













ERCP				
TRAINEE NAME:		NUMBER:		
TRAINER NAME:		HOS	PITAL:	
CASE DIFFICULTY: Easy Moderate Complicated		DATI	E :	
KEY 3 = maximal 2 = moderate 1 = minimal supervision as ap	proa	aches	independence	
1. CONSENT			Not yet independent	Independent
 Discusses indications for the procedure, including potential findings, alter and need for biopsy. Discusses possible risks and complications of the procedure, such as performed in the procedure. 	oratio		3 2 1	
bleeding from sphincterotomy, pancreatitis, reaction to anaesthetic/sedationeed to repeat procedures etc.	on,			
2. PRE-PROCEDURE PLANNING			Not yet independent	Independent
 Reviews referral data (patient history, comorbidities, medications, relevant results) and assesses the clinical indication for the procedure. 	t		3 2 1	
 Assesses the patient to identify significant comorbidities and foresee risks or contraindications. 			3 2 1	
 Identifies and ensures appropriate management of anticoagulation pre-pro where required. 	ure,	3 2 1		
Demonstrates leadership and teamwork within the Endoscopy Unit.			3 2 1	
3. PRE-PROCEDURE PREPARATION			Not yet independent	Independent
• Ensures appropriate monitoring is in place and is able to describe the prin of monitoring.	cipl	es	3 2 1	
Ensures all equipment and the endoscopy room are set up correctly.			3 2 1	
Checks endoscope function, identifies and corrects problems prior to produce	cedu	ıre.	3 2 1	
Understands indications for prophylactic antibiotics and prescribes approp	riate	ely.	3 2 1	
 Actively participates in the WHO safety check and team time out or equiva according to local protocols. 	alen	t,	3 2 1	
4. EXPOSURE AND POSITIONING			Not yet independent	Independent
Positions patient appropriately for procedure, with mouthguard in.			3 2 1	
 Demonstrates understanding of the principles of safe sedation and potenti particularly as pertains to the deeper level of sedation required for ERCP. 	ial ri	sks,	3 2 1	
Monitors and maintains patient dignity and comfort throughout the process.	2 2 1			

5.	INTRA-PROCEDURE TECHNIQUE:	Not observed	Not yet independent	Independent
	 Insertion Understands the differences between a duodenoscope and a regular gastroscope and how this changes insertion technique. Demonstrates appropriate insertion technique to the duodenum. 		3 2 1	
	 Achieves a stable position with visualisation of the ampulla unassisted. Access Understands principles of cannulation, including equipment selection 		3 2 1	
	 and the role of medications to reduce peristalsis. Demonstrates an appropriate approach to the selected duct including when to use the dual wire approach, when to stent the pancreatic duct and when to abandon attempts. Achieves selective cannulation of the intended duct unassisted. 		3 2 1	
			3 2 1	
	 Cholangiogram Understands the principles of a cholangiogram and potential harm, including the need to limit radiation exposure. Demonstrates an appropriate approach to a cholangiogram in the 		3 2 1	
	clinical scenario.		3 2 1	
Skills	 Successfully performs and interprets the cholangiogram unassisted. 		3 2 1	
Global and Task Specific Skills	 Sphincterotomy or sphincteroplasty Understands the principles of sphincterotomy and equipment needed, including use of sphincterotomes, needle-knife and balloon sphincteroplasty. Demonstrates an appropriate approach to the manoeuvre. 		3 2 1	
l and	Achieves the manoeuvre unassisted.		3 2 1	
Globa	TherapyUnderstands the principles of stone extraction.		3 2 1	
	 Understands the principles of biliary drainage and stenting, including safe stent removal. 		3 2 1	
	Understands the principles of tissue sampling.		3 2 1	
	Demonstrates an appropriate approach to the manoeuvre.		3 2 1	
	Achieves a successful therapeutic manoeuvre unassisted.		3 2 1	
	Complications, difficulties and adjuncts • Is aware of (or demonstrates) measures to reduce risk of pancreatitis		3 2 1	
	Is aware of (or demonstrates) an approach to sphincterotomy bleeding		3 2 1	
	Is aware of adjuncts to successfully complete a difficult ERCP		3 2 1	
	Is aware of other options in the event of a failed ERCP		3 2 1	
	 Is aware of appropriate indications for adjuncts e.g. cholangioscopy, lithotripsy 		3 2 1	
lobal Skills	Other skills • Communication with staff is effective.		3 2 1	

6. POST-PROCEDURE MANAGEMENT		independent	Independent
Completes an accurate and appropriately detailed repor	t in a timely manner.	3 2 1	
Provides advice about post-procedural monitoring and r	reintroduction of diet.	3 2 1	
 Arranges appropriate follow-up based on patient presen findings and local protocols. 	ntation, endoscopic	3 2 1	
• Ensures an appropriate post-procedure anticoagulation made and documented in the report, where required.	management plan is	3 2 1	
• Discusses the report findings with patient, or delegates t	this appropriately.	3 2 1	
Is able to demonstrate an understanding of the principle managing complications and performs this where require	es of identifying and red.	3 2 1	
Is able to discuss the management of common histological relevant to the patient.		3 2 1	
COMMENTS AND FOCUS FOR FURTHER TRAINING:			
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INDEPENDENCE FOR THERAPEUTIC MANOUVERES:	Not observed	Not yet independent	Independent
Stone removal		3 2 1	
Stent placement		3 2 1	
• Sampling		3 2 1	
OVERALL ASSESSMENT:			
	IGNED:		