



July 2016 DOPS - Advice for using the new forms

1. New scoring system

The new forms use a different scoring scheme designed to focus both the trainee and the trainer on the question “is the trainee ready for independent practice?”

2. Competency not perfection

It is important to note that to be scored ‘Competent for independent practice’ the trainee’s performance does not have to be perfect. If the task has been performed safely and completely and addresses all the points in the descriptors then the trainee can be scored as competent.

The trainer is encouraged to add comments to enhance learning, even to those scored as ‘competent for independent practice’.

3. Why are the OGD forms and the colonoscopy forms so different?

The skills required for gastroscopy and colonoscopy are different. The OGD DOPS form stresses the importance of excellent mucosal visualisation. The Colonoscopy DOPS form has several additional criteria related to problem solving.

4. What does the new ENTS section assess?

Endoscopic Non-Technical Skills (ENTS) are skills crucial for maintaining safety during gastrointestinal endoscopy that are not directly related to technical expertise. These are also known as 'human factors' and are often implicated in errors or adverse incidents. The ENTS marking system provides a framework for observing non-technical skills and guiding their assessment in a structured manner. Each category has a definition and the ENTS handbook provides some examples of good and poor behavioural markers associated with each element in that category. These have been derived from real examples derived during critical incident analysis and an observational study.

Assessment of ENTS should be based on whether performance detracts from or enhances patient safety, and the degree to which a supervisor had to intervene. Any assessment should be based only on behaviours that are directly observed. It is recommended that time is allocated for feedback to the trainee after any assessment and notes are kept to provide directly observed examples of behaviour to assist debriefing. Feedback should focus on identifying strengths, weaknesses and supporting skills development. Further information on ENTS is available in the appendix.

5. How many formative DOPS forms will I be required to complete?

It is recommended that 1 formative DOPS form is completed for every 10 cases. A total of 20 formative DOPS will be required to be eligible for the summative process.

6. What are the DOPS requirements to be certified?

The criteria are outlined in the ‘JAG certification criteria and process’ documents. These can be found in the JAG download centre - www.thejag.org.uk/AboutUs/DownloadCentre.aspx. Some explanation as to the reason for these criteria is given below:



Formative DOPS

There are 2 DOPS JETS certification criteria which related to DOPS forms. The DOPS requirements are the same for OGD, colonoscopy (provisional) and flexible sigmoidoscopy.

Criteria	Requirement
Lifetime formative upper GI DOPS Trainees are recommended to complete DOPS throughout training, 1 DOPS form for every 10 cases	≥20

Completion of DOPS forms throughout training provides a valuable framework to encourage appropriate skill acquisition. The previous DOPS criteria requiring 10 DOPS forms to be completed often resulted in trainees submitting applications for certification with only 10 forms in total having been completed. Also, often these were only completed late in training.

The new criteria, requiring 20 DOPS forms to be completed but not taking into account the scores for each item, is aimed to promote the use of DOPS forms as a formative, educational tool. Trainers are encouraged to provide comments and add learning objectives where appropriate.

5 most recent formative upper GI DOPS scoring 'competent for independent practice'. -DOPS forms must be completed within 12 months of application for certification. -Up to 10% of items can be scored 'minimal supervision'. -No item in the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%
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This measure is aimed to assess the level of supervision a trainee requires, using the DOPS tool as a framework. The requirement to score 90% 'competent for independent practice' (rather than 100%) reflects the fact that these are formative DOPS that should be completed prior to sign off, so trainees can meet this requirement whilst having 10% of items being scored as 'minimal supervision'. No items can be scored as 'maximum supervision' or 'significant supervision' as if a trainee requires this level of support then they are not yet ready to apply for certification.

Summative DOPS

Once all the certification application criteria have been met, trainees are required to complete 4 summative DOPS. The summative form uses a binary scale. For each item a trainee is judged as to whether they have demonstrated that they are either 'Not competent for independent practice' or 'competent for independent practice'.



All items on these DOPS must be scoring 'competent for independent practice'. These DOPS essentially show that using the DOPS framework, based on the procedure undertaken, a trainer (assessor) judges a trainee to be ready to work independently.

If a trainee scores any item as 'Not competent for independent practice' when completing any of the 4 summative DOPS, the trainee is required to apply again and complete 4 new summative DOPS.

Appendix. ENTS summary

What are ENTS?

Non-technical Skills (ENTS) are defined as 'skills crucial for maintaining safety that are not directly related to technical expertise'. These are also known as 'human factors' and are often implicated in errors or adverse incidents.

Endoscopic Non-technical Skills (ENTS) reflect those human factors that have been shown to be involved during endoscopic procedures.

The purpose of the ENTS system is to provide a framework for observing non-technical skills and guiding their assessment in a structured manner. Each category and element has a definition and some examples of good and poor behavioural markers associated with it. These have been derived from real examples given during critical incident analysis and an observational study.

The ENTS system is not intended to provide a complete or exhaustive list of the non-technical skills that have been identified as important in endoscopy, which are published as a separate document. It has been limited to skills that can actually be identified through observable behaviours associated with them.

How do I use the system?

Ratings can be made at both the category and element level. It is advised that ratings are given at the element level first, and then at the more general category level. A marking scale can be used based on whether performance detracts from or enhances patient safety, and the degree to which a supervisor had to intervene. Any assessment should be based only on behaviours that are directly observed.

General recommendations

- Users should become familiar with the structure and language of the ENTS system before use
- Time should be allocated for feedback to trainees after assessment
- It is advisable to keep contemporaneous notes in order to provide directly observed examples of behaviour and to assist debriefing
- Trainees should be given a copy of the handbook for reference and to encourage reflection
- Feedback should focus on identifying strengths, weaknesses and to support skills development