



Formative DOPS: Endoscopic retrograde Cholangiopancreatography (ERCP)

Date of procedure					
Trainee name		Member GMC/NI	rship no. (eg. MC)		
Trainer name		Member GMC/NI	rship no. (eg. MC)		
Outline of case					
NATIVE PAPILLA (no	Yes		No		
previous sphincter therapy)					
Please fick annronriate hoy					
Please tick appropriate box					
Difficulty of case	Easy	Mode	erate	Complicated	
	Easy	Mode	erate	Complicated	

Please tick appropriate box					
Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent	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.	Supervision 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	independent practice no supervision required	аррисавіе
		Pre-proced	ure		
Indication					
Risk					
Preparation					
Equipment Check					
Consent					
Sedation and monitoring					
	Int	ubation and po	ositioning		
Intubation					
 Oesophagus 					
• Duodenum					
Visualisation and					
position relative to ampulla					
Patient Comfort					
Comments	l		l	1	1
Calaatina aamuulatis:-	Ca	annulation and	imaging		1
Selective cannulation					
Wire management					
Radiological aspects -Image quality -Interpretation					

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Date of last review – 17 January 2024

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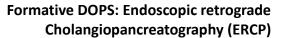




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Level of supervision	on Maximal supervision	Significant supervision	Minimal supervision	Compete for independ practice	applicable
		Execution of select	ed therapy		<u>.</u>
Decision about					
appropriate thera	ру				
Sphincterotomy					
Sphincteroplasty					
Stone therapy					
Tissue sampling					
STENTING - plastic	0				
STENTING - metal					
Actions to minimis	se				
pancreatitis					
Complications					
		Post-proced	lure		
Report writing					
Management plan	1				
	ENTS	(endoscopic non-	technical skills)	•	
Communication a	nd				
teamwork					
Situation awarene	ess ess				
Leadership					
Judgement and de making	ecision				
Comments					
The ol	Learn bjectives should be added to	ning Objectives fo		P) once DOPS is	s completed
1.					
2.					
3.					
Overall	Maximal	Significant	Minimal		Competent for
Degree of	Supervision	Supervision	Supervisi	on	independent
Supervision	Supervisor undertakes	Trainee undertakes ta	rsks Trainee unde	rtakes tasks	practice
required	the majority of the tasks/decisions & delivers constant verbal prompts	requiring frequent supervisor input and verbal prompts	requiring occ supervisor in verbal promp	put and	no supervision required
Please tick					
appropriate box					







DOPS form guidance and descriptors

	Pre Procedure
Indication	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	Assesses co-morbidity including drug history
	Assesses any procedure related risks relevant to patient
	Takes appropriate action to minimise any risks
Preparation	Ensures all appropriate pre-procedure checks are performed as per local policies
	Ensures that all assisting staff are fully appraised of the current case
	Ensures that all medications and accessories likely to be required for this case are
	available
Equipment	Ensures the available scope is appropriate for the current patient.
Check	Ensures the endoscope is functioning normally before attempting insertion
Consent	Intention of ERCP/alternatives
	Risks specific to ERCP
	Discussion with colleagues & relatives if patient lacks capacity
Sedation and	Appropriate doses of sedation
monitoring	Monitoring
	INTUBATION AND POSITIONING
Intubation	Safe intubation of oesophagus
 Oesophagu 	Timely and straightforward duodenal intubation
S	
 Duodenum 	
Visualisation	Identification of ampulla
and position	Scope positioning relative to ampulla appropriate for intended cannulation
relative to	
ampulla	
Patient comfort	
	CANNULATION AND IMAGING
Selective	
cannulation	
Wire	Effective use of wire to cannulate; and wire retention in duct of interest during
management	procedure
Radiological	Safe and effective use of contrast
aspects	Screening time minimised
Image quality	Sufficiency of stored images to document case
Interpretation	Interpretation of radiological images
5	Execution of selected therapy
Decision of	Chooses appropriate therapy
appropriate	 For patient, indication and ERCP findings
therapy	
Sphincterotomy	• Safe
Cultinat	Appropriate size for indication
Sphincteroplast	Appropriate sized balloon
У	Effective position across sphincter
Stone therapy	Appropriate size
	Effective positioning of balloon relative to stone
	Wire control during stone extraction
	Effective use of basket

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	Safe and effective use of lithotryptor
Tissue sampling	Appropriate technique for indication and findings
	Safe use of wire guided brush
	Safe cannulation of duct for intra-ductal biopsies
Stenting - plastic	Appropriate decision to stent
	Effective approximation of required length
	Appropriate choice of stent
	Effective deployment in optimal position
Stenting - metal	Appropriate decision to stent
	Effective approximation of required length
	Appropriate choice of stent
A -tit-	Effective deployment in optimal position
Actions to	Cannulation technique
minimise	Minimise pancreatic contrast filling
pancreatitis	NSAID unless contraindication Appropriate use of papersotic stant
Complications	Appropriate use of pancreatic stent
Complications	Recognition and effective management of immediate complications
Report writing	Post procedure Indication outlined
Report Writing	Accurate description of endoscopic and radiological findings
	Description of therapy
	Description of therapy Description of endotherapy
	Post ERCP management plan
Management	Verbal handover to nursing & medical staff
plan	Re assesses patient stability before movement for ongoing care/discharge
	EN 15 (ENGOSCODIC NON-TECNNICAL SKIIIS)
Communication	ENTS (endoscopic non-technical skills) Maintains clear communication with assisting staff
Communication and teamwork	Maintains clear communication with assisting staff
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