

NEIFS

North East Thames Foundation School



Barts and The London
Queen Mary's School of Medicine and Dentistry

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DIRECTLY OBSERVED PROCEDURAL SKILLS

CLINICAL GUIDES FOR FOUNDATION DOCTORS AND ASSESSORS



Introduction

These clinical guides for Directly Observed Procedural Skills (DOPs) are designed in the format of objective structured clinical elements that form the broad standards expected of Foundation Doctors.

They may be used for self, peer, or assessor review. The guides provide a framework for assessing competences for each skill and should be used in conjunction with local and national policies and procedures.

Each of the guides have been reviewed by a clinical lead for the skill.

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Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill - Abdominal Paracentesis (Guide no:1)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/she is aware of current guidelines for the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/she has a good understanding of indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Checks blood results	<input type="checkbox"/>	<input type="checkbox"/>
• The patient's ID was confirmed, verbal consent obtained.	<input type="checkbox"/>	<input type="checkbox"/>
• Explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses trolley and selects all appropriate equipment (or checks if nursing prepared)	<input type="checkbox"/>	<input type="checkbox"/>
• The hands are washed (social handwash)	<input type="checkbox"/>	<input type="checkbox"/>
• All packs/equipment are opened correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates knowledge of dosage for local anaesthesia/offered local anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>
• Applies non-sterile gloves and infiltrates the area with local anaesthetic effectively	<input type="checkbox"/>	<input type="checkbox"/>
• Uses alcohol gel and applies sterile gloves (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
• Examines the abdomen & correctly identifies site for needle/cannula insertion	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses the patient's skin	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a satisfactory insertion technique	<input type="checkbox"/>	<input type="checkbox"/>
• Aspirates/or cannulates with drain effectively	<input type="checkbox"/>	<input type="checkbox"/>
• Obtains specimens for lab analysis for biochemistry, microbiology and cytology	<input type="checkbox"/>	<input type="checkbox"/>
• Secures drain in position with purse string suture (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
• Attaches reservoir bag (if appropriate) and applies dressing	<input type="checkbox"/>	<input type="checkbox"/>
• Maintains asepsis throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Disposes of sharps & clinical waste correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Assesses for/aware of complications	<input type="checkbox"/>	<input type="checkbox"/>
• Washes hands	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a good standard of communication & professionalism with assessor and patient	<input type="checkbox"/>	<input type="checkbox"/>
• Gives written/verbal instructions to nursing staff	<input type="checkbox"/>	<input type="checkbox"/>
• Documents the episode in the patient's notes	<input type="checkbox"/>	<input type="checkbox"/>

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Ankle Brachial Pressure Index (Guide no:2)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She knows how to do the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/She has a good understanding of indications/complications of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• The hands are washed (social handwash) apron applied if appropriate	<input type="checkbox"/>	<input type="checkbox"/>
• The patients' ID was confirmed, consent obtained (verbal)	<input type="checkbox"/>	<input type="checkbox"/>
• explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• Checks that equipment has been properly cleaned before use	<input type="checkbox"/>	<input type="checkbox"/>
• The patient is positioned on the bed and has had sufficient time to relax	<input type="checkbox"/>	<input type="checkbox"/>
• Wounds on the feet/leg are covered with Clingfilm/dressing during the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/She mentions that the highest systolic pressure is required to calculate ABPI	<input type="checkbox"/>	<input type="checkbox"/>
• The ankle systolic pressure is measured:-		
- An appropriately sized cuff is placed around the ankle above the malleoli and contact gel is applied over the posterior tibial, anterior tibial (or dorsalis pedis) and perineal arteries	<input type="checkbox"/>	<input type="checkbox"/>
- The pressure in each artery is recorded accurately (The same method as for measuring arm pressure)	<input type="checkbox"/>	<input type="checkbox"/>
• He/She mentions that the highest value is required to calculate ABPI for that leg	<input type="checkbox"/>	<input type="checkbox"/>
• The procedure is repeated for the other leg	<input type="checkbox"/>	<input type="checkbox"/>
• The brachial systolic blood pressure is measured accurately:-		
- An appropriately sized cuff is placed around the upper arm	<input type="checkbox"/>	<input type="checkbox"/>
- The brachial pulse is located and contact gel applied	<input type="checkbox"/>	<input type="checkbox"/>
- The dopplar is angled at 45% and the probe moved to obtain the best signal	<input type="checkbox"/>	<input type="checkbox"/>
- The cuff is inflated until the signal is 'abolished' then the cuff is deflated slowly	<input type="checkbox"/>	<input type="checkbox"/>
- pressure at which the signal returns is recorded/documented	<input type="checkbox"/>	<input type="checkbox"/>
• If appropriate – ensures wound(s) redressed	<input type="checkbox"/>	<input type="checkbox"/>
• Soiled equipment disposed of/cleansed	<input type="checkbox"/>	<input type="checkbox"/>
• The hands are washed post procedure	<input type="checkbox"/>	<input type="checkbox"/>

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Arterial puncture (Guide no:3)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/she is aware of current guidelines for arterial puncture	<input type="checkbox"/>	<input type="checkbox"/>
• He/she has a clear understanding of indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• The patient's ID was confirmed, consent obtained, explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• Checks the patient is receiving the prescribed amount of oxygen and delivery has remained constant for 15 minutes before sampling (O2 is not removed)	<input type="checkbox"/>	<input type="checkbox"/>
• Help is sought from an assistant and the patient is positioned	<input type="checkbox"/>	<input type="checkbox"/>
• The hands are washed (social handwash) and gloves applied	<input type="checkbox"/>	<input type="checkbox"/>
• Checks patient has dual arterial supply to hand (Allens test)	<input type="checkbox"/>	<input type="checkbox"/>
• The limb is positioned, appropriate site selected and identifies area of maximum pulsation of artery	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses the site with a 70% alcohol swab for 30 seconds and leaves to dry for 30 seconds	<input type="checkbox"/>	<input type="checkbox"/>
• Mentions indications for local anaesthetic - offered to the patient	<input type="checkbox"/>	<input type="checkbox"/>
• The procedure was performed correctly (satisfactory technique)	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a good standard of communication and professionalism with assessor & patient	<input type="checkbox"/>	<input type="checkbox"/>
• Mentions applying pressure to puncture site	<input type="checkbox"/>	<input type="checkbox"/>
• Air bubbles were gently tapped out of the syringe (air was not sucked into the syringe)	<input type="checkbox"/>	<input type="checkbox"/>
• The sample was capped and rolled across palm to mix	<input type="checkbox"/>	<input type="checkbox"/>
• Sharps and standard infection control procedures were achieved	<input type="checkbox"/>	<input type="checkbox"/>
• The syringe was labelled with the patient's details at the bedside and appropriate forms completed	<input type="checkbox"/>	<input type="checkbox"/>

- Aware that sample must be analysed within 10 – 15 minutes
- Assesses the patient for complications and instructs assistant appropriately
- Sends sample for analysis
- Documents the episode in the patient's notes, including percentage of oxygen delivered at the time the specimen was obtained.

