## MBCTS Direct Observation of Procedural Skills (DOPS)

	Please use black ink and CAPITAL LET	TERS. Please complete the ques	stions usin	g a tick	1		
Trainee		Assessor					
Name:		Name:					
IC number:		IC number:					
Hospital:		Position:					
Training Year:		Email:					
		Phone No:					
Name of procedure:							
<b>Difficulty of procedure:</b> Easier than usual ☐ Average difficulty ☐ More difficult than usual							
Performed in a simulated setting   Number of times procedure previous			ously per	fomed:			
Rate the domains using the following scale: N = Not observed or not appropriate, D = Development required, S = Satisfactory standard for completion of CCST (no prompting or intervention required)							
	Domain		Rating N/D/S	Comme	ents		
Describes indications, anatomy, procedure and complications to assessor							
2. Obtains consent, after explaining procedure and possible complications to patient							
3. Prepares for procedure according to an agreed protocol							
4. Admir	isters effective analgesia or safe sedation						
5. Demo	nstrates good asepsis and safe use of ins						
6. Performs the technical aspects in line with the guidance notes							
7. Deals with any unexpected event or seeks help when appropriate							
8. Completes required documentation (written or dictated)							
9. Comm	nunicates clearly with patient & staff throug						
10. Demonstrates professional behaviour throughout the procedure							
<b>FEEDBACK:</b> Verbal feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions for development which were highlighted during discussion with the trainee:							
GLOBAL SUMMARY  After summarising the discussion with the trainee in the box above, please complete the level at which the procedure was performed on this occasion					Tick		
Level 0	Insufficient evidence observed to support						
Level 1	Unable to perform the procedure under s	upervision					

Date:	Date: Trainee's signature: Assessor's signature:				
Time tak	en for observation (mins): Time taken for feedback (mins):	Time taken for feedback (mins):			
Level 4	Competent to perform the procedure unsupervised (and could deal with any complications that arose)				
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)				
Level 2	Able to perform the procedure under supervision				