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**Financial disclosures – last 24 months**



Company	Speaker	Advisory	Research	Consultant
Boston Scientific			√	
Pendopharm			√	

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## DISCLOSURES OF FINANCIAL SUPPORT

**This program has received financial support from** the Alberta Rural Physician Action Plan, Pendopharm, Ferring, Olympus, Vantage, Cook, EMPRSS, Pentax, Boston Scientific and MD Management **in the form of** unrestricted educational grant(s).

### **Potential for bias/conflict of interest due to commercial support:**

– Dr. Telford has received funding from organizations supporting this program.



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## MANAGEMENT OF POTENTIAL BIAS

- Consideration was given by the Planning Committee to identify when a speaker's personal or professional interest(s) may complete with or have actual, potential, or apparent influence over their presentation.
- Learning objectives and/or session descriptions were developed and reviewed by the Planning Committee, composed of health professionals/experts, responsible for overseeing the program's needs assessment and subsequent content development to ensure accuracy and fair balance.
- Information and/or recommendations in the program are evidence- and/or guidelines-based, and the opinions of the independent speakers will be identified as such.



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## WHAT IS DOPS?

- DOPS = Direct Observation of Procedural Skills
- Developed in conjunction with a comprehensive quality assurance program for the UK Bowel Cancer Screening Program

### Formative assessment

- Trainee evaluation
- Quality assurance purposes

### Summative assessment (pass/fail)

- Peer evaluation to become credentialed as a Screening Program colonoscopist



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## DOPS

### Four main domains

- 1) Assessment, consent, communication
- 2) Safety and sedation
- 3) Endoscopic skills during insertion and withdrawal
- 4) Diagnostic and therapeutic ability

Each domain contains several items which are assigned levels of achievement

- Level 4: Highly skilled performance
- Level 3: Competent and safe throughout procedure; no uncorrected errors
- Level 2: Some standards not yet met, aspects to be improved, some uncorrected errors
- Level 1: Accepted standards not yet met, frequent errors uncorrected

Level 3 and 4 are considered acceptable



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## DOPS VALIDATION

*Barton et al. GIE 2012*

DOPS summation (pass/fail) compared to a global assessment (competent/incompetent)

Compared the evaluation of the 2 DOPS assessors for each colonoscopy

- Numerical score
- Pass/fail
- Global assessment



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## FINAL DOPS PROCESS

- 2 trained assessors observe a candidate perform 2 colonoscopies
- Each assessor independently fills out a DOPS form for each colonoscopy
- After both colonoscopies are complete, feedback is given to the candidate
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## BC COLON SCREENING PROGRAM

### Colonoscopy Standards

- Relied on existing guidelines from Ontario, ASGE, UK, EU
- Vetted by provincial stakeholders
- Expected quality standards for units and colonoscopists

### Quality Initiatives

- Global Rating Scale-Canada
- **Direct Observation of Procedural Skills**
- Colonoscopist Quality Report
- Review of serious adverse events
- Review of post-colonoscopy colorectal cancers

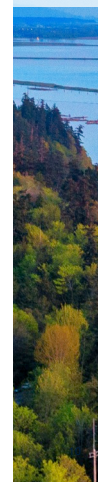


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## DOPS ASSESSORS

Identified 24 interested BC colonoscopists

- Represent each of the 5 Health Authorities
- Variety of practice types
- Requested experienced colonoscopists performing  $\geq 200$  colonoscopies per year
- Willingness to commit 3 to 5 days annually over 3 years to DOPS
- Reimbursed through the Colon Screening Program for time (sessional fee) and travel



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## DOPS ASSESSOR TRAINING

- Designed a 2 day DOPS Assessor Training course with the assistance of Drs. John Anderson and Don MacIntosh
- Modeled on the Train the Colonoscopy Trainer Course
- One day small group sessions
- One day “hands-on” DOPS on real life colonoscopies with video feed to a conference room
  - DOPS assessor receives feedback
  - DOPS assessors observing, complete DOPS forms
    - Standardize grading
- Two courses, each with 12 assessors, in January and June 2014



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## DOPS ASSESSOR TRAINING

- Over the next year DOPS Assessors underwent DOPS at their home hospitals
- DOPS Assessors completed the Train the Colonoscopy Trainer Course if they had not already done so



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## DOPS IN BC

Round table meeting including:

- Colonoscopy Leads for each Health Authority
- DOPS Assessors
- Chair, BC Patient Safety and Quality Council
- College of Physicians and Surgeons of BC
- CMPA

Reviewed the quality initiatives with a specific focus on DOPS



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## DOPS IN BC

Key Points

- Peer Performance Review
- Formative evaluation
- Supportive feedback
- Participation in quality improvement initiatives is viewed as protective by CMPA
- Colonoscopy quality assurance initiatives are in line with the CPSBC Physician Enhancement Program
- Colonoscopy quality assurance initiatives are in keeping with the mission of BCPSQC



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## DOPS IN BC

### Key Points

- Health Authorities are responsible for physician review, credentialing and privileging
- Data from quality assurance initiatives will be shared in aggregate form
- Access to individual data
  - Colonoscopist
  - Colonoscopist Lead of that Health Authority
  - +/- Colon Screening Program Quality Management Committee which will be protected under the Hospital's Act



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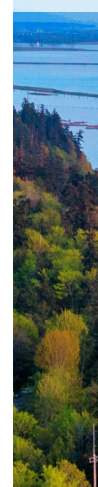
## DOPS ASSESSMENTS

