

## Q6 Please list the criteria that determine when an ER procedure should be taken over by a supervising practitioner.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-When a patient is unstable -When an adverse event has occurred (e.g. bleeding, perforation) beyond the capability of a trainee -When the lesion is beyond the skillset of the trainee from the outset -When the supervising practitioner has clearly explained how to perform a task and the trainee has acknowledged the instructions, but the trainee has not carried out the task as instructed -When the indication is potentially marginal -When the unit is running behind	1/13/2018 5:16 AM
2	Instable position. Severe bleeding. difficult snare positioning. Perforation	12/7/2017 5:32 PM
3	- When the supervisor with deep insight into the trainees knowledge and skills deems that the continuation of the procedure by the trainee beyond that stage will either have a high likelihood of causing patient harm in the form of complication or undue prolongation of the procedure beyond the allocated time putting pressure on the operator, nurses and patient or when the patient seems significantly uncomfortable - When the trainee's skills are deemed inadequate for continuation beyond that stage without the supervisor taking over	12/3/2017 9:19 PM
4	* no progression or too slow (time-ciontraints) * no good result: irradical resection e.g. * in case of complications (consider, but if trainee does well this might not be necessary)	11/18/2017 9:05 PM
5	1. In high risk individual for adverse outcome in the event of a complication, this is best performed by an experienced operator 2. In the event of a major complication during the procedure - perforation, major bleeding not amenable to simple measures 3. When the learning endoscopist is having difficulty elevating lesions effectively, is having difficulty with snare placement, having difficulty maintaining views in an unstable position, failing to make progress in ER after 10 minutes procedural time 4. When a precise en bloc resection is required of a high risk area, which would then influence patient outcome	11/8/2017 2:41 PM
6	LARGE (>2CM) LESIONS COMPLEX LESIONS (SITE, ACCESS, ETC) ANTICOAGULANTS CONTINUED ELDERLY PREVIOUS COMPLICATIONS LIVES DISTANT	11/7/2017 10:43 PM
7	1. Inability to achieve optimal polyp position (5-6 oclock position) 2. Inability to stabilize scope position 3. Inability to clearly define the exact extent of the polyp 4. Inability to achieve an optimal submucosal injection 5. Inability to direct the snare accurately over the lesion 6. Inability to keep tools close to the colonoscope 7. Inappropriate closing of snare over the polyp (superficial scraping of polyps and cold snaring of polyps) 8. Inability to ensure that a normal rim of tissue is resected around the polyp 9. Inability to appropriately address residual tissue 10. Inability to appropriately address adverse events such as bleeding and perforation	11/5/2017 1:31 PM
8	1. Concerns about suspicious areas within lesion which were not interrogated in detail prior to commencement of resection 2. Inability to adequately lift the lesion when there are concerns of fibrosis or deeper invasion (after steps including positioning of patient using gravitational pull, injection to a different site, and using the dynamic injection methods have been tried) 3. Uncontrolled bleeding during procedure 4. Deep muscular injury and the inability of the trainee to adequately address the defect	11/5/2017 2:23 AM
9	- Patient's safety: serious risk of adverse events; - Incomplete resection - Time too long	11/3/2017 1:34 PM
10	if the procedure is not proceeding in a timely manner if there is a complication that the trainee can not correct quickly or in a safe manner if the patient is becoming uncomfortable or agitated if the procedure proves more technically difficult than expected More scheduled time is required for training and if the endoscopist is a trainee then the nurse assistant should not also be training. OK for the nurse assistant to be training but with an experienced endoscopist - hope that makes sense!	11/3/2017 11:40 AM
11	Lack of progress due to any reason for more than 5-10 minutes, non-lifting lesion, continued bleeding for 5 minutes, signs or suspicion of perforation, instable patient, physician request	11/1/2017 10:56 AM
12	Patient withdrawal of consent for training.ER feels situation is unsafe for patient (in any way). Trainer feels the technical challenge is beyond the level of competence or experience of trainee. Patient intolerant of procedure which is incomplete. Trainee struggling to maintain stable or safe position for resection. Unexpected difficulty or access problem beyond level of training (ICV, fibrosis, flexure etc). When trainee feelsle unable to complete task even with support.	10/31/2017 10:22 PM