



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	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
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.	Supervisor undertakes the majority of the tasks/decisions & delivers constant verbal prompts	Trainee undertakes tasks requiring frequent supervisor input and verbal prompts	Trainee undertakes tasks requiring occasional supervisor input and verbal prompts	no supervision required	
Pre-procedure					
Indication and risk					
Consent					
Preparation					
Equipment check					
Sedation					
Monitoring					
Comments					
Insertion, lesion recognition and assessment					
Scope handling					
Optimises views					
Lesion recognition					
Lesion assessment					
Decision-making based on assessment					
Comments					
Therapeutic Skills – Dilation using through the scope (TTS) balloon					
Selection of balloon/bougie					
Positioning balloon/bougie					
Communication with assistant					
Inflation of balloon					
Response to situational cues					
Checks effect					



Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
Therapeutic Skills – Dilatation using an over the wire (OTW) balloon/bougie					
Positioning of wire					
Establishing key anatomical markers					
Selection of balloon/bougie					
Positioning balloon/bougie					
Communication with assistant					
Inflation of balloon					
Response to situational cues					
Checks effect					
Therapeutic Skills – Insertion of self-expanding metal stent (SEMS)					
Positioning of wire					
Establishing key anatomical markers					
Selection of stent					
Positioning stent					
Communication with assistant					
Release of stent					
Response to situational cues					
Checks effect					
Comments					
Management of complications					
Recognition					
Management					
Post-procedure					
Report writing					
Management plan					
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				

DOPS form descriptors

Pre Procedure	
Indication and risk	<ul style="list-style-type: none"> Full assessment of the appropriateness of the procedure and any viable alternatives. Appropriate assessments of peri-endoscopy risks in current patient. Takes appropriate action to minimise any specific risks.
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
Preparation	<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 apprised 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 the available scope is appropriate for the current patient. Ensures the endoscope is functioning normally before attempting insertion including all channels and connections, light source and angulation locks are off.
Sedation	<ul style="list-style-type: none"> When indicated inserts and secures iv access appropriately. Uses appropriate topical anaesthesia. Uses sedation and /or analgesic doses in keeping with prevailing guidelines and in the context of the physiology or the current patient. Doses checked and confirmed with the assisting staff
Monitoring	<ul style="list-style-type: none"> Ensures appropriate monitoring is in place. Ensures oxygen saturation and vital sign monitoring is in place and takes rapid and appropriate action if these are sub-optimal
Insertion, lesion recognition and assessment	
Scope handling	<ul style="list-style-type: none"> Exhibits good external control of endoscope at all times, with appropriate use of the left hand on the control head and angulation controls Demonstrates balanced manipulation of scope shaft and accessories with the right hand.
Optimises views	<ul style="list-style-type: none"> Uses washing, inflation, orientation of the scope shaft and tip position and if necessary and appropriate a retroflexed position to optimise views of pathology.



Lesion recognition	<ul style="list-style-type: none"> Having demonstrated the presence of an anatomical variant or pathology is able to recognise, classify and document correctly these findings.
Lesion assessment	<ul style="list-style-type: none"> Demonstrates the use of a structured approach to describing and documenting the key morphological and surface-related features of any pathology encountered Records appropriate images safe use biopsy forceps with accurate targeting if indicated.
Decision-making based on assessment	<ul style="list-style-type: none"> Demonstrates the ability to clearly vocalise the basis for further appropriate management decisions choice of accessories or diathermy settings based on the lesion assessment performed and specific context of the case.
Therapeutic Skills – Dilatation using through the scope (TTS) balloon	
Selection of balloon/ bougie	<ul style="list-style-type: none"> Demonstrates a clear logic for the selection of the type and size of balloon required for stricture dilatation based on the prior assessment of visible pathology.
Positioning balloon/ bougie	<ul style="list-style-type: none"> Uses the visible cues related to the balloon accessory to accurately centre the balloon across the stricture
Communication with assistant	<ul style="list-style-type: none"> Demonstrates at all stages of the operation of the balloon a clear and precise dialogue with the endoscopic assistant
Inflation of balloon	<ul style="list-style-type: none"> On inflation has control of the balloon accessory and is able to use the visual cues and respond with appropriate adjustments to maintain the position of the balloon centrally across the stricture. Is able to visualise the stricture through the balloon. Maintains inflation of the balloon at a diameter and for a time interval that is safe and appropriate for the given stricture.
Response to situational cues	<ul style="list-style-type: none"> Throughout the procedure demonstrates a clear awareness of the important visual cues and decision points and is able to respond appropriately once recognised.
Checks effect	<ul style="list-style-type: none"> On deflation of the balloon dilator actively checks the effect on the tissue of the intervention, in particular to ensure there is no evidence of procedural complications.
Therapeutic Skills – Dilatation using an over the wire (OTW) balloon	
Positioning of wire	<ul style="list-style-type: none"> Positions a guide wire safely across the stricture, either using direct visualisation or fluoroscopic guidance
Establishing key anatomical markers	<ul style="list-style-type: none"> Establishes clear anatomical (distance from incisors) or radiological markers of the extent of the stricture to allow accurate positioning of the balloon across the stricture
Selection of balloon/ Bougie	<ul style="list-style-type: none"> Demonstrates a clear logic for the selection of the size of balloon required for stricture dilatation based on the prior assessment of visible pathology.
Positioning balloon/ Bougie	<ul style="list-style-type: none"> Uses the visible cues, including fluoroscopic images, related to the balloon accessory to accurately centre the balloon across the stricture
Inflation of balloon	<ul style="list-style-type: none"> On inflation has control of the balloon accessory and is able to use the visual cues and respond with appropriate adjustments to maintain the position of the balloon centrally across the stricture. Is able to visualise the balloon using fluoroscopic guidance when required. Maintains inflation of the balloon at a diameter and for a time interval that is safe and appropriate for the given stricture.
Response to situational cues	<ul style="list-style-type: none"> Throughout the procedure demonstrates a clear awareness of the important visual cues and decision points and is able to respond appropriately once recognised.
Checks effect	<ul style="list-style-type: none"> On deflation of the balloon dilator actively checks the effect on the patient of the intervention, in particular to ensure there is no evidence of procedural complications.
Communication with assistant	<ul style="list-style-type: none"> Demonstrates at all stages of the operation of the balloon a clear and precise dialogue with the endoscopic assistant
Therapeutic Skills – Insertion of self-expanding metal stent (SEMS)	
Positioning of wire	<ul style="list-style-type: none"> Positions a guide wire safely across the stricture, either using direct visualisation or fluoroscopic guidance



Establishing key anatomical markers	<ul style="list-style-type: none"> Establishes clear anatomical (distance from incisors) or radiological markers of the extent of the stricture to allow accurate positioning of the balloon across the stricture
Selection of stent	<ul style="list-style-type: none"> Demonstrates a clear logic for the selection of the size and type of self-expanding metal stents required to manage the stricture effectively based on the prior assessment of visible pathology.
Positioning stent	<ul style="list-style-type: none"> Uses the visible cues, including fluoroscopic images, related to the self-expanding metal stent to accurately centre the stent across the stricture
Release of stent	<ul style="list-style-type: none"> None
Response to situational cues	<ul style="list-style-type: none"> Throughout the procedure demonstrates a clear awareness of the important visual cues and decision points and is able to respond appropriately once recognised.
Checks effect	<ul style="list-style-type: none"> Ensures that the final position of the stent is optimal and checks the effect on the patient of the intervention, in particular to ensure there is no evidence of procedural complications.
Management of complications	
Recognition	<ul style="list-style-type: none">
Management	<ul style="list-style-type: none">
Post procedure	
Report writing	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Records an appropriate management plan (including medication, further investigation and responsibility for follow-up).
ENTS (endoscopic non-technical skills)	
Communication and teamwork	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<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 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