**Inter-Collegiate Board for Training in Pre-Hospital Emergency Medicine**

Direct Observation of Procedural Skills (DOPS)

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee name:** |  | **Training Phase:** |  |
| Assessor name: |  | Registration no: |  |
| Grade of assessor:  |  | Date |  |
| **Procedure assessed** | **Curriculum elements covered** |
|  |  |
|  |
|  |
|  |
| **Formative?**  | **Summative?**  |
| **Please TICK to indicate the standard of the trainee’s performance in each area**  | *Not observed* | *Further core learning needed* | *Demonstrates good practice* | *Demonstrates excellent practice* |
| *Must address learning* | *Should address learning* |
| Clinical indication |  |  |  |  |  |
| Appropriately deals with issues related to consent |  |  |  |  |  |
| Appropriate preparation  |  |  |  |  |  |
| Technical skills  |  |  |  |  |  |
| Situational awareness and clinical judgement |  |  |  |  |  |
| Safety, including prevention and management of complications |  |  |  |  |  |
| Post procedure management |  |  |  |  |  |
| Professionalism, communication and consideration for patient, relatives and colleagues |  |  |  |  |  |
| Documentation  |  |  |  |  |  |
| Adherence to Good Medical Practice |  |  |  |  |  |

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Direct Observation of Procedural Skills (DOPS) (cont.)

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| --- | --- | --- | --- |
| **Trainee name:** |  | **Training Phase:** |  |
| Assessor name: |  | Registration no: |  |
| Grade of assessor:  |  | Date |  |
| **Areas of strength** |
|  |
| **Areas for improvement** |
|  |
| **Action plan** |
|  |
| If summative: | Fail  | Pass  | Good pass  |
| Assessor Signature: | Trainee Signature: |