## **Directly Observed Procedural Skills (DOPS)**

| Trainee's Full Name: |                     |   |      |
|----------------------|---------------------|---|------|
| Hospital:            |                     |   |      |
| Trainee's I.C. No.:  | Date of Assessment: | / | / 20 |

## PROCEDURE: CENTRAL VENOUS LINE INSERTION

|  | SATISFACTORY | NEEDS<br>IMPROVEMENT | COMMENTS |
|--|--------------|----------------------|----------|
| Knowledge - indication, contraindication, surface anatomy  |              |                      |          |
| Pre-procedural patient preparations - explanation<br>to patient when applicable, monitoring,<br>positioning, etc.  |              |                      |          |
| Technique – asepsis, landmark/ultrasound<br>identification of vessel, insertion of introducer<br>needle and guidewire, dilatation, safe handling of<br>guidewire, confirmation of venous placement,<br>securing device, etc. |              |                      |          |
| Situational awareness during procedure -failure<br>to obtain vascular access, patient stability,<br>patient's comfort/pain, complications  |              |                      |          |
| Post-procedural management - confirmation of catheter tip position/CXR, complications, monitoring, etc.  |              |                      |          |

| Overall Ability to Perform<br>Procedure | -                    | : to Perform<br>ervised<br>⊐ | Requires Direct Supervision<br>(Repeat DOPS)<br>□ |
|---|----------------------|------------------------------|---|
| Comments and feedback:                  | aspects of good prac | ctice/suggested area         | s for learning and development)                   |
| Supervisor's Position:                  | Consultant 🗆         | Specialist 🗆                 |   |

| Supervisor's Name:      |                      |  |
|-------------------------|----------------------|--|
| Supervisor's Signature: | Trainee's Signature: |  |