

Procedural Skills (DOPS) – WACP/RCP Collaboration

Date of assessment ____/____/20____

Trainee's Name: _____

Trainee's Year: _____

Assessor's Name: _____

Assessor's Email: _____

Assessor Position:

Consultant	<input type="radio"/>	SHO	<input type="radio"/>
SR	<input type="radio"/>	Reg	<input type="radio"/>
GP	<input type="radio"/>	Nurse	<input type="radio"/>
Other	<input type="radio"/>		

Clinical Setting:

Procedure:

Please grade the following area using the scale below*

Well below expectations for stage of training	Below expectations for stage of training	Borderline for stage of training	Meets expectations for stage of training	Above expectations for stage of training	Well above expectations for stage of training	Unable to make comment
Demonstrates understanding of indications, relevant anatomy						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtains informed consent						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates appropriate preparation						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate analgesia of safe sedation						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical ability						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aseptic technique						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek help where appropriate						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post procedure management						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consideration of patient/professionalism						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall ability to perform procedure						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U/C please mark this if you have not observed the behaviour and feel unable to comment

Which aspect of the encounter were done well?

Suggested areas for improvement

Agreed action

Based on this observation, please now rate the level of independent practice the trainee has shown for this procedure:

- | | |
|---|-----------------------|
| Unable to perform the procedure | <input type="radio"/> |
| Able to perform the procedure under direct supervision/assistance | <input type="radio"/> |
| Able to perform the procedure with limited supervision/assistance | <input type="radio"/> |
| Competent to perform the procedure unsupervised and deal with complications | <input type="radio"/> |