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Blood Cultures (Guide no:4)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She referred to the current guidelines for blood cultures	<input type="checkbox"/>	<input type="checkbox"/>
• Has a clear understanding of indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• The patients ID was confirmed and valid blood sample request form checked	<input type="checkbox"/>	<input type="checkbox"/>
• Consent was obtained, explanation given and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• All appropriate equipment was selected, including an aerobic and anaerobic culture bottle and their expiry date checked	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands prior to the procedure (social handwash) and applied non- sterile gloves. The culture bottle cap was disinfected.	<input type="checkbox"/>	<input type="checkbox"/>
• An appropriate vein was selected	<input type="checkbox"/>	<input type="checkbox"/>
• The skin was cleansed with 2% Chlorhexidine (or equivalent) allowed to dry and the skin not re-palpated	<input type="checkbox"/>	<input type="checkbox"/>
• He/She carried out the procedure correctly (blood not injected)	<input type="checkbox"/>	<input type="checkbox"/>
• Asepsis was achieved throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• The blood is mixed well with the culture media	<input type="checkbox"/>	<input type="checkbox"/>
• All equipment and sharps were disposed of correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a good standard of communication and professionalism with assessor and patient	<input type="checkbox"/>	<input type="checkbox"/>
• He/She assessed the patient for complications	<input type="checkbox"/>	<input type="checkbox"/>
• Collection bottles were completed immediately (avoiding bar code) at the bedside with ID, date, time and signed	<input type="checkbox"/>	<input type="checkbox"/>
• The procedure for specimen transfer to the lab was followed and relevant documentation completed in the patient's notes	<input type="checkbox"/>	<input type="checkbox"/>

- Clinical symptoms, such as pyrexia and current anti -biotic therapy were Recorded on the request forms
- He/She washed his/her hands (social handwash)

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Central Venous Pressure Measurement (Guide no:5)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She has a good understanding of indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/she is aware of current guidelines for the skill	<input type="checkbox"/>	<input type="checkbox"/>
• The patient's ID was confirmed, and the procedure was explained.	<input type="checkbox"/>	<input type="checkbox"/>
• Agreement was established and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands prior to the procedure (social handwash)	<input type="checkbox"/>	<input type="checkbox"/>
• The equipment is checked to identify:-		
(a) Infusion fluid	<input type="checkbox"/>	<input type="checkbox"/>
(b) Administration set attached to distal lumen	<input type="checkbox"/>	<input type="checkbox"/>
(c) Lumen clamp opened	<input type="checkbox"/>	<input type="checkbox"/>
(d) 3 – way taps turned off to other infusions (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
• The patient is positioned with head elevated at a maximum 45% (where possible)	<input type="checkbox"/>	<input type="checkbox"/>
• Recognises/discusses importance of future measurements being taken with the Patient in the same position	<input type="checkbox"/>	<input type="checkbox"/>
• The CVP manometer is primed to a level 10cm H ₂ O above previous reading	<input type="checkbox"/>	<input type="checkbox"/>
• The CVP is recorded at end expiration and documented accurately on the chart	<input type="checkbox"/>	<input type="checkbox"/>
• The lumen is clamped/3 – way tap turned off to the patient at the end of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• The infusion is re- started at the correct rate	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands (or used alcohol hand – rub)	<input type="checkbox"/>	<input type="checkbox"/>
• Standard infection prevention and control procedures achieved	<input type="checkbox"/>	<input type="checkbox"/>
• All equipment and sharps were disposed of correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Discusses normal values and recognises the importance of actioning		

- | | | |
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| abnormal reading (accompanied by other vital signs changes) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrates a good standard of communication and professionalism with patient/assessor | <input type="checkbox"/> | <input type="checkbox"/> |
| • All relevant information was documented , dated, timed and signed | <input type="checkbox"/> | <input type="checkbox"/> |

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Removal of Non-Tunnelled Central Venous Catheter (CVC) (Guide no:6)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• Has a clear understanding of indications, contraindications and risks	<input type="checkbox"/>	<input type="checkbox"/>
• He/She is aware of current guidelines for removal of CVC	<input type="checkbox"/>	<input type="checkbox"/>
• The patients ID was confirmed, the procedure explained to the patient	<input type="checkbox"/>	<input type="checkbox"/>
• Agreement was obtained and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• The dressing trolley was cleansed using Chlor Clean	<input type="checkbox"/>	<input type="checkbox"/>
• All appropriate equipment was selected (sterile wound pack/scissors)	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands prior to starting the procedure (social handwash)	<input type="checkbox"/>	<input type="checkbox"/>
• Non-touch technique applied for opening sterile packs/equipment	<input type="checkbox"/>	<input type="checkbox"/>
• Hands were cleansed with alcohol rub and gloves applied	<input type="checkbox"/>	<input type="checkbox"/>
• The patient was placed as flat as possible	<input type="checkbox"/>	<input type="checkbox"/>
• The catheter was clamped/switched off.	<input type="checkbox"/>	<input type="checkbox"/>
• The dressing was loosened and removed	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands/or used alcohol hand rub	<input type="checkbox"/>	<input type="checkbox"/>
• Sterile gloves were worn		
• The insertion site was cleansed and the skin suture removed	<input type="checkbox"/>	<input type="checkbox"/>
• The patient was asked to perform the valsalva manoeuvre (if this is not possible the patient is asked to breathe out and hold)	<input type="checkbox"/>	<input type="checkbox"/>
• The insertion site was covered with sterile topical gauze	<input type="checkbox"/>	<input type="checkbox"/>
• The catheter was removed and sterile gauze applied to the wound simultaneously	<input type="checkbox"/>	<input type="checkbox"/>
• Pressure was applied for 5 minutes and the patient assessed for complications	<input type="checkbox"/>	<input type="checkbox"/>
• Dressing applied – plan for wound review in place	<input type="checkbox"/>	<input type="checkbox"/>

- The tip was cut with sterile scissors and sent for MC&S
- All equipment and sharps were disposed of correctly
- He/She washed his/her hands (social handwash)
- Demonstrates a good standard of communication and professionalism
With patient and assessor
- Episode of care documented in the patients notes (date, time, sign)

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Insertion of Central Venous Cannula – Seldinger method (Guide no:7)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/she is aware of current guidelines for the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/she has a good understanding of indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• The patient's ID was confirmed, verbal consent obtained, explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses trolley and selects (or checks if nursing prepared) all appropriate equipment	<input type="checkbox"/>	<input type="checkbox"/>
• The hands are washed (social handwash)	<input type="checkbox"/>	<input type="checkbox"/>
• Nursing assistance with the procedure/patient is requested	<input type="checkbox"/>	<input type="checkbox"/>
• All packs/equipment are opened correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Assists patient into the correct position, applying sterile drape	<input type="checkbox"/>	<input type="checkbox"/>
• Uses alcohol hand gel and applies sterile gown and gloves	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates knowledge of dosage for local anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>
• Correctly identifies landmarks/vessel for needle insertion	<input type="checkbox"/>	<input type="checkbox"/>
• Anaesthetises the area effectively	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses the site with 2% Chlorhexidine	<input type="checkbox"/>	<input type="checkbox"/>
• The hollow needle is inserted and advanced into the vein correctly and blood is aspirated	<input type="checkbox"/>	<input type="checkbox"/>
• Assesses for complications such as insertion into artery (non-pulsatile)	<input type="checkbox"/>	<input type="checkbox"/>
• The wire is inserted correctly via the hollow needle	<input type="checkbox"/>	<input type="checkbox"/>
• Observes for complications such as arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>
• The hollow needle and syringe are removed leaving the wire in the vein	<input type="checkbox"/>	<input type="checkbox"/>
• The dilator is advanced over the wire through the skin into the vein	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
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| (a small nick in the skin may be necessary) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Aware that the dilator is for soft tissue only (not vein) advanced only to enter vein | <input type="checkbox"/> | <input type="checkbox"/> |
| • The catheter is advanced over the wire into the vein; length and position is assessed | <input type="checkbox"/> | <input type="checkbox"/> |
| • Blood aspirates freely | <input type="checkbox"/> | <input type="checkbox"/> |
| • Catheter is secured with a suture and sterile transparent dressing | <input type="checkbox"/> | <input type="checkbox"/> |
| • The position of the catheter is confirmed on X-ray | <input type="checkbox"/> | <input type="checkbox"/> |
| • Asepsis is maintained throughout the procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sharps and clinical waste are disposed of correctly and the hands are washed | <input type="checkbox"/> | <input type="checkbox"/> |
| • The patient is assessed for complications and instruction/parameters given to nursing staff | <input type="checkbox"/> | <input type="checkbox"/> |
| • The X-ray is reviewed and correct position of the cannula confirmed | <input type="checkbox"/> | <input type="checkbox"/> |
| • Episode documented in the patient's notes | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrates a good standard of communication and professionalism with assessor and patient | <input type="checkbox"/> | <input type="checkbox"/> |

Refer to NICE guideline for USG and insertion of central lines

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Chest drain insertion (blunt dissection – for either pneumothorax Or pleural effusion) (Guide no:8)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She is aware of current guidelines for the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/She has a good understanding of indications/contra-indications/risks of the Procedure and ensures ultrasound is available if indicated	<input type="checkbox"/>	<input type="checkbox"/>
• The patients' ID was confirmed, verbal consent obtained, explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• Assesses Xray (taken within the last 24 - 48 hours) and identifies the pneumothorax/pleural effusion	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses trolley and selects (or checks if nursing prepared) all appropriate equipment	<input type="checkbox"/>	<input type="checkbox"/>
• The hands are washed (social handwash)	<input type="checkbox"/>	<input type="checkbox"/>
• Nursing assistance with the procedure/patient positioning is requested	<input type="checkbox"/>	<input type="checkbox"/>
• All packs/equipment are opened correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Ensures oxygen administered and FiO2 monitored throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Ensures Non invasive BP and ECG monitored throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Assists patient into the correct position (aware of different positions)	<input type="checkbox"/>	<input type="checkbox"/>
• Percusses chest and correctly identifies the pneumothorax/effusion and landmarks for drain insertion (eg ant/mid axillary line 5 th ICS)	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates knowledge of dosage for local anaesthesia (considers IV midazolam)	<input type="checkbox"/>	<input type="checkbox"/>
• Applies non-sterile gloves and infiltrates the area with local anaesthetic effectively (deep into the muscle and pleura)	<input type="checkbox"/>	<input type="checkbox"/>
• Uses alcohol hand gel and applies sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses skin with antiseptic solution	<input type="checkbox"/>	<input type="checkbox"/>

- Correctly applies sterile drapes
- Makes an incision and creates a track by blunt dissection
- Continues to check that the patient is pain free/not distressed
- Uses the tip of a finger to breach the parietal pleura “sweeping” around the cavity
- Places a chest drain (minus trocar) alongside the finger, directing it into the correct position
- **NOTE A SHARP TROCAR MUST NEVER BE USED**
- Demonstrates a satisfactory chest drain insertion technique
- Ensures chest drain is connected correctly to an underwater seal drain and secured with a suture
- Closure suture inserted eg purse string or Z stitch
- Maintains asepsis throughout the procedure and applies an appropriate dressing
- Disposes of sharps and clinical waste correctly, washing hands
- Assesses the patient for complications and discusses/writes parameters for nursing
- Prescribes appropriate analgesia
- Documents the episode in the patient’s notes
- Orders and reviews a post procedure check Xray
- Demonstrates a good standard of communication and professionalism with assessor and patient

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor*

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Chest drain insertion (Seldinger Technique – for either pneumothorax or pleural effusion) (Guide no:9)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She is aware of current guidelines for the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/She has a good understanding of indications/contra-indications/risks of the Procedure and ensures ultrasound is available if indicated.	<input type="checkbox"/>	<input type="checkbox"/>
• The patients' ID was confirmed, verbal consent obtained, explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• Assesses Xray (taken within the last 24 - 48 hours) and identifies the pneumothorax/pleural effusion	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses trolley and selects (or checks if nursing prepared) all appropriate equipment	<input type="checkbox"/>	<input type="checkbox"/>
• The hands are washed (social handwash)	<input type="checkbox"/>	<input type="checkbox"/>
• Nursing assistance with the procedure/patient positioning is requested	<input type="checkbox"/>	<input type="checkbox"/>
• All packs/equipment are opened correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Ensures oxygen administered and FiO2 monitored throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Ensures Non Invasive BP and ECG monitored throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Assists patient into the correct position (aware of different positions)	<input type="checkbox"/>	<input type="checkbox"/>
• Percusses chest and correctly identifies the pneumothorax/effusion and landmarks for drain insertion (e.g ant/mid axillary line 5 th ICS)	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates knowledge of dosage for local anaesthesia (considers IV midazolam)	<input type="checkbox"/>	<input type="checkbox"/>
• Applies non-sterile gloves and infiltrates the area with local anaesthetic effectively (deep into the muscle and pleura)	<input type="checkbox"/>	<input type="checkbox"/>
• Uses alcohol hand gel and applies sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses skin with antiseptic solution	<input type="checkbox"/>	<input type="checkbox"/>

- Correctly applies sterile drapes
- Makes an incision and inserts Seldinger needle (disconnecting syringe)
- Continues to check that the patient is pain free/not distressed
- Inserts Seldinger wire through Seldinger needle and then removes needle
- Holds onto guide wire at all times
- Enlarges wire aperture with scalpel blade
- Dilates tract with dilator (rail roading over wire)
- Rail roads drain into position
- Removes Seldinger wire after satisfactory placement of cannula
- Demonstrates a satisfactory drain insertion technique (using a flexible introducer)
- **NOTE A SHARP TROCAR MUST NEVER BE USED**
- The drain is connected correctly to an underwater seal drain and secured with a suture. If the effusion is particularly large, clamp the drain after 1000mls and review the patient with a senior
- Closure suture inserted eg purse string or Z stitch
- Maintains asepsis throughout the procedure and applies an appropriate dressing
- Disposes of sharps and clinical waste correctly, washing hands
- Assesses the patient for complications and discusses/writes parameters for nursing
- Prescribes appropriate analgesia
- Documents the episode in the patients' notes
- Orders and reviews a post procedure check Xray
- Demonstrates a good standard of communication and professionalism with assessor and patient

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Recording an ECG (Guide no:10)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She is aware of current Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
• He/she washed his/her hands	<input type="checkbox"/>	<input type="checkbox"/>
• The patients ID was confirmed and the procedure explained	<input type="checkbox"/>	<input type="checkbox"/>
• Agreement (verbal consent) was established, opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• The patients privacy and dignity was protected whilst chest clothing removed (including bra in a female patient)	<input type="checkbox"/>	<input type="checkbox"/>
• He/She correctly positioned the patient and prepared the skin appropriately	<input type="checkbox"/>	<input type="checkbox"/>
• He/She checked that the ECG machine was calibrated to 10mm/millivolt, 25mm/sec and the filter was switched off	<input type="checkbox"/>	<input type="checkbox"/>
• The electrodes were correctly applied:- (a) limb leads –red right forearm, yellow left forearm, green, left leg, black right leg (b) chest leads – V1 4 th intercostal space right sternal edge, V2 4 th intercostal space left sternal edge, V3 midway between V2 and V4, V4 5 th intercostal space in the mid-clavicular line, V5 midway between V4 and V6 at same horizontal level, V6 mid-axillary line at same horizontal level as V4 and V5	<input type="checkbox"/>	<input type="checkbox"/>
• He/She attached the ten leads from the ECG machine to the electrodes ensuring they are not pulling or crossed over each other	<input type="checkbox"/>	<input type="checkbox"/>
• If the ECG is poorly recorded He/She checks electrodes/connections	<input type="checkbox"/>	<input type="checkbox"/>
• Labels ECG with patients name, hospital number, date/time and any symptoms	<input type="checkbox"/>	<input type="checkbox"/>
• Informs patient when test is complete and removes electrodes	<input type="checkbox"/>	<input type="checkbox"/>
• (a) Correctly interprets ECG and takes appropriate course of action, or	<input type="checkbox"/>	<input type="checkbox"/>
• (b) On completion reports to a more senior colleague	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands/used alcohol handrub	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a good standard of communication and professionalism with patient/assessor.	<input type="checkbox"/>	<input type="checkbox"/>
• Episode documented in the patients notes	<input type="checkbox"/>	<input type="checkbox"/>

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – ECG Interpretation (Guide no:11)

	Place ✓ or X in Box	
	Self Review	Assessor Review
He /She washes his her hands	<input type="checkbox"/>	<input type="checkbox"/>
• Mandatory safety checks were completed:-		
(a) Correct patient name	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hospital number	<input type="checkbox"/>	<input type="checkbox"/>
(c) Date of birth	<input type="checkbox"/>	<input type="checkbox"/>
• ECG defaults were checked:-		
(a) Chart speed 25 mm/sec	<input type="checkbox"/>	<input type="checkbox"/>
(b) ECG height 10 mm/1cm	<input type="checkbox"/>	<input type="checkbox"/>
(c) Filter button off (first ECG)	<input type="checkbox"/>	<input type="checkbox"/>
• Rhythm strip:-		
(a) Correctly identifies the heart rate	<input type="checkbox"/>	<input type="checkbox"/>
(b) Correctly identifies the rhythm	<input type="checkbox"/>	<input type="checkbox"/>
• Correctly appreciates ECG Axis	<input type="checkbox"/>	<input type="checkbox"/>
• Inferior leads (11, 111 and aVF)		
(a) Assesses for evidence of ischaemia (ST segment/T wave changes and Q waves)	<input type="checkbox"/>	<input type="checkbox"/>
• Anterior leads (V1 – V6 or C1 – C6)		
(a) Assesses for evidence of ishaemia (ST segment/T wave changes and Q waves)	<input type="checkbox"/>	<input type="checkbox"/>
(b) Comments on R wave progression	<input type="checkbox"/>	<input type="checkbox"/>
• Correctly identifies any abnormality	<input type="checkbox"/>	<input type="checkbox"/>
• An appropriate and safe plan of care was discussed for the patient	<input type="checkbox"/>	<input type="checkbox"/>
• Considers Thrombolysis referral if appropriate	<input type="checkbox"/>	<input type="checkbox"/>
• Suggests Aspirin and Oxygen if appropriate	<input type="checkbox"/>	<input type="checkbox"/>
• Refers if indicated & washes hands	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a good standard of communication and professionalism with patient and assessor	<input type="checkbox"/>	<input type="checkbox"/>

