

DOPS Grade Descriptors

Colonoscopy and Flexible Sigmoidoscopy

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 Grade 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

Grade 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.

Grade 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.

Grade 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.

Grade 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

Grade 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.

Grade 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.

Grade 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.

Grade 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

Grade 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.

Grade 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.

Grade 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.

Grade 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

Grade 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.

Grade 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.

Grade 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.

Grade 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.