**Logo

Description automatically generatedDemonstration of Procedural Skill (DOPS)**

**CASTING**

An anonymised copy of the patient record which has been authenticated by the assessor or senior member of the team should be attached. Please note that the portfolio should include evidence of development, so being assessed as ‘*further development required’* has relevance and a place in the portfolio.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Learner Name & Qualification** | |  | | |
| **Case details: presenting complaint, Age & Sex** | |  | | |
| **Overall Level of Achievement** | Further development required | | Demonstrated Competence | Accomplished Performance[[1]](#footnote-1) |

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| --- | --- | --- | --- | --- | --- |
| Please TICK to indicate the standard of the trainee’s performance in each area | Not witnessed | Requires further work | Competent | accomplished performance | Rationale |
| Washes hand & dons appropriate PPE |  |  |  |  |  |
| Introduces self |  |  |  |  |  |
| Explains procedure to patient |  |  |  |  |  |
| Obtains informed consent |  |  |  |  |  |
| Identifies & confirms site for cast |  |  |  |  |  |
| Sets up equipment required |  |  |  |  |  |
| Selects & prepares casting material |  |  |  |  |  |
| Assesses neurovascular state of limb distal to injury |  |  |  |  |  |
| Protects patient clothes |  |  |  |  |  |
| Ensures patient’s comfort |  |  |  |  |  |
| Applies protective underlayer(s) for cast, padding bony prominences |  |  |  |  |  |
| Applies casting material, ensuring joint in optimal position for healing of injury sustained |  |  |  |  |  |
| Ensures cast secure |  |  |  |  |  |
| Applies sling or provides walking aids |  |  |  |  |  |
| Provides verbal & written instructions |  |  |  |  |  |
| Provides follow up instructions (planned and unplanned) |  |  |  |  |  |
| Ensures safe discharge |  |  |  |  |  |
| Documents care & procedure in patient record +/- treatment log in accordance with local practice |  |  |  |  |  |

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| --- | --- | --- |
| **Strong areas are:** |  | |
| **Areas for improvement are:** |  | |
| **General overall comment:** |  | |
| Confirmed Copy of record authenticated & attached (sign) |  | |
| Assessors Name (print) |  | PIN |
| Designation & Qualifications |  | |
| Assessor Signature & Date |  | |
| Trainees Signature & Date |  | |

1. Accomplished performance: able to discuss the procedure with oral fluency, rationalising all decisions made and making reference to up-to-date evidence based practice, demonstrates a high degree of manual dexterity with fluidity of movements and seamlessness. [↑](#footnote-ref-1)