

RACS – Direct Observation of Surgical Skills (SURGICAL DOPS) Assessment Form

Surname First name.....

Assessment date..... iMIS ID number..... (if a RACS trainee)

Level PreSET SET1 Other

Specialty: Cardio General Neuro Ortho OHNS Paed P&RS Urol Vasc

Hospital.....

Clinical setting:

Theatre ICU Emergency Department Other

Name of procedure:

Difficulty of procedure: Easier than usual Average More difficult than usual

Number of times this procedure has been performed by this trainee prior to this occasion

Assessor's position: Consultant Other health care professional.....

Please assess and mark the following areas:

	Unsatisfactory	Borderline	Competent	Excellent	Not observed / not applicable
1. Explains the procedure and complications to the patient and obtains patient's informed consent					
2. Prepares for procedure according to an agreed protocol					
3. Demonstrates good asepsis and safe use of instruments/ sharps					
4. Performs technical aspects competently					
5. Demonstrates manual dexterity required to carry out procedure					
6. Adapts procedure to accommodate patient and/or unexpected events					
7. Is aware of own limitations and seeks help when appropriate					
8. Completes required documentation (written or dictated)					
9. Analyses their own clinical performance for continuous improvement					
10. Overall ability to perform whole procedure					

Suggestions for development

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Other comments

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Agreed action:

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Assessor's signature: Assessor's name.....

Signature of person being assessed