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Electroconvulsive Therapy (ECT) (Guide no:12)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She is aware of current guidance (NICE) for the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/She is aware of indications/contraindications of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Familiarises self with patients notes/electronic entries	<input type="checkbox"/>	<input type="checkbox"/>
• Communicates any concerns to the anaesthetist	<input type="checkbox"/>	<input type="checkbox"/>
• The hands were washed	<input type="checkbox"/>	<input type="checkbox"/>
• Prepares ECT machine by entering patient details	<input type="checkbox"/>	<input type="checkbox"/>
• Confirms stimulus dose with senior doctor	<input type="checkbox"/>	<input type="checkbox"/>
• Introduces self to patient when He/She arrives	<input type="checkbox"/>	<input type="checkbox"/>
• ID confirmed, and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• Waits by EEG machine whilst induction takes place	<input type="checkbox"/>	<input type="checkbox"/>
• Applies EEG electrodes (advanced only)	<input type="checkbox"/>	<input type="checkbox"/>
• Applies electrode gel appropriately	<input type="checkbox"/>	<input type="checkbox"/>
• Places electrodes in correct position only when anaesthetist agrees that procedure may continue. Carries out the procedure safely	<input type="checkbox"/>	<input type="checkbox"/>
• Cleans electrodes and equipment	<input type="checkbox"/>	<input type="checkbox"/>
• Washes hands post procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Documents seizure length visually and by EEG prescription card and electronic notes	<input type="checkbox"/>	<input type="checkbox"/>
• Discusses with senior doctor further plans/instructions to clinical teams	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a good standard of communication and professionalism with assessor, patient and clinic staff	<input type="checkbox"/>	<input type="checkbox"/>

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Intramuscular Injection (Guide no:13)

	Place ✓ or X in Box	
	Self Review	Assessor Review
GENERAL (review using Q&A)		
• He/She referred to the current guidelines/BNF	<input type="checkbox"/>	<input type="checkbox"/>
• The procedure was explained to the patient and agreement established	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands (social handwash) applies gloves and apron	<input type="checkbox"/>	<input type="checkbox"/>
• Aware of standard infection control & sharps management procedures	<input type="checkbox"/>	<input type="checkbox"/>
PRESCRIPTION		
• Checks drug prescribed by generic name, is legible, signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
• Checks correct strength, dose, route, frequency and time	<input type="checkbox"/>	<input type="checkbox"/>
• Checks whether drug has already been administered	<input type="checkbox"/>	<input type="checkbox"/>
• Checks for adverse medication reactions in medical notes/allergy box completed)	<input type="checkbox"/>	<input type="checkbox"/>
• The prescription is valid i.e in date	<input type="checkbox"/>	<input type="checkbox"/>
THE DRUG		
• The correct drug was selected	<input type="checkbox"/>	<input type="checkbox"/>
• Expiry date checked	<input type="checkbox"/>	<input type="checkbox"/>
• Checked that the drug is suitable for I/M use	<input type="checkbox"/>	<input type="checkbox"/>
• If appropriate, checked whether a diluent was indicated	<input type="checkbox"/>	<input type="checkbox"/>
• Checked that the drug is compatible with other prescribed medications/infusions	<input type="checkbox"/>	<input type="checkbox"/>
• correctly constitutes/draws up drug	<input type="checkbox"/>	<input type="checkbox"/>
• Correctly calculates drug dosage (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
• Aware of indications/cautions/common side effects	<input type="checkbox"/>	<input type="checkbox"/>
THE PATIENT		
HE/SHE COMPLETES THE FOLLOWING SAFETY CHECKS (WITH THE PATIENT WHERE POSSIBLE)		

AS WELL AS CHECKING THE ID BAND DETAILS AGAINST THE PRESCRIPTION

- Confirms name
- Date of birth
- Hospital number
- Allergic reaction

INJECTION TECHNIQUE

- Places all equipment on a tray with sharps box
- Washes hands, applies gloves and apron
- Identifies the correct needle size
- Selects appropriate area for I/M injection
- Cleanses the skin with skin prep wipe(unless contraindicated)
- Aware of Z track method
- Demonstrates a satisfactory needle insertion
(into muscle and not subcutaneous layer)
- Pulls back on the plunger to ensure blood is not withdrawn
- Administers drug slowly and withdraws needle & syringe
- Disposes of needle & syringe into sharps box
- Assesses the patient for complications
- Removes apron and gloves - disposing safely
- Washes hands

DOCUMENTATION

- Prescription chart dated, timed and signed. Any untoward incidents documented in the patients notes

COMMUNICATION SKILLS AND ATTITUDE

- Demonstrates a good standard of communication and professionalism with assessor and patient

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – IV Cannulation (Peripheral) (Guide no:14)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• Has a clear understanding of indications/contraindications/risks (e.g shunts)	<input type="checkbox"/>	<input type="checkbox"/>
• He/ She is aware of current guidelines for intravenous cannulation	<input type="checkbox"/>	<input type="checkbox"/>
• The patients' ID was confirmed and allergy check made	<input type="checkbox"/>	<input type="checkbox"/>
• the procedure explained to the patient	<input type="checkbox"/>	<input type="checkbox"/>
• Agreement was obtained and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• All appropriate equipment was selected	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands prior to the procedure (social handwash)	<input type="checkbox"/>	<input type="checkbox"/>
• He/She applied gloves	<input type="checkbox"/>	<input type="checkbox"/>
• A disposable tourniquet (or clean re-usable) was applied and appropriate vein was selected	<input type="checkbox"/>	<input type="checkbox"/>
• The skin was cleansed with 2% Chlorhexidine (or equiv) and allowed to dry	<input type="checkbox"/>	<input type="checkbox"/>
• The appropriate cannula size was selected	<input type="checkbox"/>	<input type="checkbox"/>
• Insertion technique was satisfactory	<input type="checkbox"/>	<input type="checkbox"/>
• The vein was cannulated	<input type="checkbox"/>	<input type="checkbox"/>
• Bung selected ensured that the system would remain closed and not open to air or bacteria during administration of fluids/injections	<input type="checkbox"/>	<input type="checkbox"/>
• The cannula was secured with a sterile transparent dressing designed for use with a peripheral cannula (date recorded on sticker)	<input type="checkbox"/>	<input type="checkbox"/>
• Asepsis was achieved and maintained throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Vein patency was assessed using 0.9% Sodium Chloride	<input type="checkbox"/>	<input type="checkbox"/>
• He/She assessed for complications/aware of VIP scoring	<input type="checkbox"/>	<input type="checkbox"/>
• All equipment and sharps were disposed of safely	<input type="checkbox"/>	<input type="checkbox"/>

