Title:	Direct Observation of Procedural Skills (DOPS)	Ref. No.	ETA-IMG-001
	Assessment Form Guidelines		

DIRECT OBSERVATION OF PROCEDURAL SKILLS FOR IMGS

Direct Observation of Procedural Skills in surgery (Surgical DOPS) is an assessment tool designed to assess competence in performing diagnostic and interventional procedures during surgical practice. It facilitates feedback in order to develop behaviours and performance related to operative, decision making, communication and teamwork skills.

The assessment is formative, aimed at guiding further development of surgical practice.

IMG REQUIREMENT

All International Medical Graduates (IMGs) on a specialist pathway are required to complete at least one satisfactory DOPS assessment during each 3-month period of clinical assessment whilst under supervision or oversight.

The assessment involves the Clinical Assessor observing the IMG perform an operative procedure within the work place.

The observed procedure should be a major procedure that the IMG has had prior exposure to.

The IMG chooses one of their two Clinical Assessors to act as the assessor.

IMGs can use DOPS Assessment to:

- To provide feedback that will help improve in the work performance.
- Identify areas which may require upskilling.
- Build on feedback from a previous assessment.

RACS DOPS ASSESSMENT TOOL

The College's DOPS assessment tool is an electronic, secure system which manages the registration, invitation and assessment process, facilitating feedback and discussion of the assessment between the IMG and their Clinical Assessor(s).

CLINICAL ASSESSORS

- The process is IMG led; the IMG chooses the time and the procedure under the guidance of their Clinical Assessor. It is the IMG's responsibility to:ensure completion of the required number and type of assessments by the end of each 3 month assessment term and
- to initiate the assessment electronically using the online DOPS assessment tool.

The Clinical Assessor may instigate an assessment anytime during the assessment period, if there are any concerns. Multiple results of unsatisfactory or borderline, marginal indicates a need for significant improvement in performance. The assessor should counsel the IMG who should be given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until satisfactory performance is demonstrated. Reassessment by a different assessor is advisable.

The Clinical Assessor ensures the patient is aware that a surgical DOPS is being carried out.

The encounter should be representative of the IMG's workload. IMGs should only be observed undertaking procedures normally expected of them and in their usual work environment.

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GUIDELINE

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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The Clinical Assessor observes the IMG undertaking the procedure, and records their observations via the online assessment tool.

The Clinical Assessor rates the difficulty of the procedure for the level of an IMG completing their 12 or 24 months of clinical assessment.

After completing the assessment the Clinical Assessor provides immediate feedback to the IMG. Feedback generally takes about 5 minutes.

In order to maximise the education impact of using a surgical DOPS, the Clinical Assessor and the IMG need to identify agreed strengths and areas for development. This needs to be done sensitively and in a suitable environment. Feedback is best given immediately after the assessment.

Once the Clinical Assessor has submitted their assessment electronically, the IMG receives notification that the assessment is complete. The IMG acknowledges and reviews the assessment. The IMG can provide additional comments following review of Clinical Assessor's assessment prior to submitting the assessment.

Once the report is received by the IMG Assessments Department, a copy of the assessment is forwarded to the specialty Board Chair and/or IMG representative for review.

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