

Endoscopy Skills Self-Assessment

This profile is for use by **Endoscopy** Nurses with more than one year's experience in his/her discipline and specialty. Please return this checklist by mail or **FAX it to (800) 661-9303**.

Name _____ Signature _____ Date _____

Directions: Indicate your level of experience by circling the numbers below as follows:

**1 = Can Function Independently
2 = Experienced, but May Need Review
3 = Limited or No Experience**

Equipment			
Olympus	1	2	3
Pentax	1	2	3
ERBE	1	2	3
Pulse oximetry	1	2	3
Endostat	1	2	3
Procedures			
Conscious sedation	1	2	3
ERCP - monitoring	1	2	3
ERCP - equipment (stent placement, stone retrieval, etc)			
Colonoscopy	1	2	3
Gastroscopy	1	2	3
Polypectomy	1	2	3
Biopsy	1	2	3
Sclerotherapy	1	2	3
Bronchoscopy	1	2	3
Liver biopsy	1	2	3
pH studies	1	2	3
Manometry	1	2	3
Transesophageal echocardiogram	1	2	3
Endoscopic ultrasound	1	2	3
Paracentesis	1	2	3
Sigmoidoscopy	1	2	3
APC	1	2	3
Suctioning			
Endotracheal	1	2	3
Nasal-pharyngeal	1	2	3
Oral-pharyngeal	1	2	3
Tracheostomy	1	2	3
Care of Specimens	1	2	3
Hemodynamic Monitoring			
Auscultation	1	2	3
Cardiac Monitoring	1	2	3
Reprocessing			
Manual cleaning	1	2	3
Custom Ultrasonics reprocessor	1	2	3
Olympus reprocessor	1	2	3
Steris System 1 reprocessor	1	2	3