Direct Observation of Procedural Skills (DOPS)

**COMPONENT ASSESSMENT**
Select the ONE option that best represents the minimum senior clinician involvement required for the component to be performed at the level of a new FACEM.

<table>
<thead>
<tr>
<th>Component</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
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</table>

**GLOBAL ASSESSMENT**
Select the ONE option that best represents the minimum senior clinician involvement required for the procedure to be performed at the level of a new FACEM.

- **Advanced Airway**
  - Direct laryngoscopy, orotracheal intubation
- **Use of non-invasive ventilation device**
  - Select ONE:
    - Adult
    - Pediatric
- **Central Venous Access**
  - Select ONE:
    - With ultrasound
    - Without ultrasound
- **Performance of Focused Abdominal Sonography in Trauma**
  - Select ONE:
    - FAST
    - EFAST
- **Thoracotomy**
- **Lumbar puncture**

**PATIENT CASE DETAILS**

**Procedure**
Select the ONE BEST option

**Patient Case Complexity**
Select the ONE BEST option

Brief description as to why this case was selected as the chosen complexity

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Please rate the following skill.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Comments</th>
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</table>

Please rate as many of the following components as observed.

<table>
<thead>
<tr>
<th>Component</th>
<th>Rating</th>
<th>Comments</th>
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</table>

Based on this encounter, if a similar case occurred, the involvement of a senior clinician with this trainee should be:

- **Trainee assists**
  - trainee observes
  - trainee instructs
  - trainee performs
  - senior clinician observes
  - senior clinician instructs
  - senior clinician performs; senior clinician advises via telephone
  - senior clinician advises via telephone
  - senior clinician available to advise via telephone
  - senior clinician available to check in-person

**TRAINEE DATA**

- Trainee First Name: [Name]
- Trainee Last Name: [Name]
- Trainee ACEM ID: [ID]

**ASSESSOR DATA**

- Assessor First Name: [Name]
- Assessor Last Name: [Name]
- Assessor ACEM ID: [ID]

**Hospital**

Date of Assessment: [Date]

**GLOBAL ASSESSMENT**
Select the ONE option that best represents the minimum senior clinician involvement required for the procedure to be performed at the level of a new FACEM.

- **Trainee assists**
  - senior clinician observes
  - senior clinician instructs
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  - senior clinician advises via telephone
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  - senior clinician available to check in-person

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**Detailed information over page**

Page 1 of 2
### Areas of strength:

- [ ]

### Areas for development:

- [ ]

### Agreed learning goals for next encounter:

- [ ]

### Any other comments about this assessment:

- [ ]

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### Evaluation of DOPS

**EVALUATION OF DOPS**

<table>
<thead>
<tr>
<th>Time Taken for Observation</th>
<th>Assessor Time Utilised for Observation</th>
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<td>Clinical Time</td>
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<td>Clinical Support Time</td>
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<table>
<thead>
<tr>
<th>Time Taken for Feedback</th>
<th>Assessor Time Utilised for Feedback</th>
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<tr>
<td></td>
<td>Clinical Time</td>
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<td>Mixed</td>
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<tr>
<th>Interval between observation and post-assessment feedback</th>
<th>Trainee Satisfaction with DOPS:</th>
<th>Assessor Satisfaction with DOPS:</th>
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</table>

### Components

- Please rate the following aspects of the procedure:
  - Demonstrates appropriate technique during the procedure, including the knowledge and skill to perform it in a safe and timely manner.

### Indicators and Considerations

- Outlines the indicators and considerations of the procedure specifically for this patient.

### Obtains Informed Consent

- Ensures patient / carers understand the procedure, indications for the procedure and potential complications. May use local guidelines where appropriate/applicable.

### Demonstrates appropriate procedure and planning for the procedure (including equipment and staff).

- This may include but is not limited to, the appropriate setting for the procedure, suitable staffing, consideration of the flow of the department, patient positioning, monitoring, communication and controls, medications and equipment pre, during and post procedure.

### Structural Awareness

- Demonstrates structural awareness, providing an ability to remain focused on conducting the procedure while continuously monitoring the patient and the surrounding environment. Integrates the relevance and potential impact of these factors on the task at hand.

### Communication and Consultation

- Demonstrates effective communication skills with both patient / carers and other staff throughout the procedure. Displays effective, clear, concise and collegial communication within the team. Communicates clearly with the patient that is appropriate for procedure and patient / carers, ensures understanding and allows questions.

### Prevention and Management of Complications

- Demonstrates an understanding of potential complications during and after the procedure. Demonstrates an ability to recognize and manage the potential complications of the procedure.

### Post Procedure Management

- Ensures post-procedural management. Performs appropriate post-procedural care, including interpreting follow-up investigations, clinical care and documentation of the procedure.

### Discharge Advice to Patient / Carers

- Provides appropriate discharge / discharge advice to patient / carers. Provides the patient and other staff with specific post-procedural advice and follow up to provide safe discharge from the emergency department.

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### Patient Case Complexity

- LOW complexity cases include those that are best described as:
  - A patient with a single-system presentation, with minimal complications (medical and/or social).
  - A patient with a self-evident diagnosis where management is straightforward.
  - A stable patient, with a common presentation or a clear diagnosis.

- MEDIUM complexity cases include those that are best described as:
  - A patient with a single-system presentation, with multiple or significant complications (medical and/or social).
  - A patient with a single-system presentation and multiple or significant complications or.
  - A patient with a single-system presentation with at least one modifier.

- HIGH complexity cases include those that are best described as:
  - A patient with multi-system problems and multiple or significant complications (medical and/or social).
  - A patient with multi-system presentation with multiple or significant co-morbidities or.
  - A patient with multi-systems.
  - A patient with an uncommon presentation, with an uncommon presentation or without a clear diagnosis.
  - A patient presenting with a life-threatening condition.

- Examples of high complexity cases:
  - Elderly patient with fracture of secondary to syncope on oral anticoagulants.
  - Unfractured shocked.
  - Immunocompromised patient with chest pain of less than 5 minutes.
  - Severe hypothyroid with chest pain on full thyroid test.

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### INFORMATION

**DOPS**

A DOPS involves a trainee being observed by an assessor whilst performing a specific clinical procedure in the ED. The assessor rates and provides structured feedback on the trainee’s performance of this procedure. A DOPS is expected to comprise 10-15 minutes of observation and 5-10 minutes of feedback.

### Rating Scales

| Senior clinician performs | Trainee performs | Senior clinician observes | Trainee observes | Trainee performs | Trainee observes | Trainee performs | Trainee observes | Trainee performs | Trainee observes | Trainee performs | Trainee observes | Trainee performs | Trainee observes | Trainee performs | Trainee observes | Trainee performs | Trainee observes | Trainee performs | Trainee observes | Trainee performs | Trainee observes |
|--------------------------|-----------------|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
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