

## Dip HE / BSc Gastroenterology (Flexible Sigmoidoscopy)

### CONFIRMATION OF CLINICAL SUPERVISION AND EXPERIENCE FORM

**This form must be completed by the Consultant responsible for the Flexible Sigmoidoscopy Training**

<b>Name:</b>	
<b>Designation:</b>	
<b>Work Address:</b>	
<b>Contact Number:</b>	
<b>EMAIL Address:</b>	
<b>JAG Registered Endoscopist:</b>	YES*      NO*      (Delete as appropriate)

I support ..... (Named applicant) to undertake the theoretical and practical training required to perform flexible sigmoidoscopy as part of the Dip HE / BSc Gastroenterology (Flexible Sigmoidoscopy) Programme at the University of Hull.

I understand that I am required to provide the necessary support, training and clinical supervision of the above applicant to assist in the fulfilment of the practice outcomes within the timescale of the academic year (Sept – Sept).

I understand that the Unit in which the practice is to be undertaken will be able to provide sufficient exposure to the related clinical practice in order to achieve the following requirements:

1. observe and then undertake 25 set-up & takedown of endoscopic stacks
2. observe and then undertake 25 cleaning and disinfection of endoscopes
3. observe and reflect upon a minimum 25 flexible sigmoidoscopic procedures

4. undertake and reflect upon a minimum of 25 *directly supervised* withdrawals of flexible sigmoidoscopies
5. undertake and reflect upon a minimum of 75 *directly supervised* full procedures
6. undertake and reflect upon a minimum of 20 *directly supervised* conventional biopsies
7. undertake and reflect upon a minimum of 75 *indirectly supervised* full procedures
8. undertake and reflect upon a minimum of 25 *directly supervised* therapeutic procedures to include hot biopsy and snare polypectomy

Students will be formally assessed via OSCE assessments in their practice with the exception of therapeutic procedures. Therapeutic procedures will however be required to be assessed for competence within the workplace and evidence of their achievement documented within the applicants personal practice log.

**CONSULTANT SIGNATURE:**

**DATE:**

**MANAGERS SUPPORTING SIGNATURE:**

**DATE:**