Directly Observed Procedural Skills (DOPS)

Supervised Learning Event

Date:

Trainee Name: Trainee Grade:

Trainer Name: Trainer Grade:

Clinical Setting:

Name of procedural skill observed:

Difficulty rating: *Low / Average / High*

The purpose of this DOPS is for trainees to obtain feedback on their performance in some or all areas of this clinical encounter. Please provide specific, constructive feedback to the trainee in verbal and written forms that you feel will enhance their learning.

Areas to consider:

1. **Understanding of indications for the procedure**
2. **Obtains informed consent** (clear explanation, legible paperwork)
3. **Pre-procedure preparation** (knowledge and understanding of equipment required and uses aseptic technique if necessary)
4. **Appropriate analgesia or safe sedation** (confirms it is given or administers if needed)
5. **Technical ability** (understands relevant anatomy, demonstrates good technique)
6. **Seeks help where appropriate** (able to troubleshoot, escalates when neccesary)
7. **Post-procedure management** (safety netting, legible documentation, rationale for follow-up)
8. **Professionalism** (respectful, diligent, confident, self-directed approach to learning needs)

What went well:

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What could have gone better:

Learning Plan:

Trainee Signature:

Trainer Signature:

Trainee Reflection:

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