

Directly Observed Procedural Skills Paediatric Version (DOPs)

Trainee's Forename:																				
Trainee's Surname:																				
Trainee's GMC:																				
										Date of Assessment (dd/mm/yyyy): / / 20__										

Procedure:

Domain & Comments	Satisfactory	Needs Improvement	Comments
Professional Approach (to include communication, consent and consideration of the patient.)	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledge (indication, anatomy, technique).	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrate appropriate preparation pre-procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate analgesia or sedation	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Ability	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic Technique	<input type="checkbox"/>	<input type="checkbox"/>	
Post Procedure Management	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Ability to perform Procedure	Competent to perform unsupervised <input type="checkbox"/>	May need supervision if complications arise <input type="checkbox"/>	Needs more practice <input type="checkbox"/>
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Comments:

Assessor's position:

Consultant SpR SASG Nurse ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8

Others (specify):

Time taken for

Feedback & Observation (in minutes)

Assessors Surname:																				
Assessors Registration No.																				
										Assessors Signature:										