

UPPER ENDOSCOPY

Directly Observed Practical Skills:

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Name: _____

Position: _____

Date Commenced: _____

Date Completed: _____

This scoring system will be used when assessing all competencies for your practice within the unit

The rating scale has been adapted from Benner (1982) and mirrors the New Zealand Professional Development and Recognition Programme (PDRP) stages. This allows for DOPS assessments to be completed and included as evidence in a Proficient or Expert portfolio. The criteria for clinical evaluation cluster into three areas: Stage of Skill Acquisition, **Quality of Performance** and Performance Indicators for that level of competency. Additionally, five descriptive levels of competency are identified: Novice, Advanced Beginner, Competent, Proficient and Expert.

Scale label	Score	Definition	Stage of Skill Acquisition	Quality of performance	Performance Indicators
Expert	5	The individual has extensive knowledge of situations that allows for confidence and an intuitive grasp of complex patient situations. Rules, guidelines and maxims are no longer relied upon because the individual is able to grasp the situation, apply creative thinking and understand what needs to be accomplished.	Safe Accurate Effect - Achieves intended outcome Affect - Efficiency is appropriate to intended outcome	Expert Co-ordinated Confident Expedient timeframe	Engages in clinical learning for others as an acknowledged expert in area of practice. Contributes to specialty knowledge and innovation in practice. Initiates and guides quality improvement activities. Delivers quality care to patients in complex situations while rolemodelling expert skills. Influences at service, professional or organisational level.
Proficient	4	The individuals is able to grasp a situation in it's entirety. They have a holistic understanding of what is needed which allows for faster decision making, they can multitask and be flexible.	Safe Accurate Effect - Achieves intended outcome Affect - Efficiency is appropriate to intended outcome	Proficient Co-ordinated Confident Expediant timeframe	Can practice autonomously and collaboratively with colleagues. Recognises complexity in patient status and acts proactively. Rolemodels and acts as a resource person to others. Actively contributes to the learning of others. Participates in quality improvement and practice innovation.
Competent	3	The individual is able to prioritize tasks at hand by utilising past experiences. They work in an efficient and organised manner due to conscious, deliberate planning to achieve known goals.	Safe Accurate Effect - Achieves most objectives for intended outcome Affect - Efficiency generally appropriate to context	Competent description of practical application Proficient demonstrate with practice equipment Confident Expedient timeframe	Requires occasional supporting cues. Applies knowledge and skills to practice. Holistic overview of the patient and can anticipate health interventions and outcomes. Manages and prioritises care.
Advanced Beginner	2	An individual who has been involved in clinical actives enough to recognise recurrent actions or skills. They have some clinical knowledge but the focus is on rules and guidelines that have been taught. They still need assistance and support to ensure important patient needs do not go unattended.	Safe with guidance from others Building accuracy in processes Effect - Completes tasks with support Affect - Efficiency generally inappropriate to context	Proficient when assisted Working towards optimal accuracy in care planning Building confidence with support Developing confidence	Working with support of team Requires support in planning and delivering clinical complex care. Developing skills for interventional and diagnostic procedures.
Novice	1	An individual who has no previous experience with the situation at hand. They have limited knowledge and an inability to use discretionary judgement. They struggle to decide which tasks are most relevant to accomplish as they have no concrete rules to regulate performance.	Safe - Safe with direct support from others Accurate- when working directly with others Effect- Contributes to completion of tasks with direct support from others. Affect- Efficiency supported by working with others in completing tasks.	Learning practical skills alongside peer Working alongside peer Completes tasks with peer Learning to plan, prioritise and complete tasks.	Requires peer support from proficient or expert nurse

*Recognition of prior learning: Certificates, demonstrations, oral presentations may be used as evidence.

Direct Observation of Practice

Date:

