

Trainee Assessment & Competency

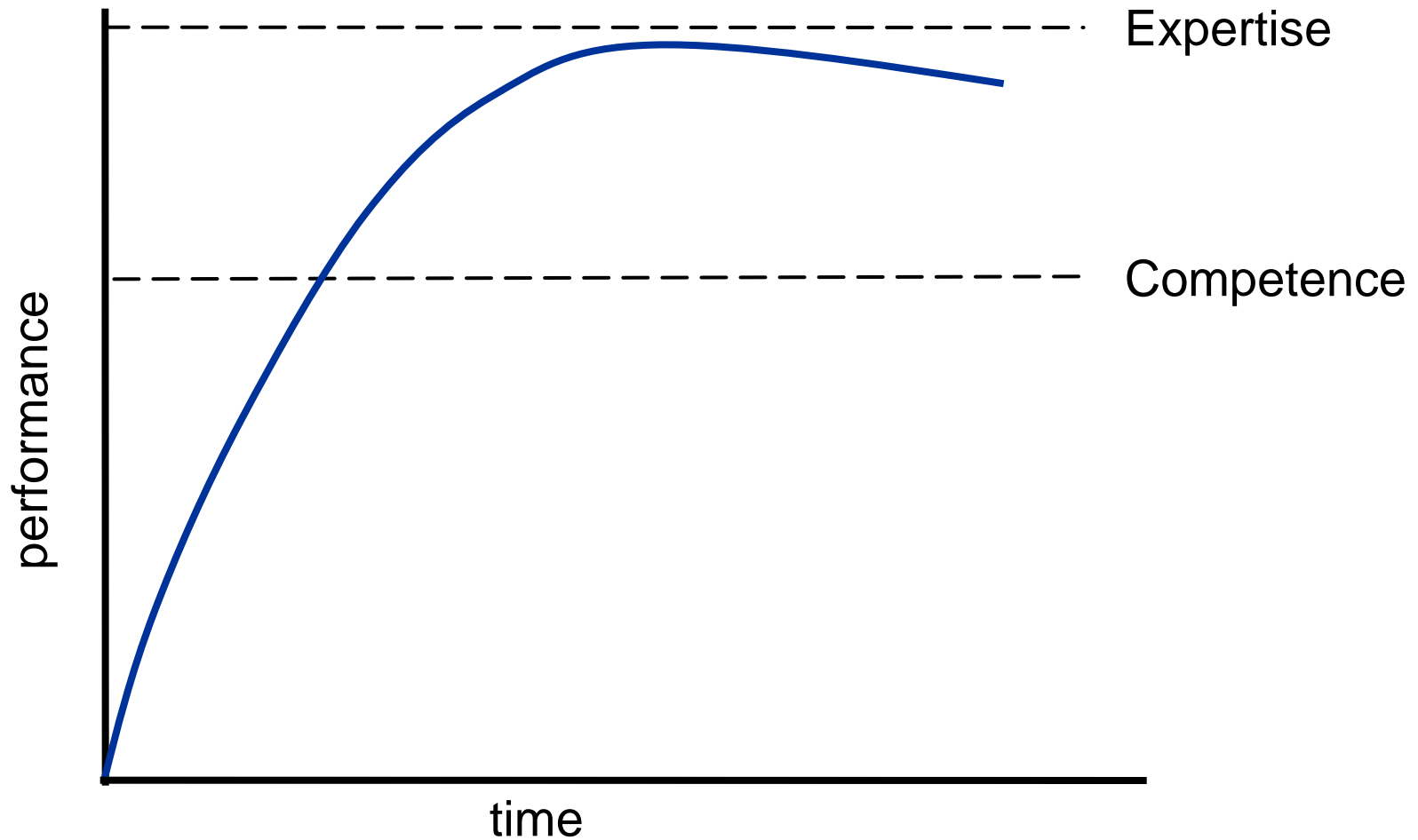
Dr Adam Haycock

PET Rome September 2017

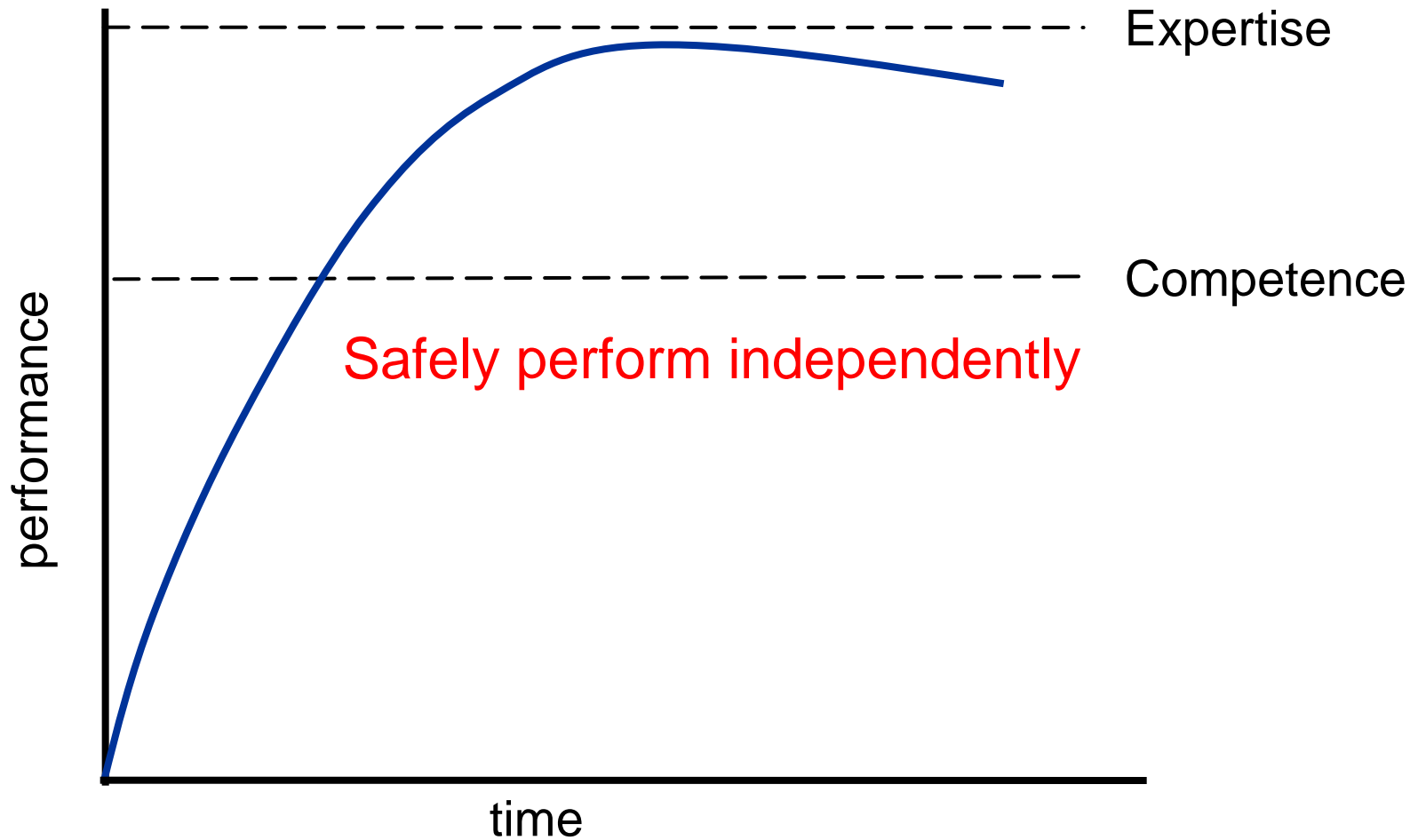
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- When to use assessments
- Types of assessments
- Assessment tools
- Numbers and key performance indicators

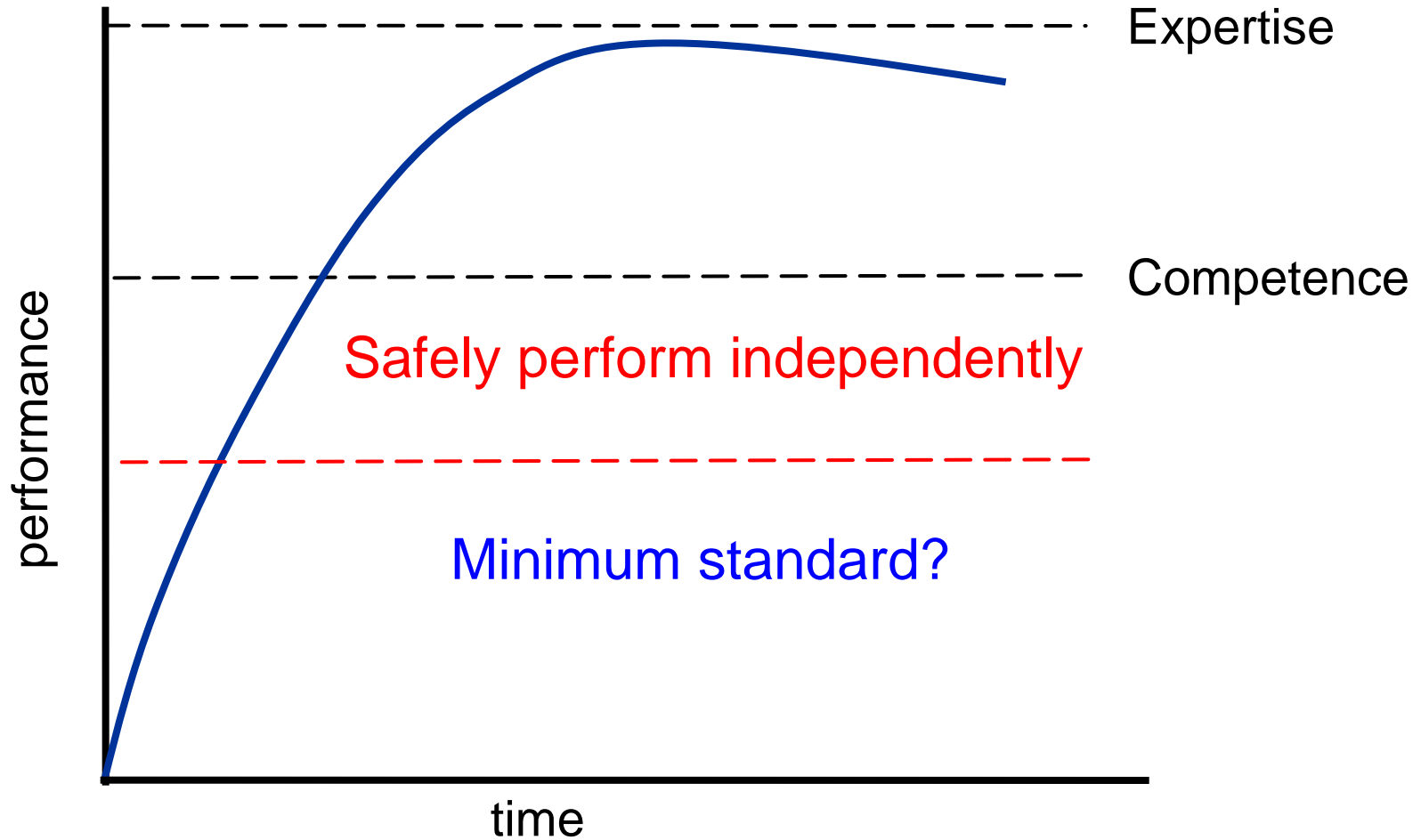
Skills acquisition



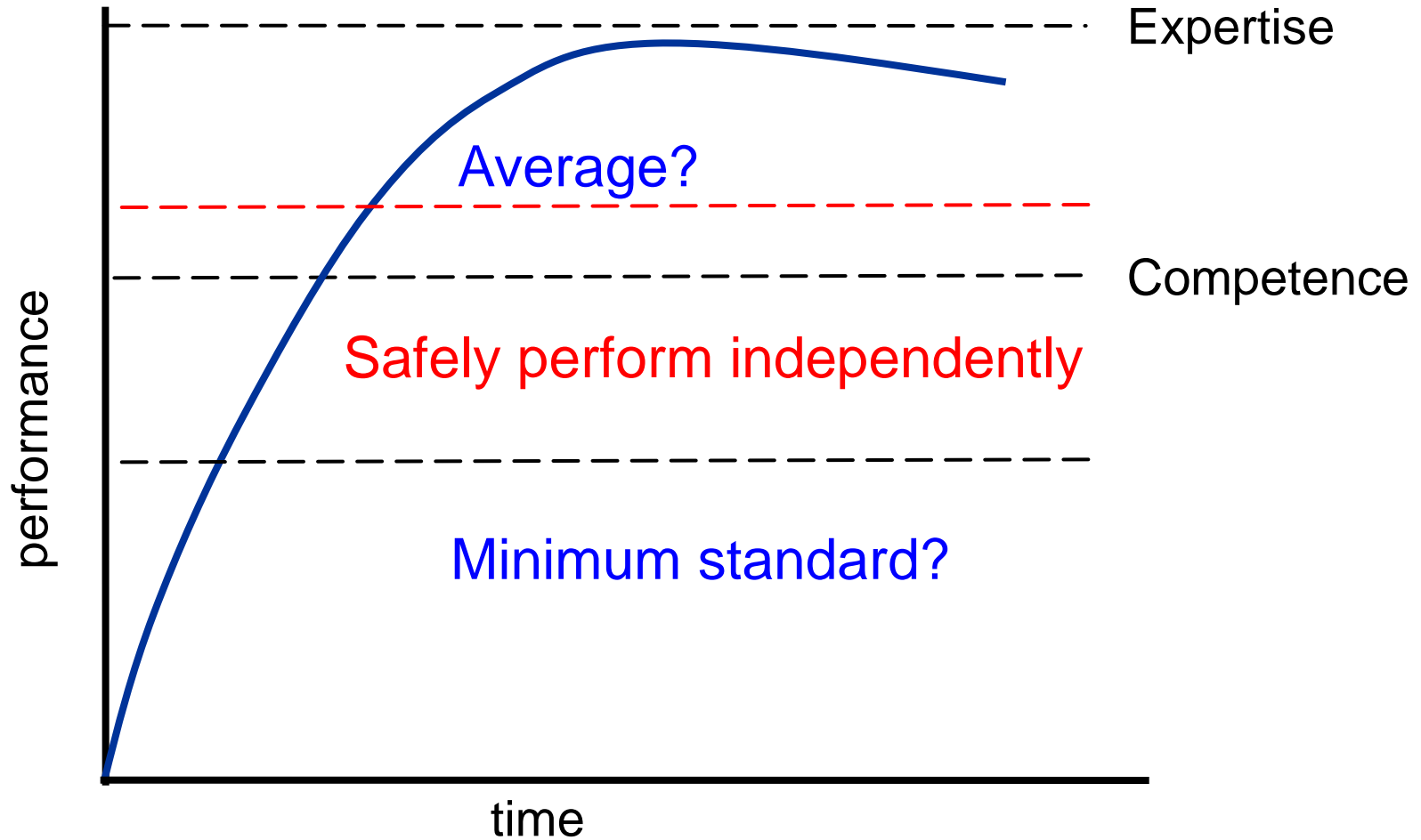
Skills acquisition



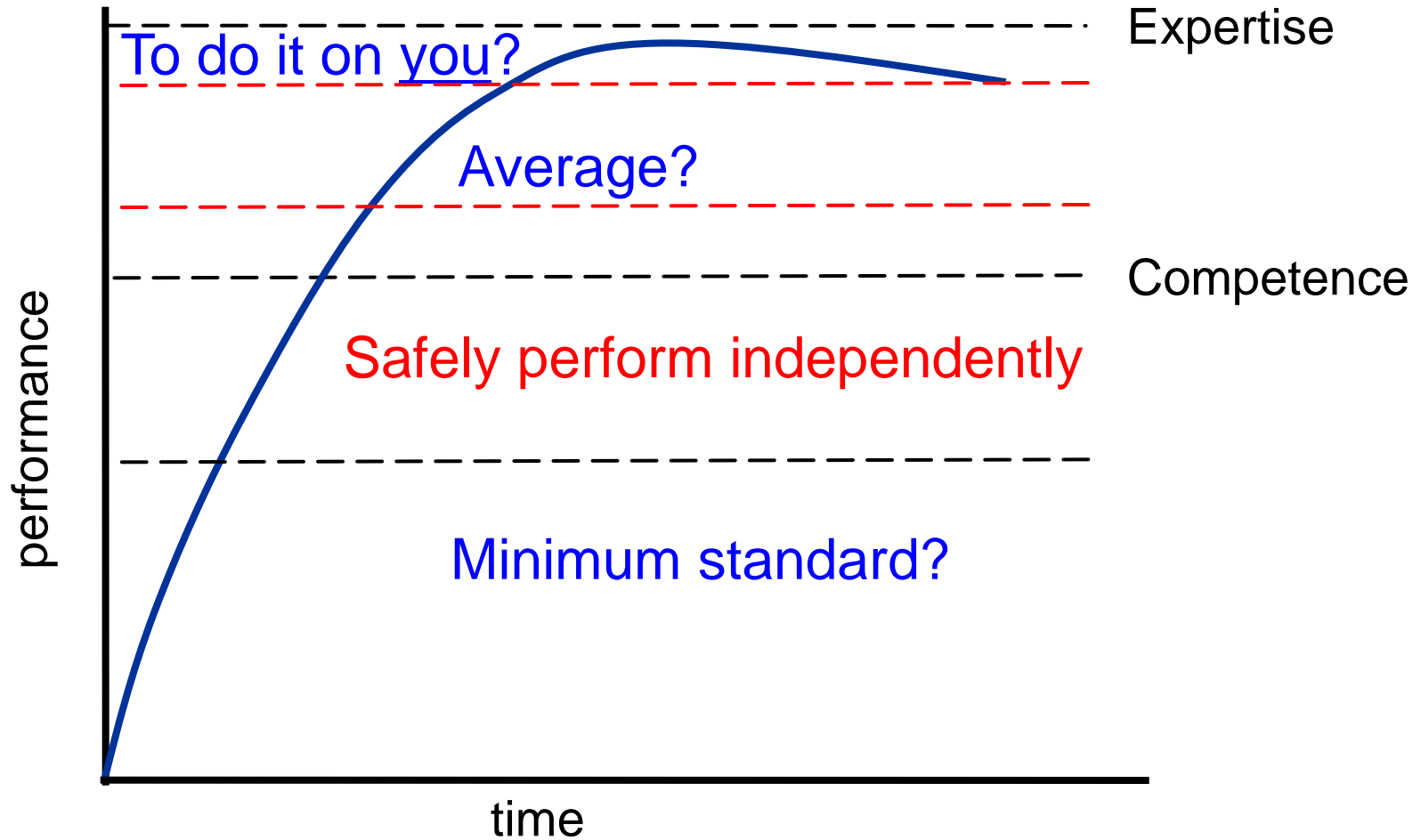
Skills acquisition



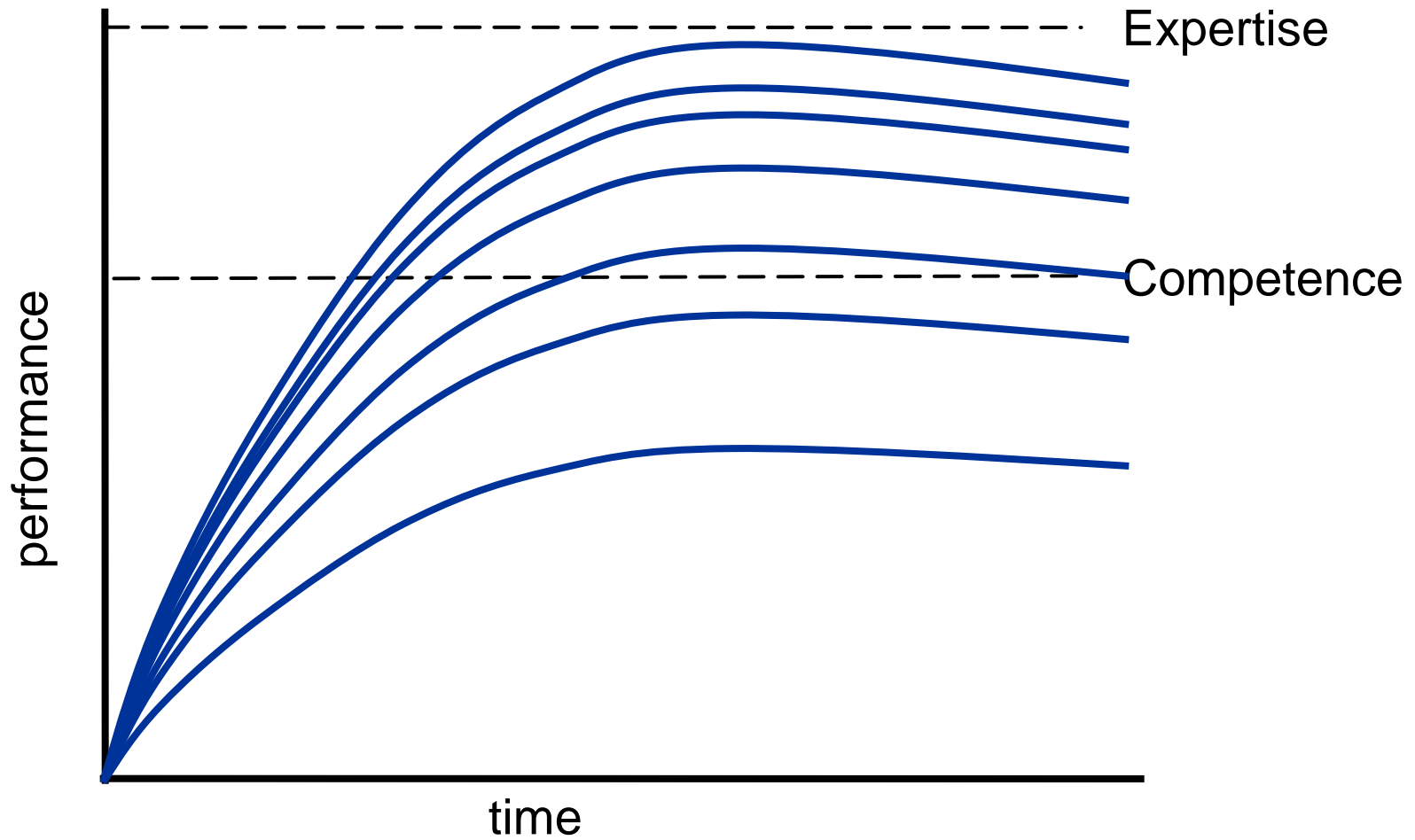
Skills acquisition



Skills acquisition

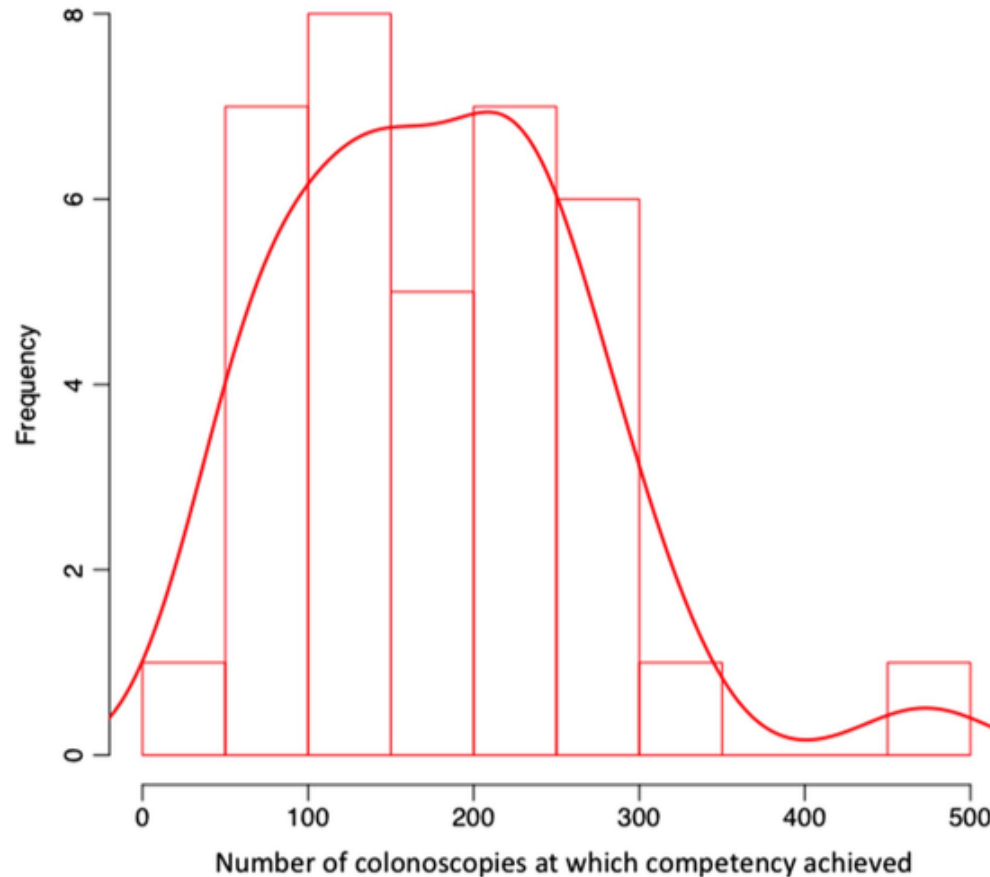


Skills acquisition



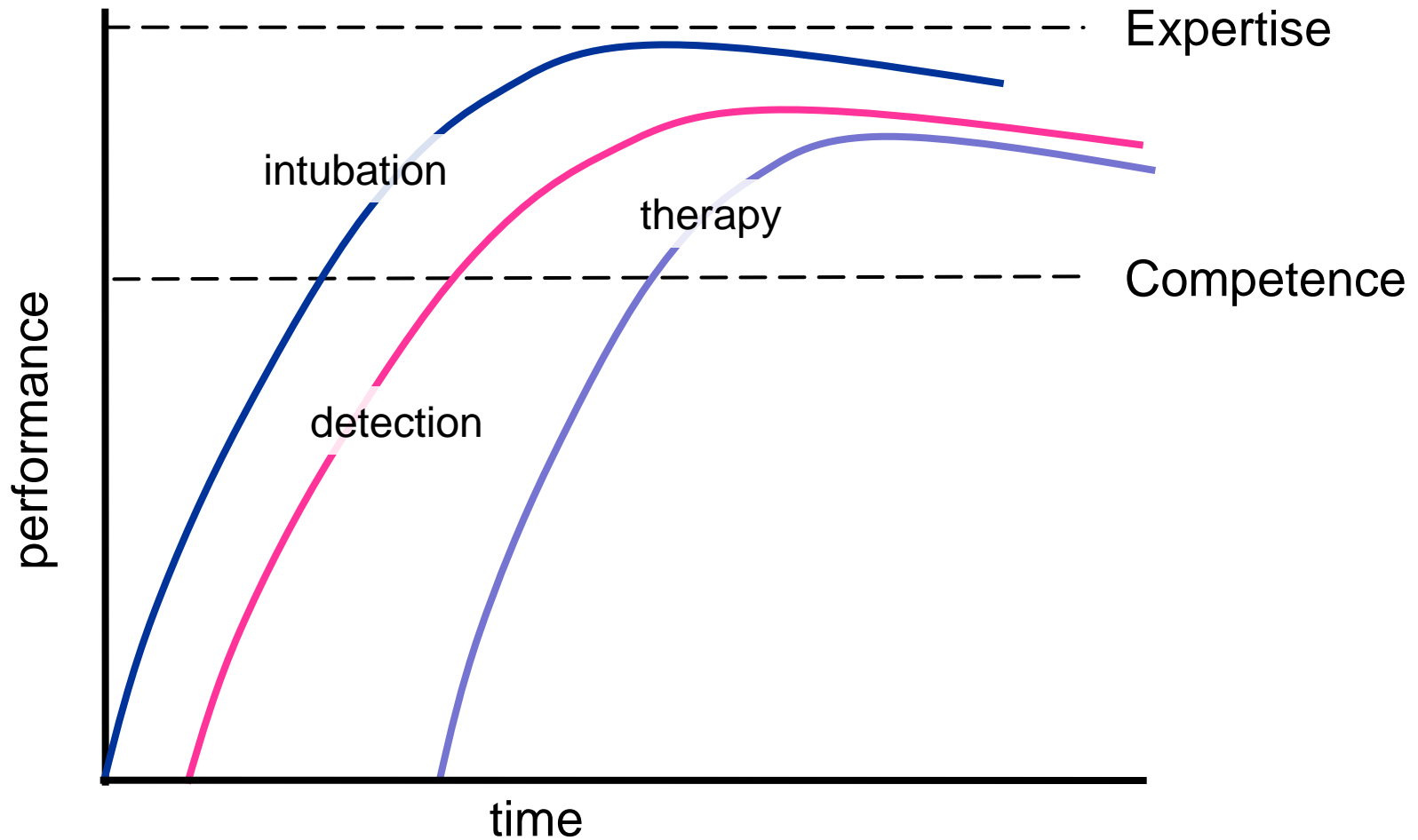
Skills acquisition

Frequency distribution of the number of colonoscopies required by competent trainees to achieve competency



