



### Bowel Cancer Screener Accreditation – DOPS for assessment

Date of assessment		Case number	
Candidate name		Membership no. (e.g. GMC/NMC)	
Assessor name		Membership no. (e.g. GMC/NMC)	
Outline of case			
Difficulty of case	Easy <input type="checkbox"/>	Moderate <input type="checkbox"/>	Complicated <input type="checkbox"/>
Number of polyps detected		Number of DOPyS forms completed	
Reason if number of polyps detected and DOPyS differs			

Complete DOPS form by completing the appropriate box for each item. **ALL items must be scored.** To pass an assessment a candidate is expected to get a pass on every item. In exceptional circumstances, at the discretion of the assessment team, it may be possible for a candidate to pass even though they have not passed one or more items. If this is the case, the assessor is required to add explanatory comments in all the relevant comment boxes and in the assessor declaration submissions.

Please indicate the candidates score for each item using the following scale:

- ✓ = Achieved
- × = Not achieved
- N/A = Does not apply (not applicable)

Item	Score	Comments
<b>Pre-procedure</b>		
Indication		
Risk		
Consent		
Preparation		
Equipment check		
<b>Procedure</b>		
Sedation		
Monitoring		
Scope handling		
Tip control		
Air management		
Proactive problem solving		
Loop management		
Pain management		
Pace and progress		
Visualisation		
Pathology recognition		
Pathology management		
Therapy (DOPyS)		
Complications		
<b>Post-procedure</b>		
Report writing		
Management plan		
<b>ENTs (endoscopic non-technical skills)</b>		
Communication and teamwork		
Situation awareness		
Leadership		
Judgement and decision making		



## DOPS form descriptors

Pre Procedure	
<b>Indication</b>	<ul style="list-style-type: none"> <li>Assesses the appropriateness of the procedure and considers possible alternatives</li> </ul>
<b>Risk</b>	<ul style="list-style-type: none"> <li>Assesses co-morbidity including drug history and allergies</li> <li>Assesses any procedure related risks relevant to patient</li> <li>Takes appropriate action to minimise any risks</li> </ul>
<b>Consent</b>	<ul style="list-style-type: none"> <li>Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions and individualised to the patient</li> <li>Avoids the use of jargon</li> <li>Does not raise any concerns unduly</li> <li>Discusses options for sedation or analgesics</li> <li>Gives an opportunity for patient to ask questions by adopting appropriate verbal and non-verbal behaviours</li> <li>Develops rapport with the patient</li> <li>Respects the patient's own views, concerns and perceptions</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>Ensures all appropriate pre-procedure checks are performed as per local policies</li> <li>Ensures that all assisting staff are fully appraised of the current case</li> <li>Ensures that all medications and accessories likely to be required for this case are available</li> </ul>
<b>Equipment check</b>	<ul style="list-style-type: none"> <li>Ensures the available scope is appropriate for the current patient and indication</li> <li>Ensures the endoscope is functioning normally before attempting insertion</li> </ul>
Procedure	
<b>Sedation</b>	<ul style="list-style-type: none"> <li>When indicated inserts and secures IV access and uses appropriate topical anaesthesia</li> <li>Uses sedation and/or analgesic doses in keeping with current guidelines and in the context of the physiology of the patient</li> <li>Drug doses checked and confirmed with the assisting staff</li> <li>Uses Nitrous Oxide (Entonox) appropriately*</li> </ul>
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>Ensures appropriate monitoring of oxygen saturation and vital signs pre-procedure</li> <li>Ensures appropriate action taken if readings are sub-optimal</li> <li>Demonstrates awareness of clinical monitoring throughout procedure</li> </ul>
<b>Scope handling</b>	<ul style="list-style-type: none"> <li>Exhibits good control of head and shaft of colonoscope at all times</li> <li>Angulation controls manipulated using the left hand during the procedure</li> <li>Demonstrates ability to use all scope functions (buttons/biopsy channel) whilst maintaining stable hold on colonoscope</li> <li>Minimises external looping in shaft of instrument</li> </ul>
<b>Tip control</b>	<ul style="list-style-type: none"> <li><b>Integrated technique:</b> Combines tip and torque steering to accurately control the tip of colonoscope and manoeuvre the tip in the correct direction.</li> </ul> <p><b>Individual components:</b></p> <ul style="list-style-type: none"> <li><b>Tip steering:</b> Avoids unnecessary mucosal contact and maintains luminal view, avoiding need for blind negotiation of flexures and 'slide-by' where possible</li> <li><b>Torque steering:</b> Demonstrates controlled torque steering using right hand/fingers to rotate shaft of colonoscope</li> <li><b>Luminal awareness:</b> Correctly identifies luminal direction using all available visual clues, and avoids red outs</li> </ul>
<b>Air management</b>	<ul style="list-style-type: none"> <li>Appropriate insufflation and suction of air to minimise over-distension of bowel while maintaining adequate views</li> </ul>
<b>Pro-active problem solving</b>	<ul style="list-style-type: none"> <li><b>Anticipates</b> challenges and problems (e.g. flexures and loops)</li> <li>Uses appropriate techniques and <b>strategies</b> to prevent problems and minimise</li> </ul>



	<p>difficulties and patient discomfort</p> <ul style="list-style-type: none"> <li>✓ <b>Recognition:</b> Early recognition of technical challenges and difficulties preventing progression (e.g. loops, fixed pelvis)</li> <li>✓ <b>Management:</b> Can articulate and demonstrate a logical approach to resolving technical challenges, including early change in strategy when progress not being made</li> </ul>
<b>Loop management</b>	<ul style="list-style-type: none"> <li>✓ Uses appropriate techniques (tip and torque steering, withdrawal, position change) to minimise and prevent loop formation</li> <li>✓ Early recognition of when loop is forming or has formed</li> <li>✓ Understands and can articulate techniques for resolution of loops</li> <li>✓ Resolves loops as soon as technically possible, to minimise patient discomfort and any compromise to scope function</li> <li>✓ Recognises when loop resolution not possible and safely inserts colonoscope with loop, with awareness and management of any associated patient discomfort</li> </ul>
<b>Pain management</b>	<ul style="list-style-type: none"> <li>✓ Conscious awareness of patient discomfort and potential causes at all times</li> <li>✓ Applies logical strategy to minimise any potential or induced discomfort, including anticipation of problems and reducing patient anxiety</li> <li>✓ Able to utilise effective colonoscopy techniques to resolve the majority of pain- related problems without the need for increased analgesia</li> <li>✓ Appropriate escalation of analgesic use if technical strategies unsuccessful in managing patient discomfort</li> </ul>
<b>Pace and progress</b>	<ul style="list-style-type: none"> <li>✓ Takes sufficient time to maximise mucosal views</li> <li>✓ Insertion of colonoscope speed adjusted to minimise looping, prevent problems and manage difficulties</li> <li>✓ Able to complete both insertion and withdrawal at pace consistent with normal service lists, adjusted, depending on difficulty of procedure</li> <li>✓ Extent of examination is appropriate to the indication</li> </ul>
<b>Visualisation</b>	<ul style="list-style-type: none"> <li>✓ Visually and digitally examines the rectum and perineum (or stomal) area to ensure no obstruction or contraindication to insertion of instrument</li> <li>✓ Well-judged and timely use of screen washes and water irrigation to ensure clear views</li> <li>✓ Utilises positional changes to maximise mucosal views</li> <li>✓ Ensures optimal luminal views throughout the examination</li> <li>✓ Uses mucosal washing and suction of fluid to ensure optimal visualisation of mucosa, particularly at potential blind spots (caecal pole, flexures, recto-sigmoid).</li> <li>✓ Retroversion in the rectum should be performed to fully visualise the lower rectum and dentate line. If rectal retroversion is not possible, the reason should be indicated.</li> <li>✓ Recognises and identifies landmarks of complete examination (appendix orifice, ileo- caecal valve, tri-radiate fold or anastomosis/neo-terminal ileum)</li> <li>✓ There is photo-documentation (or video) of significant findings and landmarks of completion</li> </ul>
<b>Pathology recognition</b>	<ul style="list-style-type: none"> <li>✓ Accurate determination of normal and abnormal findings</li> <li>✓ Appropriate use of mucosal enhancement techniques</li> </ul>
<b>Pathology management</b>	<ul style="list-style-type: none"> <li>✓ Takes appropriate specimens as indicated by the pathology and clinical context</li> <li>✓ Performs relevant therapy or interventions if appropriate in clinical context (includes taking no action)</li> <li>✓ For management of polyps please use DOPyS.</li> </ul>
<b>Therapy (DOPys)</b>	<ul style="list-style-type: none"> <li>✓ Polypectomy is assessed using DOPyS. Each polypectomy performed will be scored. To pass the DOPyS for a polypectomy, each of the <b>sections</b> must have an <b>overall score</b> of 'achieved', or where relevant 'does not apply'. The overall DOPyS score is inserted into the Therapy/DOPyS DOPS box.</li> </ul>
<b>Complications</b>	<ul style="list-style-type: none"> <li>✓ Ensures risk of complications is minimised</li> </ul>



