

COLONOSCOPY

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 possible outcomes.
- Discusses possible risks and complications of the procedure, such as perforation, bleeding from biopsy or polypectomy site, reaction to anaesthetic/sedation, missed lesion etc.

3	2	1	<input type="checkbox"/>
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.
- Assesses the patient to identify significant comorbidities and foresee risks or contraindications.
- Identifies and ensures appropriate management of anticoagulation pre-procedure, where required.
- Demonstrates leadership and teamwork within the Endoscopy Unit.

3	2	1	<input type="checkbox"/>
3	2	1	<input type="checkbox"/>
3	2	1	<input type="checkbox"/>
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.
- Ensures all equipment and the endoscopy room are set up correctly.
- Checks endoscope function, identifies and corrects problems prior to procedure.
- 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"/>
3	2	1	<input type="checkbox"/>
3	2	1	<input type="checkbox"/>
3	2	1	<input type="checkbox"/>

4. EXPOSURE AND POSITIONING

Not yet independent Independent

- Positions patient in the left lateral position, with the bed positioned at a comfortable height.
- Administers (or supervises) appropriate sedation, and is able to demonstrate understanding of the principles of safe sedation and potential risks.
- Monitors and maintains patient dignity and comfort throughout the procedure.

3	2	1	<input type="checkbox"/>
3	2	1	<input type="checkbox"/>
3	2	1	<input type="checkbox"/>

COMPETENCIES AND DEFINITIONS *(continued)*

5. INTRA-PROCEDURE TECHNIQUE:

		Not yet independent			Independent
Task Specific Skills	• Performs a rectal examination and notes the findings.	3	2	1	<input type="checkbox"/>
	• 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 sigmoid safely using torque steering.	3	2	1	<input type="checkbox"/>
	• Identifies and manages loops, works to prevent loop formation and reducing them when they occur.	3	2	1	<input type="checkbox"/>
	• Appropriately uses insufflation, irrigation/flushing, suction and lens washing (luminal adjunct skills).	3	2	1	<input type="checkbox"/>
	• Appropriately uses abdominal pressure, position change and scope stiffener (external adjunct skills).	3	2	1	<input type="checkbox"/>
	• Withdrawal technique is thorough and effective to adequately visualise the mucosa and correctly identify pathology.	3	2	1	<input type="checkbox"/>
	• Inspects the mucosa and photo-documents the pathology encountered plus important landmarks (e.g. TI, appendix orifice, IC valve, retroflexion in rectum).	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 and polypectomy) 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, including comfort score and bowel preparation score.	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: