

GENERAL SURGEONS AUSTRALIA













COLONOSCOPY		
TRAINEE NAME: NU	MBER:	
TRAINER NAME: HO	SPITAL:	
CASE DIFFICULTY: Easy Moderate Complicated DA	ГЕ:	
COMPETENCIES AND DEFINITIONS		
KEY 3 = maximal 2 = moderate 1 = minimal supervision as approache	s 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	
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 3 2 1 3 2 1 3 2 1	
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 3 2 1 3 2 1 3 2 1	
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 	3 2 1	
 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	

COMPETENCIES AND DEFINITIONS (continued)

5. INTRA-PROCEDURE TECHNIQUE: Independent Performs a rectal examination and notes the findings. • Demonstrates appropriate insertion technique, maintaining luminal views. • Demonstrates good tip control, is able to deliberately and reliably direct 3 view of the scope using the control wheels and torque. · Negotiates the sigmoid safely using torque steering. 3 **Fask Specific Skills** • Identifies and manages loops, works to prevent loop formation and 3 reducing them when they occur. Appropriately uses insufflation, irrigation/flushing, suction and lens 3 washing (luminal adjunct skills). Appropriately uses abdominal pressure, position change and scope 3 stiffener (external adjunct skills). • Withdrawal technique is thorough and effective to adequately visualise 3 the mucosa and correctly identify pathology. • Inspects the mucosa and photo-documents the pathology encountered plus 3 important landmarks (e.g. TI, appendix orifice, IC valve, retroflexion in rectum). • Pathology encountered is correctly identified and managed. 3 • Intervention techniques (including biopsies and polypectomy) are 3 appropriate and competently performed. Optimises technique to maintain comfort, with additional reassurance, **Global Skills** analgesia and sedation given when required. • Communication with the patient and staff is effective and respectful throughout the procedure. · Judgement and decision making is sound and reasoned throughout 3 the procedure. 6. POST-PROCEDURE MANAGEMENT Independent Completes an accurate and appropriately detailed report in a timely manner, 3 including comfort score and bowel preparation score. • Arranges appropriate follow-up based on patient presentation, endoscopic 3 findings and local protocols. • Ensures an appropriate post-procedure anticoagulation management plan is 3 made and documented in the report, where required. • Discusses the report and findings with patient, or delegates this appropriately. 3 • Is able to demonstrate an understanding of the principles of identifying and 3 managing complications, and performs this where required. • Is able to discuss the management of common histological findings that may 3 be relevant to the patient. **COMMENTS AND FOCUS FOR FURTHER TRAINING: ASSESSMENT: INDEPENDENT** NOT YET INDEPENDENT SIGNED: