



Date of procedure			
Trainee name		Membership no. (eg. GMC/NMC)	
Trainer name		Membership no. (eg. GMC/NMC)	
Outline of case			
Category	Gastrointestinal	HPB	Other
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 and risk					
Confirms consent					
Preparation					
Equipment check					
Review imaging					
Sedation					
Monitoring					
Comments					
Endoscopic skills					
Intubation					
<ul style="list-style-type: none"> • Oesophagus • Duodenum 					
Comments					
EUS imaging and interpretation					
Acquisition					
Interpretation					
Tissue acquisition					
Target selection					
Sampling technique					
Complications					
Recognition and management of complications					
Post-procedure					
Report writing					
Management plan					



Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
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"> Has read and evaluated referral. Assess relevant documentation and results of tests. Understands clinical question and role of EUS in management of patient
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
Consent	<ul style="list-style-type: none"> Early in training the consent process should be witnessed by the trainer, once competent it is acceptable for the trainee to confirm that valid consent has been gained by another trained member of staff. During the summative DOPS the process of obtaining consent should be witnessed and assessed Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions and individualised to the patient Avoids the use of jargon Does not raise any concerns unduly <ul style="list-style-type: none"> Gives an opportunity for patient to ask questions by adopting appropriate verbal and non-verbal behaviours Develops rapport with the patient Respects the patient's own views, concerns and perceptions
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 and indication Ensures the endoscope is functioning normally before attempting insertion
Review imaging	<ul style="list-style-type: none"> Evaluation of previous imaging. Demonstrates understanding of relevant anatomy and features of pathology related to clinical condition on pre-procedural imaging Can correlate imaging with necessary EUS technique to successfully evaluate those abnormalities.
Monitoring	<ul style="list-style-type: none"> Ensures appropriate monitoring of oxygen saturation and vital signs pre-procedure Ensures appropriate action taken if readings are sub-optimal Demonstrates awareness of clinical monitoring throughout procedure
Sedation	<ul style="list-style-type: none"> When indicated inserts and secures IV access and uses appropriate topical anaesthesia Uses sedation and/or analgesic doses in keeping with current guidelines and in the context of the physiology of the patient Drug doses checked and confirmed with the assisting staff
Endoscopic skills	
Intubation: <ul style="list-style-type: none"> Oesophagus duodenum 	<ul style="list-style-type: none"> Demonstrates safe and effective intubation. Can position echo-endoscope to achieve necessary evaluation and potential EUS guided tissue acquisition
EUS imaging and interpretation	
Target acquisition	<ul style="list-style-type: none"> Can obtain and record clear, accurate images of all relevant anatomy and pathology. Demonstrates knowledge and necessary skills to utilise scope and ultrasound equipment to produce diagnostic images.
Interpretation	<ul style="list-style-type: none"> Understands normal and abnormal findings and correlates with clinical problem to aid diagnosis



Tissue acquisition	
Target selection	<ul style="list-style-type: none"> • Appropriate selection of FNA/Core biopsy technique • Demonstrates understanding of different tissue / fluid required depending on anticipated pathology. • Shows ability to select safe and achievable target.
Sampling technique	<ul style="list-style-type: none"> • Selects appropriate FNA/core biopsy needle to obtain tissue/fluid • Demonstrates ability to maintain safe, stable position during sampling. • Shows ability to maintain needle visualisation at all times • Demonstrates understanding and necessary skills for distribution of acquired sample for effective cytology/pathology preparation • Demonstrates necessary communication/liaison with pathology colleagues to ensure effective reporting of samples
Complications	
Recognition and management of complications	<p>Recognition</p> <ul style="list-style-type: none"> • Understanding of potential complications and demonstration of knowledge about likely symptoms in immediate post procedure time, short term and long term. To include those related to general endoscopy and those specific to EUS and EUS guided interventions <p>Appropriate action</p> <ul style="list-style-type: none"> • Demonstration of ability to set in motion necessary actions in case of immediate and short term and long term complications, including communication with patients and staff, stratification of risk and appropriate therapies
Post procedure	
Report writing	<ul style="list-style-type: none"> • Structured endoscopy report: <ul style="list-style-type: none"> - Background / Findings / Intervention / Post procedural Instructions • Adequate record of definitive findings • Clear and concise use of relevant EUS terminology • Record of conclusion of findings and relevance to clinical care • Clear thought to diagnosis / differential diagnosis
Management plan	<ul style="list-style-type: none"> • Adequate communication with clinical staff, patient & relatives • before, during and following procedure
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