

Radiology Direct Observation of Procedural Skills (Rad-DOPS)

Assessor's Registration Number
(e.g GMC, NMC)

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Assessor's Name

Trainee's GMC Number

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Date of Assessment (DD/MM/YY)

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Year of speciality training: 1 2 3 4 5

Clinical Setting: Ultrasound Computed Tomography Paediatric Imaging Magnetic Resonance Imaging
 Radionuclide Imaging Interventional Radiology Breast Imaging Fluoroscopy Other (please specify below)

Other setting:

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Procedure Name:

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Number of times this procedure previously performed by trainee: 0 1-4 5-10 >10

Difficulty of procedure: Low Medium High

	Well below expectation for stage of training	Below expectation for stage of training	Borderline for stage of training	Meets expectation for stage of training	Above expectation for stage of training	Well above expectation for stage of training	Unable to comment*
1. Demonstrates understanding of indications, relevant anatomy and technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explains procedure/risks to patient, obtains/confirms informed consent where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Uses appropriate analgesia or safe sedation/drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Usage of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Infection prevention and control	<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Not applicable		
6. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Seeks help if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Minimises use of ionising radiation for procedures involving x-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communication with patients/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Quality of diagnostic images	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Judgement/Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Quality of report of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. OVERALL COMPETENCE

	Rating	Description
<input type="checkbox"/>	Trainee requires additional support and supervision	<i>Demonstrates basic radiological procedural skills resulting in incomplete examination findings. Shows limited clinical judgement following encounter</i>
<input type="checkbox"/>	Trainee requires direct supervision (performed at level expected during Core training)	<i>Demonstrates sound radiological procedural skills resulting in adequate examination findings. Shows basic clinical judgement following encounter</i>
<input type="checkbox"/>	Trainee requires minima/indirect supervision (performed at the level expected on completion of Core Training)	<i>Demonstrates good radiological procedural skills resulting in sound examination findings. Shows good clinical judgement following encounter</i>
<input type="checkbox"/>	Trainee requires very little/no senior input and able to practise independently (performed at level expected during Higher Training)	<i>Demonstrates excellent and timely radiological procedural skills resulting in a comprehensive examination. Shows good clinical judgement following encounter</i>

*Unable to comment – Please mark this if you have **not observed** the behaviour and feel unable to comment.

Further mandatory questions on the following page

Assessor's comments – state areas of good practice and areas for development *(mandatory field)*

Trainee's comments – comment on your performance and any actions required *(mandatory field)*

Trainee's Signature

Assessor's Signature