- He/She washed his/her hands (social handwash)
- Demonstrates a good standard of communication and professionalism with patient and assessor
- Informs team of successful/unsuccessful insertion
- Episode of care documented in the patient notes (reason,size, date, time, sign)

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Intravenous Drug Administration (Guide no:15)

	Place ✓ or X in Box	
	Self Review	Assessor Review
GENERAL		
• He/She referred to the current guidelines/BNF	<input type="checkbox"/>	<input type="checkbox"/>
• The procedure was explained to the patient and agreement established	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands (social handwash) applies gloves and apron	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses port pre and post administration	<input type="checkbox"/>	<input type="checkbox"/>
• Avoids inappropriate disconnection/opening of infusion system	<input type="checkbox"/>	<input type="checkbox"/>
• Disposes of infusion set if it was disconnected from the cannula/port	<input type="checkbox"/>	<input type="checkbox"/>
• Aware of standard infection control & sharps management procedures	<input type="checkbox"/>	<input type="checkbox"/>
PRESCRIPTION		
• Checks drug prescribed by generic name is legible, signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
• Checks correct strength, dose, route, frequency and time	<input type="checkbox"/>	<input type="checkbox"/>
• Checks whether drug has already been administered	<input type="checkbox"/>	<input type="checkbox"/>
• Checks for adverse medication reactions (allergy box completed)	<input type="checkbox"/>	<input type="checkbox"/>
• The prescription is valid i.e in date	<input type="checkbox"/>	<input type="checkbox"/>
THE DRUG		
• The correct drug was selected	<input type="checkbox"/>	<input type="checkbox"/>
• Expiry date checked	<input type="checkbox"/>	<input type="checkbox"/>
• Checked that the drug is suitable for I/V use	<input type="checkbox"/>	<input type="checkbox"/>
• If appropriate, checked whether a diluent was indicated	<input type="checkbox"/>	<input type="checkbox"/>
• Checked that the drug is compatible with other prescribed medications/infusions	<input type="checkbox"/>	<input type="checkbox"/>
• Prepares 0.9% saline for I/V flush	<input type="checkbox"/>	<input type="checkbox"/>

- Correctly constitutes drug
- Correctly calculates drug dosage (if appropriate)
- Aware of cautions/side effects

THE PATIENT

HE/SHE COMPLETES THE FOLLOWING SAFETY CHECKS (WITH THE PATIENT WHERE POSSIBLE) AS WELL AS CHECKING THE ID BAND DETAILS AGAINST THE PRESCRIPTION

- Confirms name
- Date of birth
- Hospital number
- Allergic reaction

BOLUS ADMINISTRATION

- Procedure was explained to the patient
- Agreement to administer the drug established and opportunity to ask questions provided
- Selects correct venous access line/port, cleanses with skin prep swab
- Competently assesses cannula patency using 0.9% N/Saline
- Competently administers the medication (satisfactory technique)
E.g bolus over 3 – 4 minutes/ the recommended therapeutic time
- Assesses the patient for complications
- Flushes cannulae with 0.9% N/Saline

DOCUMENTATION

Prescription chart dated, timed and signed. Any untoward incidents documented in the patients notes

COMMUNICATION SKILLS AND ATTITUDE

- Demonstrates a good standard of communication and professionalism with assessor and patient

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Lumbar Puncture (Guide no:16)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She is aware of current guidelines for the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/She has a good understanding of indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Checks INR, blood glucose and platelet count	<input type="checkbox"/>	<input type="checkbox"/>
• The patients' ID was confirmed, consent obtained, explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses trolley and selects (or checks if nursing prepared) all appropriate equipment	<input type="checkbox"/>	<input type="checkbox"/>
• The hands are washed (social handwash)	<input type="checkbox"/>	<input type="checkbox"/>
• Nursing assistance with the procedure/patient is requested	<input type="checkbox"/>	<input type="checkbox"/>
• All packs/equipment are opened correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Assists patient into the correct position (aware of the 2 positions)	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates knowledge of dosage for local anaesthesia/offered to the patient	<input type="checkbox"/>	<input type="checkbox"/>
• Applies non-sterile gloves and infiltrates the area with local anaesthetic effectively (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
• Uses alcohol gel and applies sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>
• Correctly identifies landmarks for needle insertion and cleanses the area	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a satisfactory needle insertion technique and breaches dura, withdrawing stylet correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Confirms CSF, measures pressure with monometer, if appropriate	<input type="checkbox"/>	<input type="checkbox"/>
• Obtains three plain CSF plus fluoride/glucose sample and numbers specimens	<input type="checkbox"/>	<input type="checkbox"/>
• Maintains asepsis throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>

- Applies a dressing over the insertion site
- Disposes of sharps and clinical waste correctly
- Assesses the patient for complications/discusses common side effects with the patient
- Washes hands (social handwash)
- Gives verbal and written instructions/parameters to nursing staff
- Documents the episode in the patient's notes, including appearance of CSF
- Demonstrates a good standard of communication and professionalism with assessor and patient

