



Direct Observation of Procedural Skills in Surgery (Surgical DOPS)

Trainee's name: _____

Date: _____

Parent Hospital: _____

Current Hospital: _____

Specialty/Subspecialty*: CTS Ped Surg
 Vascular Surgery O&T

Plastic Surgery NS Urology
ENT A&E ICU

Trainee level*: ST1 ST2
 Others (please state level):

Term*: 0-6th month 7th-12th month
 13th-18th month 19th-24th month
 24th month or above

Name of procedure: _____

Number of times procedure performed by trainee: _____

Hospital Number / Outpatient Number: _____ **Location*:** Ward OT OPD

Difficulty of procedure*: Easier than usual Average difficulty More difficult than usual

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY

What did I learn from this experience? _____

What did I do well? _____

What do I need to improve or change? How will I achieve it? _____

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

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.

N = Not observed **I** = Improvement required **S** = Satisfactory **O** = Outstanding

Domain	Rating	Specific Comments
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		

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General

Strengths

Improvement needs

Recommended actions

GLOBAL SUMMARY <i>Level at which completed elements of the PBA were performed on this occasion</i>		TICK
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1	Unable to perform the procedure, or part observed, under supervision	
Level 2	Able to perform the procedure, or part observed, under supervision	
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arose)	

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____

Assessor's institutional e-mail address: _____

Assessor's signature: _____

Trainee's signature: _____

General guidelines on Surgical DOPS

- *Trainees admitted from 1 July 2016 onwards must complete at least 1 of Surgical or Endoscopic DOPS in every 3 months of surgical training**; AND Trainees must complete **at least 6 Surgical DOPS** during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.

** Starting from 1 January 2019 onwards, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to **A&E** and **ITU**. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.