Ward ST, et al. Gut 2014;63:1746–1754

Skills acquisition



Skills measurement

	Direct Measure	Surrogate Measure
Intubation		
Detection		
Therapy		

Skills measurement

	Direct Measure	Surrogate Measure
Intubation	Pain	Sedation levels CIR
Detection	PCCRC	PDR ADR
Therapy	Perforation PCCRC	Polyp retrieval rate <i>Completeness of excision</i>

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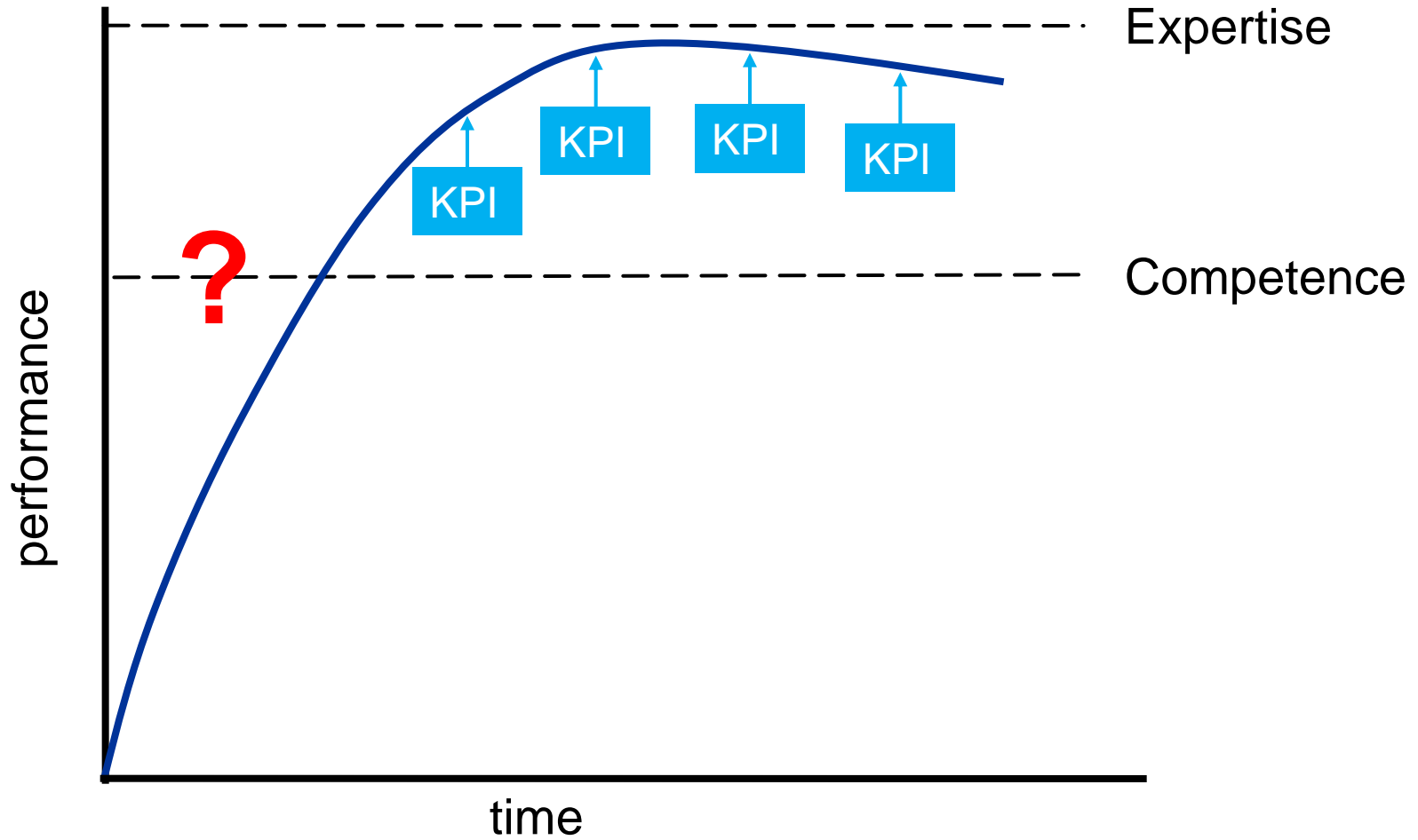
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Skills acquisition



DOPS



Directly Observed Procedure Score

Date of procedure			
Trainee name		Membership no. (eg. GMC/NMC)	
Assessor name		Membership no. (eg. GMC/NMC)	
Outline of case			
Difficulty of case	Easy	Moderate	Complicated
Please tick appropriate box			

Complete DOPS form by ticking box to indicate whether trainee is competent for independent practice	Not competent for independent practice supervision required	Competent for independent practice no supervision required
Pre-procedure		
Indication		
Risk		
Confirms consent		
Preparation		
Equipment check		
Sedation		
Monitoring		
Comments		
Procedure		
Scope handling		
Tip control		
Air management		
Proactive problem solving		
Loop management		
Patient comfort		
Pace and progress		
Visualisation		
Comments		
Management of findings		
Recognition		
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Report writing		
Management plan		
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Scope handling

- Exhibits good control of head and shaft of colonoscope at all times
- Angulation controls manipulated using the left hand during the procedure
- Demonstrates ability to use all scope functions (buttons/biopsy channel) whilst maintaining stable hold on colonoscope
- Minimises external looping in shaft of instrument

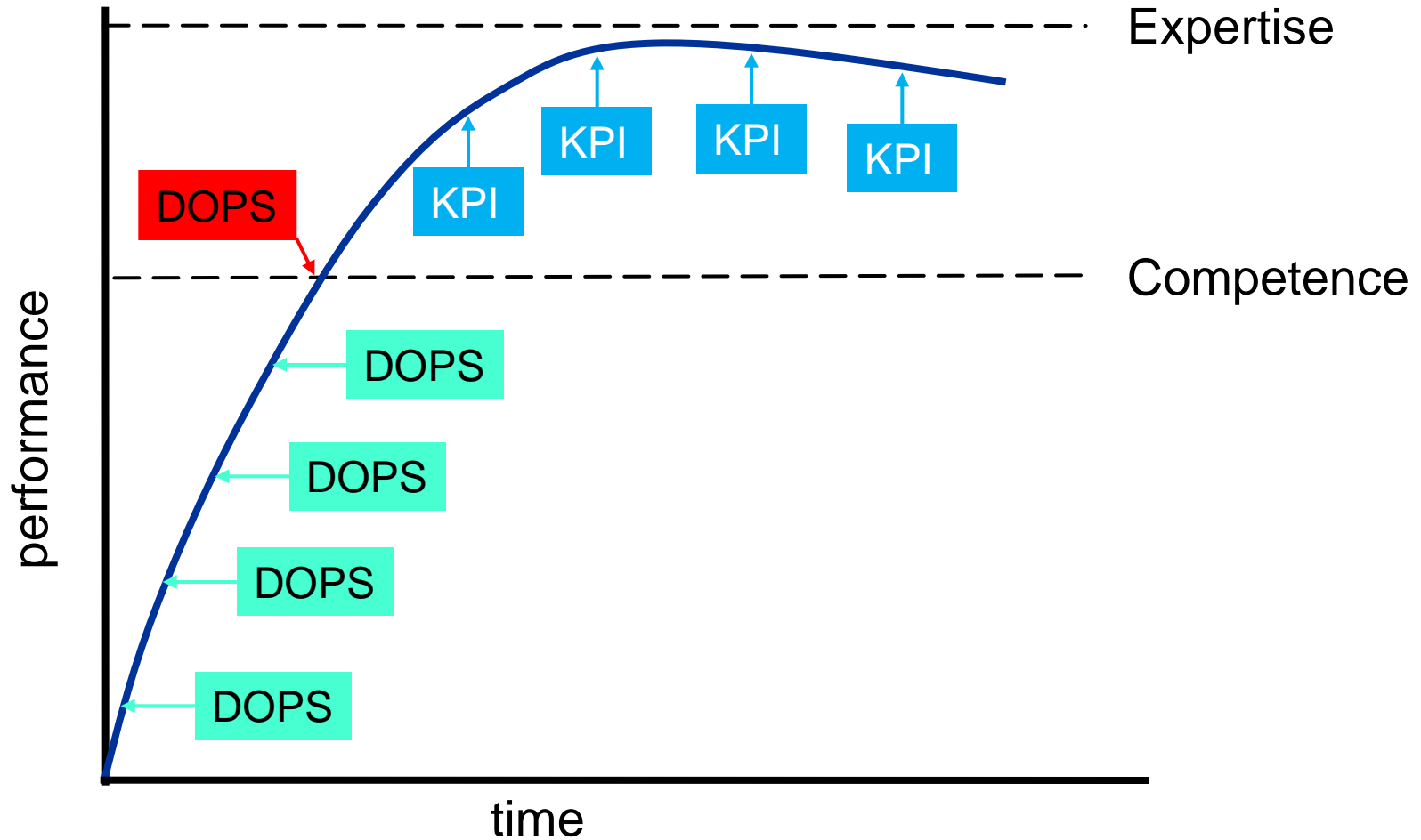
Tip control

Integrated technique: Combines tip and torque steering to accurately control the tip of colonoscope and manoeuvre the tip in the correct direction.

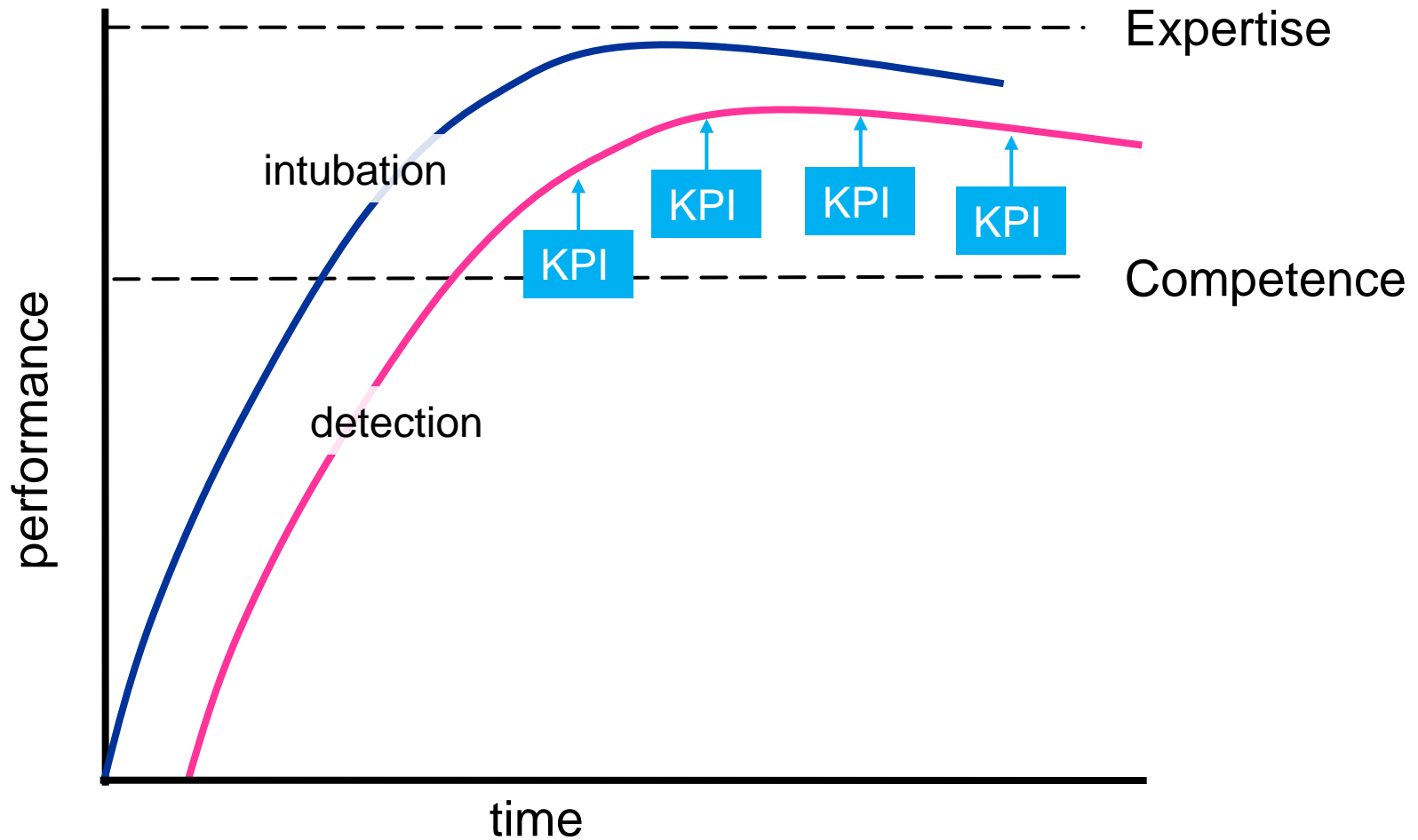
Individual components:

- Tip steering: Avoids unnecessary mucosal contact and maintains luminal view, avoiding need for blind negotiation of flexures and 'slide-by' where possible
- Torque steering: Demonstrates controlled torque steering using right hand/fingers to rotate shaft of colonoscope
- Luminal awareness: Correctly identifies luminal direction using all available visual clues, and avoids red outs

