

**Department of Family Medicine Residency Program
Direct Observation of Procedural Skills (DOPS)**

Supervising Preceptor: _____

Resident: _____

Clinical Setting: _____ Date: _____

Patient gender: _____

Procedure: _____ Patient Age: _____

Patient Initials: _____

Based on your observation of the Resident carrying out the procedure please comment on their performance in relation to the following:

Indications, relevant anatomy & technique of procedure	
Informed consent	
Pre-procedure preparation	
Analgesia/anesthesia	
Technical ability	
Seeks help	
Post-procedure instructions	
Communicates effectively	
Considerate of patient	

Overall assessment of ability to carry out procedure (please check one):

- Unable to assess
- May perform under full, pro-active supervision of Preceptor
- May perform under qualified, reactive supervision by Preceptor - Resident asks for help if needed
- May perform independently and without supervision
- May supervise others carrying out procedure

Preceptor
Signature: _____

Resident
Signature: _____