Pre-Procedure (procedure room)	Score	Comment/Review
To demonstrate competency in this area the nurse will:		
Check the scheduled endoscopy list and prepare the procedure room accordingly.		
Correctly select and prepare the endoscope required for an Upper GI procedure, demonstrating an awareness of health and safety issues eg. hand hygiene, gloves and give a rationale		
Describe the functions of each of the valves of the endoscope.		
Describe the functions of each of the channels of the endoscope.		
Demonstrate the necessary endoscope checks that need to be carried out before it is used eg. suction, blowing bubbles, water flow, flushing pump.		
Check all accessory equipment is available, operational and prepared for use eg. suction, oxygen, flushing pump, Co2 regulator, diathermy/APC unit and electronic reporting system.		
Explain what medications are required for the scheduled endoscopy list and prepare according to facility policy:		
Intravenous: Midazolam, Fentanyl, Pethidine, Buscopan, etc		
Others: Xylocaine spray (optional), Simethicone, CO2		
Describe the side effects and contraindications of each medication used in your facility.		
Correctly prepare and label the medications for each Upper GI procedure.		
Identify which reversal agents may be required during the procedure. (flumazenol, naloxone)		
Describe the side effects and contraindications of these reversal agents.		
Identify the location of the reversal agents in the procedure room.		
Identify additional drugs that must be readily available in the room and explain why and how they are used. eg. methylene blue, indigo carmine, gelofusin, lifting solutions, adrenaline, oxygen.		
Describe the side effects and contraindications of these additional medications.		
Checks the documentation with the patient is correct, prior to commencing the procedure eg. arm band, written consent, completed pre procedure checklist.		
Identifies any risk factors for the patient pre-procedure and discuss what action you would take to manage this risk in each situation eg. anticoagulant or anti-platelet therapy, pacemaker or internal cardiac defibrillator or metal joint.		
Is observed initiating, undertaking and recording the correct 'time-out' process prior to procedure as per facility policy.		
Identifies the patient monitoring required and can explain the rationale for each piece of equipment.		
Is observed correctly attaching patient monitoring devices.		
Is observed correctly positioning a patient for upper endoscopy procedure.		
Witness Initial		

Direct Observation of Practice

Date:

Intra-Procedure (procedure room)	Score	Comment/Review
To demonstrate competency in this area the nurse will:		
Identify the PPE necessary for the planned procedure and give a rationale for including or omitting standard PPE ie. gloves, gowns, aprons, eye protection, mask, hair covering		
Identify which tools may be required for a procedure and prepare accordingly eg. biopsy, injector, clip.		
Demonstrates correct documentation of medications administered on the Intra-Procedural Record as per legislated requirements.		
Identifies <i>which</i> vital signs must be taken during the procedure and explains the rationale for this.		
Identifies the <i>frequency</i> of vital signs during the procedure and provides rationale for this.		
Demonstrates <i>accurate</i> documentation of vital signs, oxygen delivery, comfort score and LOC on the Intra-Procedural Record eg. NZEWS, sedation score.		
Is observed communicating any changes in vital signs to the endoscopist.		
Is observed providing appropriate reassurance to the patient during the procedure.		
Is observed assessing the patient's comfort level during the procedure and provides the rationale for undertaking this assessment.		
Demonstrates accurate documentation of the patient's comfort score on the Intra-Procedural Record as per facility policy.		
Is observed communicating any changes in the patient's comfort score to the endoscopist, followed by appropriate action as per facility "Withdrawal of Consent" policy.		
Is observed maintaining the patients privacy and dignity throughout the procedure and, once procedure is finished, ensuring patient is comfortable and covered up when moving into recovery.		
Witness Initial		

Direct Observation of Practice

Date:

Post - Procedure (procedure room)	Score	Comment/Review
To demonstrate competency in this area the nurse will:		
Demonstrates handover technique to recovery staff that follows a set format like ISBAR. Information should include patient identity, procedure completed, medications given, complications noted and any immediate post-procedure instructions.		
Disposes of all equipment in accordance with facility policy.		
Is observed completing the bedside clean of the endoscope as per facility policy..		
Correctly transports endoscope to reprocessing area as per facility policy.		
Is observed disposing of intravenous medications and documents actions correctly as per facility policy.		
Is observed disposing of rubbish/waste materials into correct bins/containers as per facility policy (ie management of contaminated liquids, recyclable/compostable materials)		
Is observed cleaning the top of the procedural trolley and any other contaminated surfaces with an appropriate cleaning solution prior to next patient entering the procedure room.		
Explains what clean disposable items may be required for the next procedure and prepares them accordingly.		
Prepares medications for next patient and labels them correctly as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

