

# Certification in Urogynaecology (CU) Directly Observed Procedural Skills (DOPS) General Information



The Royal Australian  
and New Zealand  
College of Obstetricians  
and Gynaecologists  
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## What is a Directly Observed Procedural Skills (DOPS) assessment?

DOPS is the assessment of specific procedural skills observed by an assessor while the trainee performs day-to-day clinical procedures in their work place. As such, it provides a breadth of clinical experiences in which the trainee can display their skill set and multiple opportunities in which to demonstrate those skills for the purposes of assessment.

DOPS will be used formatively (to assist in skill development) and summatively (graded assessment).

## When are DOPS undertaken?

DOPS can be undertaken at any time during the three year clinical training program. It is suggested that a trainee have multiple blank DOPS forms, for each of the procedures, ready for use whenever there is a suitable clinical case and/or appropriate assessor available.

All compulsory Generic DOPS **must** be completed by the end of Year 2 of CU clinical training. A trainee **must** undertake a minimum of four (4) compulsory procedural DOPS in each year of their clinical training with all DOPS to be completed by the end of Year 3 of CU clinical training.

## What procedures are assessed using DOPS?

- **Generic DOPS** to assess the following **compulsory** procedures:
  - Perineal and transvaginal ultrasound
  - Dual channel subtracted Cystometry
  - Urethral pressure profilometry
  - Insert and change suprapubic catheter
  - Fit and change ring pessary
  - Fit and change shelf pessary
  - Urethral dilation
  - Hysterectomy for prolapse

The same Generic DOPS form also includes the **non-compulsory**:

- Fenton's procedure
- **Surgical / Procedural DOPS (compulsory):**
  - Rigid cystourethroscopy
  - Bladder biopsy
  - Urethral bulking agents
  - Retropubic sub-urethral sling (synthetic)
  - Botulinum injections to bladder
  - Anterior repair without mesh
  - Posterior vaginal repair without mesh
  - Sacrospinous fixation for level 1 support defect
  - Sacrocolpopexy – open or laparoscopic

### **Who can assess the DOPS?**

Any Fellow of the College who holds the Certificate of Urogynaecology may act as a DOPS assessor as well as any other Consultant who may be supervising the trainee as they undertake one of the nominated procedures. Each DOPS procedure must be assessed by a **minimum of two (2) different assessors** across the course of the formative and summative assessments. If an alternative assessor cannot be found then trainees are permitted to video the procedure which will then be assessed off-site. (Contact the Subspecialty Services for details of the assigned off-site assessor when required.) The Training Supervisor may act as an assessor but must not be the only assessor to assess any one procedure.

### **How many DOPS must a trainee undertake?**

There is no limit to the number of formative DOPS that a trainee can undertake as they develop their skill set. Only one summative DOPS needs to be completed for each compulsory procedure.

### **When is a trainee said to be competent on DOPS?**

- Criteria assessment - against a list of specific procedural skills
  - A four point performance scale related to a trainee's level of independence when undertaking a procedure and a trainee **must** achieve a 3 or 4 on every criteria to be deemed competent
- Global rating - trainee's professional behaviours
  - A four point holistic rating of the trainee's professional behaviours during the procedure and a trainee **must** achieve a 3 or 4 on the global rating to be deemed competent.

### **What are the Trainee's responsibilities?**

Trainees are advised to print up multiple DOPS assessment forms for each procedure so that whenever a suitable opportunity arises they can ask the supervising CU Fellow, or other supervising Consultant, to complete a DOPS assessment. If a suitable assessor is not available the trainee can video the procedure and the CD can be sent off-site for assessment.

### **What are the Training Supervisor's responsibilities?**

Training Supervisors are asked to check with their trainee at both the 3-monthly appraisal and 6-monthly assessment meetings that steady progress is being made by the trainee in each of the nominated procedures. A DOPS Summary Sheet will be included in the trainees Training and Assessment Record (TAR). A Training Supervisor may ask to see the trainee's formative assessment forms to ascertain progression but they do not count toward the six-monthly assessment. The Training Supervisor must be given a copy of the completed summative forms for inclusion in the trainee's training file.

### **What are the Assessor's responsibilities?**

An assessor needs to tick the appropriate box against each of the criteria in the procedural assessment section of the DOPS to indicate the trainee's performance standard. Assessors are also asked to tick one of the Global Ratings boxes that will indicate the current standard of professional behaviours that the trainee has demonstrated across the whole procedure (a holistic assessment). They are also asked to make some brief comments relating to the strengths and weaknesses of the trainee's performance which are used during a de-briefing with the trainee, post-procedure.

### **What happens with the DOPS assessment forms?**

Trainees are advised to keep the Formative DOPS assessment forms as they will highlight aspects of their skill set requiring further improvement and therefore a valuable learning tool. A copy of the completed Summative DOPS assessment form should be given to the Training Supervisor for inclusion in the trainee's training file and the original kept by the Trainee in their TAR. The DOPS Summary Sheet must be kept up to date.

### **Giving feedback**

Each Assessor is required to provide face-to-face feedback to the trainee about their assessment of the trainee's performance in order to assist with their procedural and surgical skills development.