

# Directly Observed Procedural Skills (DOPS)

<b>Trainees Full Name:</b>			
<b>Hospital:</b>			
<b>Trainees I.C. No.:</b>		<b>Date of Assessment:</b>	/ / 20__

## PROCEDURE: OBSTETRIC LABOUR EPIDURAL

	SATISFACTORY	NEEDS IMPROVEMENT	COMMENTS
Knowledge - indication, contraindications, anatomy of epidural space, pharmacology of labour epidural anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-procedural patient preparation - patient assessment, review of CTG, patient explanation, consent, IV access, monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-procedural equipment preparation - procedure trolley, resuscitation drugs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Technique- patient positioning, asepsis, identification of surface anatomy, local anaesthesia infiltration, method of epidural space identification, length of catheter inserted, confirmation of catheter placement, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Administration of epidural local anaesthetic - test/loading dose, infusion, test of adequacy of block	<input type="checkbox"/>	<input type="checkbox"/>	
Post-procedural management - monitoring, documentation, complications, inadequate analgesia, timing of catheter removal, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Overall Ability to Perform Procedure</b>	<b>Competent to Perform Unsupervised</b> <input type="checkbox"/>	<b>Requires Direct Supervision (Repeat DOPS)</b> <input type="checkbox"/>
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**Comments and feedback:** *(aspects of good practice/suggested areas for learning and development)*

**Supervisor's Position:**      Consultant       Specialist

<b>Supervisor's Name:</b>			
<b>Supervisor's Signature:</b>		<b>Trainee's Signature:</b>	