



Masters of Medicine Conjoined Programme (UM, UKM, USM, UPM) Directly Observed Procedural Skills (DOPS)

Trainee's Name														
Date of enrollment	D	D	/	M	M	/	Y	Y	Y	Y	Matric Number			
Date of assessment	D	D	/	M	M	/	Y	Y	Y	Y	Student's MMC Number			
Phase of study							Posting							
Hospital														
Clinical Setting:	<input type="checkbox"/> A&E	<input type="checkbox"/> OPD	<input type="checkbox"/> In-patient	<input type="checkbox"/> Neonates	<input type="checkbox"/> Acute Admission									
Clinical Problem Category:	<input type="checkbox"/> Sepsis	<input type="checkbox"/> CVS	<input type="checkbox"/> Shock	<input type="checkbox"/> Gastro	<input type="checkbox"/> Neuro	<input type="checkbox"/> Airway/Breathing								
	<input type="checkbox"/> Behaviour/Developmental	<input type="checkbox"/> Others (Please specify):												
Procedural Number:							Other:							
Number of times procedure performed by trainee:	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 4	<input type="checkbox"/> 5 - 9	<input type="checkbox"/> >10										
Complexity of the procedure:	<input type="checkbox"/> Difficult	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> High										
Using the given scales, please grade the areas listed below:	Weak	Borderline	Satisfactory	Good	Excellent	UC								
	1	2	3	4	5	6								
1. Demonstrate understanding of indications, relevant anatomy, technique of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2. Obtained informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3. Demonstrate appropriate preparation pre-procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4. Appropriate anaesthesia or safe sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
6. Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
7. Seek help where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
8. Post procedural management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
9. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
10. Consideration of patient and professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
*U/C= Please mark this if you have not observed the behavior and therefore unable to comment.														
Please use this space to record areas of strength or any suggestions for development														
Strength of trainee						Suggestions for development								
Assessor's Name														
MMC's Number														
Assessor's email														
<i>Please note: by providing your email address, Conjoined Board reserve the right to contact you to confirm individual assessments were conducted and completed in line with local procedures and by any good assessment practice</i>														
Assessor's position:	<input type="checkbox"/> Consultant	<input type="checkbox"/> Specialist	<input type="checkbox"/> Senior Registrar	<input type="checkbox"/> Nurse	<input type="checkbox"/> Others (please specify):									
Number of previous Paediatric DOBS observed by assessor with any trainee:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	0	1	2	3	4	5	5-9	>9						
Have you had training in the use of this assessment tool?	<input type="checkbox"/> Have read guidelines <input type="checkbox"/> Face-to face <input type="checkbox"/> Web/CD-Rom													
Time taken for discussion (in minutes):							Time taken for feedback (in minutes):							
Assessor's signature							Trainee's signature							

Core Procedures

Include all procedures performed in Neonatal Resuscitation (NRP), Paediatric Advance Life Support (PAL) and those required by the National Specialist Register for accreditation as a General Paediatrician.

	Procedure	Code
1.	Peripheral venous cannulation	01
2.	Peripheral artery cannulation	02
3.	Capillary blood sampling	03
4.	Arterial puncture	04
5.	Central venous insertion	05
6.	Percutaneous long line insertion	06
7.	Collection of blood from central line	07
8.	Umbilical vein cannulation	08
9.	Umbilical artery cannulation	09
10.	Exchange transfusion	10
11.	Intraosseous cannulation	11
12.	Basic ventilation indication, set up	12
13.	Bag, mask and valve ventilation	13
14.	Surfactant administration	14
15.	Endotracheal intubation	15
16.	External chest compression	16
17.	Chest tube insertion	17
18.	Suprapubic aspiration of urine	18
19.	Urethral catheterization	19
20.	Peritoneal dialysis	20
21.	Peak flow	21
22.	Bone marrow aspiration and trephine biopsy	22
23.	Lumbar puncture	23
24.	Ultrasound neonatal brain	24
25.	Electrocardiogram	25
26.	Basic ECHO	26
27.	Mantoux test	27
28.	Vaccination – BCG	28
29.	Vaccination – intramuscular injection	29
30.	Vaccination – subcutaneous injection	30