



**New Zealand Orthopaedic Association
(Royal Australasian College of Surgeons)**

**PO Box 5545
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Direct Observation of Procedural Skills (DOPS) Assessment Form

Trainee name _____

Assessment date _____

Level	SET 1	<input type="checkbox"/>
	SET 2	<input type="checkbox"/>
	SET 3	<input type="checkbox"/>
	SET 4	<input type="checkbox"/>
	SET 5	<input type="checkbox"/>

Hospital _____

Name of Procedure _____

Difficulty of Procedure	Easier than usual	<input type="checkbox"/>
	Average	<input type="checkbox"/>
	More difficult than usual	<input type="checkbox"/>

Number of times this procedure has been performed by this trainee prior to this occasion _____

Please assess and mark the following areas		Unsatisfactory		Borderline		Competent		Excellent		Not observed / not applicable	
1	Explains the procedure and complications to the patient and obtains patient's informed consent										
2	Prepares for procedure according to an agreed protocol										
3	Demonstrates good asepsis and safe use of instruments/sharps										
4	Performs technical aspects competently										
5	Demonstrates manual dexterity required to carry out procedure										
6	Adapts procedure to accommodate patient and/or unexpected events										
7	Is aware of own limitations and seeks help when appropriate										
8	Completes required documentation (written or dictated)										
9	Analyses their own clinical performance for continuous improvement										
10	Overall ability to perform whole procedure										

Suggestions for development

Agreed Action

Self-reflection – what did you learn from this assessment experience?

Assessor's signature _____

Assessor's name _____

Signature of trainee _____

Notes to trainee:

- The trainee should keep a copy of this evidence for their records.
- The original should be sent to the NZOA office:

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