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

Revised in Jul 2018

 **Trainee’s name: Date:**

 **Parent Hospital: Current Hospital:**

 **Specialty/Subspecialty\*:** CTS Ped Surg Plastic Surgery NS Urology O&T ENT A&E ICU

 **Trainee level\*:** ST1 ST2 **Term\*:** 0-6th month 7th-12th month

 Others (please state level): 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***Level at which completed elements of the PBA were performed on this occasion* | **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* ***between 1 July 2010 – 30 June 2014*** *must complete* ***at least 2*** *during 2 years of BST training; And staple it to your record of curriculum*

 *Trainees admitted* ***between 1 July 2014 – 30 June 2016*** *must complete* ***at least 4*** *during 2 years of BST training; And staple it to your record of curriculum*

 *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.*