# Direct Observation of Practical Professional Skills (DOPPS) Rating Form

## Trainee information

Trainee’s name: .............................................................................................................................................

Advanced Training year: □ 1 □ 2 □ 3 □ 4+  DOPPS number for this year: □ 1 □ 2 □ 3 □ 4+

(Full time equivalent)

Assessor’s name: ...........................................................................................................................................

Assessor’s email: .......................................................................... Date of assessment: ____/____/_____

Location of DOPPS: ....................................................................................................................................

Description of activity: ..................................................................................................................................

## Please rate the trainee against what you would expect of a trainee in that year of training

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
<th>Not* observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organisation and preparation</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>2. Introduction - clarification of purpose</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>3. Facilitation and communication</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>4. Management of the business of the encounter</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>5. Conclusion</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>6. Post-meeting follow up</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>Overall performance</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td></td>
</tr>
</tbody>
</table>

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

Please include strengths, agreed actions for development, and feedback on overall competence in this procedure overleaf.

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If a trainee receives a rating which is unsatisfactory, the assessor must complete this section.

**c) Feedback on overall competence in this practical professional skill**

The trainee: (select one)

- [ ] has insufficient knowledge and skill to perform this practical professional skill
- [ ] may perform this practical professional skill under supervision, the supervisor deciding the level of supervision
- [ ] may perform this practical professional skill independently
- [ ] would be suitable to teach / supervise others in this practical professional skill

**d) Trainee comments**

Assessor’s signature: ............................................
Trainee’s signature: ............................................

**Evaluation**

Data from formative assessments is collated for the purpose of evaluation. Individual, identifiable data will not be presented in any published reporting.

Time taken for observation: mins
Time taken for feedback: mins

Assessor’s satisfaction using DOPPS: LOW 1 2 3 4 5 6 7 8 9 HIGH
Trainee’s satisfaction using DOPPS: LOW 1 2 3 4 5 6 7 8 9 HIGH

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