



Direct Observation of Procedural Skills (DOPS) ⁱ

TRAINEE DATA

ASSESSOR DATA

Trainee First Name:

Trainee Last Name:

Trainee ACEM ID:

Assessor First Name:

Assessor Last Name:

Assessor ACEM ID:

Hospital:

Date of Assessment:

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

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.

ⁱ Senior clinician performs; trainee assists	ⁱ Trainee performs; senior clinician instructs	ⁱ Trainee performs; senior clinician directly observes	ⁱ Trainee performs; senior clinician checks prior, during, upon completion	ⁱ Trainee performs; senior clinician checks prior and upon completion	ⁱ Trainee performs; senior clinician checks upon completion	ⁱ Trainee performs; senior clinician available to check in-person	ⁱ Trainee performs; senior clinician available to advise via telephone	ⁱ Trainee performs; senior clinician not required	Did not observe enough to make a judgment.
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Please rate the following skill.

ⁱ Technical Skill Performing the Procedure*

Comments:

Please rate as many of the following components as observed.

ⁱ Indications and Contraindications

Comments:

ⁱ Informed Consent

Comments:

ⁱ Preparation for Procedure

Comments:

ⁱ Situational Awareness

Comments:

ⁱ Communication and Consultation

Comments:

ⁱ Prevention and Management of Complications

Comments:

ⁱ Post Procedure Management

Comments:

ⁱ Discharge Advice to Patient/Carers

Comments:

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.

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

ⁱ Senior clinician performs; trainee assists	ⁱ Trainee performs; senior clinician instructs	ⁱ Trainee performs; senior clinician directly observes	ⁱ Trainee performs; senior clinician checks prior, during, upon completion	ⁱ Trainee performs; senior clinician checks prior and upon completion	ⁱ Trainee performs; senior clinician checks upon completion	ⁱ Trainee performs; senior clinician available to check in-person	ⁱ Trainee performs; senior clinician available to advise via telephone	ⁱ Trainee performs; senior clinician not required
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Advanced Airway Direct laryngoscopy, oral ETT, RSI Self-inflating bag and setting up a transport ventilator

Use of non-invasive ventilation device
Select ONE:
 Adult
 Paediatric

Central Venous Access
Select ONE:
 With Ultrasound
 Without Ultrasound

Performance of Focused Abdominal Sonography in Trauma
Select ONE:
 FAST
 EFAST

Tube Thoracostomy

Lumbar puncture

PATIENT CASE DETAILS

Procedure*

Select the ONE BEST option

Administration of procedural sedation

Arterial Line insertion

Emergent fracture/dislocation reduction

DC Cardioversion

Other
Please specify

Patient Case Complexity*

Select the ONE BEST option

ⁱ Low Complexity

ⁱ Medium Complexity

ⁱ High Complexity

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



Direct Observation of Procedural Skills (DOPS) ^①

Areas of strength:

Areas for development:

Agreed learning goals for next encounter:

Any other comments about this assessment:

(end of assessment)

EVALUATION OF DOPS

Time taken for observation:	<input type="text"/>	Assessor time utilised for observation:	<input type="radio"/> Clinical Time	<input type="radio"/> Clinical Support Time	<input type="radio"/> Other	<input type="radio"/> Mixed				
	Minutes									
Time taken for feedback:	<input type="text"/>	Assessor time utilised for feedback:	<input type="radio"/> Clinical Time	<input type="radio"/> Clinical Support Time	<input type="radio"/> Other	<input type="radio"/> Mixed				
	Minutes									
Interval between observation and post-assessment feedback:	<input type="text"/>	<input type="text"/>	<input type="text"/>							
	Days	Hours	Minutes							
Trainee satisfaction with DOPS:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
	(Not at all)									(Highly)
Assessor satisfaction with DOPS:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
	(Not at all)									(Highly)

