Registrar Name:			
ear of Training: Please select	Training Program Year:	Training Period:	0
OOPS Code:			0
OOPS Description:			
Problem Complexity:	0	Setting: Please select	
atient Gender:	Age:	Ethnicity:	
OVERALL RATING The Registrar required:			
Direct supervision and proacti	<b>ve input</b> from me to perforr	m the procedure	
Direct supervision and some p			
Minimal guidance, I provided		,	

No guidance, they could have performed the procedure without input from me and I am confident that they know the limits of their expertise.

The registrar could teach junior colleagues how to perform the procedure.

Please provide feedback, in the form of comments, on the registrar's performance on the following. If not applicable to this particular assessment, note 'n/a'.

Pre-procedure preparation and aseptic technique: Can explain indications for procedure, relevant anatomy and essential steps of procedure; demonstrates clear plan; identifies equipment needed; conducts relevant safety checks; briefs other staff appropriately.

Informed consent: Conveys information about procedure that is complete; accurate and jargon-free; explains risks and benefits; responds appropriately to patient concerns; ensures patient understanding before obtaining consent.



## FORM TP3.6B Direct Observation of Procedural Skills (DOPS)

<b>Performance of procedure:</b> Selects appropriate local anaec needle and technique; follows protocol for procedure; derappropriately; handles tissues gently; anticipates and resp bleeding.	monstrates manual dexterity and uses instruments
Communication skills and professionalism: Advises patient	nts of procedure steps in advance of undertaking them;
ensures patient is comfortable throughout; reassures patie and other staff; organised and professional approach.	ent during procedure; communicates clearly to assistants
Post-procedure management plan and documentation: 0 writing; organises follow up consultation if required; make other practitioners.	
Trainees should repeat similar assessments until they are guidance from the supervisor.	assessed as being able to perform the procedure without
Assessor's Name:	Position:
Assessor's Signature:	Date:
Registrar's Signature:	Date: