

Direct Observation of Procedural Skills (DOPS)**Faculty pediatrics****Teacher assessment****Full name of the teacher** _____**Student name** _____**Group №** _____**Procedures/manipulations:**

<input type="checkbox"/> Assessment of physical development in children <input type="checkbox"/> Taking medical history and performing clinical examination of a child <input type="checkbox"/> Counting respiratory rate and heart rate <input type="checkbox"/> Identifying danger signs in sick children <input type="checkbox"/> Interpretation of basic laboratory results according to the child's age <input type="checkbox"/> Measuring blood pressure	<input type="checkbox"/> Interpretation of basic instrumental investigations (ECG, X-ray, ultrasound, echocardiography, EGD, lung function tests) <input type="checkbox"/> Peak flow measurement (peak expiratory flow) <input type="checkbox"/> Blood glucose measurement (glucometry) <input type="checkbox"/> Pulse oximetry <input type="checkbox"/> Administering aerosol inhalation using a spacer or nebulizer	<input type="checkbox"/> Assessment of vaccination status (national immunization schedule) <input type="checkbox"/> Counseling on infant and early childhood nutrition <input type="checkbox"/> Calculation of single and daily doses of medications for children of different ages <input type="checkbox"/> Oral rehydration therapy
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1 – Much needs to be improved 10 – Little needs to be improved in relation to the level of education	What was good ?	What needs improvement?
Preparation for execution ○○○○○○○○○○ 1 2 3 4 5 6 7 8 9 10		
Technical execution ○○○○○○○○○○ 1 2 3 4 5 6 7 8 9 10		
Maintaining aseptic/safety precautions ○○○○○○○○○○ 1 2 3 4 5 6 7 8 9 10		
○○○○○○○○○○ 1 2 3 4 5 6 7 8 9 10		
Organization/efficiency ○○○○○○○○○○ 1 2 3 4 5 6 7 8 9 10		
Professional attitude ○○○○○○○○○○ 1 2 3 4 5 6 7 8 9 10		
General impression ○○○○○○○○○○ 1 2 3 4 5 6 7 8 9 10		

Difficulty level: easy medium high

Assessment duration (in minutes) _____

Signature of the student _____ **Signature of the teacher** _____ **Date** _____