Biopsy Forcep	Score	Comment/Review
To demonstrate competency in this the nurse will be observed:		
Describes the rationale for using a biopsy forcep.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Describes health and safety precautions associated with specimen collection.		
Describes infection control precautions associated with specimen collection.		
Checks with endoscopist if the specimen is for fresh testing ie. Rapid Urease Test or histology ie. placement in formalin		
Selects appropriate equipment when requested by endoscopist ie standard biopsy, biopsy with spike, large or jumbo capacity and the correct specimen container.		
Removes equipment safely from the packaging.		
Inspects the product for any abnormalities to ensure suitable for use.		
Observed to test open and close mechanism before passing instrument to endoscopist.		
Safely passes forcep to endoscopist and positions it for easy insertion down channel.		
Correctly operates the forcep when requested by the endoscopist and verbalises actions clearly eg. "open" and "close"		
Is observed safely removing instrument from channel, controlling body fluids, minimising environmental contamination and preventing channel damage.		
Communicates with endoscopist to confirm specimen site and type of test ie fresh specimen, histology.		
Is observed placing the specimen in the correct collection container in a manner that minimises risk of formalin splash/spill.		
Is observed rinsing formalin off forcep before returning to endoscopist for further specimen collection.		
Correctly completes all documentation associated with specimen collection eg. specimen pot labelled with correct patient details (name, DOB, NHI), labelled request form		
Disposes of all equipment as per facility policy, with particular attention to sharps disposal if a spiked biopsy was used.		
Witness Initial		

Direct Observation of Practice

Date:

Argon Plasma Coagulation (APC)	Score	Comment/Review
To demonstrate competency in this the nurse will be observed:		
Describes the rationale for using argon plasma coagulation.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects appropriate equipment when requested by the endoscopist.		
Safely removes equipment from the packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Prepares the diathermy for use including program selection. This includes APC module and turning on argon cylinder.		
If probe can be tested, correctly tests APC probe prior to use.		
Follows the steps in the diathermy competency (Lower GI DOPS) for patient safety and plate site selection considerations.		
Ensures the endoscopist can safely access the diathermy foot pedal.		
Safely passes the APC probe to the endoscopist.		
If APC is not endoscopist activated, safely activates the APC probe on instruction from the endoscopist.		
If APC in not endoscopist de-activated, safely de-activates the APC probe on instruction from the endoscopist.		
Describes the reason for 'activation and 'de-activation' of the APC probe.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Ensures the patient plate is removed correctly.		
Disposes of all equipment as per facility guidelines.		
Ensures argon gas cylinder is turned <i>off</i> on completion of the procedure and explains the rationale for this action.		
Witness Initial		

Direct Observation of Practice

Date:

Injection Gold Probe	Score	Comment/Review
To demonstrate competency in this the nurse will be observed:		
Describe the rationale for using an Injection Gold Probe catheter.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Select the appropriate equipment when requested by the endoscopist eg. 7Fr or 10Fr		
Can describe the difference between the two sizes of Injection Gold Probe Catheters available. (which endoscope?)		
Asks endoscopist if intention is to inject adrenalin for haemostasis during procedure and prepares correct solution of adrenalin/diluent.		
Removes equipment safely from the packaging.		
Inspects the product for any damage/manufacturing problems to ensure it is suitable for use.		
Prepares the probe catheter to facility / manufacturer guidelines eg. uses the correct diathermy cable, selects the correct diathermy setting (bipolar).		
Clearly communicates diathermy settings to the endoscopist.		
Is observed testing the Injection Gold Probe to ensure it is operational prior to use eg. observe bubbling / steam when tested with drop of normal saline		
Is observed testing that the needle extends and retracts into the sheath correctly prior to use.		
Primes the needle with suitable injectable solution Saline or water for injection.		
Safely passes the equipment to the endoscopist with awareness of safety issues eg. needle retracted.		
Operates the injector correctly when requested by endoscopist and clearly communicates actions eg.		
Ensures needle is fully retracted before use of electrohaemostasis		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Disposes of all equipment as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

Haemostasis Clips	Score	Comment/Review
To demonstrate competency in this the nurse will be observed:		
Describes the rationale for using a haemostasis clip.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects appropriate equipment when requested by endoscopist.		
Removes equipment safely from the packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Prepares the clip according to facility / manufacturer guidelines.		
Safely passes the clip to the endoscopist.		
Extends the clip out of the sheath, if the clip has a sheath.		
Opens the clip when instructed by the endoscopist as per manufacturers instructions.		
Rotates the clip, if instructed by the endoscopist.		
Deploys the clip when instructed by the endoscopist as per manufacturers instructions.		
Is observed releasing the clip from the handle as per manufacturers instructions.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Dispose of all equipment as per facility policy.		
Clearly communicates to reprocessing room staff that a 'haemostasis clip' has been used with this endoscope and explains why this is necessary.		
Witness Initial		

Direct Observation of Practice

Date:

Oesophageal Varices Banding	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for banding.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects appropriate equipment when requested by the endoscopist.		
Removes equipment safely from the packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Is observed removing the biopsy cap from the endoscope, if manufacturers instructions recommend		
Correctly prepares the equipment for use.		
A. 4,6,10 Shooter Ensures ligator handle is set to two way position as per manufacturers instructions.f required.		
Places the stem of the ligator handle through the cap and attaches to the biopsy channel.		
Introduces the loading catheter through trip handle and down the endoscope.		
Attaches the trigger cord to the hook on end of the loading catheter.		
Withdraws the catheter back through the endoscope until cord comes through handle.		
Attaches the band barrel to the tip of the endoscope, ensuring it is correctly placed.		
Winds cord onto the spool of the handle and sets to one way position.		
Remove shrink wrap covering on bands.		
Rotates the handle clockwise to wind the cord until taut, taking care not to deploy bands.		
B. SpeedBand Super 7 Threads trip wire down the biopsy channel and inserts handle firmly into the channel. Secures in place with the velcro strap.		
Threads the 'pulling' loop through the trip wire loop.		
Grasp the trip wire at the 'spool' end and pull gently until ligating unit is firmly fitted on the end of the endoscope.		
Lock the trip wire in place at the 'spool' and removes red flag and shrink wrap.		
Assists endoscopist with band deployment as required.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Disposes of all equipment as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

Hemospray™	Score	Comment/Review
To demonstrate competency in this the nurse will be observed:		
Describes the rationale for using Hemospray™.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects appropriate equipment when requested by endoscopist.		
Removes equipment safely from the packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Prepares Hemospray™ according to facility / manufacturer guidelines eg, activates CO ₂ canister.		
Demonstrates drying the suction channel by clearing fluid with a syringe of air and disconnecting suction.		
Passes the spray catheter to the endoscopist.		
When ready, connects the spray catheter to the handle and turns the red valve to the open position.		
When instructed, deploys the powder in 1-2 second bursts by pressing red trigger button.		
Is observed trouble shooting a blocked spray catheter, eg, turning the red valve to closed position, removing from channel, wiping tip OR cutting off blocked tip OR using a new catheter.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage, ensuring the red valve is in the closed position to prevent accidental powder deployment.		
At the end of the procedure is observed depressuring the remaining CO ₂ by twisting the red activation knob until all gas is dispensed.		
Dispose of all equipment as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

Botulium (Botox) Injection	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for botulium injections based on the patient's referral.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the correct medication and equipment.		
Is observed completing the 5 'Rights' steps for medication, with particular attention to expiry date on ampoule.		
Identifies side effects and contraindications of botulium medication.		
Safely prepares the botulium injection according to facility protocol, ensuring syringe is labeled and is a luer lock syringe.		
Removes the injection needle safely from the packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Adjusts the needle length if requested by the endoscopist and needle is adjustable .		
Ensures the needle extends and retracts smoothly into the outer sheath prior to use.		
Prepares equipment correctly eg. Attaches luer lock and primes needle.		
Safely passes the injection needle to the endoscopist.		
Follows the endoscopist's instructions to : extend needle (ie "open", "out")		
<i>inject</i> solution		
<i>retract</i> needle (ie "close", "in")		
Clearly communicates actions to the endoscopist throughout the procedure.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Completes required documentation eg. Medication chart		
Disposes of all equipment as per facility policy, with particular attention to sharps disposal.		
Witness Initial		

Direct Observation of Practice

Date:

Oesophageal Dilatation - Bougie / Savary	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for a bougie / savary dilatation.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Locates appropriate equipment eg. Single use or disinfected reusable / correct size / guidewires.		
If using reusable identifies that the equipment has been correctly processed prior use eg. dilator high level disinfected and guidewire sterilised		
Selects the appropriate size when requested by the endoscopist		
Describes the markings on the guidewire (if relevant) before use.		
Safely passes the equipment to the endoscopist.		
Assists the endoscopist with the exchange of the endoscope over the guidewire.		
Is observed assisting with securing and positioning of the guidewire if responsible for the patient's head/ airway.		
Ensures the tip of the bougie / savary dilator is well lubricated.		
Feeds the bougie / savary dilator over the wire and safely passes it to the endoscopist and maintains back tension on guidewire.		
Receives the bougie / savary dilator and guidewire from the endoscopist post dilatation.		
Ensures the bougies / savary dilator is wiped clean before transportation to the reprocessing area if dilator is reusable.		
Clearly communicates to reprocessing room staff that the bougie / savary dilator and guidewire has been used on a patient.		
Disposes of all single use equipment as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

Oesophageal Dilatation - TTS Balloon	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for a TTS (Through The Scope) balloon dilatation.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment when requested by the endoscopist eg. CRE balloon of correct diameter.		
Removes the equipment safely from the packaging.		
Inspects the product for any abnormalities to ensure suitable for use.		
Prepares the Alliance syringe/CRE Steriflate device with an appropriate medium eg. water		
Correctly places the Alliance syringe to the inflation gun (if using this equipment).		
Correctly connects the dilatation balloon to the inflation device.		
Ensures balloon protective cover is removed.		
Safely passes the equipment to the endoscopist.		
Inflates the balloon to requested pressure and communicates action to endoscopist.		
Maintains pressure at requested level and communicates action to endoscopist.		
Monitors and communicates the time of inflation and explains rationale for this.		
Deflates the balloon when requested by the endoscopist.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Safely dismantles the syringe and inflation device (if using this equipment)		
Disposes of all single use equipment as per facility policy.		
Cleans reusable inflation device as per facility policy (if using this equipment).		
Witness Initial		

Direct Observation of Practice

Date:

Oesophageal Dilatation - Achalasia Balloon	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Explains the rationale for an achalasia balloon dilatation.		
Outlines possible risks associated with this procedure and takes appropriate action.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist including radiology if needed		
Selects the appropriate equipment when requested by the endoscopist eg. achalasia balloon (Rigiflex), sphygmomanometer inflation device and guidewire.		
Removes the equipment safely from packaging.		
Inspects the product for any abnormalities to ensure suitable for use.		
Demonstrates knowledge of inflation pressure required for maximum balloon dilation and can relate this to gauge on the inflation device.		
Correctly connects the achalasia balloon to the inflation device.		
Safely passes the equipment to the endoscopist.		
Assists with guidewire placement, withdrawal of endoscope and placement of Rigiflex balloon over the wire.		
Ensures the guidewire is held firmly and straight when feeding over and positioning balloon.		
Inflates the balloon to requested pressure and communicates action to endoscopist.		
Maintains pressure at requested level and communicates actions to endoscopist.		
Monitors the time of inflation and explains rationale for this.		
Deflates the balloon when requested by the endoscopist.		
Assists with safely removing the balloon and guidewire from the patient.		
Disposes of all single use equipment as per facility policy.		
Cleans inflation device as per facility policy ensures reusable guidewire is sent to CSD for processing.		
Witness Initial		

Direct Observation of Practice

Date:

Oesophageal Stenting - beside the scope stent	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for an oesophageal stent based on the patient's referral.		
Clearly identifies precautions required for this procedure and takes appropriate action eg. PPE / Radiological gowns / Imaging warning signs.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects appropriate equipment when requested by endoscopist eg. Clips, contrast, guidewire, catheter or sphinctertome.		
Ensure that radiopaque contrast has been prepared and labelled correctly as per facility policy.		
Correctly prepares accessory equipment when requested by Endoscopist eg. wets guidewire, primes catheter, sphincterotome.		
Outline other precautions required pre oesophageal stent insertion and check patient documentation as per facility policy eg. contrast allergy, INR level.		
Safely passes accessory equipment items to endoscopist when requested.		
Identifies stricture on radiological image. Assists with radiological marking of stricture ie paperclip method		
Is observed assisting endoscopist to position the guidewire.		
Is observed assisting the endoscopist with endoscope withdrawal over the guidewire whilst maintaining position eg. Backtension on guidewire.		
Clearly communicates oesophageal stent measurements to the endoscopist prior to opening.		
Removes the equipment safely from packaging when instructed.		
Inspects the product for any abnormalities to it is ensure suitable for use.		
Prepares the selected oesophageal stent for insertion eg. Removes metal wires, flushes		
Is observed placing backtension on the guidewire to assist the endoscopist with stent placement.		
Is observed deploying stent, if requested by endoscopist, clearly communicating actions.		
Identifies the position of the oesophageal stent on x-ray through the stricture.		
Withdraws the device from the patient in a safe manner to control aerosolization of body fluids.		
Disposes of all equipment as per facility policy.		
Completes all stent documentation as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

Oesophageal Stenting - through the scope stent	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for an oesophageal stent based on the patient's referral.		
Clearly identifies precautions required for this procedure and takes appropriate action eg. PPE		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects appropriate equipment when requested by endoscopist eg. guidewire		
Is observed assisting endoscopist to position the guidewire.		
Clearly communicates oesophageal stent measurements to the endoscopist prior to opening.		
Removes the equipment safely from packaging when instructed.		
Inspects the product for any abnormalities to it is ensure suitable for use.		
Prepares the selected oesophageal stent for insertion eg. Removes packaging guards, flushes		
Is observed placing stent over the guidewire and assisting endoscopist with insertion through biopsy port.		
Is observed placing backtension on the guidewire to assist the endoscopist with stent placement.		
Is observed deploying stent, if requested by endoscopist, clearly communicating actions.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Completes all stent documentation as per facility policy.		
Disposes of all equipment as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

Duodenal Stent	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for placement of a duodenal stent based on the patient's referral.		
Clearly identifies precautions required for this procedure and takes appropriate action eg. PPE/ radiation protection/warning signs		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects appropriate equipment when requested by endoscopist eg. therapeutic gastroscope with wide channel, contrast, fluoroscopy, guidewire		
Is observed assisting endoscopist to position the guidewire directly or via a sphincterotome.		
Clearly communicates duodenal stent measurements to the endoscopist prior to opening.		
Removes the equipment safely from packaging when instructed.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Prepares the selected duodenal stent for insertion eg. removes packaging guards, flush ports		
Is observed placing stent over the guidewire and assisting endoscopist with insertion through biopsy port.		
Is observed placing backtension on the guidewire to assist the endoscopist with stent placement.		
Is observed deploying stent, if requested by endoscopist, clearly communicating actions.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Completes all stent documentation as per facility policy.		
Disposes of all equipment as per facility policy.		
Witness Initial		

Direct Observation of Practice**Date:****Percutaneous Endoscopic Gastrostomy (PEG)****Score****Comment/Review****To demonstrate competency in this the nurse will be observed:**

Explain the rationale for PEG insertion based on patient referral.

Identifies any contra-indications prior to procedure eg. INR level, NBM status.

Can explain the risks of the procedure to the patient eg. perforation, bleeding.

Can explain the technical process for the PEG procedure in simple terms.

Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist

Identifies which disposable items are required for the procedure and prepares them for the RN First Assist: PEG or Registered Medical officer (RMO).

Prepares the PEG insertion trolley with appropriate equipment as per facility policy.

Inspects the product for any abnormalities to ensure it is suitable for use.

Maintains a sterile field if assisting with procedural set up.

List medications commonly used in procedure and the action + contraindications. Eg. IV AB's

Is observed in technical assistant role with endoscopist.

Is observed in patient airway role.

Ensure documentation is complete, including information for the ward and product tracking is accurate.

Disposes of all equipment as per facility policy.

Witness Initial

Direct Observation of Practice

Date:

Nasojejunal Tube	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for a naso jejunal (NJ) tube based on the patient's referral.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment when requested by the endoscopist.		
Removes the equipment safely from packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Ensures any additional equipment is available eg. grasping forceps/scissors/Magill forceps/laryngoscope.		
Correctly prepares and loads wire into the NJ tube eg. flushes with sterile water to lubricate		
Assists endoscopist with anaesthetising nasal passage with local anaesthetic if required.		
Safely passes the NJ tube to endoscopist when requested.		
Whilst the endoscopist withdraws the endoscope ensure the NJ tube remains in position.		
Is observed removing the guidewire from the NJ tube.		
Assists the endoscopist with the nasal transfer tube.		
Completes remaining NJ tube requirements eg. cuts to the desired external length / places barbed fitting on / secures in place as per manufacturers instructions		
Disposes of all used equipment as per facility policy.		
Completes paperwork as per facility policy including tube diameter and marking at the nares.		
Witness Initial		

Direct Observation of Practice

Date:

