



## Direct Observation of Procedural Skills (DOPS) Rating Form

### Trainee information

Trainee's name : .....

Advanced Training year : 1 2 3 4+      DOPS number for this year : 1 2 3 4+  
(Full time equivalent)

Assessor's name : .....

Assessor's position :     Fellow (FRACP)    Fellow (other)    Other .....

Assessor's email : .....      Date of assessment : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hospital/Location : .....

Specialty : .....      Procedure : .....

Procedure complexity :    Low    Medium    High

Patient gender :  Male    Female      Patient age : .....

Patient problem / Dx(s) : .....

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

	Unsatisfactory			Satisfactory			Superior			Not* observed
1. Demonstrates understanding of indications, relevant anatomy, technique of procedure	1	2	3	4	5	6	7	8	9	n/o
2. Obtains informed consent	1	2	3	4	5	6	7	8	9	n/o
3. Demonstrates appropriate pre-procedure preparation	1	2	3	4	5	6	7	8	9	n/o
4. Demonstrates patient and risk awareness	1	2	3	4	5	6	7	8	9	n/o
5. Aseptic technique	1	2	3	4	5	6	7	8	9	n/o
6. Technical ability	1	2	3	4	5	6	7	8	9	n/o
7. Seeks help where appropriate	1	2	3	4	5	6	7	8	9	n/o
8. Post-procedure management	1	2	3	4	5	6	7	8	9	n/o
9. Communication skills	1	2	3	4	5	6	7	8	9	n/o
10. Consideration for patient	1	2	3	4	5	6	7	8	9	n/o
<b>Overall procedural performance</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	

\* 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

### a) Strengths

Blank area for recording strengths.

### b) Agreed actions for development

If a trainee receives a rating which is unsatisfactory, the assessor must complete this section for the form to be submitted.

Blank area for recording agreed actions for development.

### c) Feedback on overall competence in this procedure

The trainee: (select one)

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

### d) Trainee comments

Blank area for recording trainee comments.

### 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 DOPS	LOW	1	2	3	4	5	6	7	8	9	HIGH
Trainee's satisfaction using DOPS	LOW	1	2	3	4	5	6	7	8	9	HIGH

Assessor's signature : .....

Trainee's signature : .....