Colonoscopists – DOPS Formative & Summative Assessment Form - JAG approved

Colonoscopist: …… Date ……/…../…….Assessor……

• Major criteria	○ Minor criteria

Scale: 4 – Highly skilled performance
3 - Competent & safe throughout procedure, no uncorrected errors
2 – Some standards not yet met, aspects to be improved, some errors uncorrected
1 - Accepted standards not yet met, frequent errors uncorrected
N/A – Not applicable

Criteria	Score	Comments
Assessment, Consent, Communication		
• Obtains informed consent using a structured approach - Satisfactory procedural information - Risk & complications explained - Co-morbidity - Sedation - Opportunity for questions		
• Demonstrates respect for patient's views and modesty during the procedure		
• Communicates clearly with patient throughout, including the results of the procedure with appropriate management and f/u plan		
Safety & sedation		
• Safe and secure IV access		
• Gives appropriate dose of analgesia and sedation and ensures adequate oxygenation and monitoring of patient		
• Demonstrates good communication with the nursing staff, including dosages & vital signs		
Endoscopic Skills during insertion & withdrawal		
○ Checks endoscope function before intubation		
○ Performs PR		
• Maintains luminal view / inserts in luminal direction		
• Demonstrates awareness of patient's consciousness and pain during the procedure and takes appropriate action		
○ Uses torque steering		
○ Uses distension, suction & lens washing appropriately		
• Recognises & logically resolves loop formation		
○ Uses position change and abdominal pressure to aid luminal views		
○ Completes procedure in reasonable time		
Diagnostic & Therapeutic Ability		
• Adequate mucosal visualisation		
• Recognises caecal landmarks or incomplete examination		
• Accurate identification & management of pathology		
• Uses diathermy and therapeutic techniques appropriately and safely		
• Recognises & manages complications appropriately		

Case difficulty

Extremely easy	Fairly easy	Average	Fairly difficult	Very challenging
1	2	3	4	5

Validating DOPS in Colonoscopy

The candidate must be assessed by two different consultant assessors. This is over two cases assessed simultaneously by two assessors. Please read the guidance notes on assessment, and be familiar with the descriptors below.

Please also complete the expert global evaluation below – this is used to validate the process.

Expert Global Evaluation - Overall judgement

In order to help with setting standards and validating the process, please give your expert global assessment ***independent*** of the above grading – in other words, do you personally judge that the colonoscopist is ready to become an independent colonoscopist. Please check one of the two boxes below.

The candidate:	should be accredited for colonoscopy	☐
	should not yet be accredited for colonoscopy	☐

Assessor 1…….

Assessor 2…….

Therefore, for each completed assessment, there should be 4 DOPS forms (2 from each assessor) and one candidate details form.

Please return to:

JAG Validation Project
c/o Jill Winfield
Research Office
Education Centre
North Tyneside Hospital
North Shields
NE29 8NH

Grade descriptors for DOPS

Descriptors for each grade in all four domains are given below to improve consistency of grading. The key descriptor level is "Grade 3". "Grade 4" assumes achievement of all components at the "3" level and some achievement above this.

The descriptors set expectations for the performance in each domain, but should be used as a guide – colonoscopists do not have to meet all criteria in each descriptor to achieve a grade in that domain.

Assessment, Consent and Communication

4 – Complete and full explanation in clear terms including proportionate risks and consequences with no omissions of significance, and not unnecessarily raising concerns. No jargon. Encourages questions by verbal and non verbal skills and is thoroughly respectful of individual's views, concerns, and perceptions. Good rapport with patient. Seeks to ensure procedure is carried out with as much dignity and privacy as possible. Clear and appropriate communication throughout procedure and afterwards a thorough explanation of results and management plan.

3 – Good clear explanation with few significant omissions, covering key aspects of the procedure and complications with some quantification of risk. Little jargon, and gives sufficient opportunity for questions. Responds to individual's perspective. Aware of and acts to maintain individual's dignity. Appropriate communication during procedure including warning patient of probable discomfort. Satisfactory discussion of results and management plan with adequate detail.

2 – Explains procedure but with several omissions, some of significance. Little or no quantification of risk, or raises occasional unnecessary concerns. Some jargon and limited opportunity for questions or sub-optimal responses. Incomplete acknowledgement of individual's views and perceptions. A few lapses of dignity only partially or tardily remedied. Occasional communication during the procedure and intermittent warnings of impending discomfort. Barely adequate explanation with some aspects unclear, inaccurate or lacking in detail.

1 – Incomplete explanation with several significant omissions and inadequate discussion, lacking quantification of risks or raising significant fears. Uses a lot of jargon or technical language; minimal or no opportunity for questions. Fails to acknowledge or respect individual's views or concerns. Procedure lacks dignity and there is minimal or no communication during it. Explanation of results and management is unclear, inaccurate or lacking in detail without opportunity for discussion.