Sclerotherapy	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for sclerotherapy based on the patient's referral.		
Ensures PPE is used by all staff, particularly eye protection to prevent permanent eye damage.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment when requested by the endoscopist eg. sclerosing solution/injector. Consider using an old gastroscope in case of accidental solution deployment and gastroscope damage.		
Safely prepares the sclerotherapy injection as per facility policy.		
Safely removes the injection needle from the packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Adjusts the needle to the required length if requested by the endoscopist and needle is adjustable		
Ensures the needle extends and retracts smoothly into the outer sheath prior to use.		
Prepares equipment correctly eg. Attaches luer lok and primes needle.		
Safely passes the injection needle to the endoscopist.		
Follows the endoscopist's instructions to : extend needle		
<i>Inject</i> solution		
<i>Retract</i> needle		
Clearly communicates actions to the endoscopist throughout the procedure.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Disposes of all equipment as per facility policy with particular attention to sharps disposal.		
Witness Initial		

Direct Observation of Practice

Date:

Polyloop	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for using a polyloop.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment when requested by endoscopist.		
Ensures the Polyloop cutter is available in the endoscopy to remove the loop in case of incorrect positioning.		
Removes the equipment safely from packaging.		
Inspects the product for any abnormalities to it is ensure suitable for use.		
Correctly prepares the Polyloop for use eg. Re-sheaths the loop by pushing 'yellow' stopper forward (away from handle).		
Safely passes the equipment to the endoscopist.		
Operates the Polyloop when instructed by the endoscopist. Unsheath loop by pulling yellow stopper towards handle.		
Uses clear communication to assist the endoscopist to position the Polyloop over the polyp and around the stalk.		
Closes the Polyloop on instruction from the endoscopist by pulling slider towards thumb ring, communicating actions continuously. Do not over tighten as you can transect the polyp.		
Watches for polyp whitening/blanching and waits for endoscopists instructions to finish tightening.		
Is observed detaching the Polyloop when instructed by moving the slider away from the thumb ring until blue string is released.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Disposes of all equipment safely as per facility policy.		
Ensures that a polyloop cutter is available in the endoscopy room to remove the polyloop in case of incorrect loop position.		
Disposes of all equipment safely as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

Over The Scope Clip (OTSC)	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for using an OTSC.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Locates appropriate equipment eg. correct size clip for endoscope diameter		
Safely removes equipment from the packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Correctly assembles the OTSC as per manufacturers instruction / facility guidelines.		
Is observed inserting the 'hand wheel' into the biopsy channel of the endoscope and attaches velcro strap.		
Is observed using grasper to collect the 'trigger' cord from the biopsy channel and threading it up through the 'hand wheel'.		
Is observed placing the 'trigger' cord into the 'wheel handle' gap and removes the slack.		
Correctly fits the applicator cap snugly on the distal tip of the endoscope.		
Correctly tightens the 'trigger' cord until gentle tension is felt.		
Is observed assisting the endoscopist with deployment of the OTSC.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Disposes of all equipment as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

Endoscopic Mucosal Resection (EMR) - Duette	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describe the rationale for using the EMR technique.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment when requested by endoscopist eg. duette kit + disposable accessories		
Removes the equipment safely from packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Prepares solution for injection as per facility policy eg. Methylene Blue/Indigo carmine mix		
Prepares syringe for injection as per facility policy. eg. 9mls dye solution + 1ml adrenaline = 10ml syringe (some facilities may not use adrenaline)		
Prepares injector with solution for injection as requested by the endoscopist.		
Follows the steps in the diathermy competency for patient safety, plate site selection considerations, correct mode and settings.		
Assists endoscopist to mark the lesion site using included hot snare and diathermy set on soft coag setting (snare tip coagulation)		
Under instructions, injects lift solution, letting endoscopic known how much lift solution has been dispensed.		
Once the endoscope has been removed from the patient, correctly attaches ligator handle to endoscope eg. removes biopsy cap and inserts ligator into channel		
Correctly prepares the loading catheter and attaches the trigger cord to handle.		
Correctly attaches the bander to the tip of the endoscope to optimise views and prepares for use.		
Identifies when tissue ligation has occurred with the band and safely passes hot snare to endoscopist.		
Checks diathermy settings have been changed from Soft Coag to Forced Coag (setting as specified by endoscopist).		
Operates diathermy snare as instructed by endoscopist and clearly communicates actions.		
Demonstrates knowledge on tissue collection.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Disposes of all equipment as per facility policy.		
Witness Initial		

