School of Medicine

**Year** **5 — 2012/13**

**DOPS log book**

**General Practice and
Primary Health Care**

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**Directly Observed Procedural Skills (DOPS)
in Year 5 General Practice**

**Summary of skills to be acquired during Year 5 GP attachment**

This is a list of mandatory skills that need to be assessed during your GP attachment using the DOPS forms in this book.
**You MUST complete all the DOPS in the year successfully as a condition of entering the Year 5 examinations.**

You may be assessed and signed off for these skills on other attachments, but do be sure they are completed by the end of General Practice. Please bring the summary sign off sheet to the final GP session.

|  |  |
| --- | --- |
| **Clinical procedures** | 1. Throat or skin swabs
 |
|  | 1. IM injections
 |
|  |  |
| **Therapeutic procedures** | 1. Teach use of MDI
 |
|  | 1. Wound care and dressings
 |
|  |  |
| **Near patient testing** | 1. Urinalysis using Multistix
 |
|  | 1. Explain how to produce MSU
 |
|  | 1. Perform a dipstick pregnancy test\*
 |

**\*Please note:** It may be easier to complete this procedure on an acute gynaecology ward or in A&E

**Guidance for Students and Assessors**

***What are DOPS?***

DOPS are designed to provide assessment and feedback on procedural skills.
The skills in this attachment are important for any new doctor and are a formal assessment requirement of the General Medical Council for medical students.

***Who assesses?***

Your assessor can be any member of the health care team who practises the skill as part of their normal work. This will often be your GP, but can be any member of the health care team and in particular the practice and district nurses.

***How to get assessed?***

It is the student’s responsibility to identify opportunities to practise each skill and arrange to be assessed. At the beginning of the attachment you should discuss with your tutor where the opportunities are likely to occur. Try to complete your assessments early in the attachment, to allow you time to repeat any unsatisfactory ones. Your tutor is under no obligation to attempt to complete your assessments at the last minute.

***Feedback on performance and completing the form*** DOPS are an important opportunity for tutor and student to discuss and offer feedback on your developing clinical skills. The assessment is an opportunity to discuss strengths and weaknesses with your tutor and to make a plan to remedy any weaknesses.

The scoresheet offers both written feedback and scores the individual components of the task. Comparison will be made with a safe and competent doctor at the start of the Foundation Year 1. NB Not all criteria on the scoresheet are appropriate to every task

Student and assessor can use the checklist provided with each skill to aid learning and assessment.

***What is an acceptable score?***Your assessor must sign the ‘Meets’ or ‘Above’ expectations on the ‘Overall ability’ section for you to pass the assessment. If you have not passed you will need to revise, practise and submit yourself for assessment again. There is no limit to the number of attempts you can make, but you **must** successfully complete all DOPS (in O&G, Paediatrics and General Practice) by the end of Year 5.

***Keeping safe your results***

At the end of your attachment your GP teacher must sign the summary form showing successfully completed DOPS and any outstanding ones. You should keep the DOPS forms carefully as part of your portfolio. You are strongly recommended to keep copies of your DOPS forms (photocopies/scans/photographs).

## SKILLS

Criteria and sign-off forms

The Assessor for each activity will assess how well you have met the expectations

|  |  |  |  |
| --- | --- | --- | --- |
| **Above expectations****+++** | **Meets expectations****+** | **Borderline****+ / -** | **Below expectations****-** |

## Take a throat or skin swab

• Introduce yourself and check the patient’s identity

* Discuss procedure with the patient
* Assess whether the swabbing is likely to be painful
* If there is a dressing in place proceed according to dressing change. If no dressing in place then proceed as below
* Wash hands and put on non-sterile gloves
* Remove the cotton swab from its tube, roll the culture swab in areas to be examined, replace swab in the outer tube which has culture medium in its base. Press the swab firmly shut within the container

• Redress the wound if required (see dressing change) and discard contents into appropriate clinical waste bag

