

# LOWER ENDOSCOPY

## Directly Observed Practical Skills:

- 1 Pre-procedure
- 2 Intra-procedure
- 3 Post-procedure
- 4 Diathermy
- 5 Hot Polypectomy
- 6 Cold Polypectomy
- 7 Injecting Polyps
- 8 Tattooing
- 9 Colonic Dilatation - Balloon
- 10 Colonic Stent
- 11 Endoscopic Mucosal Resection (EMR) - polyp
- 12 Endoscopic Submucosal Dissection (ESD) - polyp
- 13 Decompression Tube
- 14 Haemorrhoid Banding
- 15 Specimen Collection - Strip Biopsy



Name:

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Position:

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Date Commenced:

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Date Completed:

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## 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
<b>Expert</b>	<b>5</b>	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.
<b>Proficient</b>	<b>4</b>	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.
<b>Competent</b>	<b>3</b>	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.
<b>Advanced Beginner</b>	<b>2</b>	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.
<b>Novice</b>	<b>1</b>	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.

## Lower Endoscopy - Directly Observed Practical Skills Assessment

		Date	Competency Score	Staff Signature	Assessor Signature	Comment
1	Pre-procedure					
2	Intra-procedure					
3	Post-procedure					
4	Diathermy					
5	Hot Polypectomy					
6	Cold Polypectomy					
7	Injecting Polyps - Lift for removal					
8	Tattooing					
9	Colonic Dilation - Balloon					
10	Colonic Stent					
11	Endoscopic Mucosal Resection (EMR) - polyp					
12	Endoscopic Submucosal Dissection (ESD) - polyp					
13	Decompression Tube					
14	Haemorrhoid Banding					
15	Specimen Collection - Strip Biopsy					

Review Date:					
Item number (1-15):					
New competency score:					
Staff Signature:					
Assessor Signature:					

# Direct Observation of Practice

Date:

Pre-procedure (procedure room)	Score	Comment/Review
<b>To demonstrate competency in this area the nurse will:</b>		
Check the scheduled endoscopy list and prepare the procedure room accordingly.		
Correctly select and prepare the endoscope required for a Lower 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 air/CO2, flush, water flow.		
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:		
<b>Intravenous:</b> Midazolam, Fentanyl, Pethidine, Buscopan, etc		
<b>Others:</b> Simethicone, CO2		
Describe the side effects and contraindications of each medication used in your facility.		
Correctly prepare and label the medications for each Lower GI procedure.		
Identify which reversal agents may be required during the procedure. (Flumazenil, 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.		
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 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 an lower endoscopy procedure.		
<b>Witness Initial</b>		

## Direct Observation of Practice

Date:

Intra-procedure (procedure room)	Score	Comment/Review
<b>To demonstrate competency in this area the nurse will:</b>		
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 instruments may be required for a procedure and prepare accordingly eg. Biopsy, snare, clip, injectors.		
Demonstrates correct documentation of the administered medication on the Intra-Procedural Record as per legislated requirements.		
Identifies which vital observations must be taken during the procedure and explains the rationale for this.		
Identifies the <i>frequency</i> of vital observations during the procedure and provides rationale for this.		
Demonstrates accurate documentation of vital observations, oxygen delivery and LOC level on the Intra-Procedural Record eg. NZEWS, sedation score.		
Is observed communicating any changes in vital observations to the endoscopist.		
Is observed providing appropriate reassurance to the patient during the procedure.		
Is observed assessing the patients comfort level during the procedure and provides the rationale for undertaking this assessment.		
Demonstrates accurate documentation of the patients comfort score on the Intra-Procedural Record as per facility policy.		
Is observed communicating any changes in the patients comfort score to the endoscopist, followed by appropriate action as per facility policy eg. withdrawal of consent.		
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.		
<b>Witness Initial</b>		

## Direct Observation of Practice

Date:

Post-procedure (procedure room)	Score	Comment/Review
<b>To demonstrate competency in this area the nurse will:</b>		
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 as per facility policy.		
Is observed disposing of rubbish/waste materials into correct bins/containers as per facility policy (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.		
<b>Witness Initial</b>		

## Direct Observation of Practice

Date:

Diathermy	Score	Comment/Review
<b>To demonstrate competency in this area the nurse will:</b>		
Explain how diathermy works.		
Be observed setting up the diathermy equipment, including adjusting the settings to suit the type of procedure eg. polypectomy in caecum		
Carry out the necessary safety checks on the diathermy prior to use on the patient eg. identifying risk factors such as pacemaker, ICD, metal joints.		
Describe the actions to take if the patient has either a pacemaker, ICD or metal joint and the rationale for those actions.		
Be observed placing the patient pad in the correct location, confirming the pad is attached correctly and identifying any factors that may affect conduction and the action they would take to address this.		
Be observed checking the cables and plugs for damage or incorrect connection.		
Be observed correctly attaching the accessory to the diathermy generator.		
Describe factors to be aware of when using diathermy, etc. eg. thermal injury, right or left side of the colon.		
Be observed removing the patient pad, taking care not to damage patient skin and checking site for thermal injury.		
Be observed disposing of accessory equipment in accordance with facility policy		
<b>Witness Initial</b>		

## Direct Observation of Practice

Date:

Standard Hot Polypectomy	Score	Comment/Review
<b>To demonstrate competency in this the nurse will be observed:</b>		
Describes rationale for polypectomy.		
Describes health and safety precautions associated with specimen collection.		
Describes infection control precautions associated with specimen collection.		
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. snare type (standard or spiral).		
Removes equipment safely from packaging.		
Inspects the product for any abnormalities to ensure suitable for use.		
Prepares diathermy equipment for polypectomy eg. selects appropriate setting for procedure.		
Checks relevant cables are in correct position eg. monopolar or bipolar and foot pedal.		
Ensures all relevant cables are connected and the diathermy machine is ready to proceed eg. patient pad indicator is green.		
Confirms diathermy setting with endoscopist prior to proceeding with polypectomy.		
Safely passes equipment to the endoscopist and connects for use.		
Correctly operates the snare when requested by the endoscopist and verbalises actions clearly eg. 'open' and 'close'		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Is observed correctly assembling the specimen trap for collection of polyp.		
Is observed correctly connecting and disconnecting the specimen trap from the endoscope pre and post polypectomy.		
Is observed transferring polyp into appropriate specimen medium for further tissue examination at the laboratory.		
Correctly completes all documentation associated with specimen collection eg. specimen pot labeled with correct patient details (name, DOB, NHI)		
Disposes of all equipment as per facility guidelines.		
<b>Witness Initial</b>		



## Direct Observation of Practice

Date:

Standard Cold Polypectomy	Score	Comment/Review
<b>To demonstrate competency in this the nurse will be observed:</b>		
Describes rationale for polypectomy.		
Describes health and safety precautions associated with specimen collection.		
Describes infection control precautions associated with specimen collection.		
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. snare type/size.		
Removes equipment safely from packaging.		
Inspects the product for any abnormalities to ensure suitable for use.		
Safely passes equipment to the endoscopist and connects for use.		
Correctly operates the snare when requested by the endoscopist and verbalises actions clearly eg. 'open' and 'close'		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Is observed correctly assembling the specimen trap for collection of polyp.		
Is observed correctly connecting and disconnecting the specimen trap from the endoscope pre and post polypectomy.		
Is observed transferring polyp into appropriate specimen medium for further tissue examination at the laboratory.		
Correctly completes all documentation associated with specimen collection eg. specimen pot labeled with correct patient details (name, DOB, NHI)		
Disposes of all equipment as per facility guidelines.		
<b>Witness Initial</b>		

## Direct Observation of Practice

Date:

Injection of Polyps	Score	Comment/Review
<b>To demonstrate competency in this the nurse will be observed:</b>		
Describe the rationale for injecting a polyp.		
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. injector, lifting solution		
Removes the equipment safely from packaging.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Tests injector to ensure it is operational prior to use eg. move needle 'in' and 'out' of sheath.		
Prepares syringe with appropriate solution to raise polyp eg. normal saline 0.9%, blue dye/gelafusine/adrenaline OR selects correct pre-mix lifting solution..		
Describe the rationale for using adrenaline in the lifting mix and the potential contraindications/side effects of mucosal adrenaline injection		
Safely passes the equipment to the endoscopist with awareness of sharp safety, ensuring the needle is inside the sheath as the injector goes down the channel.		
Operates the injector correctly when requested by endoscopist and clearly communicates actions eg. 'in' and 'out'.		
Clearly communicates the volume of solution injected in 0.5 ml increments.		
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 hospital guidelines with consideration to sharp safety.		
<b>Witness Initial</b>		

## Direct Observation of Practice

Date:

Tattooing	Score	Comment/Review
<b>To demonstrate competency in this the nurse will be observed:</b>		
Describe the rationale for tattooing in the colon, including rationale for using saline to raise a bleb before injecting dye and the difference between one site and three site injection technique. (ie one site for endoscopic resection/identification, three site for surgical resection)		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Locate and identify the appropriate equipment for tattooing eg. injector, pre-mix solution.		
Removes the equipment safely from package when requested by endoscopist.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Test the injector and prepares for tattooing eg. moves needle in and out of sheath.		
Assembles tattoo ink syringe or pre filled mix as per instructions.		
Identifies with the endoscopist whether they require a saline bleb prior to tattoo injection.		
Prepares the injector following the endoscopist's instructions eg. primes injector with saline OR ink to the tip of the needle.		
Safely passes the equipment to the endoscopist with awareness of sharp safety, ensuring the needle is inside the sheath as the injector goes down the channel.		
Operates the injector correctly when requested by endoscopist and clearly communicates actions eg. 'needle out' and 'needle in'.		
Clearly communicates the volume of solution injected in 0.5 ml increments.		
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 guidelines with consideration to sharp safety.		
<b>Witness Initial</b>		

