

Directly Observed Practical Skills Assessment Tool Implementation Guide

The Endoscopy Directly Observed Practical Skills (DOPS) assessment tool uses a modified version of 'The Bondy Assessment Tool' (1983). This tool places an emphasis upon the amount of supervision required to perform tasks. It uses a variety of methods to assess learning outcomes such as demonstration of clinical competencies, assessment and care planning, presentations, case reviews, exemplars and reflection on practice and has been used in several other nursing knowledge and skills frameworks in NZ. Together, these activities assist the nurse to reflect on their practice, develop new knowledge and plan further development.

Modification of the assessment tool has occurred to allow for assessment of those endoscopy procedures that you may not encounter for significant periods of time, and when they do arise it would not be practical for all nurses to be assessed. This level is known as 'Independent but not directly unsupervised'. It recognises that confident articulation of the procedure coupled with confident and expedient demonstration of the procedure using demonstration equipment, should be sufficient to receive a score of 4/5 as opposed to no mark at all, even though you have not been observed in a practical situation.

Objective:

- Emphasis is placed on knowledge and skill development through identification of gaps in an individual's clinical nursing practice using the DOPS assessment tools.
- This is not a **not** a test nor should an individual feel as though they are being tested. It should be an open and transparent process, designed to help the individual identify areas for improvement in their practice.

Assessment Criteria:

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| Effect: | <i>Refers to achieving the intended purpose of the behaviour.</i> |
| Affect: | <i>Refers to the manner and the demeanour of the nurse, both of which could influence the effect of the intervention on the client.</i> |
| Quality of the performance: | <i>Includes the use of time, space, equipment and expenditure of energy.</i> |
| Assistance required: | <i>Cues that can be supportive or directive such as 'that's right or 'keep going' are supportive and encouraging, but do not change what the nurse is doing.</i> |
| Directive cues: | <i>Can be verbal or physical. They indicate either what to do or say next, or can correct an ongoing activity.</i> |

Method:

1. You have 12 months to complete the DOPS assessment tool for each discipline; ERCP, Lower Endoscopy, Upper Endoscopy and Pre and Post Endoscopy Procedure Assessment. At the end of 12 months, your scores are totalled to give you an overall competency score.
2. You can only be assessed on each competency once within 12 months.
3. The following year you have the opportunity to improve on your score from the previous year.
4. Assessors have been clearly identified in each endoscopy unit and are listed within each assessment folder for your reference.
5. It is the individual's responsibility to seek out an assessor, if they wish to be assessed on a particular competency that is booked and their endoscopy list, and an assessor is not allocated to that procedure room.
6. It is also the individual's responsibility to complete each DOPS tool within a 12 month time period.

Printing Instructions:**ERCP DOPS**

- **Print entire workbook**

LOWER DOPS

- **Print 'Front page' sheet**
- **Print 'Competency Score' sheet**
- **Print 'Assessment' sheet**
- **Print 'Booklet'**