① 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 assists	Trainee performs; senior clinician instructs	Trainee performs; senior clinician directly observes	Trainee performs; senior clinician checks prior, during, upon completion	Trainee performs; senior clinician checks prior and upon completion	Trainee performs; senior clinician checks upon completion	Trainee performs; senior clinician available to check in-person	Trainee performs; senior clinician available to advise via telephone	Trainee performs; senior clinician not required
Senior clinician performs required actions, reasoning and/or behaviours and directs trainee to assist.	Senior clinician directs and supplements required actions, reasoning and/or behaviours.	Senior clinician determines if/when to provide real-time in-person input.	Senior clinician determines if/when to provide prompt in-person input.	Senior clinician determines if/when to provide in-person input. Trainee determines if/when to request input during.	Senior clinician determines if/when to provide post-hoc in-person input. Trainee determines if/when to request input prior and during.	Trainee determines if/when to ask senior clinician to provide in-person input.	Trainee determines if/when to contact senior clinician to provide telephone input.	Trainee does not require senior clinician involvement.
<ul style="list-style-type: none"> Senior clinician will: • Demonstrate tasks; • Direct trainee to assist with tasks; • Describe own clinical reasoning; • Discuss trainee's thinking; • Exhibit and direct appropriate communication and professional behaviours. 	<ul style="list-style-type: none"> Senior clinician will: • Direct trainee how to complete tasks; • Discuss and enhance trainee's thinking; • Direct and augment appropriate communication and professional behaviours. 	<ul style="list-style-type: none"> If input is needed, senior clinician may: • Direct trainee how to complete tasks; • Explore trainee's thinking; • Assist trainee to complete tasks; • Request trainee to seek further information; • Request repetition of trainee's actions; • Supplement trainee's behaviours; • Take over the tasks. 	<ul style="list-style-type: none"> If input is needed, senior clinician is most likely to: • Direct trainee how to complete tasks; • Assist trainee to complete tasks; • Explore trainee's thinking; • Assist trainee to make a plan; • Request trainee to seek further information; • Request repetition of trainee's actions; • Supplement trainee's behaviours. 	<ul style="list-style-type: none"> If input is needed, senior clinician is most likely to: • Advise trainee on tasks; • Explore trainee's thinking; • Assist trainee to make a plan; • Request trainee to seek further information; • Request repetition of trainee's actions; • Advise trainee's behaviours. 	<ul style="list-style-type: none"> If input is needed, senior clinician is most likely to: • Advise trainee on tasks; • Explore trainee's thinking; • Assist trainee to revise plan; • Request trainee to seek further information; • Request repetition of trainee's actions; • Advise trainee's behaviours. 	<ul style="list-style-type: none"> If input is needed, senior clinician is most likely to: • Advise trainee on tasks; • Explore trainee's thinking; • Advise trainee on planning; • Request trainee to seek further information; • Advise trainee's behaviours. 	<ul style="list-style-type: none"> If input is needed, senior clinician is most likely to: • Advise trainee on tasks; • Explore trainee's thinking; • Advise trainee on planning. 	<ul style="list-style-type: none"> Trainee may seek collegiate support from other clinicians.

Components

Please rate the following skill.	
Technical Skill Performing the Procedure	Demonstrates appropriate technique performing the procedure, including the knowledge and skill to perform it in a safe and timely manner.
Please rate as many of the following components as observed.	
Indications and Contraindications	Outlines the indications and contraindications of the procedure specifically for this patient.
Informed Consent	Obtains informed consent. Ensures patient / carers understand the procedure, indications for the procedure and potential complications. May use local guidelines, where appropriate/applicable.
Preparation for Procedure	Demonstrates appropriate preparation and planning for the procedure (including equipment and staff), this may include (but is not limited to): an appropriate setting for the procedure, suitable staffing, consideration of the flow of the department, patient positioning, monitoring, communication and comfort, medications and equipment pre, during and post procedure.
Situational Awareness	Demonstrates situational awareness, showing an ability to maintain focus 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 collegiate communication within the team. Displays communication 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 recognise 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 / disposition 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.

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) and **responsive to first line treatment.**
- A patient with a **self-evident diagnosis** where management is **straightforward.**
- A **stable patient**, with a **common presentation** or a **clear diagnosis.**

Modifiers: No modifiers such as *language, mental health status, social, representation or inconsistent clinical findings impacting on assessment or management.* (See Curriculum Framework)

Examples of low complexity cases:

- Isolated limb fracture;
- Renal colic
- DVT;
- Cellulitis;
- Pneumonia

MEDIUM complexity cases include those that are best described as:

- A patient with **multi-system presentations, and minimal 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 and multiple or significant co-morbidities** or;
- A patient with a **single-system presentation** with at least **one modifier** or
- A **stable patient**, without a clear diagnosis

Modifiers: At least one modifier such as *language, mental health status, social representation or inconsistent clinical findings impacting on assessment or management* (see Curriculum Framework).

Examples of medium complexity cases:

- Fracture with nerve/neurovascular compromise;
- Syncope/abdominal pain/chest pain with at least one modifier.
- STEMI etc.

HIGH complexity cases include those that are best described as:

- A patient with **multi-system problems and multiple/significant complications** (medical and/or social).
- A patient with **multi-system presentation with multiple or significant co-morbidities** or;
- A patient with **multi-trauma** or;
- An **unstable/deteriorating patient**, with an **uncommon presentation** or without a clear diagnosis.
- A patient presenting with a **life/limb/sight threatening condition.**

Modifiers: At least two modifiers such as *language mental health status, social, representation or inconsistent, clinical findings impacting on assessment or management* (see Curriculum Framework)

Examples of high complexity cases:

- Elderly patient with fracture of secondary to syncope on oral anticoagulants;
- Undifferentiated shock;
- Immunocompromised patient with shortness of breath with renal failure;
- GI bleed patient with chest pain on warfarin with mechanical valve.