation: (in minutes)

Assessor's Surname:

Time taken for feedback: (in minutes)

Assessor's GMC Number:

Please note: Failure of return of all completed forms to your administrator is a probity issue **7167248443**