

**Direct Observation of Procedural Skills (DOPS). Critical Care Medicine.**

Assessor's name / designation	Trainee's name			Year of training (ST1-7)					
Procedure		Indication							
<b>1. Indications for procedure discussed with assessor</b>									
<input type="checkbox"/> Not observed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>2. Obtained informed consent</b>									
<input type="checkbox"/> Not observed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>3. Preparation appropriate, asepsis, monitoring, analgesia/anaesthesia</b>									
<input type="checkbox"/> Not observed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>4. Professionalism, communication skills and consideration for patient and relatives</b>									
<input type="checkbox"/> Not observed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>5. Technical skills</b>									
<input type="checkbox"/> Not observed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>6. Clinical judgement</b>									
<input type="checkbox"/> Not observed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>7. Safety; prevention and management of complications</b>									
<input type="checkbox"/> Not observed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>8. Care and/or investigations immediately after procedure</b>									
<input type="checkbox"/> Not observed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>9. Documentation in the notes</b>									
<input type="checkbox"/> Not observed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>10. Overall clinical competence in performing procedure</b>									
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	Unsatisfactory			Satisfactory			Above expected		
<b>Assessor's comments</b>					<b>Trainee's comment</b>				
Things done particularly well					Things done particularly well				
Things to improve					Things to improve				
Suggested action for improvement					Suggested action for improvement				
Signature/Date					Signature/Date				

- Tick **one** appropriate box for each component on a scale from **1** (extremely poor) to **9** (extremely good).

- Mark according to what is expected from the trainee at their **level of training**.

- If a mark **1-3** is given, please give reasons in provided space. Failure to do so will invalidate the assessment.

- The mark given in the overall assessment component (**item 10**) will determine whether the trainee was competent on this particular occasion.