<b>Direct Observation of Practice</b>		<b>Date:</b>
<b>Colonic Dilation - Balloon</b>	<b>Score</b>	<b>Comment/Review</b>
<b>To demonstrate competency in this the nurse will be observed:</b>		
Describes the rationale for a TTS (Through The Scope) balloon dilation.		
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 as per manufacturers instructions		
Correctly places the Alliance syringe to the inflation gun (if using this equipment).		
Correctly connects the dilation 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).		
<b>Witness Initial</b>		

# Direct Observation of Practice

Date:

Colonic Stent	Score	Comment/Review
<b>To demonstrate competency in this the nurse will be observed:</b>		
Describe the rationale for a colonic stent based on the patients referral.		
Identify the colonic stents available in the facility and outline the difference between each product.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Prepare equipment for colonic stent insertion eg. Sterile water, sterile bowl, radiopaque contrast, sphincterotome or tandem XL cannula, guidewire as per facility policy		
Ensure that radiopaque contrast has been prepared and labelled correctly as per facility policy.		
Ensure that all the equipment has been safely transported to the area (procedure room, operating theatre, interventional radiology) and the procedural room has been set up correctly eg. x-ray signs on the doors		
Outline precautions required pre colonic stent insertion and ensure all staff are wearing appropriate Personal Protective Equipment (PPE) eg. radiological lead gowns and personal dosimetry badges.		
Outline other precautions required pre colonic stent insertion and check patient documentation as per facility policy eg. contrast allergy, INR		
Identifies and selects appropriate equipment when requested by endoscopist and confirms type and size of stent with endoscopist before opening..		
Safely removes equipment from packaging and follows facility policy / guidelines for product tracing of disposable equipment.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Prepares equipment required for cannulation of strictue eg. sphincterotome, cannula, radiopaque contrast.		
Assists endoscopist with identification of the stricture and position of the guidewire on x-ray.		
Prepares the colonic stent for use eg. locked in place / primed with fluid as per facility policy		
Can describe the mechanism used for deploying the colonic stent.		
Places back tension on the guidewire to assist the endoscopist with stent insertion / placement.		
Identifies the position of the colonic stent on x-ray through the stricture.		
Injects with radiopaque contrast as directed by the endoscopist.		
Deploys the colonic stent in a controlled manner, as directed and as per manufacturers instructions, communicating with the endoscopist throughout the process		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Completes all documentation associated with the insertion of a metal stent as per facility policy.		
Disposes of the equipment as per facility policy.		
<b>Witness Initial</b>		

<b>Direct Observation of Practice</b>		<b>Date:</b>
<b>EMR - polyp</b>	<b>Score</b>	<b>Comment/Review</b>
<b>To demonstrate competency in this the nurse will be observed:</b>		
Describe the rationale for an Endoscopic Mucosal Resection (EMR) based on the patients referral.		
Describe the possible complications post EMR and appropriate actions taken.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Identify which equipment may be required to undertake EMR.		
Prepares lift solution for injection as per facility policy. May include saline, gelofusil, blue dye, adrenaline.		
Selects appropriate equipment when requested by endoscopist.		
Removes equipment safely from package.		
Inspects product for any abnormalities to ensure it is suitable for use.		
Tests injector and prepares for EMR eg. moves needle in and out of sheath.		
Prepares the injector following the endoscopist's instructions eg. primes injector with lift solution to the tip of the needle.		
Prepares the diathermy for use including program selection if required (see Diathermy competency)		
Safely passes the prepared injector to the endoscopist for insertion into biopsy channel eg. needle inside sheath.		
Follows the endoscopist's instructions to inject lifting solution into the mucosa, moving the needle in and out of sheath as directed and explains the rationale for this action.		
Clearly communicates actions to endoscopist eg. 1mL injected.		
Safely passes the appropriate snare to the endoscopist and connects it to diathermy if required.		
Correctly operates the snare when requested by the endoscopist and verbalises actions clearly eg. 'open' and 'close'		
Withdraws devices from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Collects specimens removed for further examination in the laboratory as per facility policy.		
Clearly documents actions on patient procedural documentation record.		
Disposes of all equipment as per facility guidelines.		
<b>Witness Initial</b>		

<b>Direct Observation of Practice</b>		<b>Date:</b>
<b>Endoscopic Submucosal Dissection (ESD) Polyp</b>	<b>Score</b>	<b>Comment/Review</b>
<b>To demonstrate competency in this the nurse will be observed:</b>		
Describe the rationale for an Endoscopic Submucosal Dissection (ESD) based on the patients referral.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects and sets up appropriate equipment as per facility policy, manufacturers instructions and endoscopist preference.		
Identify which single use instruments may be used to undertake ESD eg. dual knife		
Prepares dye/injection solution as per facility policy.		
Removes instrument safely from packaging.		
Inspects product for any abnormalities to ensure it is suitable for use.		
Safely passes requested equipment to the endoscopist for insertion into biopsy channel.		
Is witnessed following the endoscopists instructions to manipulate and exchange instruments with clear communication and verbal confirmation of actions.		
Withdraws devices from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Collects specimen removed for further examination in the laboratory, assisting endoscopist with mounting and orientating specimen as per facility policy.		
Clearly documents actions on patient procedural documentation record.		
Describe the possible complications post ESD and appropriate actions taken.		
Disposes of all equipment as per facility guidelines.		
<b>Witness Initial</b>		

## Direct Observation of Practice

Date:

Decompression Tube	Score	Comment/Review
<b>To demonstrate competency in this the nurse will be observed:</b>		
Describe the rationale for the use of a decompression tube.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Select appropriate equipment when requested by endoscopist.		
Removing equipment safely from package.		
Inspect the product for any abnormalities to ensure it is suitable for use.		
Ensure any additional equipment is available i.e grasping forceps.		
<b>Option 1</b> Guidewire: Prepare guidewire and pass it to endoscopist to place inside patient through biopsy channel.		
Assist the endoscopist to withdraw the endoscope ensuring the guidewire remains in position.		
Safely pass the decompression tube to the endoscopist when requested and assist with inserting tube over the wire.		
Remove the guidewire from decompression tube.		
Secure the decompression tube in place.		
Dispose of all used equipment as per facility guidelines.		
<b>Option 2</b> Side by side: Assist endoscopist to thread suture material through the end of the decompression tube and knot.		
When instructed by endoscopist, introduce 'Rats tooth' forcep to biopsy channel of endoscope and grasp the suture knot at the end of the decompression tube.		
Clearly maintains grasp on the suture knot as the endoscopist 'railroads' the decompression tube alongside the endoscope.		
Clearly releases grasp on suture knot when instructed by endoscopist and applies slight forward pressure on decompression tube to maintain position as endoscopist removes the endoscope.		
Appropriately secures the decompression tube in place.		
Disposes of all used equipment as per facility guidelines.		
<b>Witness Initial</b>		



## Direct Observation of Practice

Date:

Haemorrhoid Banding	Score	Comment/Review
<b>To demonstrate competency in this area the nurse will:</b>		
Describe the rationale for haemorrhoid banding.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Selects the appropriate equipment as requested by the endoscopist.		
Safely removes the haemorrhoid banding kit from packaging and follows facility policy / guidelines for product tracing of disposable equipment.		
Inspects the product for any abnormalities to ensure it is suitable for use.		
Correctly assembles the proctoscope for use.		
Correctly assembles the haemorrhoid ligator.		
Safely passess the equipment to the endoscopist.		
Demonstrates re-loading of haemorrhoid bands as per manufacturers instructions.		
Ensures the patient has post procedure analgesia prescribed.		
Completes all documentation associated with the procedure as per facility policy.		
Disposes of the equipment as per facility policy.		
<b>Witness Initial</b>		

<b>Direct Observation of Practice</b>		Date:
<b>Specimen Collection - Strip Biopsy</b>	<b>Score</b>	<b>Comment/Review</b>
<b>To demonstrate competency in this the nurse will be able to:</b>		
Identify when strip biopsies are to occur and outline the rationale for strip biopsies eg. multiple random biopsies / IBD / cost.		
Review endoscopist preference of technique and equipment for this procedure to ensure they can safely and competently assist		
Select appropriate equipment when requested by endoscopist.		
Prepare equipment correctly eg. millipore strip cut the correct way		
Remove biopsy forceps safely from packaging.		
Inspect the product for any abnormalities to ensure suitable for use.		
Safely pass the equipment to the endoscopist.		
Demonstrates correct operation of biopsy forceps and awareness of health and safety and infection control issues eg. rinsing formalin / scatter of bowel fluid.		
Places specimens on the millipore strip correctly as per facility policy.		
Withdraws the device from the endoscope in a safe manner to control aerosolization of body fluids and prevent channel damage.		
Is observed labelling the specimens correctly as per facility policy.		
Disposes of equipment as per facility guidelines.		
<b>Witness Initial</b>		