
Directly Observed Procedural Skills – guidance for use

Purpose

The purpose of each type of workplace based assessments is clarified by referring to them as either a Supervised Learning Event (SLE) which is primarily formative in purpose or an Assessment of Progress (AoP) which is primarily a summative assessment.

DOPS is an AoP.

Completing a DOP

Both summative and formative DOPS can be assessed by consultants, more senior trainees, Nurse practitioners and others who are proficient in the procedure and have read and understood the guidance on DOPS.

It is essential that all trainees should be adequately assessed for competence in the practical procedures that they undertake. Directly Observed Procedural Skills (DOPS) is an AoP that has been designed specifically for the assessment of practical skills. The trainee will be judged either to be competent to perform the procedure without supervision or to still need supervised practice.

Each trainee will need to be judged to be competent to perform, without supervision, by DOPS on a range of procedures. The DOPS for a specific procedure will need to be repeated until this standard is achieved. Once this standard is achieved the DOPS for this procedure does not need to be repeated. It is expected that further experience of the procedure will be recorded in the skills log.

You are expected to complete 1 satisfactory Assessment of Progress (AoPs) for a list of compulsory DOPS during Level 1 training. Many of the more straightforward ones may be completed early in level 1, but for some of the more involved ones trainees may not be ready until near the end of level 1 training.

It is expected that many trainees will use DOPS to confirm their competence for additional procedures but alternative evidence may also be appropriate. In particular, it will be expected that there will be evidence of developing these skills within the trainees' skills log. For Level 3 sub-specialty trainees' please consult your CSAC for guidance on the evidence required to demonstrate competence in the relevant practical procedures.

Procedures for which DOPs are compulsory

- Bag/mask ventilation
- Peripheral venous cannulation
- Lumbar puncture
- Tracheal intubation (of newborn infants)
- Umbilical venous cannulation

Procedures for which DOPS are optional

This list should be read in conjunction with the 2010 curriculum (page 30 – practical procedures). You will still be required to provide evidence for competence in these procedures, but the evidence need not be from a DOP (although a DOP would count). An alternative to a DOP may be a supervised learning event, with reflection and entry into the skills log. E.g. infrequently performed procedures carried out by middle grade staff may rarely be observed by consultant staff, and log book entry accompanied by a reflective note or evidence from simulation may be alternatives to a DOP.

(NB list not intended to be exclusive and other procedures may also be appropriate)

- Collection of blood from central lines
- Suprapubic aspiration of urine
- Umbilical Artery cannulation
- Umbilical vessel sampling
- Urethral catheterisation
- Percutaneous long-line insertion
- Intubation of preterm baby <28 weeks
- Administration of surfactant
- Peripheral arterial cannulation
- Intraosseous needle insertion
- Electrocardiogram (ECG)
- External Cardiac Massage
- Emergency needle thoracocentesis
- Chest Drain Insertion
- Perform basic lung function tests
- Administer intradermal injections
- Administer subcutaneous injections
- Administer intramuscular injections
- Administer intravenous injections

Administration of DOPS

DOPS can be completed online, using the College ePortfolio www.eportfolio.rcpch.ac.uk Guidance on how to complete an assessment online can be found on the Assessments Tools Guidance page on the College website <http://www.rcpch.ac.uk/training-examinations-professional-development/quality-training/asset-assessment-services-educatio-4>

Feedback

Immediate feedback should be provided after each encounter by the assessor. Immediate feedback focusing on aspects of the discussion of the encounter where you felt the trainee did especially well (anything especially good), suggestions for development and any agreed action must be provided and documented and should then be transferred to the trainee's PDP and/or Skills Log.

Reflection

Once feedback has been received the trainee should take the opportunity to reflect on the encounter, focusing on what could be done differently to reach improved outcomes. Please refer to the Feedback and Reflection section in the Assessment Guide http://issuu.com/joballrcpch/docs/assessment_guide_2nd_ed_2015?e=1128809/14423217