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – NG Tube insertion (Guide no:17)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She referred to current guidelines for NG tube insertion and management	<input type="checkbox"/>	<input type="checkbox"/>
• Has a clear understanding of indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• The patients' ID was confirmed, consent obtained, explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• All appropriate equipment was selected, including PH indicator strip (litmus paper now withdrawn)	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands prior to the procedure (social hand wash) and applied gloves	<input type="checkbox"/>	<input type="checkbox"/>
• Patient was assisted into the correct position, head supported	<input type="checkbox"/>	<input type="checkbox"/>
• The distance that the tube is to be passed is correctly measured from the patient's ear lobe to the bridge of nose to the bottom of the xiphisternum	<input type="checkbox"/>	<input type="checkbox"/>
• The nostrils were assessed and the tip of the tube was lubricated	<input type="checkbox"/>	<input type="checkbox"/>
• The patient was communicated with again to promote trust and feeling of safety.	<input type="checkbox"/>	<input type="checkbox"/>
• A signal was arranged by which the patient can communicate if He/She wants to stop	<input type="checkbox"/>	<input type="checkbox"/>
• The tube was correctly inserted with the patient swallowing sips of water, if appropriate (not dysphagic)	<input type="checkbox"/>	<input type="checkbox"/>
• The patient was assessed for complications/distress which may indicate displacement	<input type="checkbox"/>	<input type="checkbox"/>
• The position of the tube was checked (no air/stethoscope check) and correct placement assessed by establishing that gastric PH is between 0 - 5	<input type="checkbox"/>	<input type="checkbox"/>
• If feeding tube was inserted the guide wire was left in situ whilst the tube was aspirated and PH checked	<input type="checkbox"/>	<input type="checkbox"/>
• The tube is secured appropriately, flushed with water and guide wire		

- | | | |
|---|--------------------------|--------------------------|
| removed (if feeding tube) | <input type="checkbox"/> | <input type="checkbox"/> |
| • He/She mentions that X-ray is necessary only in occasional circumstances, eg protein pump inhibitors/previous gastric surgery (leave guide wire in until placement confirmed) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Drainage bag or spigot applied | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrates a good standard of communication and professionalism with assessor and patient | <input type="checkbox"/> | <input type="checkbox"/> |
| • The episode was documented in the patient's notes and fluid output recorded | <input type="checkbox"/> | <input type="checkbox"/> |
| • He/She washed his/her hands (social hand wash) | <input type="checkbox"/> | <input type="checkbox"/> |
| • If indicated, the position of the tube was checked on the X-ray and written instruction for nursing to commence feeding documented in the patient's notes | <input type="checkbox"/> | <input type="checkbox"/> |

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Pleural Aspiration – Effusion/fluid (Guide no:18)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/she is aware of current guidelines for the skill	<input type="checkbox"/>	<input type="checkbox"/>
• He/She has a good understanding of the indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• The patients ID was confirmed, explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• Agreement was established (verbal consent)	<input type="checkbox"/>	<input type="checkbox"/>
• Assesses Xray (taken within last 48hours) and identifies/locates effusion/fluid	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses trolley and selects (or checks if already prepared) all appropriate equipment	<input type="checkbox"/>	<input type="checkbox"/>
• Nursing assistance with positioning patient/the procedure sought	<input type="checkbox"/>	<input type="checkbox"/>
• The hands are washed (social handwash) apron applied	<input type="checkbox"/>	<input type="checkbox"/>
• All packs/equipment are opened correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates knowledge of dosage for local anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>
• Applies non-sterile gloves and infiltrates the area with local anaesthetic effectively (deep into muscle and pleura)	<input type="checkbox"/>	<input type="checkbox"/>
• Percusses chest and correctly identifies site for needle/cannula insertion (eg 3 rd ICS mid axillary line)	<input type="checkbox"/>	<input type="checkbox"/>
• Uses alcohol hand gel and applies sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a satisfactory insertion and aspiration technique (if dry tap and pus/blood aspirated, seeks senior help)	<input type="checkbox"/>	<input type="checkbox"/>
• Continues to check that the patient is pain free/not distressed	<input type="checkbox"/>	<input type="checkbox"/>
• Obtains specimen for lab analysis, if indicated. Selects correct bottles	<input type="checkbox"/>	<input type="checkbox"/>
• Maintains asepsis throughout the procedure and applies an appropriate dressing	<input type="checkbox"/>	<input type="checkbox"/>

- Disposes of sharps & clinical waste correctly/washes hands
- Assesses for complications and gives instruction/parameters to nursing staff
- Demonstrates a good standard of communication and professionalism with assessor and patient
- Documents the episode in the patients notes including colour/quantity of aspirate

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Suturing (Guide no:19)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• He/She is aware of current guidelines for the skills	<input type="checkbox"/>	<input type="checkbox"/>
• Has a clear understanding of indications/contra-indications/risks for the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• The patients ID was confirmed, explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands and applied non sterile gloves & apron	<input type="checkbox"/>	<input type="checkbox"/>
• All appropriate equipment was selected and packs opened correctly	<input type="checkbox"/>	<input type="checkbox"/>
• He/She has a good understanding/knowledge of local anaesthetic dosage	<input type="checkbox"/>	<input type="checkbox"/>
• Infiltrated the wound with local anaesthetic effectively	<input type="checkbox"/>	<input type="checkbox"/>
• Used alcohol gel and applied sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>
• Assessed/examined the wound correctly, actioning any necessary tests or treatments	<input type="checkbox"/>	<input type="checkbox"/>
• Cleansed the wound thoroughly	<input type="checkbox"/>	<input type="checkbox"/>
• Used instruments appropriately	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a satisfactory suturing technique	<input type="checkbox"/>	<input type="checkbox"/>
• Effectively closes the wound. Maintains asepsis	<input type="checkbox"/>	<input type="checkbox"/>
• Manages the wound appropriately	<input type="checkbox"/>	<input type="checkbox"/>
• Disposes of Sharps and clinical waste correctly. Washes hands	<input type="checkbox"/>	<input type="checkbox"/>
• Gives clear instruction to patient/others during the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a good standard of communication and professionalism with patient and assessor	<input type="checkbox"/>	<input type="checkbox"/>
• Appropriate discharge/follow up information given	<input type="checkbox"/>	<input type="checkbox"/>
• Documents episode in the patients notes	<input type="checkbox"/>	<input type="checkbox"/>

