



DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) – ASSESSMENT FORM

Date: ____ / ____ / ____

Name of Trainee: _____ SET Level: _____

Assessor: _____

Hospital: _____ Unit: _____

Setting: Theatre ICU ED Other _____

Procedure: _____ Major Intermediate Minor

Difficulty: Easier than usual Average More than usual

Number of times this procedure has been performed by this trainee prior to this occasion _____

Please assess and mark the following areas:	Unsatisfactory	Borderline	Satisfactory	Not observed/NA
1. Explains the procedure to the patient and obtains patient's informed consent				
2. Prepares for procedure according to agreed protocol				
3. Demonstrates aseptic techniques and safe use of instruments/sharps				
4. Performs technical aspects competently				
5. Demonstrates manual dexterity required to carry out procedure				
6. Adapts procedure to accommodate patient and/or unexpected events				
7. Is aware of own limitations and seeks help when appropriate				
8. Completes required documentation (written or dictated)				
9. Analyses one's own clinical performance for continuous improvement				
10. Overall ability to perform procedure				

Suggestions for development

Other comments:

Agreed action:

Assessor's signature _____

Trainee's signature _____