



DIRECT OBSERVATION OF PRACTICAL SKILLS (DOPS)

Guidance for assessors and trainees in virology

What is a DOPS assessment?

Direct observation of practical skills (DOPS) is used for assessing competence in the practical procedures that trainees undertake. The assessments should be made by different assessors and cover a wide range of procedures (please refer to the curriculum for topics). The observation takes place whilst the trainee undertakes the activity. The procedure being observed should last no more than 10–15 minutes before the assessment takes place. The assessor will then spend 5-10 minutes providing immediate feedback and completing the assessment form with the trainee present.

The assessment is performed against the standard expected at the end of the trainee's current stage of training (A to D). Please see the section below for more information on the standards for assessment.

▶ [Virology overview](#)

▶ [Purpose of assessment tools](#)

Practical skills

Examples of procedures suitable for DOPS assessment are:

- sample handling and preparation (including safe laboratory practice)
- antigen detection
- electron microscopy
- tissue culture techniques, cell preparation, virus and cell storage and recovery
- qualitative molecular techniques, PCR or other NAAT
- real-time PCR and quantitation
- virus isolation, neutralisation and TCID₅₀
- virus typing and sequencing techniques, genotyping and phenotypic resistance
- serological techniques, including ELISA, immunoblotting, automation
- test validation, clinical interpretation and report authorisation
- data interpretation, basic statistics or data search or IT exercise
- perform risk assessment or clinical adverse incident exercise

These procedures should be carried out for a wide variety of specimen types, refer to topics in the curriculum and also to [Virology DOPS scenarios by stages of training](#).

Assessment can include:

- understanding of the scientific principles of the procedure, including the basic biology underpinning it
- compliance with health and safety requirements: safe lab practice, standard precautions, hazard group, containment levels & safe disposal etc
- has read and understands the appropriate SOP or documentation provided

- understanding of the principles of internal & external quality control associated with the test or selection of comparative control and test material/patient groups
- is aware of the limitations of the test or procedure
- overall technical ability and correct use of equipment
- is aware of importance of patient/specimen identification checks & appropriate documentation
- communication skills (written and verbal reports), including report validation.

Who can be an assessor?

Assessors can be consultants (medical or clinical scientist), staff grade and associated specialists (SAS), senior biomedical scientists (BMS), clinical scientists, a more senior trainee or other healthcare professionals competent in the area being assessed (e.g. nurses). Assessors do not need prior approval from the College or prior knowledge of the trainee but should be briefed about the standard required of the stage of training (see curriculum). For optimum reliability, assessments should be undertaken by as many different assessors as possible. Trainees are encouraged to include assessments from a broad range of consultants and senior staff.

▶ [Curriculum](#)

How does the assessment work?

The process is led by the trainee who chooses the procedure for assessment and the assessor. However, over time the assessments should cover a broad range of procedures and a range of assessors.

The observed process should take no longer than 10–15 minutes, followed immediately by feedback lasting about 5-10 minutes. It may be necessary to select part of a longer procedure for assessment, unless the assessor can afford time to watch the whole process. The trainee should be assessed on performance of the practical procedure only.

Following observation, a DOPS form should be completed by the assessor with the trainee present. Workplace-based assessments should be recorded in the [Learning Environment for Pathology Trainees \(LEPT\) system](#). The LEPT is a web-based system for workplace-based assessment and multi-source feedback (MSF) which will also include an e-Portfolio to support the ARCP process. However, the printable workplace-based assessment forms on the College website will still be available, for instances when trainees/assessors do not have direct access to a PC/internet when the assessment is being conducted. In such cases, it is expected that the forms will be used to record the assessment with the intention of transferring the contents to the LEPT system either by the trainee or assessor.

Standards for assessment

Trainees must be assessed against the standard expected of a trainee at the end of the stage of training that they are in. Stages of training are normally defined as:

- Stage A** – ST1 (full outline of competency is available in curriculum). The trainee will be developing a comprehensive understanding of the principles and practices of the specialty under direct supervision.
- Stage B** – ST2 and ST3 leading to the Part 1 examination. The trainee will have acquired a good general knowledge and understanding of most principles and practices under indirect supervision.
- Stage C** – ST3 onwards leading to the Part 2 examination. The trainee will be undertaking further specialised general training.
- Stage D** – Meets the requirements of the CCT programme. The trainee will have an in-depth knowledge and understanding of the principles of the specialty.

The following grading scale must be applied to the assessment criteria for each workplace-based assessment tool. If a criterion is not applicable, the assessors should tick 'unable to comment'.

Grading scale

The form offers a grading scale from 1-6:

- 1-2 Below expectations
- 3 Borderline
- 4 Meets expectations
- 5-6 Above expectations

Definition of borderline

In the context of workplace-based assessment, borderline trainees have not demonstrated that they have convincingly met expectations during the assessment but there are no major causes for concern.

Definitions for the grading scales are provided at:

▶ [Purpose of assessment tools](#)

Outcome of assessment

The outcome of the assessment is a global professional judgement of the assessor that the trainee has completed the task to the standard expected of a trainee at that stage.

- Satisfactory - The trainee meets the standard overall
- Unsatisfactory - The trainee needs to repeat the assessment

Feedback

To maximise the educational impact of DOPS, aspects of performance that are particularly good as well as those where there is scope for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the DOPS form.

Record keeping

An assessment should not be approached as if it was an examination. After completing the assessment, the assessor should provide immediate feedback to the trainee. If the paper-based assessment form was completed in the first instance for entering onto the LEPT system at a later date, then it should be duly signed and dated by the trainee and the assessor. Trainees are asked to check with their local arrangements whether they are required to give a photocopied version of the form to their educational supervisor/assessor and/or retain the original copy of the form in their portfolio for possible presentation to the ARCP panel.

▶ [DOPS form](#)

Thank you for performing the assessment and providing feedback

**ASSESSMENT DEPARTMENT
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