

UPPER GI ENDOSCOPY

TRAINEE NAME:

NUMBER:

TRAINER NAME:

HOSPITAL:

CASE DIFFICULTY: Easy Moderate Complicated

DATE:

COMPETENCIES AND DEFINITIONS

KEY 3 = maximal 2 = moderate 1 = minimal supervision as approaches independence

1. CONSENT

	Not yet independent	Independent
• Discusses indications for the procedure, including potential findings, alternatives and need for biopsy.	3 2 1	<input type="checkbox"/>
• Discusses possible risks and complications of the procedure, such as perforation, bleeding from biopsy site, reaction to anaesthetic/sedation, etc.	3 2 1	<input type="checkbox"/>

2. PRE-PROCEDURE PLANNING

	Not yet independent	Independent
• Reviews referral data (patient history, comorbidities, medications, relevant results) and assesses the clinical indication for the procedure.	3 2 1	<input type="checkbox"/>
• Assesses the patient to identify significant comorbidities and foresee risks or contraindications.	3 2 1	<input type="checkbox"/>
• Identifies and ensures appropriate management of anticoagulation pre-procedure, where required.	3 2 1	<input type="checkbox"/>
• Demonstrates leadership and teamwork within the Endoscopy Unit.	3 2 1	<input type="checkbox"/>

3. PRE-PROCEDURE PREPARATION

	Not yet independent	Independent
• Ensures appropriate monitoring is in place, and is able to describe the principles of monitoring.	3 2 1	<input type="checkbox"/>
• Ensures all equipment and the endoscopy room are set up correctly.	3 2 1	<input type="checkbox"/>
• Checks endoscope function, identifies and corrects problems prior to procedure.	3 2 1	<input type="checkbox"/>
• Actively participates in the World Health Organisation Safety Check and Team Time Out or equivalent, according to local protocols.	3 2 1	<input type="checkbox"/>

4. EXPOSURE AND POSITIONING

	Not yet independent	Independent
• Positions patient in the left lateral position, with mouthguard in.	3 2 1	<input type="checkbox"/>
• Administers (or supervises) appropriate sedation, and is able to demonstrate understanding of the principles of safe sedation and potential risks.	3 2 1	<input type="checkbox"/>
• Monitors and maintains patient dignity and comfort throughout the procedure.	3 2 1	<input type="checkbox"/>

COMPETENCIES AND DEFINITIONS *(continued)*

5. INTRA-PROCEDURE TECHNIQUE:

		Not yet independent			Independent
Task Specific Skills	• Demonstrates appropriate insertion technique, maintaining luminal views.	3	2	1	<input type="checkbox"/>
	• Demonstrates good tip control, is able to deliberately and reliably direct view of the scope using the control wheels and torque.	3	2	1	<input type="checkbox"/>
	• Negotiates the oropharynx and safely intubates the oesophagus.	3	2	1	<input type="checkbox"/>
	• Notes the level of the gastro-oesophageal junction, including the presence and description of Barrett's Oesophagus and hiatus hernia.	3	2	1	<input type="checkbox"/>
	• Passes the endoscope through the stomach, negotiating the pylorus to reach the duodenum safely.	3	2	1	<input type="checkbox"/>
	• Retroflexes the scope to view cardia, with adequate views.	3	2	1	<input type="checkbox"/>
	• Appropriately uses insufflation, irrigation/flushing, suction and lens washing (luminal adjunct skills).	3	2	1	<input type="checkbox"/>
	• Withdrawal technique is thorough and effective to view the entire mucosa, identifying pathology.	3	2	1	<input type="checkbox"/>
	• Inspects the entire mucosa and photo-documents important landmarks (e.g. duodenum, pylorus, incisura, lesser curve, cardia and GOJ) and any pathology encountered.	3	2	1	<input type="checkbox"/>
	• Pathology encountered is correctly identified and managed.	3	2	1	<input type="checkbox"/>
Global Skills	• Intervention techniques (including biopsies) are appropriate and competently performed.	3	2	1	<input type="checkbox"/>
	• Optimises technique to maintain comfort, with additional reassurance, analgesia and sedation given when required.	3	2	1	<input type="checkbox"/>
	• Communication with the patient and staff is effective and respectful throughout the procedure.	3	2	1	<input type="checkbox"/>
	• Judgement and decision making is sound and reasoned throughout the procedure.	3	2	1	<input type="checkbox"/>

6. POST-PROCEDURE MANAGEMENT

		Not yet independent			Independent
	• Completes an accurate and appropriately detailed report in a timely manner.	3	2	1	<input type="checkbox"/>
	• Arranges appropriate follow-up based on patient presentation, endoscopic findings and local protocols.	3	2	1	<input type="checkbox"/>
	• Ensures an appropriate post-procedure anticoagulation management plan is made and documented in the report, where required.	3	2	1	<input type="checkbox"/>
	• Discusses the report and findings with patient, or delegates this appropriately.	3	2	1	<input type="checkbox"/>
	• Is able to demonstrate an understanding of the principles of identifying and managing complications, and performs this where required.	3	2	1	<input type="checkbox"/>
	• Is able to discuss the management of common histological findings that may be relevant to the patient.	3	2	1	<input type="checkbox"/>

COMMENTS AND FOCUS FOR FURTHER TRAINING:

ASSESSMENT:

NOT YET INDEPENDENT INDEPENDENT

SIGNED: