

4. DIRECTLY OBSERVED PROCEDURAL SKILLS (DOPS) LOG

Instruction

A DOPS involves a trainee being observed by an assessor/supervisor whilst performing a specific clinical procedure.

- It is opportunistic and must be completed in real time as part of routine work.
- The trainee is to take a proactive role as learner and approach an Assessor/Supervisor should an opportunity arises for DOPS assessments in their routine work.
- It must be performed on real patients.
- Before beginning the procedure, Assessor/Supervisor and trainee must discuss the procedure to check the trainee's prior knowledge and experience.
- Assessor/Supervisor must be present for the entirety of the technical part of the procedure.

Role of the Assessor/Supervisor

- The role of the Assessor/Supervisor is to observe, evaluate and provide feedback based on what they have directly viewed during the procedure.
- The Assessor/Supervisor may ask for feedback from the patient and other staff present.
- Feedback is directed at the gap of knowledge/skill between the trainee's current practice and the ideal competency level of a graduating specialist.
- The Assessor/Supervisor must rate the performance of the trainee in the DOPS assessment form and verify in the trainee's DOPS log.

There are 10 DOPS covering various core competency skills in Anaesthesiology.

- Awake Bronchoscopic Intubation
- Insertion of Chest Drain
- Central Venous Line Insertion
- Double Lumen Tube (DLT) Insertion
- Obstetric Labour Epidural
- Manual In-Line Stabilisation (MILS) for Endotracheal Intubation
- Paediatric Caudal Block
- Ultrasound Guided Peripheral Nerve Blocks
- Conduct of Total Intravenous Anaesthesia (TIVA/TCI)
- Videolaryngoscopy (VLS)

All DOPS are to be performed up to the level of Competent to Perform Unsupervised by the end of specialist training.

DOPS forms are attached in the List of Forms section of this document.