	<ul style="list-style-type: none"> <li>✓ Rapid recognition of complications both during and after the procedure</li> <li>✓ Manages any complications appropriately and safely</li> </ul>
<b>Post procedure</b>	
<b>Report writing</b>	<ul style="list-style-type: none"> <li>✓ Records a full and accurate description of procedure and findings</li> <li>✓ Extent of the procedure is recorded in the report and supported by image/video recording</li> <li>✓ Uses appropriate endoscopy scoring systems</li> </ul>
<b>Management plan</b>	<ul style="list-style-type: none"> <li>✓ Records an appropriate management plan (including medication, further investigation and responsibility for follow-up).</li> </ul>
<b>ENTS (endoscopic non-technical skills)</b>	
<b>Communication and teamwork</b>	<ul style="list-style-type: none"> <li>✓ Maintains clear communication with assisting staff</li> <li>✓ Gives and receives knowledge and information in a clear and timely fashion</li> <li>✓ Ensures that both the team and the endoscopist are working together, using the same core information and understand the 'big picture' of the case</li> <li>✓ Ensures that the patient is at the centre of the procedure, emphasising safety and comfort</li> <li>✓ Clear communication of results and management plan with patient and/or carers</li> </ul>
<b>Situation awareness</b>	<ul style="list-style-type: none"> <li>✓ Ensure procedure is carried out with full respect for privacy and dignity</li> <li>✓ Maintains continuous evaluation of the patient's condition</li> <li>✓ Ensures lack of distractions and maintains concentration, particularly during difficult situations</li> <li>✓ Intra-procedural changes to scope set-up monitored and rechecked</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>✓ Provides emotional and cognitive support to team members by tailoring leadership and teaching style appropriately</li> <li>✓ Supports safety and quality by adhering to current protocols and codes of clinical practice</li> <li>✓ Adopts a calm and controlled demeanour when under pressure, utilising all resources to maintain control of the situation and taking responsibility for patient outcome</li> </ul>
<b>Judgement and decision making</b>	<ul style="list-style-type: none"> <li>✓ Considers options and possible courses of action to solve an issue or problem, including assessment of risk and benefit</li> <li>✓ Communicates decisions and actions to team members prior to implementation</li> <li>✓ Reviews outcomes of procedure or options for dealing with problems</li> <li>✓ Reflects on issues and institutes changes to improve practice</li> </ul>