Directly Observed Procedural Skills (DOPS)

Conscious Sedation

(Please answer all questions with block capital letters using blue or black ink. Mark boxes with an X)

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| Trainee’s Forename: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Trainee’s Surname: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Assessor’s Forename: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assessor’s Surname: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assessor’s GDC No: |  |  |  |  |  |  | Date of Assessment | | | | | | | (dd/mm/yy): / / | | | | | |
| Description of procedure being observed: | | | | | | | | | | | | | | | | | | | |

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| Please grade the below areas  Using the following scale:  UC = Unable to comment or not observed | **Unsafe** | **Below**  **Standard** | **Meets**  **Standard** | **Above**  **Standard** | **N/A** |
| **Question** | **1** | **2** | **3** | **4** | **N/A** |
| Knowledge & understanding of the technique, indications & relevant anatomy | **□** | **□** | **□** | **□** | **□** |
| Preparation of the environment | **□** | **□** | **□** | **□** | **□** |
| Assessment and understanding of the clinical notes | **□** | **□** | **□** | **□** | **□** |
| Discussion with patient, including confirming consent | **□** | **□** | **□** | **□** | **□** |
| Baseline monitoring | **□** | **□** | **□** | **□** | **□** |
| Induction of sedation including psychological support | **□** | **□** | **□** | **□** | **□** |
| Administration of LA | **□** | **□** | **□** | **□** | **□** |
| Maintenance of sedation including monitoring | **□** | **□** | **□** | **□** | **□** |
| Dental procedure | **□** | **□** | **□** | **□** | **□** |
| Recovery regime | **□** | **□** | **□** | **□** | **□** |
| Discharge and post-operative instructions | **□** | **□** | **□** | **□** | **□** |
| Clinical notes | **□** | **□** | **□** | **□** | **□** |
| Overall ability to perform procedure | **□** | **□** | **□** | **□** | **□** |

**Please record any suggestions for development**

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|  |

**Signature of Trainee:**

**Signature of Assessor:**