

DOPYS Descriptors-Generic

Scale 4: Highly Skilled Performance

1. Ensures good (5-11 o'clock axis) polyp position with no errors. Attempts made at position correction throughout the procedure.
2. Maintains clear polyp views throughout the procedure.
3. Determines the full extent of the lesion, using adjunctive measures where appropriate.
4. Uses most appropriate polypectomy technique safely with no errors.
5. Maintains stable scope position throughout polypectomy. This may involve asking an assistant to hold the scope in position to provide a stable platform for polypectomy.
6. Checks all polypectomy equipment is available and functioning with correct settings prior to the procedure.
7. Checks snare prior to introduction into the scope and ensures that snare is marked appropriately on the snare handle.
8. Maintains effective communication with the staff and addresses patient's concerns.
9. Checks diathermy settings are appropriate and ensures diathermy equipment is available and working. Ensures pad is attached to patient, foot pedal is accessible., no contraindication to diathermy.
10. Accurately photo documents pre and post polypectomy if appropriate

Scale 3: Competent and safe throughout procedure, no uncorrected errors

1. Maintains 5-11 o'clock axis during procedure with attempts at position correction.
2. Attempts to obtain clear polyp views through aspiration, insufflation and lens wash.
3. Determines the full extent of the lesion, may not use adjunctive measures.
4. Uses appropriate polypectomy technique safely based on size, site and morphology.
5. Adjusts and stabilises scope position prior to polypectomy.
6. Checks polypectomy equipment is available and functioning.
7. Checks snare prior to introduction into the scope and ensures handle is marked.
8. Maintains effective communication either with the staff or patient.
9. Checks diathermy settings are appropriate. Ensures diathermy equipment is available and working. Epad is attached to patient, foot pedal is accessible, no contraindication to diathermy.
10. Photo documents pre and post polypectomy if appropriate

Scale 2: Some standards not yet met, aspects to be improved, some errors uncorrected

1. Does not maintain 5-11 o'clock axis. Few attempts made at position correction.
2. Clear polyp views not maintained.
3. Does not determine or visualise full extent of the polyp or fails to recognise features suggestive of malignancy.
4. Chooses inappropriate polypectomy technique.
5. Scope not stabilised adequately. Little or no attempts made at use of adjunctive techniques.
6. Does not check essential polypectomy equipment is available and functioning prior to the procedure.
7. Does not check snare functioning and marking prior to introduction into the scope.
8. Fails to give clear instructions to endoscopy staff during the procedure or ignores patient concerns.
9. Does not check diathermy settings.
10. Does not photo document pre and post polypectomy where appropriate

Scale 1: Accepted standards not yet met, frequent errors uncorrected

1. Does not maintain polyp in the optimal position at any time during the procedure.
2. Poor polyp views throughout the procedure with no attempts at correction.
3. No attempts made at determining or visualising full extent of the polyp. Attempts polypectomy on lesions which are unlikely to be endoscopically resectable.
4. Inappropriate polypectomy technique. Uses inappropriate diathermy settings. Uses diathermy or hot biopsy technique unsafely or inappropriately.
5. Unstable scope position throughout procedure with no attempts made at correction.
6. Does not check for any polypectomy equipment
7. Does not check snare functioning and marking prior to introduction into the scope.
8. Does not communicate with the endoscopy staff or patient throughout the procedure.
9. Makes no attempt to check, or uses inappropriate diathermy settings.
10. Does not photo document when appropriate

DOPYS Descriptors-Stalked Polyps

Scale 4: Highly Skilled Performance

11. Applies prophylactic haemostatic measures (e.g. endo-loop, clips) where appropriate with excellent technique.
12. Always selects snare size appropriate to the polyp.
13. Always steers the snare over the polyp head accurately.
14. Correctly selects en-bloc or piecemeal removal.
15. Advances snare sheath slowly towards stalk as snare is closed gradually
16. Excellent position on stalk with snare, midway between polyp head and stalk base
17. Always mobilises the polyp to tent stalk away from mucosa and contra-lateral wall.
18. Applies appropriate degree of diathermy with no evidence of contra-lateral burns or cutting through too quickly causing bleeding.

Scale 3: Competent and safe throughout procedure, no uncorrected errors

11. Applies prophylactic haemostatic measures (e.g. endo-loop, clips, if deemed appropriate) with good technique.
12. Selects appropriate snare size.
13. Steers the snare over the polyp head with reasonable accuracy.
14. Correctly selects en-bloc or piecemeal removal.
15. Advances snare sheath in a controlled fashion towards stalk as snare is closed.
16. Appropriate position on stalk with snare
17. Mobilises the polyp e.g. to tent stalk away from mucosa and contra-lateral wall if necessary.
18. Applies appropriate degree of diathermy. Does not cause contra-lateral burns or cut through too quickly causing bleeding.

Scale 2: Some standards not yet met, aspects to be improved, some errors uncorrected

11. Attempts to use prophylactic measures where appropriate but with poor technique and uncorrected errors.
12. Snare size may be inappropriate for polyp size.
13. Multiple attempts at snare positioning over polyp head.
14. Incorrectly selects en-bloc or piecemeal removal.
15. Closes snare too rapidly or in an uncontrolled fashion.
16. Poor snare position on polyp stalk
17. Does not attempt to mobilise the polyp prior to diathermy where deemed necessary. Does not check for additional trapped tissue
18. Inappropriate diathermy technique risking either bleeding or burns.

Scale 1: Accepted standards not yet met, frequent errors uncorrected

11. Makes no attempt to use prophylactic measures where required.
12. Inappropriately small or large snare size used.
13. Multiple unsuccessful attempts at snare positioning over polyp head.
14. Incorrectly selects en-bloc or piecemeal removal.
15. Closes snare too rapidly, cutting/shearing through the polyp stalk.
16. Poor snare position on polyp stalk, either too close to the polyp head, or too close to the base.
17. Makes no attempt to mobilise the polyp prior to diathermy where necessary. Does not check for additional trapped tissue.
18. Uses inappropriate diathermy technique causing either bleeding or burns.

DOPYS Descriptors-Small Sessile Lesions/ Endoscopic Mucosal Resection

Scale 4: Highly Skilled Performance

19. Accurately injects the submucosa, maintaining excellent views of the lesion
20. Always checks for lifting and only proceeds if the lesion lifts adequately.
21. Always selects snare size appropriate to the polyp.
22. Steers appropriately sized snare accurately over the lesion head with no errors.
23. Correctly selects en-bloc or piecemeal removal depending on size of lesion. Removes piecemeal in as few pieces as possible.
24. Accurately positions snare over lesion as snare closed gradually.
- 25/26. Always ensures no additional tissue is trapped within snare by gently tenting the lesion away from the mucosa and mobilising the snare.
27. Applies appropriate diathermy with no complications.
28. Always ensures adequate hemostasis prior to further resection.

Scale 3: Competent and safe throughout procedure, no uncorrected errors

19. Injects the submucosa, maintaining adequate views of the lesion
20. Only proceeds if the lesion lifts adequately.
21. Selects appropriate snare size.
22. Steers appropriately sized snare accurately over the lesion head with minimal difficulty.
23. Correctly selects en-bloc or piecemeal removal depending on size of lesion.
24. Advances snare sheath in a controlled fashion towards stalk as snare is closed.
- 25/26. Ensures no additional tissue is trapped within snare by gently tenting the lesion away from the mucosa.
27. Applies appropriate diathermy with no complications.
28. Ensures adequate hemostasis prior to further resection.

Scale 2: Some standards not yet met, aspects to be improved, some errors uncorrected

19. Attempts submucosal injection but inadequate views of the lesion obtained.
20. May proceed despite parts of the lesion not lifting and inadequate attempts at further lifting.
21. Snare size may be inappropriate for polyp size.
22. Clumsy steering of snare over the lesion head.
23. Incorrectly selects en-bloc or piecemeal removal, or piecemeal removal in excessive pieces.
24. Closes snare too rapidly or in an uncontrolled fashion.
- 25/26. Does not ensure that additional tissue is not trapped within snare. Inadequate attempt to tent the lesion away from the mucosa..
27. Inappropriate diathermy technique risking either bleeding or burns.
28. Does not necessarily ensure adequate hemostasis prior to further resection.

Scale 1: Accepted standards not yet met, frequent errors uncorrected

19. Does not attempt submucosal injection. Optimal views of the lesion not obtained.
20. Does not check for lifting prior to attempting polypectomy.
21. Inappropriately small or large snare size used.
22. Clumsy steering of snare causing mucosal injury.
23. Incorrectly selects en-bloc or piecemeal removal.
24. Closes snare too rapidly, cutting/shearing through the polyp tissue.
- 25/26. Does not check for additional tissue trapped within snare prior to applying diathermy. No attempt to tent the lesion away from the mucosa.
27. Applies inappropriate diathermy with bleeding or burns.
28. Does not ensure adequate hemostasis prior to further resection.

DOPYS Descriptors-Post-Polypectomy

Scale 4: Highly Skilled Performance

29. Always examines remnant stalk/polyp base thoroughly to check for bleeding and any residual polyp tissue.
30. Identifies and resects any residual tissue accurately.
31. Identifies bleeding and performs adequate endoscopic hemostasis promptly.
32. Retrieves polyp using method appropriate to polyp/s size.
33. Checks for retrieval of entire polyp tissue and confirms retrieval with endoscopy staff.
34. Uses tattooing in the appropriate setting. Raises a bleb at appropriate site prior to switching to appropriate ink. Places appropriate number of tattoos.

Scale 3: Competent and safe throughout procedure, no uncorrected errors

29. Examines remnant stalk/polyp base to check for bleeding and any residual polyp tissue.
30. Identifies and resects any residual tissue.
31. Identifies bleeding and performs adequate endoscopic hemostasis with satisfactory immediate results.
32. Retrieves, or attempts retrieval of polyp. May not use method appropriate to polyp/s size.
33. Attempts to check for retrieval of polyp.
34. Uses tattooing in the appropriate setting (e.g. high risk polyp size/ morphology/ method of resection) but may not raise a bleb prior to switching to appropriate ink. May not place appropriate number of tattoos.

Scale 2: Some standards not yet met, aspects to be improved, some errors uncorrected

29. Makes inadequate attempt to examine remnant stalk/polyp base
30. Does not adequately identify or treat visible residual polyp tissue
31. Inadequately identifies or treats bleeding.
32. Inadequate attempt at retrieval of polyp.
33. Does not check for retrieval of polyp.
34. May not use tattooing in the appropriate setting. Does not raise a bleb prior to switching to appropriate dye. May not place tattoos at appropriate site. Inappropriate depth of ink, risking peritoneal staining.

Scale 1: Accepted standards not yet met, frequent errors uncorrected

29. Makes no attempt to examine remnant stalk/polyp base
30. Leaves residual polyp tissue behind
31. Does not identify or treat bleeding.
32. No attempts made at polyp retrieval.
33. Does not check for retrieval of polyp with endoscopy staff
34. Does not use tattooing in the appropriate setting. Place tattoos at inappropriate site. Inappropriate depth of ink, risking peritoneal staining.