

Assessment for the Fellowship of the Faculty of Pain Medicine (FFPMRCA) Pilot 2008. Directly Observe Procedural Skills (DOPS)

[Year]

Please complete form in full in black ink. Complete the form by initialling the relevant box Remember to note the time taken for the assessment and the time taken for the feedback.

Trainee's name:

Date:

Trainee's position:

Trainee's stage of Advanced Pain Training (2/5/8/11 months):

Trainee's RCoA number:

Trainee's GMC number:

Procedure: (agreed at outset by assessor and trainee, case chosen by assessor)

Number of previous DOPS assessments undertaken by trainee:

| | | | | | | |
|---|---|---|---|-----|-------|-----|
| 0 | 1 | 2 | 3 | 5-9 | 10-14 | >14 |
| | | | | | | |

Performance: (to be completed contemporaneously by assessor)

| | 1 | 2 | 3 | 4 | 5 | 6 | U/C* |
|--|------------------------|-------------------|-------------|--------------------|-------------------|------------------------|------|
| | Well below expectation | Below expectation | Border-line | Meets expectations | Above expectation | Well above expectation | |
| Explanation of indication, risk and informed consent | | | | | | | |
| Positioning of patient | | | | | | | |
| Defining anatomy | | | | | | | |
| Aseptic technique | | | | | | | |
| Checking and familiarity with equipment | | | | | | | |
| Procedure and situational awareness | | | | | | | |
| Communication and consideration for patient | | | | | | | |
| Post procedure care including good notes | | | | | | | |
| Seeks help when necessary | | | | | | | |
| Professionalism | | | | | | | |
| Overall | | | | | | | |

- If the area of competence has not been observed initial the U/C (unable to comment) box.

Feedback on performance:

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| |
|--|
| Good points... |
| Suggestions for improvement... |
| Agreed action... 1. 2. 3. 4. |

Trainee's satisfaction with this assessment: Yes /No

Assessor's satisfaction with this assessment: Yes /No

Time taken for assessment:

Time taken for feedback:

Assessor's name:

Assessor's position: (Consultant, LPES, RAPM)

Assessor's RCoA number:

Assessor's GMC number:

To assessor: Have you had training in the use of this assessment tool?

| Yes, face to face | Yes, written instruction | Yes, web or CDROM |
|-------------------|--------------------------|-------------------|
| | | |

Assessor's signature

Please submit original form to RAPM and retain copy. Failure to submit paperwork is a serious probity issue.