

## Certification (summative) DOPS for gastroscopy

<b>Date of Procedure</b>			
<b>Trainee Name</b>		<b>IMC Registration No.</b>	
<b>Assessor Name</b>		<b>IMC Registration No.</b>	
<b>Outline of case</b>			
<b>Difficulty of case</b> Please tick (✓)	Easy <input type="checkbox"/>	Moderate <input type="checkbox"/>	Complicated <input type="checkbox"/>

Complete DOPS form by ticking box to indicate whether trainee is competent for independent practice	<b>Not competent for independent practice</b> supervision required	<b>Competent for independent practice</b> no supervision required
<b>PRE-PROCEDURE</b>		
<b>Indication</b>		
<b>Risk</b>		
<b>Confirms Consent</b>		
<b>Preparation Inc. PPE</b>		
<b>Equipment check</b>		
<b>Monitoring</b>		
<b>Sedation</b>		
<b>Comments</b>		

Complete DOPS form by ticking box to indicate whether trainee is competent for independent practice	<b>Not competent for independent practice</b> supervision required	<b>Competent for independent practice</b> no supervision required
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<b>INSERTION AND WITHDRAWAL</b>
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<b>Scope handling</b>		
<b>Angulation / tip control</b>		
<b>Suction/air/lens cleaning</b>		
<b>Intubation and oesophagus</b>		
<b>Stomach</b>		
<b>2nd part of duodenum</b>		
<b>Problem solving</b>		
<b>Pace and Progress</b>		
<b>Patient Comfort</b>		
<b>Comments</b>		

<b>VISUALISATION</b>
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<b>Oesophagus</b>		
<b>Gastro-oesophageal junction</b>		
<b>Fundus</b>		
<b>Lesser curve</b>		
<b>Greater curve</b>		
<b>Incisura</b>		
<b>Pylorus</b>		

Complete DOPS form by ticking box to indicate whether trainee is competent for independent practice	<b>Not competent for independent practice</b> supervision required	<b>Competent for independent practice</b> no supervision required
<b>1st part duodenum</b>		
<b>2nd part duodenum</b>		
<b>Comments</b>		
<b>MANAGEMENT OF FINDINGS</b>		
<b>Recognition</b>		
<b>Management</b>		
<b>Complications</b>		
<b>Comments</b>		
<b>POST-PROCEDURE</b>		
<b>Report writing</b>		
<b>Management plan</b>		
<b>Comments</b>		

Complete DOPS form by ticking box to indicate whether trainee is competent for independent practice	<b>Not competent for independent practice</b> supervision required	<b>Competent for independent practice</b> no supervision required
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<b>ENTS (ENDOSCOPIC NON-TECHNICAL SKIL)</b>
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<b>Communication and teamwork</b>		
<b>Situation awareness</b>		
<b>Leadership</b>		
<b>Judgement and decision making</b>		
<b>Comments</b>		

<b>RECOMMENDED AREAS FOR FUTURE DEVELOPMENT</b>
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<b>1.</b>	
<b>2.</b>	
<b>3.</b>	

<b>Overall Degree of Supervision required</b>	<b>Not competent for independent practice</b> supervision required	<b>Competent for independent practice</b> no supervision required
Please tick (✓) appropriate box		

