

Direct observation of procedural skills (DOPS)

Guidance for foundation doctors and trainers

This guidance is designed to accompany the 'SLE Frequently asked questions' document.

What is a direct observation of procedural skills (DOPS)?

Direct observation of procedural skills (DOPS) is a supervised learning event (SLE) tool. The primary purpose of DOPS in the Foundation Programme is to provide a structured checklist for giving feedback on the foundation doctor's interaction with the patient when performing a practical procedure.

Different to the 15 GMC 'core procedures' (as mandatory during F1), all foundation doctors should use DOPS to inform the doctor/patient interaction while undertaking procedures not listed within 'core procedures'.

Who can contribute to DOPS?

Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- supervising consultants
- GP principals
- doctors who are more senior than an F2 doctor
- experienced nurses (band 5 or above); or
- allied health professional colleagues.

How does it work?

Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs such as DOPS.

DOPS is used for trainers to offer feedback on the foundation doctor's interaction with the patient when performing a practical procedure. This should be managed by the foundation doctor and observed by a trained trainer for teaching purposes. Procedures should be chosen jointly by the foundation doctor and trainer to address learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor's benefit.

The observed process typically takes around 20 minutes and immediate feedback around five minutes. It may be necessary to allocate more time.

Each DOPS could represent a different procedure and may be specific to the specialty (NB: DOPS may not be relevant in all placements). It is important to remember that completion of DOPS is additional to the GMC core procedures as required in F1.

What areas should DOPS focus on?

DOPS is most useful when considering the following self explanatory areas:

- demonstrates understanding of indications/anatomy/technique
- obtains informed consent
- demonstrates appropriate preparation pre-procedure
- appropriate analgesia or safe sedation
- technical ability
- aseptic technique
- seeks help where appropriate
- post procedure management
- communication skills
- consideration of patient/professionalism

Positive indicators for three of these areas are given below:

Focus of encounter	Positive indicators
Post-procedure management	Safely disposes of equipment; documents the procedure, including labelling samples and giving instructions for monitoring; arranges appropriate aftercare/monitoring.
Communication skills	Explores patient's perspective; jargon free; open and honest; empathic; agrees management plan with patient.
Consideration of patient / professionalism	Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort; respects confidentiality; behaves in an ethical manner; awareness of legal frameworks; aware of own limitations.

Remember: Not all areas need be reviewed on each occasion.

What is the reference standard?

When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2. The Curriculum provides a detailed description of the relevant competences expected of a doctor completing F1 and F2.

Feedback

In order to maximise the educational impact of using DOPS, the supervisor and the foundation doctor need to identify strengths and areas for development. This should be done sensitively and in a suitable environment.

How many DOPS should be completed?

Foundation doctors are expected to undertake directly observed encounters per placement.

They are required to undertake a **minimum** of nine directly observed encounters per annum in both F1 and in F2. At least six of these encounters each year should use mini-CEX with up to three DOPS each year being used to supplement the total number of directly observed encounters. See table overleaf.

There is no maximum number of DOPS and foundation doctors will often complete very high numbers of SLEs recognising the benefit they derive from them.

Supervised learning event (SLE)	Recommended minimum number
Direct observation of doctor/patient interaction: Mini-CEX DOPS	3 or more per placement* Optional to supplement mini-CEX

*based on a clinical placement of four month duration.

How is the form accessed?

The DOPS SLE form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor's e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor's login, an automatic email will be sent to the trainer and the DOPS will be flagged as self-entered.

How should trainers complete the form?

- **Training:** the trainer must state if they have been trained in providing feedback.
- **Trainer's details:** this should include registration number and position. If there is no relevant option select 'other' and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select 'other' and specify.
- **Procedure:** use the free text to describe the procedure.
- **Focus of the encounter:** select the most appropriate focus or areas of focus.
- **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor's curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an agreed action.