



Date of procedure			
Trainee name		Membership no. (eg. GMC/NMC)	
Trainer name		Membership no. (eg. GMC/NMC)	
Outline of case			
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 criteria	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					
Prioritisation					
Setting & resources					
Safe airway					
Iv access					
Consent					
Monitoring					
Sedation					
Comments					
INTUBATION AND ASSESSMENT OF LESION					
Intubation					
Visualisation of lesion <ul style="list-style-type: none"> Suction Flush Clot removal 					
Characterisation of lesion					
Comments					
MANAGEMENT OF BLEEDING LESIONS					
Treatment decision re: therapy					
Adrenaline injection: <ul style="list-style-type: none"> Needle handling Dose/volume 					
Clips: <ul style="list-style-type: none"> Check functioning Deployment 					
Banding: <ul style="list-style-type: none"> Kit set up Deployment 					



Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
Thermal therapy: <ul style="list-style-type: none"> Setting Use 					
Other endotherapy					
Maximal haemostasis achieved					
POST ENDOSCOPY MANAGEMENT					
Documentation of case					
Post endoscopy management					
Comments					
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 descriptors

Pre Procedure	
Prioritisation	<ul style="list-style-type: none"> • Procedure prioritized and undertaken at appropriate time of day (in/out of hours) • Patient stability & safety of the procedure has been assessed
Setting & preparation	<ul style="list-style-type: none"> • Appropriate for case: Theatres/Endoscopy Unit/ITU • Appropriately trained staff present • Appropriate pre-procedure checks are performed as per local policies • Appropriate endotherapy equipment available • All assisting staff are fully appraised of the current case • All medications and accessories likely to be required for this case are available
Safe airway	<ul style="list-style-type: none"> • Intubated if appropriate • Suction & positioning
Iv access	<ul style="list-style-type: none"> • 2 x large bore IV cannula
Informed consent	<ul style="list-style-type: none"> • Purpose of endoscopy/alternatives • Risks specific to bleeding e.g. aspiration and failure to cessate • Discussion with colleagues & relatives if patient lacks capacity
Monitoring	<ul style="list-style-type: none"> • Oxygen saturations, pulse, BP and cardiac monitor
Sedation	<ul style="list-style-type: none"> • Appropriate dose
INTUBATION AND ASSESSMENT OF LESION	
Intubation	<ul style="list-style-type: none"> • Maintains luminal view
Visualisation of lesion	<ul style="list-style-type: none"> • Inspects all areas thoroughly
- Suction	<ul style="list-style-type: none"> • Correct channel positioning • Enables good views • Decreases aspiration risk
- Flush	<ul style="list-style-type: none"> • Adequate flush used • Scope handling
- Clot removal	<ul style="list-style-type: none"> • Appropriate method used • Injection 1st if appropriate
Characterisation of lesion	<ul style="list-style-type: none"> • Correct description of lesion • Identifies stigmata of recent haemorrhage • Identifies stigmata associated with re bleeding risk • Correct description of location (+ photo)
MANAGEMENT OF BLEEDING LESIONS	
Treatment decision re: therapy	<ul style="list-style-type: none"> • Chooses appropriate therapy <ul style="list-style-type: none"> ○ For lesion & setting ○ For level of experience
ADRENALINE INJECTION: - Needle handling - Dose/Volume	<ul style="list-style-type: none"> • Clear instructions to assistant • Appropriate area/depth injected • Appropriate dose injected • Correct concentration of adrenaline used
CLIPS: - Check functioning - Deployment	<ul style="list-style-type: none"> • Knowledge of clips used • Clip function checked, clear instructions • Correct targeted placement • Correct & timely deployment • Appropriate number of clips used
BANDING: - Kit set up - Deployment	<ul style="list-style-type: none"> • Correct scope/kit set up • Safe re intubation • Appropriate selection of 1st varix



	<ul style="list-style-type: none"> • Distal suction positioning • Red out obtained • Band deployed accurately/smoothly • Repeat banding as appropriate
THERMAL THERAPY: - Setting - Use	<p>Heater Probe, APC</p> <ul style="list-style-type: none"> • Knowledge of local equipment available • Safety considered/grounding pad attached • Correct probe selected • Appropriate settings selected • Clear instructions to assistant • Correct targeted placement
OTHER ENDOTHERAPY:	<p>List details in comments box</p> <ul style="list-style-type: none"> • Variceal Glue Injection • Haemospray • Sclerotherapy
MAXIMAL HAEMOSTASIS ACHIEVED	<ul style="list-style-type: none"> • Haemostasis achieved if possible • Combination haemostasis used
POST ENDOSCOPY MANAGEMENT	
DOCUMENTATION OF CASE	<ul style="list-style-type: none"> • Indications and pre procedure risk scoring • Accurate description of lesions identified • Location documented with photographs • Description of re bleeding stigmata • Description of endotherapy used • Problems encountered • Post endoscopy management plan (<i>below</i>)
POST ENDOSCOPY MANAGEMENT PLAN	<ul style="list-style-type: none"> • Re bleeding risk • Specific treatments to be initiated • Plan for refractory bleeding • Repeat OGD instructions • Verbal handover to nursing & medical staff • Re assesses patient stability before movement for ongoing care.
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
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