

Candidate Name: _____



GASTROENTEROLOGY / ENDOSCOPY Skills Checklist

Experience Level	Updated 1/3/2010
1 = No Experience - Theory / Observed Only	3 = Experienced - Does Frequently / Competent
2 = Limited Experience - Have Done / May Need Review	4 = Proficient

	Level			
GENERAL SKILLS				
Conscious Sedation	1	2	3	4
Reversal Meds	1	2	3	4
Informed Consent	1	2	3	4
Interpretation of Arrhythmias	1	2	3	4
IV Access / Care	1	2	3	4
Central Lines (CVC, Hickman, Groshong)	1	2	3	4
Dialysis Catheter	1	2	3	4
Implanted Ports	1	2	3	4
Obtaining Peripheral Access	1	2	3	4
Knowledge of and Practices for Radiation Safety	1	2	3	4
Lift and Transfer Devices	1	2	3	4
National Patient Safety Goals	1	2	3	4
Obtain and Interpret 12 Lead EKGs	1	2	3	4
Patient / Family Teaching Pre / Post Procedure	1	2	3	4
Performs Allen Test	1	2	3	4
Portable Monitors / Defibrillators	1	2	3	4
Universal Precautions	1	2	3	4
Use and Safety with Patient Restraints	1	2	3	4

GASTROENTEROLOGY / ENDOSCOPY				
Assistance or Assessment of:				
Active GIB	1	2	3	4
Bronchoscopy	1	2	3	4
Collection of Hot / Cold BX's	1	2	3	4
Colonoscopy	1	2	3	4
EGD	1	2	3	4
Endoscopic Ultrasound	1	2	3	4
ERCP	1	2	3	4
Esophageal Ballooning	1	2	3	4
Esophageal Dilatation	1	2	3	4
Flexible Sigmoidoscopy	1	2	3	4
Manometry Studies	1	2	3	4
PEG Placements	1	2	3	4
Polypectomy	1	2	3	4
Rigid Proctoscopy	1	2	3	4
Sclero Therapy	1	2	3	4
Sphincterotomy	1	2	3	4
TEE	1	2	3	4
Variceal Banding	1	2	3	4

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GASTROENTEROLOGY / ENDOSCOPY, con't.	
Equipment:	
Bicap Unit	1 2 3 4
Cytology Brushes	1 2 3 4
Decompression Tubes	1 2 3 4
Dilators - Balloon	1 2 3 4
Dilators - Maloney	1 2 3 4
Dilators - Savory	1 2 3 4
Endo Pump	1 2 3 4
Esophageal Banding	1 2 3 4
Forceps	1 2 3 4
Foreign Body Equipment	1 2 3 4
Gold Probe / Injector Needles	1 2 3 4
Jejunal Tubes	1 2 3 4
Naso - Enteric Tubes	1 2 3 4
Polyp Snares	1 2 3 4
Replacement Gastrostomy Buttons	1 2 3 4
Replacement Gastrostomy Tubes	1 2 3 4
Procedures:	
Apply External Abdominal Pressure to Assist with Scope Movement	1 2 3 4
Cautery Devices	1 2 3 4
Scope Cleaning	1 2 3 4
Set Up of Scopes and Video Equipment	1 2 3 4
Specimen Collection and Labeling	1 2 3 4
Pre - Procedures:	
Airway Management	1 2 3 4
Monitor EKG, O2 SATS, and VS using Sedation Recovery Scale	1 2 3 4
Pre - Procedure Checklist	1 2 3 4
Post - Procedure:	
Assess GI Status Post Procedure	1 2 3 4
Assess for Gag Reflex Post EGD	1 2 3 4

MANOMETRY / DIAGNOSTIC TESTING	
24 Hour PH Ambulatory Study	1 2 3 4
Esophageal Manometry	1 2 3 4
Liver BX	1 2 3 4
Paracentesis	1 2 3 4

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PEDIATRIC PROCEDURES				
Pediatric Peg Cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Scope Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper EGD Scopes According to Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIMEN COLLECTION				
Biopsies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immuno Suppressed Protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MISC SKILLS				
Proper Scope Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Scope Washers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storing Scopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Leak Tester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE	
Outpatient	<input type="checkbox"/> Y <input type="checkbox"/> N
Free Standing Clinic	<input type="checkbox"/> Y <input type="checkbox"/> N
Community Hospital	<input type="checkbox"/> Y <input type="checkbox"/> N
Rural Hospital	<input type="checkbox"/> Y <input type="checkbox"/> N
Teaching Hospital	<input type="checkbox"/> Y <input type="checkbox"/> N

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LEGEND KEY FOR AGE SPECIFIC CRITERIA

[A] = Newborn (Birth to 30 days)

[B] = Infant (30 days to 1 year)

[C] = Toddler (1 to 3 years)

[D] = Young Children (3 to 6 years)

[E] = Older Children (7 to 12 years)

[F] = Adolescents (13 to 20 years)

[G] = Young Adults (21 to 39 years)

[H] = Middle Adults (40 to 60 years)

[I] = Older Adults (61+ years)

AGE SPECIFIC CRITERIA

Able to adapt care to incorporate normal growth and development

A B C D E F G H I

Able to adapt method and terminology of patient instructions to their age

comprehension and maturity level

A B C D E F G H I

Can ensure a safe environment reflecting specific needs of various age groups

A B C D E F G H I

CERTIFICATIONS / COURSES / SKILLS

BLS **Y N**

ACLS **Y N**

NRP **Y N**

PALS **Y N**

Arrhythmia Course **Y N**

Computerized Charting **Y N**

IV Certification **Y N**

Medication Administration System **Y N**

Initials _____

Print Name _____

Date _____

Signature _____