

Complete DOPS form by	Maximal	Significant	I		
Complete DOPS form by		Significant			
ticking how to indicate the	Supervision Supervisor	supervision Trainee	Minimal supervision Trainee	for independent	Not applicable
appropriate level of supervision required for each item below. Constructive feedback is key to this tool	undertakes the majority of the casks/decisions & delivers constant verbal prompts	undertakes tasks requiring frequent supervisor input and verbal	undertakes tasks requiring occasional supervisor input and verbal	practice no supervision required	
assisting in skill development.		Pre-procedu	prompts		
Indication		гте-ргосец	are		
Risk					
Confirms consent					
Preparation					
Equipment check					
Sedation (NA if General Anaesthetic)					
Monitoring					
Comments					
	Ins	sertion and wit	hdrawal		
Scope handling					
Angulation and tip control					
Suction/air/lens cleaning					
Intubation and oesophagus					
Stomach					
2 nd part of duodenum					
Problem solving					
Pace and Progress					
Comments					
		Visualisatio	on		
Oesophagus					
Gastro-oesophageal junction					
Fundus					

Formative DOPS_Paediatric Upper GI (OGD)

Date of last review - 17 January 2024

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Formative DOPS: Paediatric Upper GI (OGD)

Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
		Visualisati	on		_
Lesser curve					
Greater curve					
Incisura					
Pylorus					
1 st part duodenum					
2 nd part duodenum					
Comments		lanagoment of	Eindings		
Recognition	lv	lanagement of	rindings		
Management					
Complications					
Comments					
	-	Post Proced	lure		
Report writing					
Management plan					
Comments					
	ENTS (e	ndoscopic non-	technical skills)	1	
Communication and teamwork					
Situation awareness					
Leadership					
Judgement and decision making					
Comments					





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		Learning Objectives for the next case
	The ob	ojectives should be added to the trainee's personal development plan (PDP) once DOPS is completed
1.		
2.		
3.	·	

Overall	Maximal	Significant	Minimal	Competent for
Degree of	Supervision	Supervision	Supervision	independent
Supervision required	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	practice no supervision required
Please tick appropriate box				

DOPS form descriptors

	Pre Procedure
Indication	Assesses the appropriateness of the procedure and considers possible alternatives
Risk assessment	Assesses co-morbidity including drug history
	Assesses any procedure related risks relevant to patient
- 6	Takes appropriate action to minimise any risks
Confirms Consent	 Confirms consent has been taken; consent may have taken during a clinic appointment
	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 witnessed and assessed.
	 Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions and individualised to the patient/parent/carer
	Avoids the use of jargon
	Does not raise any concerns unduly
	Gives an opportunity for parent/carer/ patient to ask questions by adopting appropriate verbal and non-verbal behaviours
	Develops rapport with the patient
	Respects the parents'/patient's own views, concerns and perceptions
Preparation	Ensures all appropriate pre-procedure checks are performed as per local policies (Checklist)
	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 checking all channels and connections, light source and angulation locks are off.
Monitoring	 Ensures appropriate monitoring of oxygen saturation and vital signs pre-procedure; this may be delegated to the anaesthetist if the procedure is performed under a general anaesthetic Ensures appropriate action taken if readings are sub-optimal

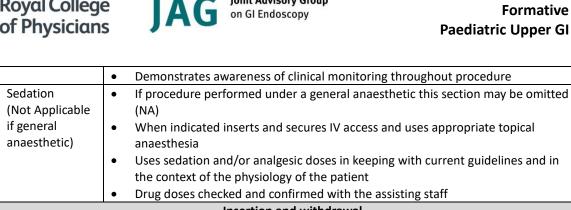
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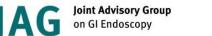




