



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

**PO Box 5545  
Wellington 6140  
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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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