<b>Assessor name</b>		<b>IMC Registration No.</b>	
<b>Assessor signature</b>			

## DOPS form descriptors

PRE PROCEDURE	
<b>Indication</b>	<ul style="list-style-type: none"> <li>Assesses the appropriateness of the procedure and considers possible alternatives</li> </ul>
<b>Risk assessment</b>	<ul style="list-style-type: none"> <li>Assesses co-morbidity including drug history</li> <li>Assesses any procedure related risks relevant to patient</li> <li>Takes appropriate action to minimise any risks</li> </ul>
<b>Confirms Consent</b>	<ul style="list-style-type: none"> <li>Early in training the consent process should be witnessed by the trainer, once competent it is acceptable for the trainee to confirm that valid consent has been gained by another trained person.</li> <li>During the summative DOPS the process of obtaining consent should be witnessed and assessed</li> <li>Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions and individualised to the patient</li> <li>Avoids the use of jargon</li> <li>Does not raise any concerns unduly</li> <li>Gives an opportunity for patient to ask questions by adopting appropriate verbal and non-verbal behaviours</li> <li>Develops rapport with the patient</li> <li>Respects the patient's own views, concerns and perception</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>Ensures appropriate pre-procedure checks and PPE use are performed as per local policies</li> <li>Ensures that all assisting staff are fully apprised of the current case</li> <li>Ensures that all medications and accessories likely to be required for this case are available</li> </ul>
<b>Equipment Check</b>	<ul style="list-style-type: none"> <li>Ensures the available scope is appropriate for the current patient.</li> <li>Ensures the endoscope is functioning normally before attempting insertion checking all channels and connections, light source and angulation locks are off.</li> </ul>
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>Ensures appropriate monitoring of oxygen saturation and vital signs pre-procedure</li> <li>Ensures appropriate action taken if readings are sub-optimal</li> <li>Demonstrates awareness of clinical monitoring throughout procedure</li> </ul>
<b>Sedation</b>	<ul style="list-style-type: none"> <li>When indicated inserts and secures IV access and uses appropriate topical anaesthesia</li> <li>Uses sedation and/or analgesic doses in keeping with current guidelines and in the context of the physiology of the patient</li> <li>Drug doses checked and confirmed with the assisting staff</li> </ul>
INSERTION AND WITHDRAWAL	
<b>Scope handling</b>	<ul style="list-style-type: none"> <li>Exhibits good external control of gastroscope at all times.</li> <li>Efficient and effective manipulation, using rotation of the head of the scope with the left hand to generate torque and the right hand to insert and withdraw.</li> <li>Minimizes external looping in shaft of instrument.</li> </ul>
<b>Angulation controls</b>	<ul style="list-style-type: none"> <li>Demonstrates ability to use angulation controls appropriately, using the left hand only during the vast majority of the procedure.</li> </ul>
<b>Suction/air/lens cleaning</b>	<ul style="list-style-type: none"> <li>Well-judged and timely use of distension, suction and lens clearing.</li> </ul>
<b>Tip control</b>	<ul style="list-style-type: none"> <li>Use of torque and angulation wheels independently and in combination, as necessary to elicit excellent controlled tip movement.</li> <li>Avoids unnecessary mucosal contact, maintaining luminal view when possible.</li> </ul>
<b>Intubation and oesophagus</b>	<ul style="list-style-type: none"> <li>Insertion through the mouth and pharynx under endoscopic vision.</li> <li>Careful and safe intubation of the oesophagus under endoscopic vision.</li> <li>Passage down the oesophagus under endoscopic vision.</li> </ul>

## DOPS form descriptors

<b>Indication</b>	<ul style="list-style-type: none"> <li>Assesses the appropriateness of the procedure and considers possible alternatives</li> </ul>
<b>Risk assessment</b>	<ul style="list-style-type: none"> <li>Assesses co-morbidity including drug history</li> <li>Assesses any procedure related risks relevant to patient</li> <li>Takes appropriate action to minimise any risks</li> </ul>
<b>Confirms Consent</b>	<ul style="list-style-type: none"> <li>Early in training the consent process should be witnessed by the trainer, once competent it is acceptable for the trainee to confirm that valid consent has been gained by another trained person.</li> <li>During the summative DOPS the process of obtaining consent should be witnessed and assessed</li> <li>Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions and individualised to the patient</li> <li>Avoids the use of jargon</li> <li>Does not raise any concerns unduly</li> <li>Gives an opportunity for patient to ask questions by adopting appropriate verbal and non-verbal behaviours</li> <li>Develops rapport with the patient</li> <li>Respects the patient's own views, concerns and perception</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>Ensures appropriate pre-procedure checks and PPE use are performed as per local policies</li> <li>Ensures that all assisting staff are fully apprised of the current case</li> <li>Ensures that all medications and accessories likely to be required for this case are available</li> </ul>
<b>Equipment Check</b>	<ul style="list-style-type: none"> <li>Ensures the available scope is appropriate for the current patient.</li> <li>Ensures the endoscope is functioning normally before attempting insertion checking all channels and connections, light source and angulation locks are off.</li> </ul>
<b>INSERTION AND WITHDRAWAL</b>	
<b>Stomach</b>	<ul style="list-style-type: none"> <li>Smooth passage through the stomach and pylorus, maintaining luminal views.</li> <li>Rapid recognition of all major landmarks.</li> </ul>
<b>2nd part of duodenum</b>	<ul style="list-style-type: none"> <li>Insertion into second part of duodenum.</li> <li>Optimisation of scope position in second part of duodenum.</li> </ul>
<b>Pro-active Problem Solving</b>	<ul style="list-style-type: none"> <li>Demonstrates and can articulate a logical approach to resolving technical challenges (bend negotiation, pathology encountered, large hiatus hernia) to ensure complete gastroscopy achieved.</li> <li>Is able to adapt approach depending on anatomy and technical challenge faced ensuring best option is used.</li> <li>Early recognition of lack of success of a technique with adaptation or change in strategy to next appropriate potential solution.</li> </ul>
<b>Pace and Progress</b>	<ul style="list-style-type: none"> <li>Completes whole procedure in reasonable and appropriate time, without rushing and without unduly prolonging the procedure</li> </ul>
<b>Patient comfort</b>	<ul style="list-style-type: none"> <li>Conscious awareness of patient discomfort and potential causes at all times</li> <li>Applies logical strategy to minimise any potential or induced discomfort, including anticipation of problems and reducing patient anxiety</li> <li>Appropriate escalation of analgesic use if technical strategies unsuccessful in managing patient discomfort</li> </ul>
<b>VISUALISATION</b>	
<b>Oesophagus</b>	<ul style="list-style-type: none"> <li>Full and careful visualisation of the whole length of the oesophagus</li> </ul>
<b>Gastro- oesophageal junction</b>	<ul style="list-style-type: none"> <li>Correct identification of both the gastro- oesophageal junction and the squamo-columnar junction.</li> <li>Full views of gastro-oesophageal junction from both proximally and distally</li> </ul>

