



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			

Supervision required 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					
Consent					
Indication					
Risk					
Preparation – Patient					
Preparation - General					
Equipment check					
Pre Procedure overall					
Capsule procedure					
Patient Check In and Initialisation					
Patient set up					
Capsule Ingestion					
Capsule progress					
Procedure completion and patient discharge					
Video download					
Capsule procedure overall					
Endoscopic capsule placement					
Recognises anatomy					
Procedure					
Complications					
Endoscopic capsule placement overall					



Capsule reading and reporting					
Landmarks					
Normal findings					
Abnormal findings					
Interpretation					
Generation of report					
Recommendations					
Communication					
Capsule Reporting overall					
ENTS (endoscopic non-technical skills)					
Communication and teamwork					
Situation awareness					
Leadership					
Judgement and decision making					
ENTS Overall					
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				



DOPS form guidance and descriptors

Pre Procedure	
Consent	<ul style="list-style-type: none"> Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions. Avoids the use of jargon. Does not raise any concerns unduly. Encourages questions to be asked by adopting appropriate verbal and non-verbal behaviours and develops adequate rapport with the patient. Respects the patient's own views, concerns and perceptions
Indication	<ul style="list-style-type: none"> Full and appropriate assessment of the appropriateness of the procedure and any viable alternatives. Appropriate assessments of peri-endoscopy risks in current patient.
Risk	<ul style="list-style-type: none"> Initiates and maintains any appropriate action to minimise any specific risks. Considers if patency capsule necessary or reviews result of patency capsule before performing study.
Preparation – patient	<ul style="list-style-type: none"> Ensures special needs are identified and competently managed, including those associated with co-morbidity. Ensures correct medicine management and appropriate use of bowel preparations, prokinetics and antifoaming agents to prepare the small bowel.
Preparation – general	<ul style="list-style-type: none"> Ensures all appropriate pre-procedure checks are performed as per local policies. Ensures that all assisting staff are fully appraised of the current case and that all equipment and / or medications likely to be required for this case are available. Ensure procedure is carried out with full respect for privacy and dignity. Maintains clear communication with assisting staff throughout peri-procedure period.
Equipment check	<ul style="list-style-type: none"> Ensures previous data is downloaded, data recorder battery is fully charged and checks capsule expiry date. Ensures availability of sensor array/belt, and selects appropriate option.
Capsule procedure	
Patient check-in and initialisation	Ensures correct input of capsule and patient data into software template, initialization of capsule appropriately
Patient set-up	<ul style="list-style-type: none"> Correctly positions sensor leads or belt. Correctly attaches data recorder, confirms correct patient, and ensures data received
Capsule ingestion	<ul style="list-style-type: none"> Ensures capsule swallowed with antifoaming agent in safe manner with appropriate resuscitation equipment available Clear communication of instructions to patient, including eating/drinking
Capsule progress	Correctly uses the real time viewer to ensure capsule advancement into duodenum and arranges endoscopic advancement if positional and pharmacological measures unsuccessful
Procedure completion and patient discharge	<ul style="list-style-type: none"> Correctly disconnects sensors and data recorder. Provides patient with appropriate and accurate discharge information
Video download	Correctly downloads video from recorder to PC. Ensures download completion and manages download failure correctly.
Capsule placement	
Recognises anatomy	Ensures that the capsule is advanced into the duodenum
Procedure	<ul style="list-style-type: none"> Ensures equipment functioning correctly and staff aware of use Completes whole procedure in reasonable and appropriate time, without rushing and without unduly prolonging the procedure. Ensures endoscopic image of successful placement obtained
Complications	<ul style="list-style-type: none"> Rapid recognition of complications from the endoscopy or endoscopic procedures or those arising in the peri-endoscopy period. Manages any complications appropriately and safely.
Capsule reading and reporting	
Landmarks	<ul style="list-style-type: none"> Accurately identifies normal anatomical landmarks – first gastric image, first duodenal image,



	<ul style="list-style-type: none"> first caecal image Accurately records thumbnails of normal anatomical landmarks – first gastric image, first duodenal image, first caecal image
Normal findings	Accurately records normal variants and assigns correct significance
Abnormal findings	<ul style="list-style-type: none"> Abnormal findings recorded correctly and level of significance ascribed – Definitely significant Probably significant Possibly significant Unlikely significant Not significant
Interpretation	Significance of findings correlates with that ascribed by trainer
Generation of report	<ul style="list-style-type: none"> Includes documentation of patient demographics, indication, previous investigations, whether patency performed, preparation used, quality of views, reference to capsule excretion . Findings clearly described. Report signed (manually or electronically) by reporter.
Recommendations	Develops and completes an appropriate management plan for post capsule care including, where indicated, drug or other therapies, further investigations, responsibility for follow up or further actions.
Communication	Clear report communicated to referrer within reasonable timeframe
ENTS (endoscopic non-technical skills)	
Communication and teamwork	<ul style="list-style-type: none"> Gives and receives knowledge and information in a clear and timely fashion. Ensures that the team are working together from the same information and understand the 'big picture' of the case. Ensures that the patient is at the centre of the procedure, emphasising safety, comfort and giving information in a clear and understandable fashion
Situation awareness	<ul style="list-style-type: none"> Maintains continuous evaluation of the patient's condition. Ensures lack of distractions and maintains concentration, particularly during difficult situations.
Leadership	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Considers options and possible courses of action to solve an issue or problem, including assessment of risk and benefit. Chooses a solution to a problem, communicates this to team members and implements it Reviews outcomes of procedure or options for dealing with problems. Reflects on issues and institutes changes to improve practice