Safety and Sedation

4 – Safe and secure IV access with doses of analgesia and sedation according to patient's age and physiological state, clearly checked and confirmed with nursing staff. Patient very comfortable throughout. Oxygenation and vital signs monitored continually as appropriate, remaining satisfactory throughout or rapid and appropriate action taken if sub-optimal. Clear, relevant and proactive communication with endoscopy staff.

3 – Secure IV access with a standard cannula and appropriate dose of analgesia and sedation within current guidelines, checked and confirmed with nursing staff. Patient reasonably comfortable throughout, some tolerable discomfort may be present. Oxygenation and vital signs regularly monitored and satisfactory throughout, or appropriate action taken. Clear communication with endoscopy staff.

2 – IV access acceptable with just satisfactory analgesia and sedation incompletely confirmed or checked with nursing staff, patient too sedated or too aware and in discomfort. Oxygenation and vital signs monitored but less frequently than appropriate or parameters occasionally unsatisfactory with action taken only after prompting or delay. Intermittent or sub optimal communication with endoscopy staff.

1 – Insecure or absent IV access or butterfly used; inadequate or inaccurate check of analgesia and sedation. Patient significantly under- or over-sedated or needing use of a reversal agent because of inappropriate dosaging. Patient in discomfort much of the time, or significant periods of severe discomfort. Oxygenation and vital signs rarely or inadequately monitored and mostly ignored even if unsatisfactory. Minimal or significantly flawed communication with endoscopy staff.

Endoscopic Skills During Insertion and Withdrawal

4 – Excellent luminal views throughout the vast majority of the examination, with judicious use of "slide-by". Skilled torque steering and well judged use of distension, suction and lens clearing. Rapid recognition and resolution of loops. Quick to use position change or other manoeuvres when appropriate. Immediately aware of patient discomfort with rapid response. Smooth scope manipulation using angulation control knobs and torque steering.

3 – Check scope functions, performs PR. Clear luminal view most of the time or uses slide-by appropriately. Appropriate use of the angulation control knobs. Uses torque steering adequately. Aids progress using distension, suction and lens washing. Recognises most loops quickly and attempts logical resolution. Good use of position changes to negotiate difficulties. Aware of any discomfort to patient and responds with appropriate actions. Timely completion of procedure, not too quickly or too slowly for the circumstances.

2 – Omits scope check or PR. Luminal views lost a little more than desirable or uses slide-by a little too long or frequently. Could torque steer usefully more often or more effectively. Some under or over distension or lack of lens washing. Recognises most loops with reasonable attempts at resolution. Use of position change or other manoeuvres occasionally late or inappropriately. Aware of and responsive to patient but may be slow to do so. Procedure slightly too fast or too slow.

1 – Omits to check scope or rectal examination. Luminal views frequently lost for long periods and pushes on regardless. Little or no use of torque steering. Under- or over-distension of bowel, or fails to attempt lens clearing. Recognises loops late or not at all and little or no structured attempt to resolve them. Inappropriate or no use of position change or other manoeuvres. Barely aware of patient's status, or very tardy / inappropriate / no response to discomfort. Completes examination too quickly or takes far too long.

Diagnostic and Therapeutic Ability

4 – Excellent mucosal views throughout the majority of the procedure. Recognition of all caecal landmarks present or rapidly identifies incomplete examination. Faecal pools fully suctioned. Retroflexes in rectum. Thorough assessment and accurate identification of pathology present. Skilled and competent management of diathermy and therapeutic techniques. Rapid recognition and appropriate management of complications.

3 – Adequate mucosal visualisation with only occasional loss or sub-optimal views unless outwith control of endoscopist (eg stool, severe diverticular disease). Faecal pools adequately suctioned. Attempts to retroflex in rectum. Correctly identifies caecal landmarks or incomplete examination. Accurately identifies pathology and manages appropriately according to current guidelines. Correct and safe use of diathermy and therapeutic techniques. Rapid recognition of complications with safe management.

2 – Mucosal views intermittently lost for more than desirable periods. Recognises most caecal landmarks present or eventually identifies an incomplete examination. Most pathology identified with occasional missed or mis-identified lesions. Just acceptable use of diathermy and therapeutic tools with some sub optimal use. Delayed or incomplete recognition of complications or sub-optimal management.

1 – Frequent or prolonged loss of mucosal views. Incorrect identification of caecal landmarks, or fails to recognise incomplete examination. Misses significant pathology, or inappropriate management that may endanger patient or contravenes guidelines. Unsafe use of diathermy and therapeutic techniques. Fails to recognise or significantly mis-manages complications to the detriment of the patient.