

Summative DOPS Assessment Form

Diagnostic Upper GI Endoscopy

Endoscopist

Trainer / Peer

Date (DD/MM/YYYY)

Scale and Criteria Key

- 4 Highly skilled performance
- 3 Competent and safe throughout procedure, no uncorrected errors
- 2 Some standards not yet met, aspects to be improved, some errors uncorrected
- 1 Accepted standards not yet met, frequent errors uncorrected
- n/a Not applicable

Criteria	Score	Comments
Assessment, consent, communication <ul style="list-style-type: none"> ▪ Obtains informed consent using a structured approach <ul style="list-style-type: none"> ○ Satisfactory procedural information ○ Risk and complications explained ○ Co-morbidity ○ Sedation ○ Opportunity for questions ▪ Demonstrates respect for patient's views and dignity during the procedure ▪ Communicates clearly with patient, including outcome of procedure with appropriate management and follow up plan. Full endoscopy report. 		
Safety and sedation <ul style="list-style-type: none"> ▪ Safe and secure IV access ▪ Gives appropriate dose of analgesia and sedation and ensures adequate oxygenation and monitoring of patient ▪ Demonstrates good communication with the nursing staff, including dosages and vital signs 		
Endoscopic skills during insertion and procedure <ul style="list-style-type: none"> ▪ Checks endoscope function before intubation ▪ Intubates the oesophagus under direct vision ▪ Maintains luminal view ▪ Demonstrates awareness of patient's consciousness and comfort during the procedure and takes appropriate actions ▪ Uses distension, suction and lens washing appropriately ▪ Passes the scope into the second part of the duodenum ▪ Uses retroflexion to visualise fundus and cardia ▪ Completes procedure in reasonable time 		
Diagnostic and therapeutic ability <ul style="list-style-type: none"> ▪ Adequate mucosal visualisation ▪ Recognises and notes the position of the gastro-oesophageal junction, and is appropriately orientated within the stomach and duodenum ▪ Accurate identification and management of pathology ▪ Uses diathermy and therapeutic techniques appropriately and safely ▪ High quality images recorded ▪ Recognises and manages complications appropriately 		

Case Difficulty

Extremely easy	Fairly easy	Average	Fairly difficult	Very challenging
1	2	3	4	5

Learning objectives for next cases

Summative DOPS Assessor Declaration

Diagnostic Upper GI Endoscopy

This declaration is to be completed by the assessor to support the DOPS Criteria form (page one).

DOPS STANDARDS

Major domains

- I declare that the candidate received a Grade 3 or Grade 4 on all 20 major domains
- I declare that there are **no** Grade 1 or Grade 2 scores in any of the 20 major domains.

CONFIDENTIAL - EXPERT GLOBAL EVALUATION

In order to help with setting standards and validating the process, please give your expert global assessment **independent** of the above grading. In other words, do you personally judge that the candidate is ready to become an independent endoscopist in the area of Diagnostic Upper GI Endoscopy?

Please check one of the two boxes below.

- The candidate **should** be certified for Diagnostic Upper GI Endoscopy
- The candidate **should not** yet be certified for Diagnostic Upper GI Endoscopy

ASSESSOR SIGN OFF

I certify that _____ GMC no. _____

- Meets the DOPS criteria outlined on page one
- Meets the minimum DOPS standards above

Assessor

GMC number

ASSESSOR REQUIREMENT

Upper GI Endoscopy, Flexible Sigmoidoscopy and Colonoscopy

When a trainee is considered by the trainer to be ready to sit the DOPS assessments, those assessments (four observed case judgments) can be carried out in any combination of ways that fulfil the following criteria

1. Minimum of two assessors
2. Minimum of two cases
3. Minimum of four DOPS (observations and judgments)
4. Within a month
5. No assessor is the current primary endoscopic trainer

All DOPS must meet the criteria, if one does not, then the DOPS process (four observed case judgements) must start again.

So this could result in the four DOPS being completed as below (or a variation of the below):

- as a 2 x 2 process simultaneously = 2 assessors over 2 cases
- as a 2 x 2 process sequentially = 2 assessors over 4 cases
- as a 2 x 1 x 1 process = 3 assessors over 4 cases
- as a 1 x 1 x 1 x 1 process = 4 assessors over 4 cases

Advanced therapeutics, emergencies, or low-volume specialist procedures

The relative infrequency of some of these procedures, or the urgent nature of them, or the rarity of trainers (eg. in EUS) may mean that it is impractical to exclude the trainee's primary endoscopic trainer as an eventual assessor, criterion five above. This is therefore not a criteria for these procedures currently. The JAG will issue further guidance on assessment of these modalities in the near future. In the meantime, we strongly advise trainees to have a DOPS completed on all therapeutic procedures.