• Label the swab and complete the microbiology form remembering to give details of antibiotic therapy the patient may be taking and send to the laboratory

|  |  |
| --- | --- |
| **Take a throat or skin swab** | **Score** |
| **+++** | **+** | **+ / -** | **-** |
| **Professionalism with patient**Greeting and introduction to patientDemonstrates concern for patient welfare **Professionalism with assessor**Discusses reason for procedure Discusses outcome/findings/interpretation |  |  |  |  |
| **Consent**Explains the purpose of the examination. Checks for patient’s understandingAsks permission in a way which permits refusal |  |  |  |  |
| **Performing procedure**Prepares equipmentFollows a logical sequenceIs practised and fluentExplains what they are doing to the patientAttends to the patient’s comfort and modestyClears up, including disposal of sharps |  |  |  |  |
| **Patient safety**Hand hygiene before and afterChecks patient identityAseptic / clean technique, as indicatedLabels specimen and forms legibly and accurately  |  |  |  |  |
| **Communication** Uses jargon-free language,Elicits and deals with patient’s concerns Explains result of procedure (where appropriate) |  |  |  |  |
| **Overall competence and professionalism performing this skill** |  |  |  |  |
|  |  |
| **Feedback** |  |
| Anything especially good? | Things to improve? |
| Student’s name | Assessor’s name |
| Student’s signature  | Assessor’s signature |
| Date  |  |

## Give an intramuscular injection

• Introduce yourself and check the patient’s identity

• Discuss procedure with the patient and obtain consent

• Consult prescription and ascertain the following:

* Drug
* Dose
* Diluent (if appropriate)
* Route of administration
* Check allergies and intolerances
* Date and time of administration
* Validity of prescription
* Signature of Doctor

• Select appropriate syringe, needles, injection and diluent vials, swab and plaster

• Select injection and diluent vials and check against prescription with assessor:

* Correct drug
* Correct strength and volume
* Expiry date
* Any warnings, etc.

• Draw up correct volume of drug, expel air

* Remove needle used to draw up and replace with correct bore needle for administration
* Wash hands and put on a clean non- sterile pair of gloves
* Uncover injection site (usually deltoid or gluteal muscles)
* Clean the site with alcohol or dry swab as appropriate
* Identify landmarks to avoid likely nerve and vascular routes
* Stretch the skin at the injection site
* Plunge the needle into the skin at 90 degrees to the patients skin
* Aspirate to ensure not in blood vessel
* Inject drug very slowly until required dose administered
* Withdraw needle quickly and apply pressure over any bleeding
* Dispose of sharps and remove glove and wash hands
* Ensure patients comfort and understanding
* Record details of injection given

|  |  |
| --- | --- |
| **Give an intramuscular injection** | **Score** |
| **+++** | **+** | **+ / -** | **-** |
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## Teach use of an MDI

**Equipment**

* Placebo inhaler
* Antiseptic wipes to clean mouthpiece

**Method**

* Introduce yourself and check patient’s identity
* Discusses reasons for inhaler to be used
* Demonstrates technique:
* Remove cap and shake inhaler
* Breathe out gently
* Put mouthpiece in mouth and at start of inspiration, which should be slow and deep, press canister down and continue to inhale deeply
* Hold breath for 10 seconds, or as long as possible, then breathe out slowly
* Repeat procedure after 1 minute
* Clean inhaler mouthpiece
* Ask patient to demonstrate procedure to you to check understanding and correct use of device
* Corrects any errors and checks again until patient technique adequate
* Clean inhaler mouthpiece and return to store
* Discusses use of inhaler (frequency, duration)
* Discusses possible side effects
* Discusses when to seek further help if condition worsens
* Uses appropriate language
* Hand hygiene

|  |  |
| --- | --- |
| **Teach use of an MDI** | **Score** |
| **+++** | **+** | **+ / -** | **-** |
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## Change a simple dressing and perform wound care

 **Equipment**

* Dressing pack containing gallipots, cotton wool, disposable forceps, dressing towel, disposable bag for rubbish, tape to secure dressing
* Antiseptic solution (chlorhexidine, saline or betadine usually)
* Plastic apron
* Sterile gloves
* Culture swab for microbiology (optional)
* Sterile field paper drape