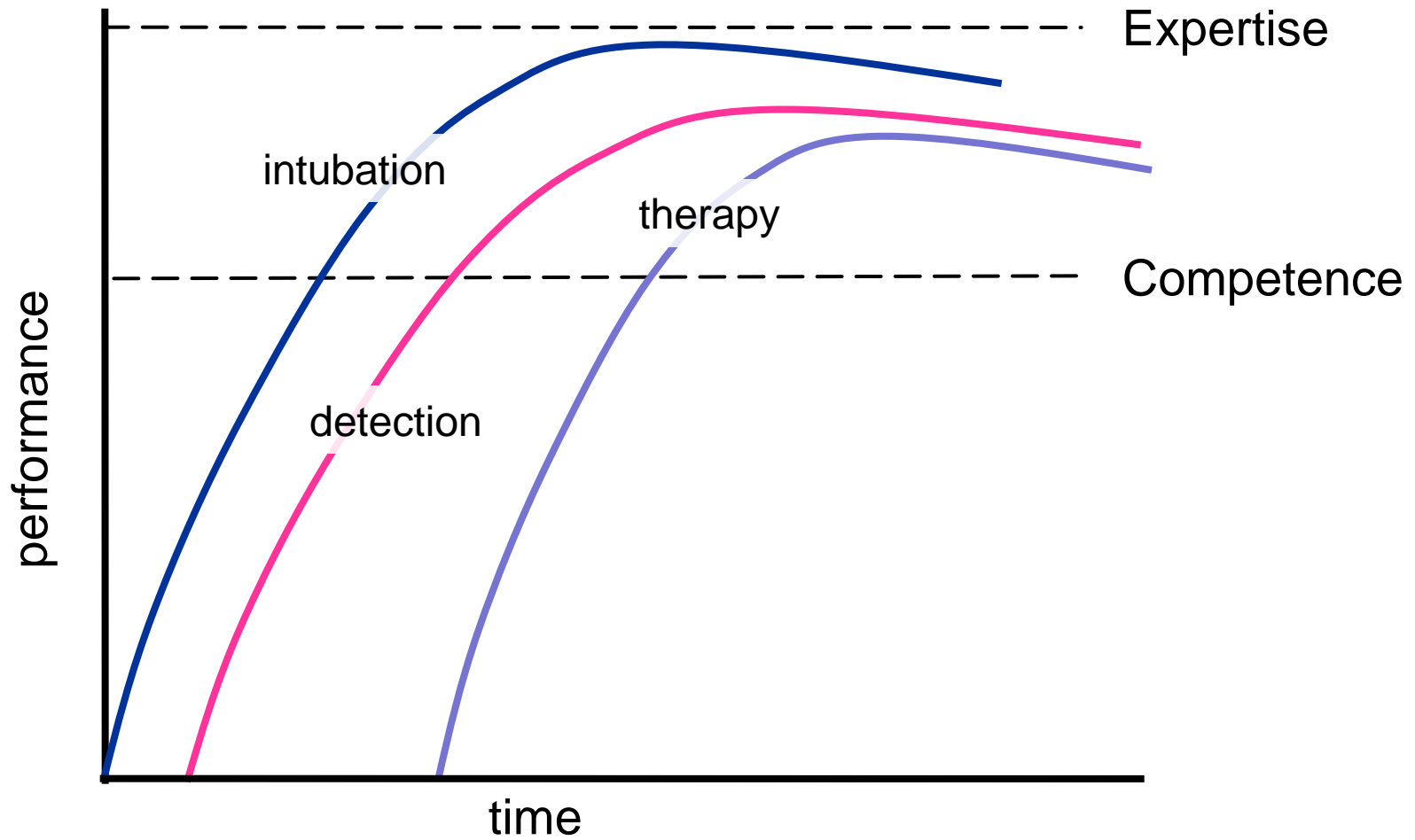
Skills acquisition



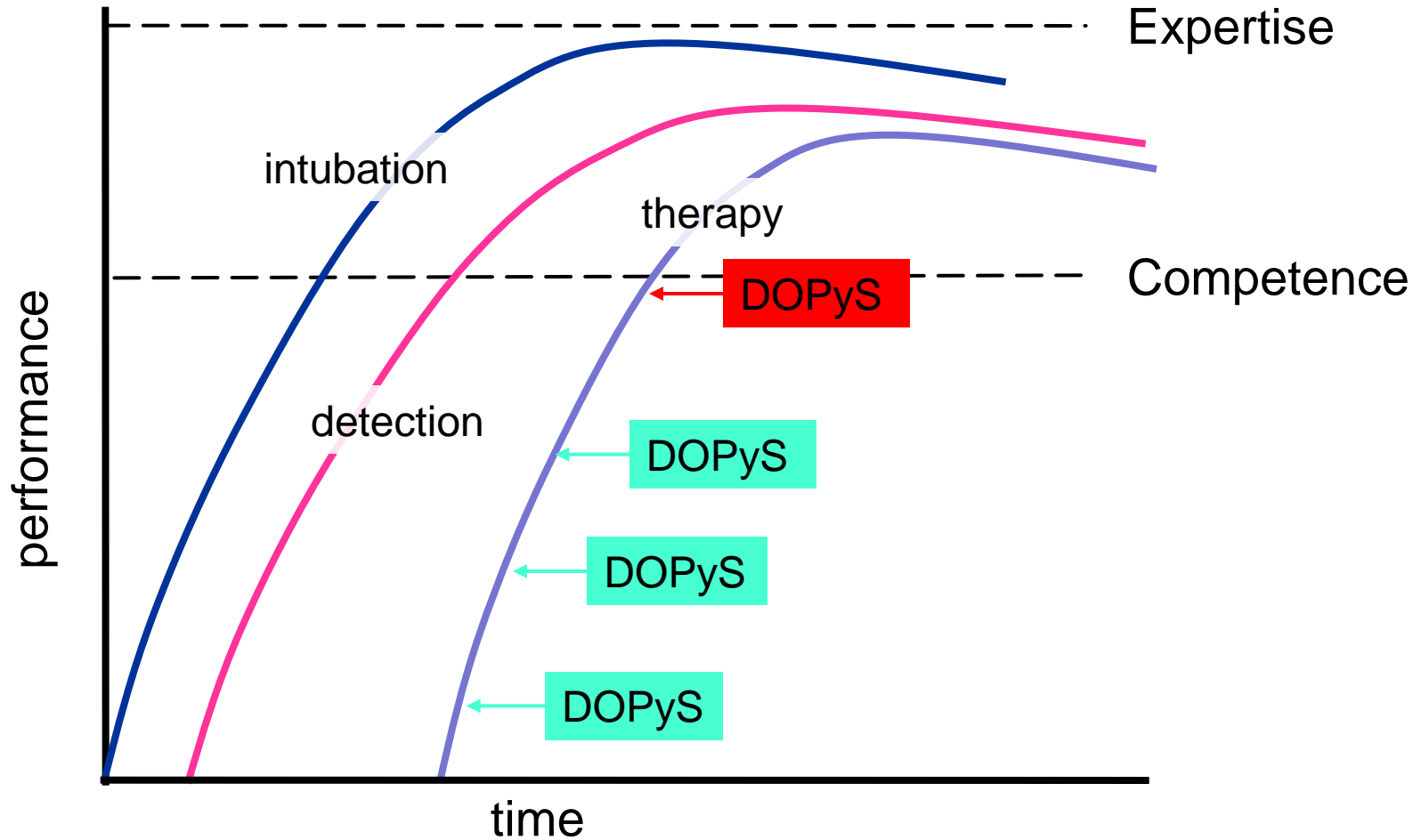
Skills acquisition



Skills acquisition



Skills acquisition



DOPyS

33 criteria

Skills

'Live'

'Video'

