

BSc Gastroenterology (Upper GI Endoscopy)

CONFIRMATION OF CLINICAL SUPERVISION AND EXPERIENCE FORM

This form must be completed by the Consultant responsible for the Upper GI Endoscopy Training

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

I support (Named applicant) to undertake the theoretical and practical training required to perform upper GI endoscopy as part of the BSc Gastroenterology (Upper GI Endoscopy) 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 Upper GI endoscopic procedures
4. undertake and reflect upon a minimum of 50 *directly supervised* full procedures concentrating on intubations
5. undertake and reflect upon a minimum of 150 *directly supervised* full procedures concentrating on anatomy and pathology
6. undertake and reflect upon a minimum of 20 *directly supervised* conventional biopsies
7. undertake and reflect upon a minimum of 100 *indirectly supervised* full procedures

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: