

DOPS Grade Descriptors

ERCP

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, including all relevant details and sites of pathology.

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, including most relevant details and sites of pathology.

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, 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, or 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. Minimal radiation exposure commensurate with high quality imaging.

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. Satisfactory screening, using techniques to reduce scatter, exposure times and radiation dose.

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.. Slightly excess or suboptimal screening.

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. Excessive or inadequate screening.

ENDOSCOPIC SKILLS DURING INSERTION AND WITHDRAWAL

Grade 4

Excellent 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 when appropriate. Immediately aware of patient discomfort with rapid response. Smooth rapid and effective scope manipulation using angulation control knobs and torque.

Grade 3

Check scope functions. Intubates oesophagus readily, and negotiates pylorus under direct vision. Clear ampullary (or target) view most of the time. Adequate use of the angulation control knobs with smooth scope control facing the ampulla Aids examination using distension, suction and lens washing. Aware of any discomfort to patient and responds with appropriate actions. Timely completion of procedure.

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 gut, 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 location of ampulla and rapidly identifies abnormal anatomy. Smooth, rapid and preferential cannulation of the duct of interest. Thorough assessment and accurate identification of pathology present. Highly skilled management of catheters and other accessories, diathermy and therapeutic techniques. Rapid recognition and appropriate and comprehensive management of complications. High quality images.

Grade 3

Recognises ampulla and anatomical landmarks and identifies abnormal anatomy. Preferential cannulation of the duct of interest in reasonable time. Assesses and identifies pathology present. Safe and competent management of catheters and other accessories, competent management of diathermy and therapeutic techniques. Recognises and manages complications safely. Satisfactory images.

Grade 2

Recognises ampulla & most major anatomical landmarks slowly, and recognises some variation from the normal. Cannulation of the duct of interest delayed, or after multiple cannulations of alternate duct.. Most pathology identified with occasional missed or mis-identified lesions. Just acceptable management of catheters and other accessories, diathermy and therapeutic tools but with some sub-optimal use. Delayed or incomplete recognition of complications or sub-optimal management. Images just acceptable, with room for significant improvement.

Grade 1

Recognises ampulla with difficulty. May fail to recognise incomplete assessment. Misses significant pathology, or inappropriate management. Unsafe or inappropriate management of catheters and other accessories, diathermy and therapeutic techniques. Fails to recognise, deal with, or significantly mis-manages complications. Images inadequate.