



Date of procedure			
Trainee name		Membership no. (eg. GMC/NMC)	
Trainer name		Membership no. (eg. GMC/NMC)	
Outline of case			
NATIVE PAPILLA (no previous sphincter therapy)	Yes		No
Please tick appropriate box			
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					
Risk					
Preparation					
Equipment Check					
Consent					
Sedation and monitoring					
Comments					
Intubation and positioning					
Intubation • Oesophagus • Duodenum					
Visualisation and position relative to ampulla					
Patient Comfort					
Comments					
Cannulation and imaging					
Selective cannulation					
Wire management					
Radiological aspects -Image quality -Interpretation					



Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
Execution of selected therapy					
Decision about appropriate therapy					
Sphincterotomy					
Sphincteroplasty					
Stone therapy					
Tissue sampling					
STENTING - plastic					
STENTING - metal					
Actions to minimise pancreatitis					
Complications					
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 guidance and descriptors

Pre Procedure	
Indication	<ul style="list-style-type: none"> Assesses the appropriateness of the procedure and considers possible alternatives Procedure prioritized and undertaken at appropriate time of day (in/out of hours) Trainee able to state patient's background and indication for ERCP
Risk	<ul style="list-style-type: none"> Assesses co-morbidity including drug history Assesses any procedure related risks relevant to patient Takes appropriate action to minimise any risks
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 Ensures that all medications and accessories likely to be required for this case are available
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
Consent	<ul style="list-style-type: none"> Intention of ERCP/alternatives Risks specific to ERCP Discussion with colleagues & relatives if patient lacks capacity
Sedation and monitoring	<ul style="list-style-type: none"> Appropriate doses of sedation Monitoring
INTUBATION AND POSITIONING	
Intubation • Oesophagus • Duodenum	<ul style="list-style-type: none"> Safe intubation of oesophagus Timely and straightforward duodenal intubation
Visualisation and position relative to ampulla	<ul style="list-style-type: none"> Identification of ampulla Scope positioning relative to ampulla appropriate for intended cannulation
Patient comfort	
CANNULATION AND IMAGING	
Selective cannulation	
Wire management	<ul style="list-style-type: none"> Effective use of wire to cannulate; and wire retention in duct of interest during procedure
Radiological aspects • Image quality • Interpretation	<ul style="list-style-type: none"> Safe and effective use of contrast Screening time minimised Sufficiency of stored images to document case Interpretation of radiological images
Execution of selected therapy	
Decision of appropriate therapy	<ul style="list-style-type: none"> Chooses appropriate therapy <ul style="list-style-type: none"> For patient, indication and ERCP findings
Sphincterotomy	<ul style="list-style-type: none"> Safe Appropriate size for indication
Sphincteroplasty	<ul style="list-style-type: none"> Appropriate sized balloon Effective position across sphincter
Stone therapy	<ul style="list-style-type: none"> Appropriate size Effective positioning of balloon relative to stone Wire control during stone extraction Effective use of basket



	<ul style="list-style-type: none"> • Safe and effective use of lithotryptor
Tissue sampling	<ul style="list-style-type: none"> • Appropriate technique for indication and findings • Safe use of wire guided brush • Safe cannulation of duct for intra-ductal biopsies
Stenting - plastic	<ul style="list-style-type: none"> • Appropriate decision to stent • Effective approximation of required length • Appropriate choice of stent • Effective deployment in optimal position
Stenting - metal	<ul style="list-style-type: none"> • Appropriate decision to stent • Effective approximation of required length • Appropriate choice of stent • Effective deployment in optimal position
Actions to minimise pancreatitis	<ul style="list-style-type: none"> • Cannulation technique • Minimise pancreatic contrast filling • NSAID unless contraindication • Appropriate use of pancreatic stent
Complications	<ul style="list-style-type: none"> • Recognition and effective management of immediate complications
Post procedure	
Report writing	<ul style="list-style-type: none"> • Indication outlined • Accurate description of endoscopic and radiological findings • Description of therapy • Description of endotherapy • Post ERCP management plan
Management plan	<ul style="list-style-type: none"> • Verbal handover to nursing & medical staff • Re assesses patient stability before movement for ongoing care/discharge
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