Sedation	If procedure performed under a general anaestnetic this section may be omitted
(Not Applicable	(NA)
if general	When indicated inserts and secures IV access and uses appropriate topical
anaesthetic)	anaesthesia
	Uses sedation and/or analgesic doses in keeping with current guidelines and in
	the context of the physiology of the patient
	Drug doses checked and confirmed with the assisting staff
	Insertion and withdrawal
Scope handling	Exhibits good external control of gastroscope at all times.
	Efficient and effective manipulation, using rotation of the head of the scope with
	the left hand to generate torque and the right hand to insert and withdraw.
	Minimizes external looping in shaft of instrument.
Angulation	Demonstrates ability to use angulation controls appropriately, using the left hand
controls	only during the vast majority of the procedure.
Suction/air/lens	Well-judged and timely use of distension, suction and lens clearing.
cleaning	
Tip control	Use of torque and angulation wheels independently and in combination, as
	necessary to elicit excellent controlled tip movement.
	Avoids unnecessary mucosal contact, maintaining luminal view when possible.
Intubation and	Insertion through the mouth and pharynx under endoscopic vision.
oesophagus	Careful and safe intubation of the oesophagus under endoscopic vision.
	Passage down the oesophagus under endoscopic vision.
Stomach	Smooth passage through the stomach and pylorus, maintaining luminal views.
	Rapid recognition of all major landmarks.
2 nd part of	Insertion into second part of duodenum.
duodenum	Optimisation of scope position in second part of duodenum.
Pro-active	Demonstrates and can articulate a logical approach to resolving technical
Problem Solving	challenges (bend negotiation, pathology encountered, large hiatus hernia) to
	ensure complete gastroscopy achieved.
	Is able to adapt approach depending on anatomy and technical challenge faced
	ensuring best option is used.
	Early recognition of lack of success of a technique with adaptation or change in
	strategy to next appropriate potential solution.
Pace and	Completes whole procedure in reasonable and appropriate time, without rushing
Progress	and without unduly prolonging the procedure
	Visualisation
Oesophagus	Full and careful visualisation of the whole length of the oesophagus
Gastro-	Correct identification of the both the gastro- oesophageal junction and the
oesophageal	squamo-columnar junction.
junction	Full views of gastro-oesophageal junction from both proximally and distally.
Fundus	Full visualisation of all areas of the gastric fundus with retrograde viewing
Lesser curve	Full visualisation of whole length of lesser curve using antegrade and retrograde
	viewing
Greater curve	Full visualisation of whole length of greater curve using antegrade and retrograde
	viewing
Incisura	Full visualisation of proximal and distal margins of the incisura
Antrum and	Full visualisation of the antrum, pylorus and pyloric channel
pylorus	
1 st part	Full and careful visualisation of all walls of the 1 st part of the duodenum
duodenum	
2 nd part	Careful visualisation of distal duodenum

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duodenum	
	Management of Findings
Recognition	Rapid, accurate and thorough determination of normal and abnormal findings.
	Appropriate use of mucosal enhancement techniques.
Management	Takes appropriate specimens as indicated by the pathology and clinical context.
	Full and appropriate attempt to visualise important associated lesions.
	Performs endoscopic therapy or interventions appropriately for the pathology
	and clinical context (includes taking no action)
Complications	Ensures the risk of complications is minimised
	Rapid recognition of complications both during and after the procedure.
	Manages any complications appropriately and safely.
	Post procedure
Report writing	Records a full and accurate description of procedure and findings
	Uses appropriate endoscopy scoring systems
Management	Records an appropriate management plan (including medication, further
plan	investigation and responsibility for follow-up).
	ENTS (endoscopic non-technical skills)
Communication	Maintains clear communication with assisting staff
and teamwork	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	Ensure procedure is carried out with full respect for privacy and dignity
awareness	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	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 accuracy to maintain control of the situation and taking responsibility for nations.
	resources to maintain control of the situation and taking responsibility for patient
Judgement and	Considers options and possible courses of action to solve an issue or problem.
decision making	 Considers options and possible courses of action to solve an issue or problem, including assessment of risk and benefit
accision making	
	 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
	• nenects on issues and institutes changes to improve practice