Formative DOPS: Diagnostic upper gastrointestinal endoscopy (OGD)

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					
Sedation					
Monitoring					
Comments					
Insertion and withdrawal					
Scope handling					
Angulation / tip control					
Suction/air/lens cleaning					
Intubation and oesophagus					
Stomach					
2nd part of duodenum					
Problem solving					
Pace and Progress					
Patient Comfort					
Comments					
Visualisation					
Oesophagus					
Gastro-oesophageal junction					
Fundus					

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For further information, please contact the JAG Office askjets@rcp.ac.uk 020 3075 1222 www.thejag.org.uk

Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
Lesser curve					
Greater curve					
Incisura					
Pylorus					
1st part duodenum					
2nd part duodenum					
Comments					
Management of Findings					
Recognition					
Management					
Complications					
Comments					
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 person. • 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. • Ensures the endoscope is functioning normally before attempting insertion checking all channels and connections, light source and angulation locks are off.
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
Insertion and withdrawal	
Scope handling	• Exhibits good external control of gastroscope at all times. • 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. • Minimizes external looping in shaft of instrument.
Angulation controls	• Demonstrates ability to use angulation controls appropriately, using the left hand only during the vast majority of the procedure.
Suction/air/lens cleaning	• Well-judged and timely use of distension, suction and lens clearing.
Tip control	• Use of torque and angulation wheels independently and in combination, as necessary to elicit excellent controlled tip movement. • Avoids unnecessary mucosal contact, maintaining luminal view when possible.
Intubation and	• Insertion through the mouth and pharynx under endoscopic vision.

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oesophagus	• Careful and safe intubation of the oesophagus under endoscopic vision. • Passage down the oesophagus under endoscopic vision.
Stomach	• Smooth passage through the stomach and pylorus, maintaining luminal views. • Rapid recognition of all major landmarks.
2nd part of duodenum	• Insertion into second part of duodenum. • Optimisation of scope position in second part of duodenum.
Pro-active Problem Solving	• Demonstrates and can articulate a logical approach to resolving technical challenges (bend negotiation, pathology encountered, large hiatus hernia) to ensure complete gastroscopy achieved. • Is able to adapt approach depending on anatomy and technical challenge faced ensuring best option is used. • Early recognition of lack of success of a technique with adaptation or change in strategy to next appropriate potential solution.
Pace and Progress	• Completes whole procedure in reasonable and appropriate time, without rushing and without unduly prolonging the procedure
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 • Appropriate escalation of analgesic use if technical strategies unsuccessful in managing patient discomfort
Visualisation	
Oesophagus	• Full and careful visualisation of the whole length of the oesophagus
Gastro-oesophageal junction	• Correct identification of the both the gastro- oesophageal junction and the squamo-columnar junction. • Full views of gastro-oesophageal junction from both proximally and distally.
Fundus	• Full visualisation of all areas of the gastric fundus with retrograde viewing
Lesser curve	• Full visualisation of whole length of lesser curve using antegrade and retrograde viewing
Greater curve	• Full visualisation of whole length of greater curve using antegrade and retrograde viewing
Incisura	• Full visualisation of proximal and distal margins of the incisura
Antrum and pylorus	• Full visualisation of the antrum, pylorus and pyloric channel
1st part duodenum	• Full and careful visualisation of all walls of the 1st part of the duodenum
2nd part duodenum	• Careful visualisation of distal duodenum
Management of Findings	
Recognition	• Rapid, accurate and thorough determination of normal and abnormal findings. • Appropriate use of mucosal enhancement techniques.
Management	• Takes appropriate specimens as indicated by the pathology and clinical context. • Full and appropriate attempt to visualise important associated lesions. • Performs endoscopic therapy or interventions appropriately for the pathology and clinical context (includes taking no action)
Complications	• Ensures the 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 • Uses appropriate endoscopy scoring systems
Management	• Records an appropriate management plan (including medication, further

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plan	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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