Formative DOPS: Colonoscopy and Flexible Sigmoidoscopy

Date of procedure			
Trainee name		Membership no. (eg. GMC/NMC)	
Trainer name		Membership no. (eg. GMC/NMC)	
Outline of case			
Difficulty of case	Easy	Moderate	Complicated
Please tick appropriate box			

Level of supervision Complete DOPS form by ticking box to indicate the appropriate level of supervision required for each item below. Constructive feedback is key to this tool assisting in skill development.	Maximal supervision Supervisor undertakes the majority of the tasks/decisions & delivers constant verbal prompts	Significant supervision Trainee undertakes tasks requiring frequent supervisor input and verbal prompts	Minimal supervision Trainee undertakes tasks requiring occasional supervisor input and verbal prompts	Competent for independent practice no supervision required	Not applicable
Pre-procedure					
Indication					
Risk					
Confirms consent					
Preparation					
Equipment check					
Monitoring					
Sedation					
Comments					
Procedure					
Scope handling					
Tip control					
Air management					
Proactive problem solving					
Loop management					
Patient comfort					
Pace and progress					
Visualisation					
Comments					
Management of findings					
Recognition					
Management					
Complications					

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Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
Post-procedure					
Report writing					
Management plan					
Comments					
ENTS (endoscopic non-technical skills)					
Communication and teamwork					
Situation awareness					
Leadership					
Judgement and decision making					
Comments					

Learning Objectives for the next case The objectives should be added to the trainee's personal development plan (PDP) once DOPS is completed				
1.				
2.				
3.				
Overall Degree of Supervision required	**Maximal Supervision** Supervisor undertakes the majority of the tasks/decisions & delivers constant verbal prompts	**Significant Supervision** Trainee undertakes tasks requiring frequent supervisor input and verbal prompts	**Minimal Supervision** Trainee undertakes tasks requiring occasional supervisor input and verbal prompts	**Competent for independent practice** no supervision required
Please tick appropriate box				

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DOPS form descriptors

Pre Procedure	
Indication	• Assesses the appropriateness of the procedure and considers possible alternatives
Risk assessment	• Assesses co-morbidity including drug history • Assesses any procedure related risks relevant to patient • Takes appropriate action to minimise any risks
Confirms Consent	• 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 member of staff. • During the summative DOPS the process of obtaining consent should witnessed and assessed • Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions and individualised to the patient • Avoids the use of jargon • Does not raise any concerns unduly • Gives an opportunity for patient to ask questions by adopting appropriate verbal and non-verbal behaviours • Develops rapport with the patient • Respects the patient's own views, concerns and perceptions
Preparation	• Ensures all appropriate pre-procedure checks are performed as per local policies • Ensures that all assisting staff are fully appraised of the current case • Ensures that all medications and accessories likely to be required for this case are available
Equipment check	• Ensures the available scope is appropriate for the current patient and indication • Ensures the endoscope is functioning normally before attempting insertion
Monitoring	• Ensures appropriate monitoring of oxygen saturation and vital signs pre-procedure • Ensures appropriate action taken if readings are sub-optimal • Demonstrates awareness of clinical monitoring throughout procedure
Sedation	• When indicated inserts and secures IV access and uses appropriate topical anaesthesia • Uses sedation and/or analgesic doses in keeping with current guidelines and in the context of the physiology of the patient • Drug doses checked and confirmed with the assisting staff • Uses Nitrous Oxide (Entonox) appropriately*
Procedure	
Scope handling	• Exhibits good control of head and shaft of colonoscope at all times • Angulation controls manipulated using the left hand during the procedure • Demonstrates ability to use all scope functions (buttons/biopsy channel) whilst maintaining stable hold on colonoscope • Minimises external looping in shaft of instrument
Tip control	• **Integrated technique**: Combines tip and torque steering to accurately control the tip of colonoscope and manoeuvre the tip in the correct direction. • **Individual components:** • **Tip steering:** Avoids unnecessary mucosal contact and maintains luminal view, avoiding need for blind negotiation of flexures and 'slide-by' where possible • **Torque steering:** Demonstrates controlled torque steering using right hand/fingers to rotate shaft of colonoscope

