

DOPS Grade Descriptors

Therapeutic Upper GI Endoscopy

Descriptors for each grade in all four domains are given below to improve consistency of grading. The key descriptor level is Grade 3. Grade 4 assumes achievement of all components at Grade 3 level and some achievement above this.

The descriptors set expectations for the performance in each domain, but should be used as a guide – endoscopists do not have to meet all criteria in each descriptor to achieve a grade in that domain.

ASSESSMENT, CONSENT AND COMMUNICATION

Grade 4

Complete and full explanation in clear terms including proportionate risks and consequences with no omissions of significance, and not unnecessarily raising concerns. No jargon. Encourages questions by verbal and non verbal skills and is thoroughly respectful of individual's views, concerns, and perceptions. Good rapport with patient. Seeks to ensure procedure is carried out with as much dignity and privacy as possible. Clear and appropriate communication throughout procedure and afterwards a thorough explanation of results and management plan. Full endoscopy report, using objective description, agreed grading systems where possible, including all relevant details and sites of pathology, and specific therapy and relevant management.

Grade 3

Good clear explanation with few significant omissions, covering key aspects of the procedure and complications with some quantification of risk. Little jargon, and gives sufficient opportunity for questions. Responds to individual's perspective. Aware of and acts to maintain individual's dignity. Appropriate communication during procedure including warning patient of probable discomfort. Satisfactory discussion of results and management plan with adequate detail. Satisfactory endoscopy report, using largely objective description, agreed grading systems where possible, including most relevant details and sites of pathology and therapy.

Grade 2

Explains procedure but with several omissions, some of significance. Vague discussion of risks, or raises occasional unnecessary concerns. Some jargon and limited opportunity for questions or sub-optimal responses. Incomplete acknowledgement of individual's views and perceptions. Occasional communication during the procedure. Just adequate explanation with some aspects unclear, inaccurate or lacking in detail. Endoscopy report has less objective description, or lacks use of agreed grading systems. Omits some relevant details, or is somewhat inaccurate.

Grade 1

Incomplete explanation with several significant omissions and inadequate discussion, lacking explanation of risks or raising significant fears. Uses a lot of jargon or technical language; minimal or no opportunity for questions. Fails to acknowledge or respect individual's views or concerns. Minimal or no communication during procedure. Explanation of results and management is unclear, inaccurate or lacking in detail without opportunity for discussion. Endoscopy report has little objective description, lacks use of agreed grading systems, a number of relevant omissions or inaccuracies.

SAFETY AND SEDATION

Grade 4

Safe and secure IV access with doses of analgesia and sedation according to patient's age and physiological state, clearly checked and confirmed with nursing staff. Patient as comfortable throughout as possible. Oxygenation and vital signs monitored continually as appropriate, remaining satisfactory throughout or rapid and appropriate action taken if sub-optimal. Clear, relevant and proactive communication with endoscopy staff.

Grade 3

Secure IV access with a standard cannula and appropriate dose of analgesia and sedation within current guidelines, checked and confirmed with nursing staff. Patient reasonably comfortable throughout, some tolerable discomfort may be present. Oxygenation and vital signs regularly monitored and satisfactory throughout, or appropriate action taken. Clear communication with endoscopy staff.

Grade 2

IV access acceptable with just satisfactory analgesia and sedation, incompletely confirmed or checked with nursing staff, patient too sedated or too aware and in discomfort. Oxygenation and vital signs monitored but less frequently than appropriate or parameters occasionally unsatisfactory with action taken only after prompting or delay. Intermittent or sub optimal communication with endoscopy staff.

Grade 1

Insecure or absent IV access or butterfly used; inadequate or inaccurate check of analgesia and sedation. Patient significantly under- or over-sedated or needing use of a reversal agent because of inappropriate dosaging. Patient in discomfort much of the time, or significant periods of severe discomfort. Oxygenation and vital signs rarely or inadequately monitored and mostly ignored even if unsatisfactory. Minimal or significantly flawed communication with endoscopy staff.

ENDOSCOPIC SKILLS DURING INSERTION AND WITHDRAWAL

Grade 4

Excellent luminal views throughout the vast majority of the examination, with judicious use of key manoeuvres. Skilled scope steering and well judged use of distension, suction and lens clearing. Quick to use different technical strategies or manoeuvres when appropriate. Immediately aware of patient discomfort with rapid response. Smooth rapid and effective scope manipulation using angulation control knobs and torque to enable therapy.

Grade 3

Check scope functions. Intubates oesophagus readily, and largely under direct vision. Clear luminal view most of the time. Adequate use of the angulation control knobs with smooth scope control.(into D2 & J-manoevre) Aids examination using distension, suction and lens washing. Aware of any discomfort to patient and responds with appropriate actions. Timely completion of procedure, not too quickly or too slowly for the circumstances.

Grade 2

Omits scope check. Luminal views lost a little more than desirable or pushes blindly. Small areas of mucosa not visualised. Could manipulate scope more effectively or smoothly. Some under or over distension or lack of lens washing. Use of other manoeuvres occasionally late or inappropriately. Aware of and responsive to patient but may be slow to do so. Procedure slightly too fast or too slow.

Grade 1

Omits to check scope. Luminal views frequently lost for long periods, or large areas inadequately examined. Poor or jerky scope control. Under- or over-distension of stomach, or fails to attempt lens clearing. Inappropriate or no use of key manoeuvres. Barely aware of patient's status, or very tardy / inappropriate / no response to discomfort. Completes examination too quickly or takes far too long.

DIAGNOSTIC AND THERAPEUTIC ABILITY

Grade 4

Rapid recognition of all major anatomical landmarks present and rapidly identifies abnormal anatomy. Fluid pools fully suctioned. Thorough assessment and accurate identification of pathology present. Full assessment of therapeutic possibilities and strengths of methods. Skilled deployment of appropriate therapies. Skilled and competent management of diathermy and therapeutic techniques. Rapid recognition and safe and comprehensive management of complications.

Grade 3

Recognises all major anatomical landmarks and identifies abnormal anatomy. Fluid pools suctioned. Assesses and identifies pathology present. Adequate assessment of therapeutic possibilities and strengths of methods. Satisfactory deployment of appropriate therapies. Competent management of diathermy and therapeutic techniques. Recognises and manages complications safely.

Grade 2

Recognises most major anatomical landmarks, and recognises variation from the normal. Mucosal views a little impaired by fluids. Most pathology identified with occasional missed or mis-identified lesions. Limited assessment of therapeutic possibilities and strengths of methods. Deployment of appropriate therapies sub-optimal. Just acceptable use of diathermy and therapeutic tools with some sub-optimal use. Delayed or incomplete recognition of complications or sub-optimal management.

Grade 1

Recognises some anatomical landmarks. May fail to recognise incomplete examination. Misses significant pathology, or inappropriate management. Inadequate assessment of therapeutic possibilities and strengths of methods. Poor or ineffective deployment of therapies. Unsafe use of diathermy and therapeutic techniques. Fails to recognise or significantly mis-manages complications.