

The College of Physicians & Surgeons of Alberta is introducing a new assessment form called **Direct Observation of Procedural Skills (DOPS)**. DOPS is intended to document your performance in all aspects of conducting procedures and has been designed by the College based on a review of pre-existing DOPS used in other jurisdictions.

Your assessor or procedure supervisor will complete this form for procedures in which you are involved.

Your name, your assessor's or procedure supervisor's name, the procedure performed, names of observers of the procedure, and the date of the procedure will be documented.

When you perform a procedure, the procedure will be assessed as satisfactorily or unsatisfactorily completed. If you have performed **satisfactorily**, no further documentation by your assessor or supervisor is required.

If your assessor or supervisor identifies that you have performed **unsatisfactorily**, he or she will be asked to further explain by selecting one of the statements below:

I had to do/take over the procedure myself
i.e. Required complete hands on guidance, applicant did not do or was not given the opportunity to do so
I had to talk the applicant through the procedure
i.e. Able to perform tasks but required constant direction
I had to prompt the applicant from time to time
i.e. Demonstrated some independence, but required intermittent direction

If your assessor or supervisor rates your performance as unsatisfactory, he or she will also be asked to select from a number of elements (please refer to the DOPS form) and comment as to why you were given that rating. Any elements that do not apply to your performance will be left blank or labelled Not Applicable (N/A).

Once you have demonstrated competence in performing a procedure and it has been documented, your assessor does not need to complete a DOPS each time that procedure is performed.

Direct Observation of Procedural Skills (DOPS)
Specialist

Applicant Name: _____

Supervisor Name: _____

Procedure Observed:

Procedure Observed By: _____

Date of Procedure: _____

Assessment:

Practice was satisfactory	
	I did not need to be there i.e. Complete independence , understands risks and performs safely, practice ready
Practice was unsatisfactory (choose one statement below):**	
	I had to do/take over the procedure myself i.e. Required complete hands on guidance, applicant did not do or was not given the opportunity to do so
	I had to talk the applicant through the procedure i.e. Able to perform tasks but required constant direction
	I had to prompt the applicant from time to time i.e. Demonstrated some independence, but required intermittent direction

****For unsatisfactory performance ratings, please indicate which of the following elements were unsatisfactory and why (comment on all that apply) – Please note there are 2 pages to this form****

	Did not understand the indications and contraindications
	Did not understand the relevant anatomy
	Failed to prepare properly for the procedure

Applicant Name: _____

Supervisor Name: _____

	Did not communicate appropriately with the patient or staff
	Aseptic precautions were inadequate
	Did not perform the technical aspects of the procedure correctly
	Failed to adapt to unexpected problems in the procedure
	Failed to demonstrate adequate skill and practical fluency
	Did not properly complete relevant documentation
	Did not issue clear post-procedure instructions to patient and/or staff
	Did not maintain an appropriate professional demeanor
	Was not aware of own limitations and did not seek help when appropriate

Please return completed form to CPSA's PRACTICE READINESS ASSESSMENT PROGRAM at ppap@cpsa.ab.ca