

National Emergency Medicine Training Programme



Work Place Based Assessments

Generic Dops

Name of trainee:		Year of Training CSTEM Yr. 1/2/3	
Assessor:		IMC No:	
Grade of assessor: Consultant / SPR		Date	/ /
Procedure observed (Generic Dops):			

*Checklist – Please tick to indicate the trainees performance	Yes	No	N/A
1. Indication for procedure discussed with assessor			
2. Obtaining informed consent			
3. Appropriate preparation including monitoring, analgesia and sedation			
4. Technical skills and aseptic technique			
5. Situation awareness and clinical judgement			
6. Safety, including prevention and management of complications			
7. Care/Investigations immediately post procedure			
8. Professionalism, communication and consideration for patient, relatives & staff			
9. Documentation in the notes			
10. Completed task appropriately			

Indicate the strengths of Trainee's Performance:	
Indicate the weaknesses of Trainee's Performance:	
Additional Comments:	
Assessor Signature:	Trainee Signature:

*Please return forms to Orla Mockler, Emergency Medicine Training, RCSI, 121 St. Stephens Green, Dublin 2 or omockler@rcsi.ie