



# The Royal Australian and New Zealand College of Radiologists®

The Faculty of Clinical Radiology

## Direct Observation of Procedural Skills (DOPS)

Each Radiology Direct Observation of Procedural Skills (DOPS) must be completed satisfactorily and must meet expectations for the stage of training. Failing this, the trainee will need to undertake the DOPS again until a satisfactory score has been achieved.

The Radiology Direct Observation of Procedural Skills (DOPS) focuses on the core skills that trainees require when undertaking a clinical practical procedure.

The DOPS is a focused observation or “snapshot” of a trainee undertaking a practical procedure. Not all elements need be assessed on each occasion. The assessor can be a consultant radiologist, or a non-radiologist who is a suitable expert in the procedure being assessed. Examples include a sonographer, vascular technologist, vascular surgeon, obstetrician, or nuclear physician, depending on the examination being conducted.

This form is to be completed by both the Trainee and Assessor. Please refer to the Direct Observation of Procedural Skills (DOPS) Instructions on the [College website](#) for further information on this assessment and its submission requirements. The College will manage your personal information in accordance with its [Privacy Policy](#).

The trainee is to retain the completed assessment and return to the College between 21 January 2022 and 31 March 2022 along with other completed assessments using the [Training Assessment Summary Submission Form](#).

Trainee's full name	Student Identification Number	Date of assessment (DD/MM/YY)

Year of specialty training:  1  2  3  4  5  Other

Clinical Setting:  Ultrasound  Computed Tomography  Paediatric Imaging  
 Magnetic Resonance Imaging  Interventional Radiology  Breast Imaging  
 Fluoroscopy  Other, please specify: \_\_\_\_\_

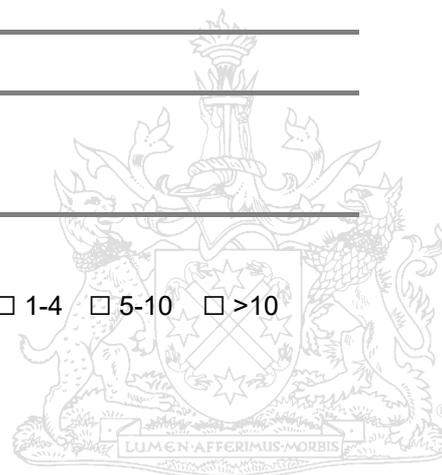
### Assessor Details

Full Name:	
Title:	
Position:	

Procedure Name: \_\_\_\_\_

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

Difficulty of Procedure:  Low  Medium  High





### DOPS Rating Scale

Below expectation for stage of training	Borderline expectation 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 knowledge of indications, relevant anatomy, and technique					
<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"/>
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"/>
4. Usage of equipment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Aseptic technique					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Technical ability					
<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"/>
8. Minimizes use of ionizing radiation for procedures involving x-rays					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communication skills with patient/staff					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Quality of report of procedure					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Trainee's comments:**





**Assessor's comments, if you have noticed anything especially good or needing further development, please note it here:**

**To be completed by Assessor**

As the assessor, how long did this process take?

<10 Mins    10 – 20 Mins    20 – 30 Mins    >30 mins

Assessor satisfaction with Radiology DOPS documentation and process:

LOW    1    2    3    4    5    6   HIGH

**Assessor's comments on Radiology DOPS documentation and progress:**

**To be completed by Trainee**

Trainee satisfaction with Radiology DOPS documentation and process:

LOW    1    2    3    4    5    6   HIGH

**Trainee's comments on Radiology DOPS documentation and progress:**

\_\_\_\_\_  
**Signature of Assessor**

\_\_\_\_\_  
**Signature of Trainee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

