



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

PO Box 5545  
Wellington 6140  
Phone: 04 913 9898  
Fax 04 913 9890  
Email: prue@nzoa.org.nz

**Performance-Based (PBA) Assessment Form**

	Scoring			
	Unsatisfactory	Competent	Excellent	N/A
Trainee name _____				
Procedure to be assessed _____				
Date _____				
<b>Before the operation</b>				
Demonstrates knowledge of				
• Indications/contraindications				
• Complications				
Explains to patient/relatives as above and checks understanding, especially side and site				
Explains to patient likely outcome including timeframe, and checks understanding				
<b>In theatre</b>				
<b>Checks</b>				
• Equipment				
• Limb marking				
• Any implant required; and choice appropriate				
• X-rays/imaging				
• Demonstrates safe aseptic technique				
• Demonstrates appropriate liaison with anaesthetist/theatre staff, eg positioning, antibiotics				
<b>During surgery demonstrates</b>				
• Knowledge of skin incision				
• Knowledge of exposure				
• Care with soft tissues				
• Knowledge and use of instruments				
• Knowledge of procedure				

• Good use of assistant				
• Ability to control bleeding				
• Ability to adapt procedure to any unexpected event				
• Ability to close wound and apply dressing				
<b>After the operation</b>				
• Remains responsible until patient in recovery				
• Documents the operation and post-operative plan				
• Communicates the outcome to patient/relatives				
<b>Name of consultant</b>				
<b>Signature of consultant</b>				
<b>Signature of trainee</b>				



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**Direct Observation of Procedural Skills (DOPS) Assessment Form**

*This form is to be used in conjunction with a Procedural Based Assessment (PBA)*

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

Average

More difficult than usual

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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Wellington 6140

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