Rolled out province wide in June 2015

- All colonoscopists participating in the BC Colon Screening Program invited to participate in DOPS

Organized by the Colon Screening Program

- Endoscopy units send in a DOPS request form
- Three or more date options
- At least 3, maximum of 4 colonoscopists assessed per day
  - Exceptions made for units with fewer colonoscopists
  - Colon Screening Program colonoscopies, book 1 hour per case
- DOPS assessors are polled for availability
- Assessors are at arms length from the colonoscopists undergoing DOPS



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## DOPS ASSESSMENTS

Colonoscopists undergoing DOPS receive:

- Information on what to expect and how the information from their DOPS assessments will be handled
- The DOPS form and descriptions of item expectations
- A resource sheet which includes links to online colonoscopy videos and information on CAG's Skills Enhancement in Endoscopy (SEE) program
- CME accreditation
- A survey of their experience



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## DOPS ASSESSMENTS

- Formative assessments for quality assurance purposes
  - Feedback can be given during, between or after the colonoscopy depending on the candidate's wishes
- The DOPS assessments are faxed to the Colon Screening Program
  - Protected information that is only reported in aggregate form
- The original assessment is given to the colonoscopist



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## FEEDBACK ON DOPS

- In 2017 the Quality Management Committee initiated a feedback letter to the colonoscopist
  - 3 and 4 on all Major Criteria
  - 2 on any Major Criteria
  - 1 on any Major Criteria



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## DOPS IN BC

- 162 colonoscopists
  - 195 general surgery
  - 62 gastroenterology
  - 42 internal medicine
  - 9 family physicians
- 66% have completed DOPS at least once
- 63% are up to date with DOPS
  - Within last 3 years
- 38% have all 3 and 4 on Major Criteria
- 27% have a 2 on a Major Criteria
- 6% have a 1 on a Major Criteria



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## POSITIVE OUTCOMES

Starts a conversation about colonoscopy technique

- Increased CSI registration

Early uptake has been excellent

- Word of mouth

Assessors = Ambassadors



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## LESSONS LEARNED

- DOPS Assessors should complete the Colonoscopy Skills Improvement course
  - Challenging as CSI courses are at a premium
- Uses administrative resources
- Stress time commitment to Assessors
- Variability in Assessor response to polls
- Assessor skills decline with lack of use?
- Early clarity re: formative process, handing of DOPS results

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## MODIFICATIONS SINCE IMPLEMENTATION

- Addition of Endoscopic Non-Technical Skills (ENTS)
- Streamlined training new DOPS Assessors
  - CSI + TCT + shadowing/mentoring



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Criteria	Scale	Comments
<b>Assessment, consent, communication</b> <ul style="list-style-type: none"> <li>■ Obtains informed consent using a structured approach                             <ul style="list-style-type: none"> <li>○ Satisfactory procedural information</li> <li>○ Risk and complications explained</li> <li>○ Co-morbidity</li> <li>○ Sedation</li> <li>○ Opportunity for questions</li> </ul> </li> <li>■ Demonstrates respect for patient's views and dignity during the procedure</li> <li>■ Communicates clearly with patient, including outcome of procedure with appropriate management and follow up plan. Full endoscopy report.</li> </ul>		
<b>Safety and sedation</b> <ul style="list-style-type: none"> <li>■ Safe and secure IV access</li> <li>■ Gives appropriate dose of analgesia and sedation and ensures adequate oxygenation and monitoring of patient</li> <li>■ Demonstrates good communication with the nursing staff, including dosages and vital signs</li> </ul>		
<b>Endoscopic skills during insertion and procedure</b> <ul style="list-style-type: none"> <li>○ Checks endoscope function before intubation</li> <li>○ Performs PR</li> <li>■ Maintains luminal view / inserts in luminal direction</li> <li>■ Demonstrates awareness of patient's consciousness and pain during the procedure and takes appropriate action</li> <li>■ Uses torque steering and control knobs appropriately</li> <li>■ Uses distension, suction and lens washing appropriately</li> <li>■ Recognises and logically resolves loop formation</li> <li>■ Uses position change and abdominal pressure to aid luminal views</li> <li>○ Completes procedure in reasonable time</li> </ul>		
<b>Diagnostic and therapeutic ability</b> <ul style="list-style-type: none"> <li>■ Adequate mucosal visualisation</li> <li>■ Recognises caecal/ desc. colon landmarks or incomplete examination</li> <li>■ Accurate identification and management of pathology</li> <li>■ Uses diathermy and therapeutic techniques appropriately and safely</li> <li>■ Recognises and manages complications appropriately</li> </ul>		
<b>ENTS (endoscopic non-technical skills)</b> <ul style="list-style-type: none"> <li>■ Communication and teamwork</li> <li>■ Situation awareness</li> <li>■ Leadership</li> <li>■ Judgement and decision making</li> </ul>		

**ENTS (endoscopic non-technical skills)**

- Communication and teamwork
- Situation awareness
- Leadership
- Judgement and decision making

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

Learning Objectives for Next Cases

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## FUTURE ASPIRATIONS

- Assess the DOPS Assessors
- Quality Management Committee comprehensive review of colonoscopists not meeting standards on DOPS
  - Include review of ADR, adverse events, post-colonoscopy colorectal cancers



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## NEW DOPS FORM IN UK

DOPS form revised in 2016

- Scoring system simplified
- Therapeutic section expanded to a second form
  - Direct Observation of Polypectomy Skills (DOPyS)
- Endoscopic Non-Technical Skills (ENTS) added



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