

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) FORM

	Scoring			
	Not Competent	Competent	Excellent	N/A
IMG Name: _____				
Procedure to be Assessed: _____				
Date: _____				
Before the Operation				
Demonstrates knowledge of				
• Indications/contraindications				
• Complications				
Explains to patient/relatives as above and checks understanding, especially side and site				
Explains to patient likely outcome including time frame. Checks understanding				
In Theatre				
Checks				
• Equipment				
• Limb marking				
• Any implant required; and choice appropriate				
• X-rays/imaging				
• Demonstrates safe aseptic technique & safe use of instruments (sharps)				
• Demonstrates appropriate liaison with anaesthetist/theatre staff, eg positioning, antibiotics				
During surgery demonstrates				
• Knowledge of skin incision				
• Knowledge of exposure				
• Care with soft tissues				
• Knowledge and use of instruments				
• Knowledge of procedure				
• Good use of assistant				
• Ability to control bleeding				
• Ability to adapt procedure to any unexpected event				
• Ability to close wound and apply dressing				
• Manual dexterity required to carry out procedure				
• Ability to adapt procedure to accommodate unexpected events				
After the Operation				
• Remains responsible until patient in recovery				
• Documents the operation and post-operative plan				
• Communicates the outcome to patient/relatives				
• Analyses own clinical performance for continuous improvement				
Name of Consultant				
Signature of Consultant				
Signature of IMG				

Suggestions for development**Agreed action****Self-reflection – what did you learn from this assessment experience?****Assessor's Signature:** _____**Assessor's Name:** _____**IMGs Name:** _____**Signature of IMG:** _____