## DOPS form descriptors

<b>Fundus</b>	<ul style="list-style-type: none"> <li>• Full visualisation of all areas of the gastric fundus with retrograde viewing</li> </ul>
<b>Lesser curve</b>	<ul style="list-style-type: none"> <li>• Full visualisation of whole length of lesser curve using antegrade and retrograde viewing</li> </ul>
<b>Greater curve</b>	<ul style="list-style-type: none"> <li>• Full visualisation of whole length of greater curve using antegrade and retrograde viewing</li> </ul>
<b>Incisura</b>	<ul style="list-style-type: none"> <li>• Full visualisation of proximal and distal margins of the incisura</li> </ul>
<b>Antrum and pylorus</b>	<ul style="list-style-type: none"> <li>• Full visualisation of the antrum, pylorus and pyloric channel</li> </ul>
<b>1st part duodenum</b>	<ul style="list-style-type: none"> <li>• Full and careful visualisation of all walls of the 1st part of the duodenum</li> </ul>
<b>2nd part duodenum</b>	<ul style="list-style-type: none"> <li>• Careful visualisation of distal duodenum</li> </ul>
<b>MANAGEMENT OF FINDINGS</b>	
<b>Recognition</b>	<ul style="list-style-type: none"> <li>• Rapid, accurate and thorough determination of normal and abnormal findings.</li> <li>• Appropriate use of mucosal enhancement techniques.</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Takes appropriate specimens as indicated by the pathology and clinical context.</li> <li>• Full and appropriate attempt to visualise important associated lesions.</li> <li>• Performs endoscopic therapy or interventions appropriately for the pathology and clinical context (includes taking no action)</li> </ul>
<b>Complications</b>	<ul style="list-style-type: none"> <li>• Ensures the risk of complications is minimised</li> <li>• Rapid recognition of complications both during and after the procedure.</li> <li>• Manages any complications appropriately and safely.</li> </ul>
<b>POST PROCEDURE</b>	
<b>Report writing</b>	<ul style="list-style-type: none"> <li>• Records a full and accurate description of procedure and findings</li> <li>• Uses appropriate endoscopy scoring systems</li> </ul>
<b>Management plan</b>	<ul style="list-style-type: none"> <li>• Records an appropriate management plan (including medication, further investigation and responsibility for follow-up).</li> </ul>
<b>ENTS (ENDOSCOPIC NON-TECHNICAL SKILLS)</b>	
<b>Communication and teamwork</b>	<ul style="list-style-type: none"> <li>• Maintains clear communication with assisting staff</li> <li>• Gives and receives knowledge and information in a clear and timely fashion</li> <li>• Ensures that both the team and the endoscopist are working together, using the same core information and understand the 'big picture' of the case</li> <li>• Ensures that the patient is at the centre of the procedure, emphasising safety and comfort</li> <li>• Clear communication of results and management plan with patient and/or carers</li> </ul>
<b>Situation awareness</b>	<ul style="list-style-type: none"> <li>• Ensure procedure is carried out with full respect for privacy and dignity</li> <li>• Maintains continuous evaluation of the patient's condition</li> <li>• Ensures lack of distractions and maintains concentration, particularly during difficult situations</li> <li>• Intra-procedural changes to scope set-up monitored and rechecked</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Provides emotional and cognitive support to team members by tailoring leadership and teaching style appropriately</li> <li>• Supports safety and quality by adhering to current protocols and codes of clinical practice</li> <li>• Adopts a calm and controlled demeanor when under pressure, utilising all resources to maintain control of the situation and taking responsibility for patient outcome</li> </ul>
<b>Judgement and decision making</b>	<ul style="list-style-type: none"> <li>• Considers options and possible courses of action to solve an issue or problem, including assessment of risk and benefit</li> <li>• Communicates decisions and actions to team members prior to implementation</li> <li>• Reviews outcomes of procedure or options for dealing with problems</li> <li>• Reflects on issues and institutes changes to improve practice</li> </ul>