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	• **Luminal awareness:** Correctly identifies luminal direction using all available visual clues, and avoids red outs
Air management	• Appropriate insufflation and suction of air to minimise over-distension of bowel while maintaining adequate views
Pro-active problem solving	• **Anticipates** challenges and problems (e.g. flexures and loops) • Uses appropriate techniques and **strategies** to prevent problems and minimise difficulties and patient discomfort • **Recognition:** Early recognition of technical challenges and difficulties preventing progression (e.g. loops, fixed pelvis) • **Management:** Can articulate and demonstrate a logical approach to resolving technical challenges, including early change in strategy when progress not being made
Loop management	• Uses appropriate techniques (tip and torque steering, withdrawal, position change) to minimise and prevent loop formation • Early recognition of when loop is forming or has formed • Understands and can articulate techniques for resolution of loops • Resolves loops as soon as technically possible, to minimise patient discomfort and any compromise to scope function • Recognises when loop resolution not possible and safely inserts colonoscope with loop, with awareness and management of any associated patient discomfort
Pace and progress	• Takes sufficient time to maximise mucosal views • Insertion of colonoscope speed adjusted to minimise looping, prevent problems and manage difficulties • Able to complete both insertion and withdrawal at pace consistent with normal service lists, adjusted, depending on difficulty of procedure • Extent of examination is appropriate to the indication
Patient comfort	• Conscious awareness of patient discomfort and potential causes at all times • Applies logical strategy to minimise any potential or induced discomfort, including anticipation of problems and reducing patient anxiety • Able to utilise effective colonoscopy techniques to resolve the majority of pain-related problems without the need for increased analgesia • Appropriate escalation of analgesic use if technical strategies unsuccessful in managing patient discomfort
Visualisation	• Visually and digitally examines the rectum and perineum (or stomal) area to ensure no obstruction or contraindication to insertion of instrument • Well-judged and timely use of screen washes and water irrigation to ensure clear views • Utilises positional changes to maximise mucosal views • Ensures optimal luminal views throughout the examination • Uses mucosal washing and suction of fluid to ensure optimal visualisation of mucosa, particularly at potential blind spots (caecal pole, flexures, recto-sigmoid). • Retroversion in the rectum should be performed to fully visualise the lower rectum and dentate line. If rectal retroversion is not possible, the reason should be indicated. • Recognises and identifies landmarks of complete examination (appendix orifice, ileo-caecal valve, tri-radiate fold or anastomosis/neo-terminal ileum) • There is photo-documentation (or video) of significant findings and landmarks of completion

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Management of Findings	
Pathology recognition	• Accurate determination of normal and abnormal findings • Appropriate use of mucosal enhancement techniques
Pathology management	• Takes appropriate specimens as indicated by the pathology and clinical context • Performs relevant therapy or interventions if appropriate in clinical context (includes taking no action) • For management of polyps please use DOPyS.
Complications	• Ensures risk of complications is minimised • Rapid recognition of complications both during and after the procedure • Manages any complications appropriately and safely
Post procedure	
Report writing	• Records a full and accurate description of procedure and findings • Extent of the procedure is recorded in the report and supported by image/video recording • Uses appropriate endoscopy scoring systems
Management plan	• Records an appropriate management plan (including medication, further investigation and responsibility for follow-up).
ENTS (endoscopic non-technical skills)	
Communication and teamwork	• Maintains clear communication with assisting staff • Gives and receives knowledge and information in a clear and timely fashion • Ensures that both the team and the endoscopist are working together, using the same core information and understand the 'big picture' of the case • Ensures that the patient is at the centre of the procedure, emphasising safety and comfort • Clear communication of results and management plan with patient and/or carers
Situation awareness	• Ensure procedure is carried out with full respect for privacy and dignity • Maintains continuous evaluation of the patient's condition • Ensures lack of distractions and maintains concentration, particularly during difficult situations • Intra-procedural changes to scope set-up monitored and rechecked
Leadership	• Provides emotional and cognitive support to team members by tailoring leadership and teaching style appropriately • Supports safety and quality by adhering to current protocols and codes of clinical practice • Adopts a calm and controlled demeanour when under pressure, utilising all resources to maintain control of the situation and taking responsibility for patient outcome
Judgement and decision making	• Considers options and possible courses of action to solve an issue or problem, including assessment of risk and benefit • Communicates decisions and actions to team members prior to implementation • Reviews outcomes of procedure or options for dealing with problems • Reflects on issues and institutes changes to improve practice

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