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Female Urinary Catheterisation (Guide no:20)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• Introduces self to patient, exchanges pleasantries	<input type="checkbox"/>	<input type="checkbox"/>
• Has a clear understanding of indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/She is aware of current guidelines and reason for catheterisation	<input type="checkbox"/>	<input type="checkbox"/>
• The Patients ID was confirmed and allergy to products excluded	<input type="checkbox"/>	<input type="checkbox"/>
• The procedure was explained to the patient, agreement was established and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands (social handwash) and put on a disposable apron	<input type="checkbox"/>	<input type="checkbox"/>
• He/She cleansed the trolley and selected all appropriate equipment and materials	<input type="checkbox"/>	<input type="checkbox"/>
• He/She respects the patient's need for privacy/dignity, offers a chaperone	<input type="checkbox"/>	<input type="checkbox"/>
• He/she used an aseptic technique, opening supplementary packs correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Ensures patient is assisted into a comfortable position and covered appropriately	<input type="checkbox"/>	<input type="checkbox"/>
• Cleans hands with alcohol handrub and applies sterile gloves, placing sterile towel Across patient	<input type="checkbox"/>	<input type="checkbox"/>
• Effectively cleanses the area with 0.9% N/Saline	<input type="checkbox"/>	<input type="checkbox"/>
• Inserts anaesthetic gel into the meatus	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses hands and changes sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>
• Introduces catheter correctly (satisfactory insertion technique) maintaining asepsis throughout	<input type="checkbox"/>	<input type="checkbox"/>
• Completes insertion, correctly, inflates balloon and connects to drainage bag	<input type="checkbox"/>	<input type="checkbox"/>
• Ensures patient comfort, post procedure and observes for complications	<input type="checkbox"/>	<input type="checkbox"/>
• Disposes of equipment and washes hands post procedure	<input type="checkbox"/>	<input type="checkbox"/>

- Documents procedure (including reason for catheterisation, device used, catheter size, type) in patients' notes
- Ensures urinary output is expected amount and is recorded
- Demonstrates a good standard of communication/professional behaviour with both patient and peers/assessor

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Male Urinary Catheterisation (Guide no:21)

	Place ✓ or X in Box	
	Self Review	Assessor Review
• Introduces self to patient, exchanges pleasantries	<input type="checkbox"/>	<input type="checkbox"/>
• Has a clear understanding of indications/contra-indications/risks of the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• He/She is aware of current guidelines and reason for catheterisation	<input type="checkbox"/>	<input type="checkbox"/>
• The procedure was explained to the patient, agreement was established and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands (social handwash) and put on a disposable apron	<input type="checkbox"/>	<input type="checkbox"/>
• He/She cleansed the trolley and selected all appropriate equipment and materials. Considers whether catheter for long/short term use (type/size)	<input type="checkbox"/>	<input type="checkbox"/>
• He/She respects the patients' need for privacy/dignity	<input type="checkbox"/>	<input type="checkbox"/>
• He/She used an aseptic technique, opening supplementary packs correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Ensures patient is assisted into a comfortable position and covered appropriately	<input type="checkbox"/>	<input type="checkbox"/>
• Cleanses hands with alcohol handrub and applies sterile gloves, placing sterile towel across patient	<input type="checkbox"/>	<input type="checkbox"/>
• Retracts the foreskin (if appropriate) and effectively cleanses the area with 0.9% N/Saline	<input type="checkbox"/>	<input type="checkbox"/>
• Changes sterile gloves and inserts anaesthetic gel into the meatus	<input type="checkbox"/>	<input type="checkbox"/>
• Introduces catheter correctly (satisfactory insertion technique) maintaining asepsis	<input type="checkbox"/>	<input type="checkbox"/>
• Completes insertion, correctly inflates balloon and connects to drainage bag	<input type="checkbox"/>	<input type="checkbox"/>
• Re-positions foreskin (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
• Ensures patient comfort post procedure and observes for complications	<input type="checkbox"/>	<input type="checkbox"/>
• Disposes of equipment and washes hands post procedure	<input type="checkbox"/>	<input type="checkbox"/>
• Documents procedure including reason for catheterisation, device used, size,		

- | | | |
|---|--------------------------|--------------------------|
| type in the patients notes | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensures urinary output is within expected limits and recorded | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrates a good standard of communication/professional behaviour with both patient and assessor | <input type="checkbox"/> | <input type="checkbox"/> |

Direct Observation of Procedural Skills (DOPS)

Guideline for Assessor/Foundation Doctor

This step by step guide can be used for self review, assessor review or both.

Clinical skill – Venepuncture (Guide no:22)

Refer to separate guide for blood cultures

	Place ✓ or X in Box	
	Self Review	Assessor Review
• Introduces self to patient, exchanging pleasantries and discussing reason for blood test	<input type="checkbox"/>	<input type="checkbox"/>
• He/She is aware of current guidelines for the skill	<input type="checkbox"/>	<input type="checkbox"/>
• Has a clear understanding of indications/contraindications and risks of the procedure (Eg shunts/IVI)	<input type="checkbox"/>	<input type="checkbox"/>
• The patients' ID was confirmed and valid blood sample request form written/checked	<input type="checkbox"/>	<input type="checkbox"/>
• Consent was obtained, explanation and opportunity to ask questions provided	<input type="checkbox"/>	<input type="checkbox"/>
• All appropriate equipment was selected (vacutainer/safe needle system)	<input type="checkbox"/>	<input type="checkbox"/>
• He/She washed his/her hands prior to the procedure (social handwash) and applied gloves	<input type="checkbox"/>	<input type="checkbox"/>
• A disposable (or clean) tourniquet was applied and an appropriate vein was selected	<input type="checkbox"/>	<input type="checkbox"/>
• The skin was cleansed with 2% chlorhexidine (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>
• Insertion technique was satisfactory (ensured the pts fist unclenched)	<input type="checkbox"/>	<input type="checkbox"/>
• A blood sample was obtained	<input type="checkbox"/>	<input type="checkbox"/>
• Asepsis was achieved throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>
• All equipment and sharps were disposed of correctly	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates a good standard of communication and professional behaviour with patient and assessor	<input type="checkbox"/>	<input type="checkbox"/>
• He/She assessed the patient for complications	<input type="checkbox"/>	<input type="checkbox"/>
• Collection bottles were correctly labelled immediately at the bedside	<input type="checkbox"/>	<input type="checkbox"/>
• The procedure for specimen transfer to the lab was followed	<input type="checkbox"/>	<input type="checkbox"/>

- He/She washed his/her hands (social handwash)
- Documentation completed
- Ensures patient comfortable post procedure