**Procedure**

* Introduce yourself and check the patient’s identity
* Discuss procedure with the patient
* Assess if the change of dressing is likely to be painful and consider analgesia
* Wash your hands
* Put the apron on
* Place the equipment required (unopened) on the bottom shelf of a clean dressing trolley
* Place the sterile field drape on the top shelf of the trolley and open it
* Remove the outer packaging of the dressing pack and slide the contents of the pack onto the sterile field
* Attach the disposal bag to the side of the trolley
* Arrange the pack’s contents using one of the pairs of forceps. Discard forceps
* Fill the gallipots with saline or antiseptic
* Put on the sterile gloves
* Remove the old dressing
* Inspect and palpate the wound for signs of infection or inflammation
* Decide if a new dressing is required
* Take a swab if necessary
* Using forceps, cotton wool and antiseptic/saline clean the wound working from the inside to the outside of the wound
* Apply new dressing and secure
* Fold up the sterile field drape and discard contaminated contents appropriately
* Spray trolley with disinfectant
* Hand hygiene

|  |  |
| --- | --- |
| **Change a simple dressing and perform wound care** | **Score** |
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## Perform urinalysis using Multistix

* Put gloves on
* Check container for correct stick and expiry date
* Open container and take single stick out closing bottle
* Dip stick in urine making sure all reagent areas have been fully immersed and remove immediately
* Run edge of stick against rim of container to remove excess urine
* Hold strip horizontally and compare the test areas closely with the colour chart on the container label
* Read the reagent areas after appropriate time
* Dispose of the test strip in a clinical waste bin
* Record the result
* Wash hands
* Interpret results appropriately
* Label bottle and form correctly if sending to the laboratory

|  |  |
| --- | --- |
| **Perform urinalysis using Multistix** | **Score** |
| **+++** | **+** | **+ / -** | **-** |
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## Explain how to produce MSU

* Introduce yourself to the patient and check their identity
* Explain what an MSU test is and why it is used
* Explain that the best sample should be taken after a shower when the skin surrounding the urethra has been cleaned to prevent contamination
* Explain that the sterile container should not be opened until the patient is ready to pass urine
* For a male: explain that he should first pull back the foreskin, then pass some urine in to the toilet
* For a female: she should hold open her labia, then pass some urine into the toilet
* For both males and females, explain that after passing some urine in to the toilet, they should then catch some urine in a sterile bottle
* Explain how much urine should be collected
* Once the patient has collected enough urine, they can continue to pass the rest of the urine in the toilet
* Give the patient instructions on how and when to give the sample to the surgery
* Ensure they have a bottle and specimen form, which are correctly labelled
* Explain how they will receive their results
* Check patient understanding
* Use appropriate language

|  |  |
| --- | --- |
| **Explain how to produce MSU** | **Score** |
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| Date  |  |

## Perform a dipstick pregnancy test

* Introduce yourself to the patient and check their identity
* Explain what a pregnancy test is and why it is used
* Ask the patient to produce a sample of urine (NB an early morning urine sample gives a more reliable result as urine is more concentrated)
* Ensure they have a bottle and specimen form which are correctly labelled
* Don non-sterile gloves
* Follow the instructions for testing the urine (different kits vary)
* Wait for recommended time (typically 3 min – kits vary)
* Read the result (and check result with tutor before speaking to the patient)
* Interpret the result to the patient
* Check patient understanding
* Use appropriate language
* Deal with patient questions

**It may be easier to complete this procedure on an acute gynaecology ward or in A&E.**

|  |  |
| --- | --- |
| **Perform a dipstick pregnancy test** | **Score** |
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| Date  |  |

## General Practice DOPS Summary form

Please hand this form in as part of your end-of-attachment assessment

Student

GP teacher

Student signature

GP teacher signature

Rotation Date

|  |  |  |
| --- | --- | --- |
| **Year 5 Skills List** | **Meets expectations or above** | **Borderlineor below** |
| **Clinical procedures** |  |  |
| Throat or skin swabs |  |  |
| IM injections |  |  |
| **Therapeutic procedures** |  |  |
| Teach use of MDI |  |  |
| Wound care and dressings |  |  |
| **Near patient testing** |  |  |
| Urinalysis using multistix |  |  |
| Explaining MSU |  |  |
| Perform a dipstick pregnancy test |  |  |

**Space for Notes**

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