



Direct Observation of Procedural Skills (DOPS) Assessment Form

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname		
Trainee's forename(s)		
GMC number		GMC NUMBER MUST BE COMPLETED

Observation	
Code number	

Observed by		
GMC number		GMC NUMBER MUST BE COMPLETED
Date		
Signature of supervising doctor		

Assessment:

	Practice was satisfactory	Assessor's Signature
	Practice was unsatisfactory	Assessor's Signature

If the performance was judged to be unsatisfactory, you must tick the boxes on the reverse of this form to indicate which areas of performance you judged to be unsatisfactory.

Example of good practice were:

Areas of practice requiring improvement were:

Further learning and experience should focus on:

If you have rated the performance unsatisfactory please indicate which elements were unsatisfactory:

Did not understand the indications and contraindications to the procedure.	Tick	Comments
Did not properly explain the procedure to the patient.	Tick	Comments
Does not understand the relevant anatomy.	Tick	Comments
Failed to prepare properly for the procedure.	Tick	Comments
Did not communicate appropriately with the patient or staff.	Tick	Comments
Aseptic precautions were inadequate.	Tick	Comments
Did not perform the technical aspects of the procedure correctly.	Tick	Comments
Failed to adapt to unexpected problems in the procedure	Tick	Comments
Failed to demonstrate adequate skill and practical fluency	Tick	Comments
Was unable to properly complete the procedure	Tick	Comments
Did not properly complete relevant documentation	Tick	Comments
Did not issue clear post-procedure instructions to patient and/or staff	Tick	Comments
Did not maintain an appropriate professional demeanor	Tick	Comments