



## Direct Observation of Procedural Skills in Surgery (Surgical DOPS)

### Please complete the questions

Trainees admitted **between 1 July 2010 – 30 June 2014** must complete **at least 2** during 2 years of BST training;  
 Trainees admitted **from 1 July 2014 onwards** must complete **at least 4** during 2 years of BST training;  
 And staple it to your record of curriculum

Trainee's name:

Date:

Parent Hospital:

Current Hospital:

Specialty/Subspecialty:

Declared Specialty if any:

CTS  
O&T

Ped Surg

Plastic Surgery  
ENT

NS

Urology

Trainee level: ST1 ST2

Term: 1<sup>st</sup> half 2<sup>nd</sup> half

Others (please state level):

Name of procedure:

Number of times procedure performed by trainee:

Case Number (HNO):

Location: Ward

OT

OPD

Difficulty of procedure:

Easier than usual

Average difficulty

More difficult than usual

**Please grade the areas below using the scale 1-6:**

**Standard:** The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum. Some specialties have also indicated standards associated with each training level (e.g. ST1, ST2 etc) which can also be applied.

Below expectations	Borderline	Meets expectations	Above expectations	U/C <sup>1</sup>	
1	2	3	4	5	6

1. Describes indications, relevant anatomy, & details of procedure								
2. Obtains informed consent, after explaining procedure & comps								
3. Prepares for procedure, checks for instruments								
4. Gets patient history, administers effective analgesia or safe sedation								
5. Proper draping and demonstrates good asepsis								
6. Handles tissue gently,								
7. Enters correct plane, haemostasis								
8. Closure of space, appropriate suturing								
9. Techniques up to level of training and safe use of instruments								
10. Deals with any unexpected event or seeks help when appropriate								
11. Completes required documentation (written or dictated)								
12. Issues clear post-procedure instructions to patient and/or staff								

<sup>1</sup> Please mark this if you have not observed this aspect and therefore feel unable to comment.

**Please use this space to record areas of strength or any suggestions for development.**

Time taken for observation (mins):

Time taken for feedback (mins):

	Not at all										Highly
Trainee satisfaction with Surgical DOPS	1	2	3	4	5	6	7	8	9	10	
Assessor satisfaction with Surgical DOPS	1	2	3	4	5	6	7	8	9	10	

Assessor's name:

Assessor's position:

Consultant

SMO/AC

Assessor's signature:

Assessor's institutional e-mail address:

Trainee's initial