DOPyS: Polypectomy Assessment Score Sheet				
Case ID: _____	Date: ____/____/____	Assessor: _____	Poly Number: _____	
Bow site: <u>C / AC / HF / TR / SF / DC / SC / R</u>				
Scale:	4	- Highly skilled performance		
	3	- Competent & safe throughout procedure, no uncorrected errors		
	2	- Some standards not yet met, expects to be improved, some errors uncorrected		
	1	- Accepted standards not yet met, frequent errors uncorrected		
	N/A	- Not applicable/Not assessable SHD I		
The underlined parameters can only be assessed during 'live' polypectomy				
Generic	Score	Comments		
Optimising view of / access to the polyp:				
1. Attempts to achieve optimal polyp position				
2. Optimises view by aspiration/tying				
3. <u>Dejackets</u> full extent of lesion (spray etc) if appropriate				
4. <u>Adjusts</u> <u>distal</u> <u>snare</u> <u>position</u>				
5. Uses appropriate <u>polypectomy</u>				
6. <u>Checks</u> <u>if</u> <u>polypectomy</u> <u>snare</u>				
7. <u>Checks</u> <u>for</u> <u>snare</u> <u>position</u> <u>if</u> <u>appropriate</u>				
8. <u>Clear</u> <u>instructions</u> <u>to</u> <u>snare</u> <u>operator</u>				
9. <u>Checks</u> <u>distal</u> <u>snare</u> <u>position</u> <u>as</u> <u>appropriate</u>				
10. <u>Photo</u> <u>documents</u> <u>area</u> <u>of</u> <u>oral</u> <u>polypectomy</u>				
Stalked polyps: Generic, then				
11. Pre-injects stalk <u>applies</u> <u>snare</u> <u>position</u> <u>if</u> <u>deemed</u> <u>appropriate</u>				
12. Selects appropriate snare size				
13. Directs snare accurately over polyp				
14. Correctly selects en-bloc or piecemeal				
15. Advances snare sheath towards stalk				
16. Places snare at appropriate position				
17. <u>Withdraws</u> <u>polyp</u> <u>to</u> <u>ensure</u> <u>appropriate</u> <u>snare</u> <u>position</u> <u>if</u> <u>appropriate</u>				
18. Applies appropriate degree of distal snare				
Small sessile lesions / Endoscopic mucosal resection: Generic, then				
19. Adequate <u>snare</u> <u>position</u> <u>using</u> <u>appropriate</u> <u>injection</u> <u>technique</u> , <u>maintaining</u> <u>view</u>				
20. Only proceeds if the lesion lifts adequately				
21. Directs appropriately <u>snare</u> <u>position</u> <u>over</u> <u>the</u> <u>lesion</u> <u>head</u>				
22. Correctly selects en-bloc				
23. Appropriate positioning				
24. Ensures appropriate snare				
25. Tents lesion gently with snare				
26. Uses cold snare technique or applies appropriate distal snare, as applicable				
27. Ensures adequate <u>snare</u> <u>position</u> <u>prior</u> <u>to</u> <u>further</u> <u>resection</u>				
Post polypectomy:				
28. Examines remnant stalk polyp base				
29. Identifies and appropriately				
30. Identifies bleeding and performs				
31. Retrieves, or attempts retrieval				
32. <u>Checks</u> <u>for</u> <u>retrieval</u> <u>of</u> <u>polyp</u>				
33. Tattoo placed competently, where appropriate				
Overall Competency at polypectomy:	4	3	2	1

**Assessment/
pre-polypectomy**

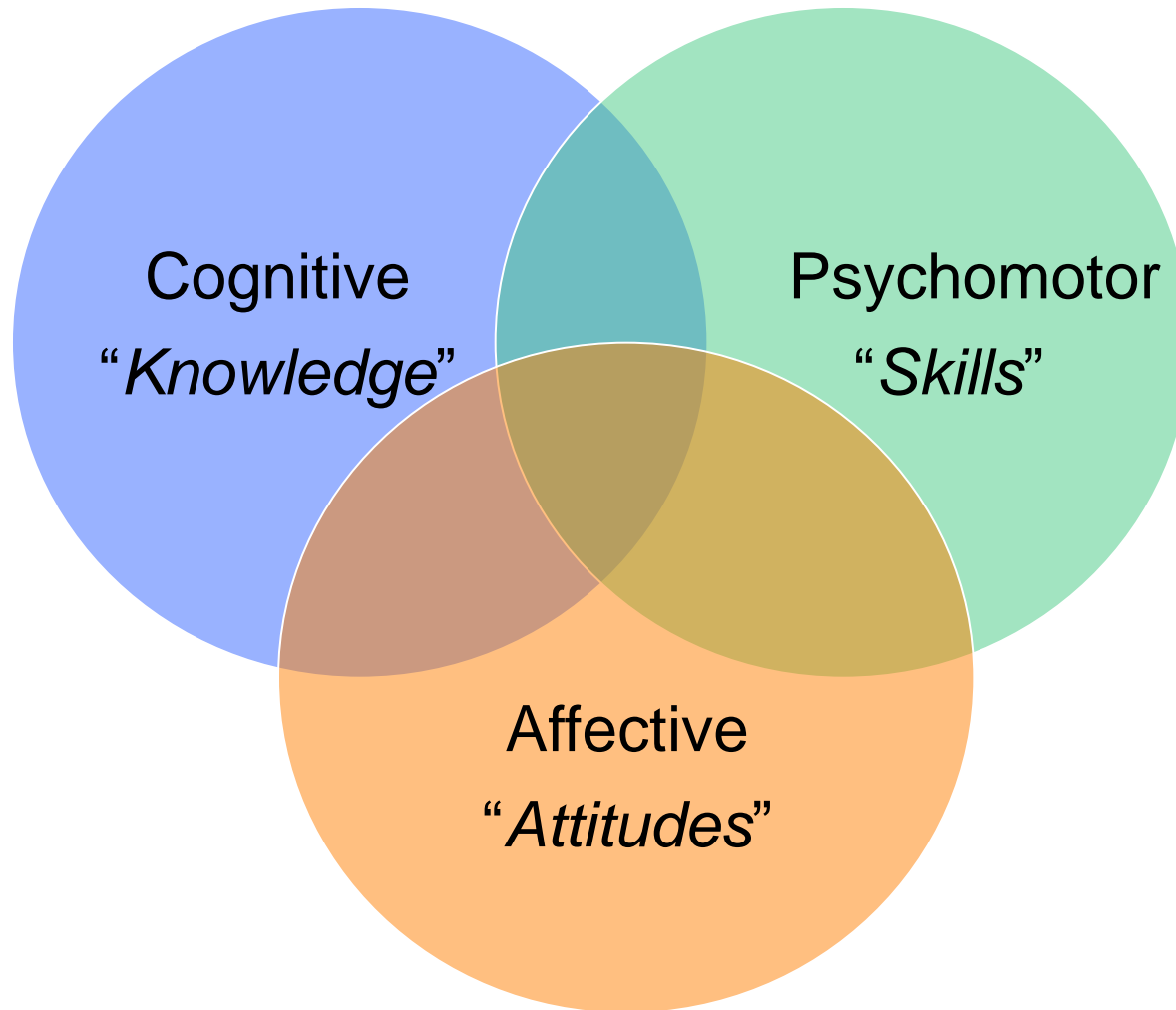
Stalked polyps

Sessile polyps/EMR

Post-polypectomy



Technical vs non-technical skills



Endoscopic Non-Technical Skills (ENTS)

Communication & Teamwork Exchanging information Maintaining a shared understanding Maintaining a patient-centred approach	Situation awareness Preparation Continuous assessment Problem recognition Focus
Leadership Supporting others Maintaining standards Dealing with problems	Judgement & Decision Making Considering options Making decisions Reviewing the situation

Assessment tools

MCSAT - colon

ACE – OGD, colon

GAGES – OGD, colon

GiECATKIDS – paedes colon

DOPS- OGD, colon/flexi, ERCP, EUS, PEG, GI bleeds, dilatation/stenting, paediatrics, polypectomy

<https://www.thejag.org.uk/AboutUs/DownloadCentre.aspx>

Summary

Competency is contextual

Assessment

formative vs summative

DOPS during training, KPI's when independent

Multifactorial

Knowledge, Skills, Attitudes