

Application of the method of Direct Observation of Practical Skills Performance (DOPS)

1. Shock — Intramuscular Epinephrine Administration



DOPS CHECKLIST:

Administration of Morphine for Pain Management in Acute Myocardial Infarction.

Assessment scale

0 — not performed; **1** — partially performed / with serious errors; **2** — performed, but with several errors; **3** — performed correctly, with minor inaccuracies; **4** — performed completely, confidently, without errors

Nº	Assessment criteria	0	1	2	3	4
1	Rapidly recognizes signs of anaphylaxis (respiratory distress, facial/airway swelling, rash, hypotension).	0	1	2	3	4
2	Immediately calls for help and communicates the need for emergency therapy.	0	1	2	3	4
3	Ensures airway patency and positions the patient appropriately (supine with legs elevated if in shock).	0	1	2	3	4
4	Assesses and records vital signs before administration (BP, HR, RR, SpO ₂).	0	1	2	3	4
5	Prepares epinephrine in the correct intramuscular dose (0.3–0.5 mg of 1:1000 for adults).	0	1	2	3	4
6	Chooses the correct site and technique for injection (lateral thigh, deep IM).	0	1	2	3	4
7	Administers epinephrine promptly and confidently, observing the patient during and after injection.	0	1	2	3	4
8	Evaluates effect within 1–5 minutes and prepares repeat dosing if necessary.	0	1	2	3	4
9	Initiates and/or arranges additional measures (oxygen, IV fluids, antihistamine, corticosteroids) and monitoring.	0	1	2	3	4
10	Documents the intervention (time, dose, injection site, patient response, subsequent actions).	0	1	2	3	4

Student name _____ Group _____
Instructor _____ Date _____

2. Explanation of the correct inhaler use technique to a patient with bronchial obstruction.



DOPS CHECKLIST: Explanation of the correct inhaler use technique to a patient 4-point scale

0 — Not performed ; 1 — Performed incorrectly / incompletely

2 — Performed with significant errors; 3 — Performed correctly with minor error 4 — Performed completely and correctly

Nº	Assessment criterion	0	1	2	3	4
1	Introduces themselves, establishes contact, explains the purpose of the training	0	1	2	3	4
2	Explains to the patient when and why the inhaler is used	0	1	2	3	4
3	Shows the inhaler, checks the expiration date and the cleanliness of the mouthpiece	0	1	2	3	4
4	Demonstrates inhaler preparation (shaking the canister for MDI; checking the dose for DPI)	0	1	2	3	4
5	Explains to the patient how to stand/sit correctly and how to exhale before inhalation	0	1	2	3	4
6	Step-by-step explains and demonstrates the inhalation technique (slow, deep inhalation for MDI; fast, forceful inhalation for DPI)	0	1	2	3	4
7	Emphasizes the need to hold the breath for 5–10 seconds after inhalation	0	1	2	3	4
8	Explains how many inhalations (puffs) are required and at what intervals	0	1	2	3	4
9	Teaches the patient to rinse the mouth after inhalation of inhaled corticosteroid (ICS)-containing medications	0	1	2	3	4
10	Asks the patient to repeat the technique and corrects mistakes	0	1	2	3	4
11	Gives recommendations on storage and regular cleaning of the inhaler	0	1	2	3	4
12	Answers the patient's questions and checks understanding	0	1	2	3	4

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3. Direct Observation of Practical Skills Performance: Liver Palpation



DOPS Checklist: Liver Palpation (Maximum 4 points)

Nº	Assessment criteria	0 points	1 point
1	Preparation & patient positioning (hand hygiene, explains procedure, patient supine, knees slightly flexed)	Not done / incorrect	Done correctly
2	Correct technique of palpation (right hand position, starts from right iliac fossa, moves upward with respiration)	Incorrect technique	Correct technique
3	Assessment of liver characteristics (edge, size, surface, tenderness, consistency)	Not assessed / incomplete	Assessed adequately
4	Communication & professionalism (patient comfort, clear instructions, respectful manner)	Poor communication	Good communication

Student name _____ **Group** _____
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4. Direct Observation of Practical Skills Performance: Lung Auscultation



DOPS Checklist: Lung Auscultation (Maximum 4 points)

Nº	Assessment criteria	0 points	1 point
1	Preparation & patient positioning (hand hygiene, explains procedure, patient sitting or upright)	Not done / incorrect	Done correctly
2	Auscultation technique (uses diaphragm, systematic comparison, anterior & posterior lung fields)	Incorrect / unsystematic	Correct and systematic
3	Identification of breath sounds (normal vs added sounds: wheeze, crackles, reduced air entry)	Incorrect / not assessed	Correctly identified
4	Communication & professionalism (patient comfort, clear instructions, respectful behavior)	Poor communication	Good communication

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5. Direct Observation of Practical Skills Performance: Recording and Initial Interpretation of a 12-Lead ECG



DOPS Checklist: Recording and Initial Interpretation of a 12-Lead ECG (Maximum 4 points)

Nº	Assessment criteria	0 points	1 point
1	Preparation and patient positioning (explains the procedure, removes metal/clothing as needed, patient rested supine for 5–10 minutes, skin temperature considered).	Not done / incorrect	Done correctly
2	Correct electrode placement (proper limb and precordial lead positions, secure contact, intact leads and cables).	Electrodes misplaced or poor contact	Electrodes placed correctly with reliable contact
3	Recording technique and ECG quality (correct machine settings and calibration 25 mm/s, 10 mm/mV; minimal artifacts; attempts to eliminate artifacts if present).	Recording poor / artifacts not addressed	Recording of good quality or artifacts corrected

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Instructor _____ **Date** _____

4	Initial interpretation and communication (checks rhythm, heart rate, signs of ischemia or conduction block; documents findings; informs supervising clinician if needed).	No initial assessment / not documented / not communicated	Performed initial assessment, documented and communicated
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Instructor _____ **Date** _____