Directly Observed Procedural Skills (DOPS)

Supervised Learning Event

Date: 2/11/2022

Trainee Name: Dr Tom Haverford

Trainee Grade: CT2

Trainer Name: Dr Donna Meagle

Trainer Grade: Consultant

Clinical Setting: Elderly Care Ward

Name of procedural skill observed: Insertion of Male Catheter

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:

Tom saw a 99-year-old male patient with urinary retention on the ward. He had previously taken a history of the patient and identified several risk factors for urinary retention including recent NOF# and constipation. A bladder scan found 700ml urine in the bladder.

He explained the risks and benefits of catheterization to the patient and assessed the patient's capacity to consent to the procedure. He correctly identified the equipment needed and prepared it appropriately.

When inserting the catheter he displayed good technical ability and was able to troubleshoot when he encountered difficulties with the insertion. He did not require help on this occasion but identified that if he had not been able to troubleshoot with any success, he would have asked for her assistant to get help or abandoned the procedure if help was not available.

Tom maintained patient dignity and remained professional at all times.

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What could have gone better:

Tom correctly identified some possible causes for difficult catheter insertion, including urethral stricture disease, prostate cancer, bladder neck contractures, or anatomic disturbances caused by recent instrumentation or false passages. However, he did not identify radiation therapy or an elevated bladder neck as additional causes.

Tom could have considered and communicated post-catheterisation advice more thoroughly.

Learning Plan:

Tom should try to learn more about different types of catheters available and the indications for each. He could consider post-catheterization care and advice and document an estimated date or criteria for TWOC or catheter change.

Trainee Signature: Tom Haverford

Trainer Signature: Donna Meagle

Trainee Reflection:

I found this procedure straightforward and found previous advice on how to apply anaesthetic gel to be helpful. I will continue with this technique going forward. I agree that I did not give enough thought to the types of catheters that could be used in this circumstance and relied on standard procedure and equipment available on the ward at the time. I think that reading more about the different options is a good idea. The suggestion to include an estimated date for TWOC or criteria for removal is good, as it would help ensure that confused or overwhelmed patients don't get discharged with a catheter inappropriately, and would save colleagues time when having to retrospectively review patient notes in the future.

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