

MEDICAL UNIVERSITY OF INNSBRUCK
Accompanying Evaluation in the Practical Clinical Internship

DOPS

(Direct Observation of Procedural Skills)

Evaluated by (Name in block capitals):

Function: Mentor/Supervisor Senior physician Resident _____

Task:

Criteria scale	Learning			Competent					Practiced	
	1	2	3	4	5	6	7	8	9	10
Criteria - Points										
Technical skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Preliminary care/Follow-up care <input type="checkbox"/> Asepsis/ Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Power of clinical judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization and Efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall impression (no points)	<input type="radio"/>			<input type="radio"/>					<input type="radio"/>	

Complexity of the task: mild moderate high

Time required: Observation in minutes: _____ Feedback in minutes: _____

Remarks:

What was positive?

What could be improved and **how**?

Total points



Clinic stamp

_____ Date

_____ Student's signature

_____ Evaluator's signature