Summative DOPS: Diagnostic upper gastrointestinal endoscopy (OGD)

Date of procedure				
Trainee name		**Membership no. (eg. GMC/NMC)**		
Assessor name		**Membership no. (eg. GMC/NMC)**		
Outline of case				
Difficulty of case	**Easy**	**Moderate**	**Complicated**	
Please tick appropriate box				

Complete DOPS form by ticking box to indicate whether trainee is competent for independent practice	**Not competent for independent practice** supervision required	**Competent for independent practice** no supervision required
Pre-procedure		
Indication		
Risk		
Confirms consent		
Preparation		
Equipment check		
Sedation		
Monitoring		
Comments		
Insertion and withdrawal		
Scope handling		
Angulation / tip control		
Suction/air/lens cleaning		
Intubation and oesophagus		
Stomach		
2nd part of duodenum		
Problem solving		
Pace and Progress		
Patient Comfort		
Comments		
Visualisation		
Oesophagus		
Gastro-oesophageal junction		
Fundus		
Lesser curve		
Greater curve		
Incisura		

Level of supervision	Not competent for independent practice supervision required	Competent for independent practice no supervision required
Pylorus		
1st part duodenum		
2nd part duodenum		
Comments		
Management of Findings		
Recognition		
Management		
Complications		
Comments		
Post-procedure		
Report writing		
Management plan		
Comments		
ENTS (endoscopic non-technical skills)		
Communication and teamwork		
Situation awareness		
Leadership		
Judgement and decision making		
Comments		

Recommended areas for future development	
1.	
2.	
3.	

Overall Degree of Supervision required	Not competent for independent practice supervision required	Competent for independent practice no supervision required
Please tick appropriate box		

Assessor name		Membership no. (eg. GMC/NMC)	
Assessor signature			

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 • Takes appropriate action to minimise any risks
Confirms Consent	• 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 person. • 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 • Avoids the use of jargon • Does not raise any concerns unduly • 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	• 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 Check	• Ensures the available scope is appropriate for the current patient. • 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 • Ensures appropriate action taken if readings are sub-optimal • Demonstrates awareness of clinical monitoring throughout procedure
Sedation	• 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
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 controls	• Demonstrates ability to use angulation controls appropriately, using the left hand only during the vast majority of the procedure.
Suction/air/lens cleaning	• Well-judged and timely use of distension, suction and lens clearing.
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 oesophagus	• Insertion through the mouth and pharynx under endoscopic vision. • 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.
2nd part of duodenum	• Insertion into second part of duodenum. • Optimisation of scope position in second part of duodenum.
Pro-active Problem Solving	• Demonstrates and can articulate a logical approach to resolving technical 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 Progress	• Completes whole procedure in reasonable and appropriate time, without rushing and without unduly prolonging the procedure
Patient comfort	• Conscious awareness of patient discomfort and potential causes at all times • Applies logical strategy to minimise any potential or induced discomfort, including anticipation of problems and reducing patient anxiety • Appropriate escalation of analgesic use if technical strategies unsuccessful in managing patient discomfort
Visualisation	
Oesophagus	• Full and careful visualisation of the whole length of the oesophagus
Gastro-oesophageal junction	• Correct identification of the both the gastro- oesophageal junction and the squamo-columnar 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 pylorus	• Full visualisation of the antrum, pylorus and pyloric channel
1st part duodenum	• Full and careful visualisation of all walls of the 1st part of the duodenum
2nd part duodenum	• Careful visualisation of distal 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 plan	• Records an appropriate management plan (including medication, further investigation and responsibility for follow-up).

ENTS (endoscopic non-technical skills)	
Communication and teamwork	• 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	• 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	• 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	• 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