Direct Observation of Practice

Date:

BarrX/HALO Ablation	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describe the rationale for focal ablation based on the patient's referral.		
Describe the contraindications for focal ablation ie anticoagulation, varices, stricturing, known oesophageal lesion/nodules, previous radiation treatment.		
Outlines the precautions required when using focal ablation and appropriate actions to reduce risk eg. cardiac devices, previous oesophageal surgery, strictures or ulceration.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment when requested by endoscopist eg. BarrX focused 60, 90 or 360 balloon catheter.		
Describes the difference between BarrX catheters.		
Safely prepares accessory equipment as required eg. N-Acetyl cysteine / 20ml slip tip syringes / sterile water / disposable EMR cap for BarrX catheter.		
Removes the equipment safely from packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Tests the equipment prior to use following manufacturer / facility guidelines.		
Safely prepares BarrX energy generator eg. selects correct energy density		
Safely passes the endoscopist the ablation catheter when requested eg. ensures cable is disconnected to prevent accidental burning on intubation.		
Notes how many treatments have been delivered and can communicate information to endoscopist if asked.		
Safely disconnects ablation cable to remove equipment from patient / endoscope.		
Safely cleans ablation catheter with appropriate solution (sterile water) and prepares for second treatment if required.		
Identifies how many full segment treatments can be undertaken in one session and describes the rationale for this eg. maximum of two.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Safely disposes of all equipment as per facility policy.		
Outlines complications post procedure and post procedural care.		
Describes medications appropriate to relieve post procedural pain eg. anti-secretory medications, IV paracetamol and IV anti-emetics.		
Witness Initial		

Direct Observation of Practice

Date:

Endoscopic Ultrasound (EUS) LINEAR	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describe the indications for completing an EUS		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment when requested by endoscopist e.g. correct EUS and accessories (e.g. buttons)		
Correctly prepares EUS equipment and appropriately connects endoscope to processor following manufacturer / facility guidelines ie placement of imaging balloon if needed		
Selects appropriate FNA equipment (e.g.: needle / cytorich / saline / syringe)		
Removes the equipment safely from packaging		
Inspects the product for any abnormalities to ensure it is suitable for use		
Assists the endoscopist to obtain required samples using FNA needle.		
Safely removes equipment from the endoscope once sample is collected, demonstrating an awareness of potential hazards e.g. resheath the needle		
Collects FNA sample in a proficient manner ie. opens needle over sample pot and flushes with saline until fluid is clear, then air bolus to clear injector channel.		
Checks sample size and communicates this to the endoscopist.		
Disposes of all equipment as per facility policy / sharps bin for needle		
Ensures balloon is removed immediately post procedure and follows correct bedside clean		
Witness Initial		

Direct Observation of Practice

Date:

Endoscopic Ultrasound (EUS) RADIAL	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describe the indications for completing an EUS		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment when requested by endoscopist e.g. Correct EUS radial endoscope and accessories (e.g.: buttons)		
Correctly prepares EUS machine and appropriately connects to processor following manufacturer / facility guidelines		
Correctly prepares the endoscope with imaging balloon, if used		
Test the imaging balloon prior to use		
Safely removes equipment from the endoscope demonstrating an awareness of potential hazards		
Disposes of all equipment as per facility policy		
Ensures balloon is removed immediately post procedure and follows correct bedside clean		
Witness Initial		

Direct Observation of Practice

Date:

Single Balloon Enteroscopy	Score	Comment/Review
To demonstrate competency in this area the nurse will be observed:		
Describes the rationale for undertaking a single balloon enteroscopy.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment when requested by the endoscopist eg. single balloon splinting tube, sterile water, syringe and inflation pump.		
Removes the equipment safely from the packaging.		
Inspects the product for any abnormalities to ensure suitable for use.		
Correctly prepares the SBE for use eg. lubricates the inner channel of the SB tube with sterile H2O or saline / prepares inflation processor / attaches control cover.		
Safely passes the equipment / endoscope to the endoscopist.		
Is observed assisting the endoscopist eg. holds splinting tube in place whilst endoscopist advances endoscope.		
Withdraws devices from the enteroscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Safely removes the splinting tube from the endoscope.		
Disposes of all single use equipment and sends reuseable parts to CSD for reprocessing as per facility policy.		
Cleans the inflation processor as per facility policy.		
Witness Initial		