|  |
| --- |
| **Endoscopy Knowledge & Skills Framework** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

# ACKNOWLEDGEMENTS

We would like to thank everyone who individually or as a representative of their organisation, contributed to the development of the Endoscopy Knowledge and Skills Framework (EKSF) by providing feedback and suggestions for its direction and content.

The commitment and dedication to professional development shown by the endoscopy workforce for this work has been remarkable. The endoscopy workforce is encouraged to implement the framework to guide learning, knowledge and skills.

The EKSF and associated Directly Observed Practical Skills (DOPS) assessment tool will contribute to the national quality improvement work. Quality, sustainability of resources and development of the workforce is imperative to the future of endoscopy and gastroenterology.

***TABLE OF CONTENTS***

[ACKNOWLEDGEMENTS 2](#_Toc410910486)

[INTRODUCTION 4](#_Toc410910487)

[*Knowledge, skills and framework defined* 5](#_Toc410910488)

[*Competence defined* 5](#_Toc410910489)

[REGISTERED NURSES SECTION 6](#_Toc410910490)

[*Purpose* 6](#_Toc410910491)

[*Aim* 6](#_Toc410910492)

[*Objective* 6](#_Toc410910493)

[EKSF Model – Registered Nurses 8](#_Toc410910494)

[STRUCTURE OF THE RN SECTION 9](#_Toc410910495)

[*Legislation* 10](#_Toc410910496)

[*Aspects of care* 10](#_Toc410910497)

[*Outcomes* 10](#_Toc410910498)

[*Professional development* 11](#_Toc410910499)

[*Levels of practice* 12](#_Toc410910500)

[*Directly Observed Practical Skills Assessments (DOPS)* 17](#_Toc410910501)

[LEVEL 1 Orientation 18](#_Toc410910502)

[LEVEL 2 Competent 31](#_Toc410910503)

[LEVEL 3 Proficient 43](#_Toc410910504)

[LEVEL 4 Expert 51](#_Toc410910505)

[LEVEL 5 Expanded Roles 58](#_Toc410910506)

[Level 6 Advanced Practice 59](#_Toc410910507)

[CONCLUSION 60](#_Toc410910508)

[GLOSSARY OF TERMS 61](#_Toc410910509)

[REFERENCES 62](#_Toc410910510)

[APPENDIX 1 - Examples 65](#_Toc410910511)

[APPENDIX 2 – Legislation, standards & guidelines 66](#_Toc410910512)

[APPENDIX 3 – Rating Scale for Directly Observed Practical Skills 67](#_Toc410910513)

[APPENDIX 4 **–** Registered Nurse Professional Development and Recognition Career Pathway 68](#_Toc410910514)

**Version Control**

|  |  |  |
| --- | --- | --- |
| **Created by** | **Version** | **Date** |
| National Endoscopy Quality Improvement Team | 1.0 | 5 February 2015 |

|  |  |  |
| --- | --- | --- |
| **Updated by** | **Version** | **Date** |
|  |  |  |

***ENDOSCOPY KNOWLEDGE AND SKILLS FRAMEWORK***

#

# INTRODUCTION

Review of the publically funded endoscopy services in New Zealand (NZ) took place in 2010 and 2011 through the Ministry of Health (MOH) including Health Workforce New Zealand. Amongst the findings was a variation in the quality of endoscopy workforce across NZ and a lack of endoscopy specific competencies for staff to be working towards and to be assessed against.

A programme of work to improve the quality of endoscopy services in NZ was developed which included an opportunity to engage the workforce and develop a national framework for the non-medical endoscopy workforce in NZ; Registered Nurses (RN), Enrolled Nurses (EN) , Sterilisation Technicians (ST) and Health Care Assistants (HCA). There were meetings and webinars across the country with the endoscopy workforce to determine the scope of work currently delivered within gastrointestinal endoscopy services. This provided participants the opportunity to put forward aspirational ideas for future endoscopy services. A draft Endoscopy Knowledge and Skills Framework (EKSF) was developed from these discussions.

Copies of the draft EKSF were then circulated nationally. This gave the endoscopy workforce an opportunity to provide additional feedback and ideas. From the information provided, aspects of care were formulated; levels of practice outlined and essential knowledge and skills within endoscopy services in NZ determined to achieve specific health outcomes. The draft ESKF included separate sections for RNs, ENs, STs and HCAs.

The EKSF was to be implemented in 2013, but after review and consultation with a number of experienced endoscopy staff across New Zealand, it was determined more work was required before this could occur. It was decided to address the issues with each section with the different workforce groups separately, engaging more closely with the appropriate stakeholders required to ensure the EKSF is relevant and practical.

*ENDOSCOPY FRAMEWORK: KNOWLEDGE, SKILLS & COMPETENCE*

For the purpose of this work and to enable individuals an opportunity to understand differences and similarities between knowledge and skills framework and competence the following definitions have been offered.

##

## *Knowledge, skills and framework defined*

The word *knowledge* refers to the theoretical or practical understanding, familiarity or awareness gained through experience or study (Mifflin Company, 2009). The term *skill* refers to an art, trade, or technique, predominantly one requiring use of the hands or body in some way (Mifflin Company, 2009). Combined, the knowledge and skills framework assists individuals to identify the specific information they need to confidently and competently complete a practice role. Furthermore, a knowledge and skills framework is there to guide individual’s development and provide fairness and objectivity on which to complete performance reviews (Royal College of Nursing, 2005).

## *Competence defined*

Competence can be viewed as the application of knowledge and skills necessary for the practice role (National Council of State Boards of Nursing, 2005). Nursing Council of New Zealand (NCNZ) (2009) describe competence as the combination of knowledge and skills, attitudes, values and abilities that underpin the performance of a nurse. Further, competence includes thinking in action, confidence and clarity in decision making, and information retrieval from the career trajectory. Health care staff must demonstrate the ability to access evidence-based information and then synthesize the information within the context of practice situations. Self-reflection and self-assessment are necessary components of competency evaluation for staff to improve(Allen, Lauchner, Bridges, Francis-Johnson, McBride & Olivarez, 2008). Barrick and Mount (1991) assert competency captures skills and characters beyond cognitive abilities. Ideas such as self-awareness, self-regulation and social skills impact competency (as cited in Winterton, Delamere-De Deist & Stringfellow 2005, p.10). McClelland (1998) concur; competencies are fundamentally behavioural and susceptible to learning. According to Winterton, Delamere-De Deist & Stringfellow (2005) competency is the result of an interaction between intelligence (capacity to learn) and situation (opportunity to learn). Chase and Ericsson (1982) suggest knowledge and working memory play a major role in the acquisition of skills. Given the interaction and relationship between knowledge, skills and competence severance of the three can be problematic (as cited in Winterton, Delamere-De Deist & Stringfellow 2005, p.10).

Overall, intellectual capabilities are required to develop knowledge. Operationalising knowledge is part of developing skills; these are prerequisites to developing competence, along with ability, understanding, skill, action, experience and motivation. These dimensions all influence the individual’s degree of competency (Weinert 2001, as cited in Winterton, Delamere-De Deist & Stringfellow 2005, p.10). Hence the EKSF and competence tool offers an overall guide to developing specific understanding and expertise for Registered Nurses working in endoscopy.

# REGISTERED NURSES SECTION

The RN section of the draft EKSF was reviewed by a number of experienced endoscopy nursing staff across New Zealand in 2013. Several concerns were identified:

* Confusion with the levels of practice due to the complexity of the language used (all, many, some few).
* Limited career progression and scope of practice that did not reflect the diversity of endoscopy practice.
* Uncertainty as to how the EKSF would ‘fit with’ or relate to the Professional Development Recognition Programme (PDRP)
* Uncertainty how the EKSF could be incorporated into clinical nursing practice so the workforce would be motivated to participate.

In consultation with senior endoscopy nurses across New Zealand, there were modifications made to the draft to address the concerns highlighted and simplify the document so it was available for use in 2015.

## *Purpose*

The endoscopy workforce sector determined that an EKSF will add value by providing a nationally consistent level of competence and assessment for endoscopy nurses. This would also ensure the development and maintenance of a flexible and sustainable endoscopy nursing workforce, which is capable of providing high quality nursing care to meet the emerging demands and changing needs, of all people affected by gastrointestinal disease or illness.

## *Aim*

To support endoscopy nurses education and professional development and their contribution toward the development of innovative models of care, to improve the overall health outcomes for people and their families/whanau affected by gastrointestinal disease or illness.

## *Objective*

The objective of the EKSF is to:

* Assist with the development of a range of transferable clinical skills, which can be used in care delivery throughout a nurse’s career.
* Minimise risk by ensuring all staff know the standard of care required within endoscopy care and are capable of providing that care.
* Provide guidance to employers about what to expect at different levels of nursing practice.
* Help to prepare nurses who wish to progress to advanced practice roles in care delivery and leadership.
* Provide a reference point for planning educational programmes and clinical preparation for each practice setting.
* Provide a mechanism for nurses to measure health outcomes and the effectiveness of practice.
* Provide a mechanism for portfolio development for local Professional Development Recognition Programmes and Nursing Council of New Zealand requirements for ongoing registration.
* Can inform curriculum for undergraduate and post graduate qualifications.

# EKSF Model – Registered Nurses



# STRUCTURE OF THE RN SECTION

The Registered Nurse EKSF model is structured on Nursing Council New Zealand (NCNZ) professional domains and scopes of practice and relates to the Professional Development and Recognition Programme (PDRP) levels of assessment for registered nurses and the New Zealand Nursing Council (NZNC) descriptors of expanded / advanced nursing roles. This provides a measurable method of evaluating nursing practice and guides the development of the individual nurse to ensure nationwide consistency in endoscopy nursing knowledge, skills and roles.

Although a multitude of frameworks exist by which this can be done, it is important that the framework must accurately reflect the diversity of settings which nurses may practice and provide assurance of robustness and credibility through clear definition of skills and competence. The EKSF seeks to address this by outlining a registered nurse’s varying contribution at all phases of the gastroenterology continuum, specifying the practice standards required of nurses working in different roles, in different settings, and at different levels. This is particularly important as endoscopy procedures are undertaken in a vast array of service structures, and facilities throughout New Zealand with a number of different endoscopy services offered. However, the basics of endoscopy such as, infection control, endoscopic reprocessing, and patient care are transferable and this is reflected in the EKSF.

The framework context is patient and family centred. According to the Institute for Healthcare Improvement, care that is patient-centred considers patients' cultural traditions, personal preferences and values, family situations, and lifestyle factors (as cited in Cliff, 2011, p.86). Part of patient-centred care involves developing the workforce and enabling a supportive work environment. Cliff (2011) advocates the work environment should facilitate employee engagement and provides employees resources they need to do their job. This in turn recognises individual needs of patients and staff, making employees more satisfied with their job and furthermore increasing patient satisfaction.

Encapsulating the patient and family is community and society; policy, standards, legislation and quality tools; and ultimately the healthcare system, for all these elements have a direct and indirect influence and impact on the clinical outcome, clinical practice, service provision and ultimately health outcomes of a population. Marquez (2001) asserts that when measures to enhance health provider knowledge and awareness are combined with standards, quality and systems performance in everyday practice is improved.

Nurses are employed in New Zealand endoscopy services in varying capacities. From the workforce consultation, nurses may be employed to:

1. Care for patients within the endoscopy service *pre* or *post* an endoscopic procedure or
2. Care for patients within the endoscopy service, and work as part of the team *within* the endoscopy procedure room or
3. Participate in all of the above and reprocess endoscopes.

## *Legislation*

The Nursing Council of New Zealand prescribes the scopes of practice for enrolled nurses, registered nurses and nurse practitioners. Under the Health Practitioners Competence Assurance Act (2003), each nurse is responsible for practising within their defined scope of practice and is required to prove their level of competence. The main purpose of this is to protect the health and safety of the public, by ensuring health practitioners are fit to deliver the care for which they are charged (HPCA 2003). The NCNZ requires an annual declaration of continuing competence from each nurse. On successful assessment of the information provided to NCNZ an annual practising certificate is issued which outlines any expansions or limitations on their practice, should these be identified.

*Nursing Council New Zealand Domains and levels of competency*

Nursing Council New Zealand (NCNZ) determines the levels of competency required for a Registered Nurse in New Zealand.

The EKSF has provided some suggestions of which NCNZ competencies each level of the EKSF may align to. However, these are suggestions only and are not limited to just the NCNZ competencies outlined.

## *Aspects of care*

Registered Nurses have individualised aspects of care. The individual aspects of care have been derived from the different scopes of practice, guidelines and essentially individual discipline interests, required knowledge and skills. As the registered nurse progresses through the different levels, the aspects of care differ also. Delivery of different parts of the health care service requires different knowledge, skills and thus competency and confidence. The Global Rating Scale was incorporated into the EKSF as an aspect of care, as it is the national quality framework for endoscopy services in New Zealand.

## *Outcomes*

Together, all the elements of the EKSF have on the clinical outcome, clinical practice, service provision and ultimately health outcomes of a population. Marquez (2001) asserts that when measures to enhance health provider knowledge and awareness are combined with standards, quality and systems performance in everyday practice is improved.

## *Professional development*

NCNZ have an expectation that nurses will continue to learn through professional development and maintain their competence across the career span.  There are numerous mediums available to attain and maintain professional development to enhance the individual’s knowledge and skills, in line with the context of the work they do. Specifically learning may be within the work environment, with a tertiary provider, online or with company representatives. The professional development can include a variety of learning such as degree courses, short courses, conferences or in-service education (NCNZ, 2008). The framework model tables 1, 2 & 3 outline education as the individual gets further along the career path. Nursing models have been shown individually to demonstrate how individuals can continue to learn. The level of professional development should be appropriate to the scope of practice and work context. Specific pathways including courses, undergraduate and post graduate education have been offered within the framework, as examples of how nurses can professionally develop. Further, completion of the Endoscopy Framework: knowledge, skills and competence is the first step in developing professionally.

Registered Nurse

After initial registration Registered Nurses complete the Nurse Entry to Practice Programme (NETP). Following NETP the endoscopy workforce proposed the nurse should complete a further 2 to 3 years of general nursing practice. Upon employment into endoscopy all Nurses would complete orientation, specific to the endoscopy service, guided by the Endoscopy Framework: knowledge, skills and competence. As the nurse becomes familiar with endoscopy s/he could undertake a number of different professional development pathways.

###### Post graduate education

Post graduate education for Registered Nurses could include a post graduate certificate, followed by the post graduate diploma and Masters. An education pathway will be required for nurses wanting to develop or perform expanded or advanced nursing roles. Both the post graduate certificate and diploma courses offer strength in science, assessment and evidence based practice (EBP). Science, assessment and EBP are fundamentals that underpin *all* expanded and advanced practice. They are important grounding components, hence preparing the nurse for either expanded or advanced nursing practice. Further, the individual undertaking these types of papers or similar can tailor the papers to suit their learning needs within the context of gastroenterology. Within this example Registered Nurses will also have the option to complete the requirements for prescribing.

###### Courses and under graduate education

Not all Registered Nurses employed in endoscopy may want or need to undertake post graduate education. There are a number of different options available.

## *Levels of practice*

The knowledge and skills each nurse needs to practice safely is influenced by factors such as the context of practice and the needs of consumers. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. They may also use this expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements, and are supported by appropriate standards (Nursing Council of New Zealand 2012, Competencies for registered nurses).

The EKSF has identified six levels of practice for a Registered Nurse (RN) within the clinical specialty of endoscopy. This begins with an ‘orientation’ to the specialty and extends to ‘advanced nursing practice’, whereby the ‘registered nurse works collaboratively with senior medical staff but has independent practice responsibility for diagnosis, referral, testing and treatment and advanced nursing knowledge and skills’ (Canterbury District Health Board (CDHB) Consultation Document - Senior Nursing Positions, Medical / Surgical Division 2012).

The six levels of practice identified in the EKSF do constitute a hierarchy of practice, but are also intended to represent the areas of competence required for nurses working in different contexts at different times along the gastrointestinal disease/illness continuum and aim to provide clear direction for career progression. The EKSF also acknowledges that within each of the six levels, registered nurses may function at varying levels of competence from the beginning of the level through to the advanced end of the level before progression to the next, which is characterised by more effective integration of theory, practice and experience along with increasing degrees of autonomy in judgments’ and intervention (Aranda & Yates 2009 cited Building KSF for Cancer Nursing 2013). Ultimately, the EKSF is about enabling registered nurses working within endoscopy facilities to command specific knowledge and skills in order to undertake the position confidently and competently. The six levels are outlined below:

|  |  |
| --- | --- |
| ***LEVEL OF PRACTICE*** | ***DESCRIPTION*** |
| **1** | **Introduction** |
| **2** | **Competent** |
| **3** | **Proficient** |
| **4** | **Expert** |
| **5** | **Expanded Practice** |
| **6** | **Advanced Practice** |

**Level 1 *– Orientation*** outlines essential knowledge and skills required for every registered nurse employed within an area that provides endoscopy services regardless of the practice setting. It is recommended this level should be completed within a specific timeframe such as 6 months, which is pre-determined by the Charge Nurse Manager (CNM) and may contribute toward a formal assessment such as performance appraisal.

**Level 2 – *Competent*** outlines essential knowledge and skills required for every registered nurse employed in an area that provides endoscopy services regardless of the practice setting. Not only does the individual meets NCNZ competencies for registered nurse practice, but it ensures they have a specific knowledge and skill set to undertake endoscopic procedures and / or patient or endoscope cares related to their discipline and area of work. This is the minimum acceptable requirement for a registered nurse. It is recommended this level should be completed within a specific timeframe such as 12- 18 months after progression from orientation, which is pre-determined by the Charge Nurse Manager (CNM) and may contribute toward a formal assessment such as performance appraisal.

It is important to note that from this point forward, some nurses may elect to remain at this level in the EKSF. This is acceptable, providing they meet the annual competency requirements and undertake re-assessment every 3 years in line with PDRP assessment to remain at this level.

**Level 3** – ***Proficient*** is an optional level for many nurses and refers to those nationally that need to have a more specific knowledge and skill set to undertake a wider range of diagnostic and therapeutic endoscopy procedures and or patient/endoscope cares related to their discipline. This aligns with the ‘proficient’ level on the PDRP framework and the individual would be required to meet the annual proficient competency requirements and undertake re-assessment every 3 years in line with PDRP requirements to remain at this level.

**Level 4** – ***Expert*** is an optional level for some nurses and refers to those nationally that need to have an explicit knowledge and skill set to undertake a vast array of diagnostic and therapeutic procedures or patient cares specific to their discipline. The practice of nurses in this group reflects development of knowledge and skills potentially *leading* to either expanded or advanced nursing roles.

**Level 5 – *Expanded Practice*** isa ‘*nurse with demonstrated nursing expertise that assumes responsibility for a health care activity or role which is currently outside their scope of practice. Expanded practice may include areas of practice that have not previously been in the nursing realm or have been the responsibility of other health professionals*’ (NCNZ, 2010, pg.5). Within endoscopy nursing, a number of expanded nursing roles already exist; from a registered nurse employed to work 100% of the time in direct patient care, but who has additional expertise or responsibility e.g. PEG First Assist nurse, through to a Clinical Nurse Specialist that contributes to clinical care at the service level and is the clinical expert for a specific group of patients e.g. Inflammatory Bowel Disease (CDHB Consultation Document 2012).

**Examples of Expanded Nursing Roles in Endoscopy:**

* Specialty Nurse - Reporting Capsule Endoscopy studies
* Specialty Nurse - Surgical Nurse First Assist for the insertion of Percutaneous Endoscopic Gastrostomy (PEG) tubes
* Specialty Nurse - Nurse led Bio-feedback Therapy
* Clinical Nurse Specialists in Gastrointestinal Disease such as Inflammatory Bowel Disease, Hepatitis in addition to endoscopy services.
* Commencement of Nurse Endoscopist training & education.

**Level 6 – *Advanced Practice Role*** is described by NCNZ (2008, pg.2) as ‘…*expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practice both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people’s health needs. They provide a wide range of assessment and treatment interventions including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whanau and communities across a range of settings…*’The difference between an expanded registered nurse role and that of an advanced practice role may be the level of independence and confidence in decision making in determining care (NCNZ, 2010).

Within endoscopy services, a nurse at ‘*Level 6 - Advanced practice’* may be a Clinical Nurse Specialist that holds an appropriate Master’s Degree qualification and is recognised by their colleagues, peers and other medical professionals for their ability to make significant health gains to a patient populations with complex needs as described above by the NCNZ. The specific details associated with this level of the EKSF are still in the early phase of development.

*Assessment*

The purpose of the EKSF is to provide a nationally consistent level of competence and assessment for endoscopy nurses. For that reason, each level within the EKSF outlines specific knowledge and skills required to guide the registered nurse as they progress along the pathway. Emphasis is placed on self-reflection/assessment and peer assessment. This may contribute toward a formal performance appraisal, or alternatively support submission of a nursing portfolio for Professional Development Recognition Programme (PDRP) assessment.

Levett-Jones 2006 (pg.114) describe self-reflection or self-assessment of competence as a crucial professional activity which promotes self-directed, lifelong learning. This process encourages the individual to focus on how they interact with their colleagues and with the environment, to obtain a clearer picture of their own behaviour. As a result, they can better understand themselves in order to build on existing strengths and take appropriate future action (Somerville & Keeling, 2004 pg.42).

Alternatively, peer assessment is described as ‘*An agreement in which individuals consider the amount, level, value, worth, quality, or success of products or outcomes of learning of peers of similar status*’ (Topping, 1998).

For the purpose of the EKSF, the ‘validator’ of evidence provided can be a peer (registered nurse) at the same level of nursing practice or higher (e.g. PDRP level) or a senior nurse, such as a Clinical Nurse Specialist (CNS), Clinical Nurse Educator (CNE) or Charge Nurse Manager (CNM).

In some Endoscopy Units, the CNM may determine that an individual should complete ‘*Level one – Orientation’* within 6 months of commencing work within the endoscopy specialty and use the EKSF to support a performance appraisal at this point in time. Similarly, it may be determined that ‘*Level two – Competent’* should be completed within 12-18 months from progression to this level and again the EKSF used to support knowledge and skills attained at a formal performance appraisal.

From this point on, it is up to the individual whether they wish to progress, using the EKSF to support that process or whether they remain at the ‘*Competent*’ level, providing they meet the required expectations every three years in accordance with PDRP assessment guidelines and this is formally recognised by either a performance appraisal or re-submission of their PDRP portfolio.

*Evidence*

It is intended the knowledge and skills validated in the EKSF can be used as evidence to meet the nursing council competency standards for performance appraisal and/or contribute toward the registered nurses PDRP portfolio (or vice versa; an already completed PDRP can be used to evidence the EKSF).

The registered nurse can use a variety of tools / methods to evidence endoscopy knowledge and skills as outlined in table below:

|  |
| --- |
| **TOOLS TO EVIDENCE PRACTICE KNOWLEDGE AND SKILLS:** |
| * **Written evidence (e.g. PDRP)**
* **Demonstration / practice based assessment e.g. DOPS**
* **Case review /case study presentation**
 | * **Exemplar**
* **Verbalised knowledge to assessor**
* **Education sessions attended**
* **Clinical teaching delivered**
 | * **Reflection on practice**
* **Recognition of prior learning**

**E.g. certificates of course, conferences attended etc…** |
| **EVIDENCE must be :** |
| * **Authentic:** an honest reflection of your practice
* **Relevant:** appropriate to the criteria
* **Sufficient:** enough evidence to satisfy the assessment criteria
* **Current:** relate to current practice (i.e. within the last 3 years) and current role
* **Repeatable:** a consistent feature of your practice
 |

This evidence is identified in the EKSF document by the registered nurse, and needs to be validated by an ‘appropriate’ peer assessor (or assessor nominated by the department) using the validation key described below and included in the registered nurse’s portfolio.

## *Directly Observed Practical Skills Assessments (DOPS)*

The rating scale used in this framework to assess the Directly Observed Practical Skills has been adapted from Bondy (1983) and MidCentral District Health Board; New Zealand Adult Respiratory Nursing Knowledge and Skills Framework 2010. The criteria for clinical evaluation looks at three areas: **standard of procedure**, **quality of performance** and **level of assistance required** (*appendix 3)*.

Six descriptive levels of competency are also identified: **independent, independent but not observed, supervised, assisted, marginal and dependent**. Independent means meeting the criteria identified in each of the three areas. It is expected that observation will be undertaken to determine the outcome (Bondy 1983; MCDHB, 2009). The descriptive level of ‘*independent but not observed*’ was included to account for endoscopic procedures that are not often encountered in clinical practice, yet the registered nurse can locate the correct equipment when required, demonstrate the technique and confidently describe the procedure. This was given a rating score of 4. If the procedure was observed then this score would change to 5.

It is generally accepted across the workforce a common approach to assessment is required to enable national consistency. By having one rating scale, endoscopy services can be reassured that knowledge, skills and therefore competency are transparent and transferable.

*Validation Process*

The Registered nurse writes the ‘*letter*’ from the validation key outlined below, that best describes their evidence for each competency in the validation key box.

The assessor signs and dates to acknowledge they have read and support the evidence provided for each competency.

|  |
| --- |
| **VALIDATION KEY:** |
| **W****D****C****I****EX** | * Written evidence e.g. PDRP
* Demonstration/Practice based assessment e.g. DOPs
* Case review/case study presentations
* Interview assessment e.g. RN describes / answers specific question related to EKSF
* Exemplar
 | **S****ED****R****RPL****O** | * Simulated Scenario: where known knowledge and skills are evaluated in a simulated setting (DOPS level 4 - independent but not observed / scenario)
* Education session attended/ Clinical teaching delivered
* Reflection on practice
* Recognition of Prior learning (certificates)
* Other (explain)
 |

Reference: Topping, K. (1998). Peer assessment between students in colleges and universities. Review of educational research, Vol. 68, 249-276

# LEVEL 1 Orientation

Registered Nurses at Level 1 – Orientation

* Preceptored or mentored by an experienced endoscopy nurse in a supernummery role for 3-6 weeks, determined by individual’s progress.
* Works in partnership with experienced endoscopy nursing colleagues for up to 6 months until transition to level 2 - Competent.
* Orientation to and familiarisation with endoscopic procedures, protocols and policy.
* Orientation to the standard of nursing care in the Endoscopy Unit.
* Orientation to the multidisciplinary care team and begins to understand role in the endoscopy unit.
* Orientation to the endoscopy environment and the New Zealand Global Rating Scale (NZGRS) quality improvement tool.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN****&****DATE** |
| ***Assessment******&*** ***Management***  | ***To enable the delivery of safe care to individuals requiring an endoscopy procedure level 1 nurses will be able to:*** |
|  | 1. On completion of the orientation period, the nurse begins to understand the relevance and need to elicit a clear and concise patient assessment, whilst demonstrating awareness of local, national and international guidelines for:
* Pre assessment
* Pre procedure
* Intra procedure
* Post procedure
 | 2.12.22.32.42.6 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can demonstrate patient assessment technique for:
* Pre assessment
* Pre procedure
* Intra procedure
* Post procedure
 | 2.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can document all aspects of patient assessment, diagnosis, care planning, implementation of care plan, and evaluation for:
* Pre assessment
* Pre procedure
* Intra procedure
* Post procedure
 | 2.32.22.6 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can discuss the importance of a patient and family/whanau centred approach to nursing care.
 | 3.2 |  |  |  |
|  | 1. Practices care in a negotiated partnership with the patient, establishing, maintaining and concluding a therapeutic relationship.
 | 3.13.3 |  |  |  |
|  | 1. On completion of the orientation period, the nurse starts to gain knowledge of risk factors associated with conscious sedation and completes a ‘Sedation Self-Learning Package’.
 | 1.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to recognise how to help a patient through the endoscopy procedure e.g. allay anxiety, comfort score, withdrawal of consent.
 | 2.12.22.4 |  |  |  |
|  | 1. Be certificated at level 4 New Zealand Resuscitation Council.
 |  |  |  |  |
|  | 1. On completion of the orientation period, the nurse can explain the post procedure pre-discharge assessment whilst demonstrating awareness of local, national and international guidelines.
 | 2.61.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to demonstrate an effective handover of care using a locally accepted communication tool e.g. ISBAR; Identify, Situation, Background, Assessment & Recommendation.
 | 2.6 |  |  |  |
|  | 1. Demonstrates accountability in directing, monitoring and evaluating patient care that is provided by e.g. Enrolled nurse, Health Care Assistants, Sterilisation technicians.
 | 1.3 |  |  |  |
|  | 1. On completion of the orientation period, the nurse demonstrates how to communicate information in a culturally appropriate way, to enable patients make informed choices whilst ensuring privacy and dignity.
 | 2.43.31.5 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can describe how patients are referred for an acute endoscopy procedure.
 | 1.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to recognise and describes signs and symptoms and complications of endoscopic procedure that has been undertaken with the patient, including but not limited to:
* Hemorrhage
* Pancreatitis
* Aspiration
* Perforation
* Respiratory depression
 | 1.42.12.22.6 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to recognise and articulate general complications associated with sedation:
* Respiratory depression
* Confusion
* Hypertension
* Hypotension
 | 2.6 |  |  |  |
|  | 1. On completion of the orientation period, the nurse is aware of other members of the health care team and can describe their roles and referral process e.g. Inflammatory Bowel Disease CNS, Cancer Care Coordinator, Smoking Cessation provider, Falls Risk Programme etc.
 | 4.2 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Pathophysiology*** | ***To enable effective and coordinated care to individuals requiring an endoscopy procedure level 1 nurses will be able to:*** |
|  | 1. On completion of the orientation period, the nurse can describe the basic anatomy and physiology of the gastrointestinal tract.
 | 2.12.2 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can demonstrates an understanding of at least 1 presentation of gastrointestinal illnesses or disease that may require an endoscopy and describe the signs and symptoms.
 | 2.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to educate patients regarding the signs and symptoms associated with their gastrointestinal illness or disease, in a way that is culturally appropriate and at a level they understand.
 | 1.52.42.73.3 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to identify physiological deterioration related to undergoing an endoscopy procedure.
 | 1.42.5 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to explain procedure results to patients/family/whanau according to local policies and protocols and support with written documentation.
 | 2.32.7 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Interventions*** | ***To enable coordinated care to individuals requiring an endoscopy procedure level 1 nurses will be able to:*** |
|  | 1. On completion of the orientation period, the nurse can describe 6 different endoscopy procedures undertaken in the endoscopy unit such as:
* Gastroscopy
* Colonoscopy
* Flexible sigmoidoscopy
* Endoscopic Retrograde Cholangio-Pancreatography (ERCP)
* Oesophageal dilatation
* Percutaneous Endoscopic Gastrostomy (PEG)
 | 1.42.12.3 |  |  |  |
|  | 1. On completion of the orientation period , the nurse begins to review referral information, and can explain to the patient/family/whanau what is likely to happen within their procedure:
* Pre assessment
* Pre procedure
* Intra procedure
* Post procedure
 | 2.42.6 |  |  |  |
|  | 1. On completion of the orientation period, the can identify fundamental endoscopy equipment required for standard biopsies, polyp snaring and haemostasis procedures (see DOPS).
 | 2.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can demonstrate the use of fundamental endoscopy equipment (see DOPS).
 | 1.42.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to understand the rationale for and demonstrate how patients are positioned on beds for procedures undertaken locally.
 | 1.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to understand the rationale for the use of abdominal pressure and can demonstrate.
 | 1.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can describe and demonstrates safe and effective specimen collection and management (see DOPS).
* Preservation
* Labeling and documentation
* Laboratory delivery
 | 1.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse begins to understand the theory of and can demonstrate use of:

Electrosurgical cauterization (diathermy)* Argon Plasma Coagulation (APC)
* Carbon dioxide (C02)
* Infiltration agent for polyp removal
* Radiopaque contrast used in endoscopy
 | 2.1 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** |  **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Medications*** | ***To enable the delivery of safe care to individuals requiring an endoscopy procedure level 1 nurses will be able to:*** |
|  | 1. On completion of the orientation period, the nurse begins to demonstrate knowledge and understanding of key medications used in endoscopy, including reversal agents.
* Indications
* Administration
* Action
* Interactions
* Side effects
* Contraindications
* Adverse effects
 | 1.42.1 |  |  |  |
|  | 1. Describe at least 1 specific gastrointestinal disease or illness that impacts upon the use of the key medications in endoscopy.
 | 2.12.2 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can demonstrate safe administration of each key medication in line with local, national and international guidelines; include right patient, medication, dosage, route, time, expiry, documentation, education, assessment and evaluation.
 | 1.11.42.32.4 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can locate all endoscopy related medications in the endoscopy unit or operating theatre.
 | 2.1 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** |  **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Reprocessing*** ***&*** ***Equipment*** | ***To enable confidence and competence in managing individual endoscopes and associated endoscopy equipment utilising local, national and international guidelines level 1 nurses will be able to:*** |
|  | 1. On completion of the orientation period, the nurse understands and can describe the importance of infection control guidelines for the reprocessing area and endoscopy high level disinfection, including the endoscope pathway and follows infection control processes.
 | 1.11.4 |  |  |  |
|  | 1. On completion of orientation period, the nurse can describe local policies and manufacturers guidelines surrounding:
* Use of chemicals and detergents
* Spillage of chemicals and detergents
* Personal protective clothing (PPE)
* Occupational health screening (if applicable) e.g. Hearing tests, allergy testing for detergents
 | 1.11.4 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can explain the design and function of individual endoscopes including channels, fittings, sizes, variable stiffness function and imaging requirements.
 | 2.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can demonstrate assembly and dismantling of individual endoscopes.
 | 2.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can articulate the reasons for using each specific endoscope.
 | 2.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse explain the process of:
* Validation (endoscopes, equipment, people)
* Control of contaminated equipment and transportation
* Reprocessing (testing, cleaning, rinsing, high level disinfection, drying)
* Maintenance of sterilized Reusable Medical Devices (RMD)
 | 1.4 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can demonstrate the preparation of individual endoscopes for the procedure lists undertaken in your unit.
 | 2.1 |  |  |  |
|  | 1. On completion of orientation period, the nurse can reprocess an endoscope using high level disinfection based on associated standards and guidelines.
 | 1.21.42.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can demonstrate preparation of the endoscope in the procedure room.
 | 2.1 |  |  |  |
|  | 1. On completion of orientation period, the nurse is aware of troubleshooting, reporting and documentation processes for AER failure, scope failure tracking or breakdown.
 | 1.42.12.3 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can describe the functions of the AER.
* Testing
* High level disinfecting
* Rinsing/flushing
* Drying
 | 1.4 |  |  |  |
|  | 1. On completion of orientation period, the nurse can explain and demonstrate loading of endoscopes and accessories into the AER.
 | 1.42.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can describe and demonstrate the manual cleaning process of each type of endoscope immediately after extubation (in the procedure room).
 | 1.42.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can explain the importance of and demonstrate the action of manual cleaning and reprocessing of the endoscope that takes place immediately after the endoscope arrives in the decontamination area or reprocessing room.
 | 1.42.1 |  |  |  |
|  | 1. On completion of orientation period, the nurse can describe the process of reprocessing endoscopes that have been used outside of the unit e.g. In the operating theatre or ICU and the rationale for this practice.
 | 1.4 |  |  |  |
|  | 1. On completion of orientation period, the nurse can explain rationale for and demonstrate the process of biological-monitoring of endoscopes.
 | 1.4 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can describe the correct storage of individual endoscopes.
 | 1.4 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can demonstrate knowledge of tracking processes for individual endoscopes.
* Reprocessing room
* Procedure room
* Outside endoscopy unit
 | 1.4 |  |  |  |
|  | 1. On completion of the orientation period, the nurse can locate all fundamental endoscopy equipment and stores.
 | 1.4 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN****&****DATE** |
| ***Environment*** | ***To enable a safe physical area to care for individuals requiring an endoscopy procedure level 1 nurses will be able to:***  |
|  | 1. On completion of the orientation period, the nurse will be able to describe the patient flow in:
* Pre assessment area
* Procedure room
* Post procedure and or Recovery area
 | 2.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse will be aware of the importance of and application of workplace health and safety processes and begin to apply knowledge:
* Moving and handling of heavy equipment
* Cleaning of area and equipment
* Infection control
* Use of local near miss/reportable event system
* Prevention of cross contamination
 | 1.11.4 |  |  |  |
|  | 1. On completion of the orientation period, the nurse will demonstrate checking and restocking of
* Emergency equipment
* Mobile emergency equipment
* Cardiac life support
 | 1.11.22.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse will demonstrate endoscopy procedure room set-up and shut-down processes.
 | 1.42.1 |  |  |  |
|  | 1. On completion of the orientation period, the nurse will demonstrate recovery area set-up and shut-down processes (if applicable).
 | 1.42.1 |  |  |  |
|  | 1. Describe and demonstrate correct documentation requirements such as:
* Pre procedure
* Intra procedure
* Post procedure
* Discharge processes
* Patient tracking systems
* Endoscopic reporting e.g. Provation or theatre module statistics/number of procedures, diagnostic coding etc…
 | 2.22.34.14.2 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Global Rating Scale*** | ***To ensure the provision of quality endoscopy services level 1 nurses will be able to:***  |
|  | 1. On completion of the orientation period, the nurse will be aware of the NZGRS as a tool to ensure the provision of quality endoscopy services.
 | 1.14.3 |  |  |  |
|  | 1. On completion of the orientation period, the nurse will begin to participate in quality improvement activities e.g. patient surveys.
 | 1.12.12.64.3 |  |  |  |

# LEVEL 2 Competent

Registered Nurses at Level 2 – Competent:

* Apply and incorporate into clinical practice and decision making legislation, standards and guidelines.
* Work as part of a larger multidisciplinary care team, understands role in the endoscopy unit.
* Assist individuals with gastroenterological related diseases requiring endoscopy to access procedures, resources and information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALDIATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Assessment******&*** ***Management***  | ***To enable the delivery of safe care to individuals requiring an endoscopy procedure level 2 nurses will be able to:*** |
|  | 1. Articulate an understanding of the relevance and need to elicit a clear and concise clinical assessment, whilst demonstrating awareness of local, national and international guidelines for
* Pre assessment
* Pre procedure
* Intra procedure
* Post procedure
 | 1.12.12.22.32.42.6 |  |  |  |
|  | 1. Within a nursing framework demonstrate assessment technique for:
* Pre assessment
* Pre procedure
* Intra procedure
* Post procedure
 | 2.12.22.6 |  |  |  |
|  | 1. Document all aspects of assessment, diagnosis, care planning, implementation of care plan, and evaluation for:
* Pre assessment
* Pre procedure
* Intra procedure
* Post procedure
 | 2.32.22.6 |  |  |  |
|  | 1. Discuss the importance of a patient and family/whanau centred approach to nursing care.
 | 3.21.2 |  |  |  |
|  | 1. Practices care in a negotiated partnership with the patient, establishing, maintaining and concluding a therapeutic relationship.
 | 3.13.3 |  |  |  |
|  | 1. Demonstrate knowledge of risk factors associated with conscious sedation.
 | 1.1 |  |  |  |
|  | 1. Recognise and articulate how to help a patient through the endoscopy procedure.
 | 2.12.6 |  |  |  |
|  | 1. Be certificated at level 4 New Zealand Resuscitation Council.
 | 1.4 |  |  |  |
|  | 1. Explain the post procedure pre-discharge assessment whilst demonstrating awareness of local, national and international guidelines.
 | 2.61.1 |  |  |  |
|  | 1. Demonstrate effective handover of care using a locally accepted communication tool e.g. ISBAR; Identify, Situation, Background, Assessment & Recommendation.
 | 2.6 |  |  |  |
|  | 1. Demonstrate accountability in directing, monitoring and evaluating patient care that is provided by e.g. Enrolled nurse, Health Care Assistants, Sterilisation technicians.
 | 1.3 |  |  |  |
|  | 1. Troubleshoot and provide advice to general nurses and others on the preparation of endoscopy patients.
 | 2.6 |  |  |  |
|  | 1. Demonstrate how to communicate information in a culturally appropriate way, to enable patients make informed choices whilst ensuring privacy and dignity.
 | 2.43.31.5 |  |  |  |
|  | 1. Demonstrate an understanding of how acute endoscopy referrals are prioritised by senior nursing colleagues – as per local policy (proficient) with medical colleagues (expert).
 | 2.8 |  |  |  |
|  | 1. Recognise and articulate signs and symptoms and complications of endoscopic procedure, including but not limited to:
* Hemorrhage
* Pancreatitis
* Aspiration
* Perforation
* Respiratory depression
 | 1.42.12.22.52.6 |  |  |  |
|  | 1. Recognise and articulate general complications associated with sedation:
* Respiratory depression
* Confusion
* Hypertension
* Hypotension
 | 2.6 |  |  |  |
|  | 1. Refers patient to other members of the health care team as appropriate e.g. Inflammatory Bowel Disease CNS, Cancer Care Coordinator, Smoking Cessation provider, Falls Risk Programme etc…
 | 4.14.2 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Pathophysiology*** | ***To enable effective and coordinated care to individuals requiring an endoscopy procedure level 2 nurses will be able to:*** |
|  | 1. Describe the anatomy and physiology of the gastrointestinal tract.
 | 2.1 |  |  |  |
|  | 1. Demonstrate an understanding of at least 2 presentations of gastrointestinal illnesses or disease that may require an endoscopy and describe the signs and symptoms.
 | 2.1 |  |  |  |
|  | 1. Educate patients regarding the signs and symptoms associated with their gastrointestinal illness or disease, in a way that is culturally appropriate and at a level they understand.
 | 2.42.72.8 |  |  |  |
|  | 1. Demonstrate awareness of physiological deterioration related to undergoing an endoscopy procedure.
 | 1.42.5 |  |  |  |
|  | 1. Articulate a general understanding of specific blood analysis pertinent to gastrointestinal disease and illness e.g. Hb/INR.
 | 2.1 |  |  |  |
|  | 1. Explain procedure results to patients/family/whanau according to local policies and protocols and support with written documentation.
 | 2.7 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSORS** **SIGN****&****DATE** |
| ***Interventions*** | ***To enable coordinated care to individuals requiring an endoscopy procedure level 2 nurses will be able to:*** |
|  | 1. Review referral information, and explain to the patient/family/whanau what is likely to happen within their procedure:
* Pre assessment
* Pre procedure
* Intra procedure
* Post procedure
 | 2.62.7 |  |  |  |
|  | 1. Provide the rationale for selection of equipment for different endoscopy procedures (see DOPS).
 | 2.1 |  |  |  |
|  | 1. Demonstrate the use of fundamental endoscopy equipment (see DOPS).
 | 2.1 |  |  |  |
|  | 1. Discuss rationale and demonstrate how to position patients and beds for procedures undertaken locally.
 | 1.1 |  |  |  |
|  | 1. Discuss application of abdominal pressure and demonstrate.
 | 2.1 |  |  |  |
|  | 1. Describe and demonstrate the safe and effective specimen collection and management (see DOPS)
* Preservation
* Labeling and documentation
* Laboratory delivery
 | 1.12.1 |  |  |  |
|  | 1. Discuss understanding and demonstrate use of
* Electrosurgical cauterization (diathermy)
* Argon Plasma Coagulation (APC)
* Carbon dioxide (C02)
* Infiltration agent for polyp removal
* Radiopaque contrast used in endoscopy
 | 2.1 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSORS****SIGN****&****DATE** |
| ***Medications*** | ***To enable the delivery of safe care to individuals requiring an endoscopy procedure level 2 nurses will be able to:*** |
|  | 1. Demonstrate knowledge and understanding of key medications used in endoscopy, including reversal agents.
* Indications
* Administration
* Action
* Interactions
* Side effects
* Contraindications
* Adverse effects
 | 1.42.1 |  |  |  |
|  | 1. Describe at least 2 specific gastrointestinal diseases or illnesses that impact upon the use of the key medications in endoscopy.
 | 2.1 |  |  |  |
|  | 1. Demonstrate safe administration of each key medication in line with local, national and international guidelines; include right patient, medication, dosage, route, time, expiry, documentation, education, assessment and evaluation.
 | 2.12.3 |  |  |  |
|  | 1. Describe the ordering process, delivery of and storage system for all endoscopy related medications in your unit or operating theatre.
 | 2.1 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Reprocessing*** ***&*** ***Equipment*** | ***To enable confidence and competence in managing individual endoscopes and associated endoscopy equipment utilising local, national and international guidelines, level 2 nurses will be able to:*** |
|  | 1. Articulate understanding of the infection control guidelines for the reprocessing area and endoscopy high level disinfection, including the endoscope pathway.
 | 1.4 |  |  |  |
|  | 1. Describe knowledge of local policies and manufacturers guidelines surrounding:
* Use of chemicals and detergents
* Spillage of chemicals and detergents
* Personal protective clothing (PPE)
* Occupational health screening (if applicable) e.g. Hearing tests, allergy testing for detergents
 | 1.4 |  |  |  |
|  | 1. Explain the design and function of individual endoscopes including channels, fittings, sizes, variable stiffness function and imaging requirements.
 | 1.4 |  |  |  |
|  | 1. Demonstrate assembly and dismantling of individual endoscopes.
 | 1.42.1 |  |  |  |
|  | 1. Articulate the reasons for using each specific endoscope.
 | 2.1 |  |  |  |
|  | 1. Explain the process of:
* Validation (endoscopes, equipment, people)
* Control of contaminated equipment and transportation
* Reprocessing (testing, cleaning, rinsing, high level disinfection, drying)
* Maintenance of sterilized Reusable Medical Devices (RMD).
 | 1.4 |  |  |  |
|  | 1. Demonstrate preparation of individual endoscopes for the list undertaken in your unit.
 | 1.4 |  |  |  |
|  | 1. Demonstrate preparation of individual endoscopes for the list undertaken outside of your unit (if applicable).
 | 1.4 |  |  |  |
|  | 1. Reprocess the endoscope using high level disinfection based on associated standards and guidelines.
 | 1.4 |  |  |  |
|  | 1. Demonstrate preparation of the endoscope in the procedure room.
 | 1.42.1 |  |  |  |
|  | 1. Articulate troubleshooting of Automated Endoscopic Re-processor (AER) and other equipment used for reprocessing.
 | 1.42.1 |  |  |  |
|  | 1. Describe troubleshooting, reporting and documentation processes for AER failure, scope failure tracking or breakdown.
 | 2.1 |  |  |  |
|  | 1. Describe the functions of the AER.
* Testing
* High level disinfecting
* Rinsing/flushing
* Drying
 | 1.42.1 |  |  |  |
|  | 1. Demonstrate set-up, operation and shut down processes for the AER.
 | 2.1 |  |  |  |
|  | 1. Explain and demonstrate loading of endoscopes and accessories into the AER.
 | 1.42.1 |  |  |  |
|  | 1. Demonstrate how to complete:
* AER change of disinfectant.
* Daily validation of disinfectant.
 | 1.42.1 |  |  |  |
|  | 1. Describe and demonstrate the manual cleaning process of each type of endoscope immediately after extubation (in the procedure room).
 | 1.42.1 |  |  |  |
|  | 1. Explain the importance of and demonstrate the action of manual cleaning and reprocessing of the endoscope that takes place immediately after the endoscope arrives in the decontamination area or reprocessing room.
 | 1.4 |  |  |  |
|  | 1. Describe the process of reprocessing endoscopes that have been used outside of the unit e.g. In the operating theatre or ICU and the rationale for this practice.
 | 1.42.1 |  |  |  |
|  | 1. Explain rationale for and demonstrate the process of biological-monitoring of endoscopes.
 | 1.4 |  |  |  |
|  | 1. Describe correct storage of individual endoscopes.
 | 1.42.1 |  |  |  |
|  | 1. Demonstrate knowledge of tracking processes for individual endoscopes.
* Reprocessing room
* Procedure room
* Outside endoscopy unit
 | 1.42.1 |  |  |  |
|  | 1. Describe the ordering process, delivery of and storage system of all endoscopy equipment and stores.
 | 1.42.1 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSORS****SIGN** **&** **DATE** |
| ***Environment*** | ***To enable a safe physical area to care for individuals requiring an endoscopy procedure level 2 nurses will be able to:***  |
|  | 1. Describe the patient flow in:
* Pre assessment area
* Procedure room
* Post procedure and or Recovery area
 | 2.12.1 |  |  |  |
|  | 1. Explain the importance of and application of workplace health and safety processes:
* Moving and handling of heavy equipment
* Cleaning of area and equipment
* Infection control
* Use of local near miss/reportable event system
* Prevention of cross contamination
 | 1.11.4 |  |  |  |
|  | 1. Demonstrate checking and restocking of
* Emergency equipment
* Mobile emergency equipment
* Cardiac life support
 | 1.11.4 |  |  |  |
|  | 1. Describe reporting and documentation processes for power outage.
 | 1.12.3 |  |  |  |
|  | 1. Demonstrate ‘reprocessing room’ set-up and shut-down processes.
 | 2.1 |  |  |  |
|  | 1. Demonstrate endoscopy procedure room set-up and shut-down

processes. | 2.1 |  |  |  |
|  | 1. Demonstrate recovery area set-up and shut-down processes (if applicable).
 | 2.1 |  |  |  |
|  | 1. Describe and demonstrate correct documentation requirements such as:
* Pre procedure
* Intra procedure
* Post procedure
* Discharge processes
* Patient tracking systems
* Endoscopic reporting e.g. Provation or theatre module statistics/number of procedures, diagnostic coding etc…
 | 2.34.14.2 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Global Rating Scale*** | ***To ensure the provision of quality endoscopy services level 2 nurses will be able to:***  |
|  | 1. Describe the 4 Domains in the NZGRS for endoscopy services.
 | 4.3 |  |  |  |
|  | 1. Describe the endoscopy unit’s current NZGRS results.
 | 4.3 |  |  |  |
|  | 1. Participate in quality improvement activities e.g. patient surveys.
 | 4.3 |  |  |  |

# LEVEL 3 Proficient

As for Level 2 Competent plus:

* Acts as a resource and guides others to incorporate into clinical practice and decision making standards specific to endoscopy.
* Acts as a resource whilst working as part of a larger multidisciplinary care team, understands role in endoscopy.
* Acts as a role model and a resource person for other nurses and health practitioners to assist individuals with gastroenterological related diseases requiring endoscopy to access resources and information.
* Contributes to the development of local guidelines, protocols, policies and procedures.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALDIATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Assessment******&*** ***Management***  | ***To enable the delivery of safe care to individuals requiring an endoscopy procedure level 3 nurses will be able to:*** |
|  | 1. Demonstrates greater depth of knowledge in eliciting a clear and concise clinical assessment:
* Pre assessment e.g. Blood monitoring
* Pre procedure e.g. Implanted Cardiac Device and pacemakers
* Intra procedure
* Post procedure
 | 2.12.22.32.42.6 |  |  |  |
|  | 1. Initiate and complete nurse consent for procedures in line with local protocol, guideline and policy (if applicable).
 | 2.22.43.13.2 |  |  |  |
|  | 1. Describe factors that may influence administration of sedative medication and / or analgesia:
* Pre procedure
* Intra procedure
* Post procedure
 | 1.42.5 |  |  |  |
|  | 1. Recognise and develop comprehensive action plan for complications, including but not limited to:
* Hemorrhage
* Pancreatitis
* Aspiration
* Perforation
 | 1.42.12.22.52.6 |  |  |  |
|  | 1. Troubleshoot and provide advice on unusual or complex patient cases relating to the care and preparation of endoscopy patients.
 | 2.2 |  |  |  |
|  | 1. Demonstrate prioritisation of acute endoscopy referrals with medical support as per local policy.
 | 1.12.1 |  |  |  |
|  | 1. Clearly identifies and refers patient to other members of the health care team as appropriate e.g. Inflammatory Bowel Disease CNS, Cancer Care Coordinator, Smoking Cessation provider, Falls Risk Programme etc…
 | 4.14.2 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Pathophysiology*** | ***To enable effective and coordinated care to individuals requiring an endoscopy procedure level 3 nurses will be able to:*** |
|  | 1. Demonstrate an in-depth knowledge of anatomy and physiology of the gastrointestinal tract.
 | 2.1 |  |  |  |
|  | 1. Demonstrate an understanding of at least 3 presentations of gastrointestinal illnesses or disease that may require an endoscopy and describe the signs and symptoms.
 | 2.1 |  |  |  |
|  | 1. Educate patients and colleagues on the signs and symptoms associated with gastrointestinal illness or disease in a way that is culturally appropriate and understood by the individual.
 | 2.42.72.8 |  |  |  |
|  | 1. Demonstrate an in-depth knowledge and understanding of specific blood analysis pertinent to gastrointestinal disease and illness.
 | 2.1 |  |  |  |
|  | 1. Demonstrates a broad knowledge on the management of physiological deterioration related to a patient undergoing an endoscopic procedure.
 | 2.53.3 |  |  |  |
|  | 1. Assess the need for and provides specific education and support to optimise understanding and promote informed decision making about:
* Endoscopic procedures
* Lifestyle factors
* Post procedure findings
 | 2.43.13.23.3 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSORS** **SIGN****&****DATE** |
| ***Interventions*** | ***To enable coordinated care to individuals requiring an endoscopy procedure level 3 nurses will be able to:*** |
|  | 1. Articulate an in-depth understanding and knowledge of the rationale of the use of advanced endoscopy equipment (see DOPS).
 | 1.4 |  |  |  |
|  | 1. Demonstrate use of advanced endoscopy equipment (see DOPS).
 | 1.4 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSORS****SIGN****&****DATE** |
| ***Medications*** | ***To enable the delivery of safe care to individuals requiring an endoscopy procedure level 3 nurses will be able to:*** |
|  | 1. Demonstrate in-depth knowledge and understanding of key medications and reversal agents used in specific gastroenterological disease and illness. Include:
* Indications
* Administration
* Action
* Interactions
* Side effects
* Contraindications
* Adverse effects
 | 1.42.1 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Health Promotion*** | ***Lead individuals requiring an endoscopy procedure to exert control over the determinants of their health and thereby improve their health level 3 nurses will be able to:*** |
|  | 1. Evaluate patient’s response to treatment and educate and direct modification of care plan to achieve desired outcome.
 | 1.42.12.42.62.7 |  |  |  |
|  | 1. Deliver health promotion education sessions:
* To individuals requiring an endoscopy procedure
* To individuals with gastrointestinal disease
* To other staff members
 | 2.72.93.3 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSORS****SIGN** **&** **DATE** |
| ***Environment*** | ***To enable a safe physical area to care for individuals requiring an endoscopy procedure level 3 nurses will be able to:***  |
|  | 1. Coordinate the flow of activities within the unit
* Ensure safe staffing practices e.g. Skill mix (or report)
* Ensure equipment is functional and take appropriate action
* Coordinate acute endoscopy workload with team
* Negotiate acute endoscopy procedures with team
 | 1.31.4 |  |  |  |
|  | 1. Clearly identify potential risks in the work environment and develop a plan to manage and communicate this to colleagues.
 | 1.41.43.3 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Global Rating Scale*** | ***To ensure the provision of quality endoscopy services level 3 nurses will be able to:***  |
|  | 1. Describe the endoscopy unit’s current NZGRS priority areas and associated action plans.
 | 1.14.3 |  |  |  |
|  | 1. Identifies areas for improvement and participates in quality improvement activities e.g. undertakes audits of nursing practice and safety.
 | 4.3 |  |  |  |

# LEVEL 4 Expert

As for Level 2 Competent and Level 3 Proficient **plus**:

* Leads others to incorporate into clinical practice and decision making standards specific to endoscopy.
* Acts as a resource whilst leading the wider multidisciplinary care team, understands role in endoscopy.
* Acts as a role model and leads other nurses and health practitioners to assist individuals with gastroenterological related diseases requiring endoscopy to access resources and information.
* Coordinates the development of local guidelines, protocols, policies and procedures.
* Initiates and contributes to the development of local and national guidelines and standards.
* Influences at a service, professional or organisational level

**Note:** The term specialty can be used to describe either endoscopy or other clinical areas such as Inflammatory Bowel Disease (IBD) or Percutaneous Endoscopic Gastrostomy (PEG) insertions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&****DATE** |
| ***Assessment******&******Management*** | ***To lead the delivery of safe care to individuals requiring an endoscopy procedure level 4 nurses will be able to:*** |
|  | 1. Demonstrates advanced clinical decision making processes to
* Assess the health status of an individual.
* Make a differential and probable diagnosis
* Implement interventions based on systematic decision making.
* Evaluate response to interventions
* Modify care plan if required to improve health outcome.
 | 1.11.42.12.22.62.84.2 |  |  |  |
|  | 1. Demonstrate ability to grade endoscopy/gastroenterology referrals pertaining to developing specialty practice, based upon locally accepted grading parameters e.g. Capsule endoscopy
* Elective
* Acute
 | 1.12.22.34.1 |  |  |  |
|  | 1. Provides guidance on specialty practice
 | 2.72.9 |  |  |  |
|  | 1. Initiates and completes nurse consent for advanced therapeutic endoscopic procedures in line with local protocol, guidelines and policy.
 | 1.12.4 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Pathophysiology*** | ***To lead effective and coordinated care to individuals requiring an endoscopy procedure level 4 nurses will be able to:*** |
|  | 1. Demonstrate systematic and comprehensive understanding of specific gastrointestinal illness and disease processes.
 | 2.1 |  |  |  |
|  | 1. Articulate an in-depth understanding of specific blood analysis pertinent to specialty practice.
 | 1.42.12.2 |  |  |  |
|  | 1. Articulate an in-depth understanding of histology results pertinent to specialty practice.
 | 2.6 |  |  |  |
|  | 1. Act as a resource and leads opportunities for teaching and coaching colleagues locally and nationally about specialty practice.
 | 2.9 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Interventions*** | ***To lead coordinated care to individuals requiring an endoscopy procedure level 4 nurses will be able to:*** |
|  | 1. Articulate contemporary knowledge of current practice and new equipment techniques.
 | 2.82.9 |  |  |  |
|  | 1. Demonstrate clinical leadership in all procedures undertaken in unit.
 | 3.34.14.2 |  |  |  |
|  | 1. Provide leadership to others in developing understanding and use of fundamental and advanced endoscopy equipment.
 | 1.42.92.14.14.2 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ****DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Medications*** | ***To lead the delivery of safe care to individuals requiring an endoscopy procedure level 4 nurses will be able to:*** |
|  | 1. Discuss with prescribing colleague use of medications, including medications specific to specialty practice.
 | 1.13.34.11.42.3 |  |  |  |
|  | 1. Demonstrate in-depth understanding of medications specific to specialty practice.
 | 1.23.31.44.12.3 |  |  |  |
|  | 1. Indications, correct administration, action, interactions, side effects, contraindications, adverse effects, interactions.
 | 1.13.31.44.12.3 |  |  |  |
|  | 1. Demonstrate ability to monitor patients post administration of specific medications related to specialty practice.
 | 1.12.31.42.62.13.32.24.1 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Health Promotion*** | ***Lead individuals requiring an endoscopy procedure to exert control over the determinants of their health and thereby improve their health level 4 nurses will be able to:*** |
|  | 1. Advocate for and with individuals and communities to improve their health and well-being.
 | 3.13.2 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPECT OF CARE** | **LEVEL OF KNOWLEDGE AND SKILL** | **NCNZ DOMAIN** | **EVIDENCE** | **VALIDATION KEY** | **ASSESSOR****SIGN** **&** **DATE** |
| ***Global Rating Scale*** | ***To lead the provision of quality endoscopy services level 4 nurses will be able to:***  |
|  | 1. Educates the endoscopy unit team, and wider organisation on the NZGRS.
 | 3.34.24.14.3 |  |  |  |
|  | 1. Initiates and leads quality improvement activities which include action planning and review of success of actions taken.
 | 4.3 |  |  |  |
|  | 1. Guides others in the involvement of quality improvement activities.
 | 2.94.14.3 |  |  |  |

# LEVEL 5 Expanded Roles

As health care needs extend, the field of expanded practice has developed. Expansion of the registered nurse scope of practice occurs when a nurse with demonstrated nursing expertise assumes responsibility for a health care activity or role which is currently outside their scope of practice. Expanded practice may include areas of practice that have not previously been in the nursing realm or have been the responsibility of other health professionals (NCNZ, 2010, pg5).

The following competencies have been developed to describe the skills and knowledge of nurses working in expanded practice roles. These competencies are additional to those that already describe the registered nurse scope of practice. A nurse working in an expanded practice role would need to meet both (Nursing Council New Zealand 2010).

As for Level 2 Competent, Level 3 Proficient, Level 4 Expert **plus**:

* Demonstrates initial and ongoing knowledge and skills for specific expanded practice role/activities through postgraduate education, clinical training and competence assessment.
* Undertakes a credentialing process for expanded scope of practice.
* Participates in active evaluation of outcomes e.g. case review, clinical audit, multidisciplinary peer review.
* Integrates and evaluates knowledge and resources from different disciplines and health-care teams to effectively meet the health care needs of individuals and groups.
* Initiates and leads the development of local and national guidelines and standards.
* Influences at a service, professional and organisational level
* Is involved in resource decision making and organisational strategic planning.

Within endoscopy nursing a number of expanded nursing roles already exist; from a registered nurse employed to work 100% of the time in direct patient care, but who has additional expertise or responsibility e.g. PEG First Assist nurse, through to a Clinical Nurse Specialist that contributes to clinical care at the service level and is the clinical expert for a specific group of patients e.g. Inflammatory Bowel Disease (CDHB Senior Nurses Consultation Document, 2012).

**Examples of Expanded Nursing Roles in Endoscopy:**

* Specialty Nurse - Reporting Capsule Endoscopy studies
* Specialty Nurse - Surgical Nurse First Assist for the insertion of Percutaneous Endoscopic Gastrostomy (PEG) tubes
* Specialty Nurse - Nurse led Bio-feedback Therapy
* Clinical Nurse Specialists in Gastrointestinal Disease such as Inflammatory Bowel Disease, Hepatitis in addition to endoscopy services.
* Commencement of Nurse Endoscopist training & education.

*Note: Specialty nurses are employed to work 100% of the time in direct patient care roles where there is a narrow range of activity of a highly technical nature.*

# Level 6 Advanced Practice

Nursing Council New Zealand describes the nurse practitioner or advanced nurse as ‘…*expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practice both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people’s health needs. They provide a wide range of assessment and treatment interventions including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whanau and communities across a range of settings…*’ (NCNZ 2008, pg.2).

The difference between an expanded registered nurse role and that of a nurse practitioner (advanced nurse) may be the level of independence and confidence in decision making in determining care (NCNZ, 2010).

 As for Level 2 Competent, Level 3 Proficient, Level 4 Expert and Level 5 Expanded Roles **plus**:

* Demonstrate leadership as consultants, educators, managers and researchers and actively participate in professional activities at local, national and international policy development.
* Leads others to incorporate quality standards specific to endoscopy, into clinical practice and decision making.
* Initiates, coordinates and provides treatment for individuals with a gastrointestinal illness or disease.
* Influences at a service, professional and organisational level.
* Collaborates in resource decision making and organisational strategic planning.
* Initiates and contributes toward the development of international standards.

Within endoscopy services, a nurse at ‘*Level 6 - Advanced practice’* may be a Clinical Nurse Specialist that holds an appropriate Master’s Degree qualification and is recognised by their colleagues, peers and other medical professionals for their ability to make significant health gains to a patient populations with complex needs as described above by the NCNZ. The specific details associated with this level of the EKSF are still in the early phase of development.

# CONCLUSION

The Endoscopy Framework: knowledge, skills and competence is offering registered nurses that work in gastroenterology endoscopy services, an opportunity to provide quality care and contribute to improved health outcomes for patients through increasing confidence and competence. Further, the framework is designed to help clinical leaders and individuals to review strengths and identify gaps in knowledge, skills and competence and therefore be able to identify specific training, education and development needs. In addition, it provides a basis for assessing competence and informs the development and delivery of education and training for endoscopy staff to enhance and assist in the control of quality of endoscopic procedures.

Much national consultation has been undertaken in developing the framework to ensure it is valuable and applicable in the work that endoscopy staff already undertake. It is hoped the EKSF motivates registered nurses to improve and maintain their clinical knowledge and skills, as the information contained within this document has come from the workforce.

# GLOSSARY OF TERMS

**Assessment** A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements.

**Competence** The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.

**Culture** Refers to the beliefs and practices common to any particular group of people. Culture includes, but is not restricted to, age or generation, gender, sexual orientation, occupation and socio-economic status, ethnic origin or migrant experience, religious or spiritual belief, and disability.

**Domain** is an organised cluster of competencies in nursing practice.

**Domains of health** include the physical, psychological, emotional, cultural, social, practical, spiritual and informational aspects of a person’s health and well-being.

**EKSF** Endoscopy Knowledge Skills Framework

**Enrolled Nurse** A nurse registered under the enrolled nurse scope of practice.

**Family** is an identified group of individuals who are bound by strong ties to the person diagnosed with a gastrointestinal disease / illness.

**Multidisciplinary care** is an integrated team approach to care. This occurs when medical, nursing, allied health professionals involved in a patient’s treatment together consider all treatment options and personal preferences of the patient and collaboratively develop an individual care plan that best meets the needs of that patient.

**Multidisciplinary team** refers to a team of health care providers from a number of different disciplines including medical, nursing, and other allied health services. Team members have individual roles and meet to share information and expertise.

**Nursing Council of New Zealand** is the responsible authority for nurses in New Zealand with legislated functions under the Health Practitioners Competence Assurance Act 2003. The Nursing Council of New Zealand governs the practice of nurses by setting and monitoring standards of registration which ensures safe and competent care for the public of New Zealand. As the statutory authority, the Council is committed to enhancing professional excellence in nursing.

**Nurse Practitioner** is an expert registered nurse who works within a specific area of practice incorporating advanced knowledge and skills. They practice both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people’s health needs.

**NZGRS** New Zealand Global Rating Scale

**PDRP** Professional Development and Recognition Program

**Performance Criteria** refers to descriptive statements which can be assessed and which reflect the intent of a competency in terms of performance, behaviour and circumstance.

**Registered Nurse** is a nurse registered under the registered nurse scope of practice.

**Scope of Practice** ‘...the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within the profession are educated, competent and authorised to perform. Professional scope of practice is set by legislation and normally articulates expected practice as beginning level’.

**Standard** A set of guidelines for providing high quality nursing care and criteria for evaluating care.

**Whānau** refers to extended family.

# REFERENCES

Allen P., Lauchner, K., Bridges, R.A., Francis-Johnson, P., McBride, S.G., & Olivarez, A. (2008). Evaluating continuing competency: A challenge for nursing. The Journal of Continuing Education in Nursing. 39(2), 81-85.

Aranda S, Yates P*. A National Professional Development Framework for Cancer Nursing.* 2nd Ed. Canberra: The National Cancer Nursing Education Project (EdCaN), Cancer Australia; 2009.

Australia New Zealand College of Anesthetists. (2010). Guidelines on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures. Australia New Zealand College of Anesthetists. Retrieved from [www.anzca.edu.au/](http://www.anzca.edu.au/)

Bondy, K.N. (1983). Criterion-Referenced definitions for rating scales in clinical evaluation. Journal of nursing education. 22(9), 376-382.

Canterbury District Health Board (CDHB) ‘Consultation Document Senior Nursing Positions, Medical Surgical Division’, (April 2012).

Cliff, B. (2011). The evolution of patient cantered care. Journal of Healthcare Management. 57(2).

Counties Manukau District Health Board. (2012). CMDHB Adult Services

Gastro-Intestinal Competency. Version: 1.0. Counties Manukau District Health Board

Health Workforce. (2011). Gastroenterology Workforce Service Review. Retrieved from [www.healthworkforce.govt.nz](http://www.healthworkforce.govt.nz)

Health and Disability Commissioner. (1996). Code of health and disability services consumer’s rights. Health and Disability Commissioner. Wellington: New Zealand. Retrieved from <http://www.hdc.org.nz>

Houghton Mifflin Company. (2000). The American Heritage® Dictionary of the English Language, (4th. Ed). Retrieved from <http://www.thefreedictionary.com/knowledge>

Levett-Jones, T.L. ‘Facilitating reflective practice and self-assessment of competence through the use of narratives’, *Nurse Education in Practice*, Vol.7 (2007) pg: 112-119.

Marquez, L. (2001). Helping healthcare providers perform according to standards. Operations research issue paper. Bethesda. Agency for the International Development by Quality Assurance Project.

‘M*Ā*TAURANGA - *Building of Knowledge and Skills* *Framework for Cancer Nursing’,* (2013).

MidCentral District Health Board. (2010). New Zealand adult respiratory nursing knowledge and skill framework. MidCentral District Health Board. Palmerston North: New Zealand.

Ministry of Health. (2011). DHB endoscopy services summary report. Ministry of Health. Wellington: New Zealand

Ministry of Health. (2012). About bowel cancer. Retrieved from <http://www.health.govt.nz/our-work/diseases-and-conditions/cancer-control/bowel-cancer-programme/about-bowel-cancer>

Ministry of Health. (2012). Cancer Programme. Retrieved from <http://www.health.govt.nz/our-work/diseases-and-conditions/cancer-control>

New Zealand Nurses Organisation (NZNO). *‘Guideline: Expanded practice for Registered Nurses’, (Sept 2010 / Jan 2011).*

New Zealand Nurses Organisation (NZNO). ‘*Guidelines for Registered Nurses to Extend Practice to those Activities Normally Undertaken by Other Health Professionals’*, (2011).

New Zealand Sterile Services Association. (2011). Scope of Practice – Sterilization Technicians. New Zealand Sterile Services Association. Retrieved from <http://nzssa.org/policiesandguidelines.html>

North Carolina Board of Nursing. (2005). Continued competence pilot program. Retrieved from [www.ncbon.com/ContinuedCompetence](http://www.ncbon.com/ContinuedCompetence)

Nursing Council of New Zealand. (2008). ‘Enrolled Nurse – Scope of Practice.

Retrieved from [http://www.nursingcouncil.org.nz/index.cfm/1,43,0,0,html/Enrolled-Nurse](http://www.nursingcouncil.org.nz/index.cfm/1%2C43%2C0%2C0%2Chtml/Enrolled-Nurse)

Nursing Council of New Zealand. (2008). ‘Professional development’. Nursing Council of New Zealand. Retrieved from [http://www.nursingcouncil.org.nz/index.cfm/1,189,html/Continuing-competence-requirements](http://www.nursingcouncil.org.nz/index.cfm/1%2C189%2Chtml/Continuing-competence-requirements).

Nursing Council of New Zealand. (2008). ‘Registered Nurse - Scope of Practice’. Retrieved from [http://www.nursingcouncil.org.nz/index.cfm/1,40,0,0,html/Registered-Nurse](http://www.nursingcouncil.org.nz/index.cfm/1%2C40%2C0%2C0%2Chtml/Registered-Nurse)

Nursing Council of New Zealand. (2009). ‘Competencies for Registered Nurses’. Nursing Council New Zealand.

Nursing Council of New Zealand. (2009). ‘Competencies for the Nurse Practitioner scope of practice’. Retrieved from [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Nursing Council of New Zealand. (2009). ‘Competencies for the Enrolled Nurse scope of practice’, Nursing Council New Zealand. Retrieved from [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Nursing Council of New Zealand. (2010). ‘Competencies for the Enrolled Nurse Scope of Practice’. Nursing Council of New Zealand. Retrieved from [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Nursing Council of New Zealand. (2011). ‘Guideline: delegation of care by a registered nurse to a health care assistant’. Nursing Council of New Zealand. Retrieved from [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Nursing Council of New Zealand. (2011). ‘Guideline: responsibilities for direction and delegation of care to enrolled nurses’. Nursing Council of New Zealand. Retrieved from [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Oxford University Press. (2012). Oxford dictionaries. Oxford University Press. Retrieved from, <http://oxforddictionaries.com/definition/-scopy?q=scopy>

Queensland University of Technology. (ND). Endoscope reprocessing. Education and training package for the reprocessing of flexible endoscopes and accessories. Queensland University of Technology. Retrieved May 31st, 2012 from <http://www.genca.org/GENCA/Resources/Education/Reprocessing/GENCA/Resources/Education.aspx?hkey=bfaa022e-b600-4bc0-a1fd-c62f03fde18d>

Queensland University of Technology. (ND). Gastroenterology nursing for enrolled nurses. Queensland University of Technology. Retrieved May 31st, 2012 from <http://genca.org/GENCA/Documents/QUT_EN.pdf>

Queensland University of Technology. (ND). Gastroenterology nursing for registered nurses. Queensland University of Technology. Retrieved May 31st, 2012 from <http://genca.org/GENCA/Documents/QUT_RN.pdf>

Royal College of Nursing. (2005). NHS knowledge and skills framework outlines for nursing posts. RCN guidance for nurses and managers in creating KSF outlines in the NHS. Royal College of Nursing: Retrieved from [www.rcn.org.uk](http://www.rcn.org.uk)

Somerville, D. Keeling, J. ‘A practical approach to promote reflective practice within nursing’, *Nursing Times* Vol.100 No.12 (2004) pg: 42-45.

The American College of Radiology. (2010). American College of Radiology practice guideline for sedation/analgesia. The American College of Radiology. Retrieved from [www.acr.org/guidelines](http://www.acr.org/guidelines)

The Open Polytechnic. (2012). Certificate in sterilising technology level 3. Retrieved from <http://www.openpolytechnic.ac.nz/subjects-and-courses/op3171-certificate-in-sterilising-technology-level-3/>

Topping, K. (1998). Peer assessment between students in colleges and universities. *Review of educational research*, Vol. 68, 249-276

Winterton, J., Delamere-Le Deist, F. and Stringfellow, E. (2005). Typology of knowledge, skills and competencies: clarification of the concept and prototy

Centre for European Research on Employment and Human Resources Groupe ESC: Toulouse

World Health Organisation. (1986). The Ottawa Charter for Health Promotion. First International Conference on Health Promotion, Ottawa, 21 November 1986: retrieved from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html>

# APPENDIX 1 - Examples

Interventional Equipment

Examples of equipment for use in endoscopy may include (but not limited to):

|  |  |  |
| --- | --- | --- |
| **Biopsy forceps*** Hot
* Cold
* Grasping
 | **Dilatation*** Balloon
* Savoury-Gillard or bougie
 | **Injection*** Adrenalin
* Botulinum toxin
* Tattoo
* Gelofusine
* Methylene blue
* Histoacryl
* Lipiodol
* Saline
 |
| **Diathermy*** Placement of pad
* Forcep placement
* Diathermy setting
* Pacemaker/ICD check
* Metal joints
 | **Flush*** - Manual
* - Pump
 | Sengstaken tubeLinton Nachlas tube |
| Snare | Banding | Basket |
| Clip | Poly trap | Dye spray |
| Poly loop | Enteroscopy equipment | Gold Probe |
| Percutaneous Endoscopic Gastronomy (PEG) | Nasojejunal tube placement | Endoscopic Mucosal Resection (EMR) equipment |
| Argon Plasma Coagulation (APC) | Endoscopic Submucosal Dissection (ESD) equipment | Endoscopic Retrograde Cholangio Pancreatology (ERCP) equipment |
| Endoscopic Ultrasound (EUS) equipment | Percutaneous Endoscopic Jejunal tube (PEJ) | Rothnet |
| **Stents*** Colonic, oesophageal, biliary, pyloric
* Covered, partially covered, uncovered
* Plastic, metal
 |

Pathophysiology

Examples of GI diseases and illnesses may include (but not limited to)

|  |  |
| --- | --- |
| **Gastro Oesophageal** * Gastro Oesophageal Reflux Disease (GORD)
* Ulcers

 Mallory-Weiss syndrome* Gastric Antral Vascular Ectasia (GAVE)
* Dieu la foy
* Angioectasia
* Barrett’s Oesophagus
* Oesophageal & gastric cancers
* Oesophageal & gastric varices
* Boerhaave syndrome
* Oesophagitis
* Coeliac disease
 | **Intestinal*** Peutz-Jeghers Syndrome (PJS)
* -Diverticular disease
* Polyps
* Colorectal cancers
* Ulcerative colitis
* Crohns disease
* Motility disorders
* Constipation
* Haemorrhoids
* Proctitis
 |
| **Motility Disorders*** Oesophageal stricture
* Nutcracker Oesophagus
* Diffuse oesophageal spasm
* Achalasia
 | **Hepato-Biliary Diseases*** Chronic Hepatitis
* Obstructive Disease – mechanical & neoplastic
* Cirrhosis
 |
| **Food Allergies*** Coeliac Disease
 | **Anaemia*** Iron deficient
 |

#

# APPENDIX 2 – Legislation, standards & guidelines

|  |  |
| --- | --- |
| Accident Compensation (AC) Act 2001American College of Radiology practice guideline for sedation/analgesia 2010Competencies for registered nurses. Nursing Council of New Zealand 2008 Competencies for the enrolled nurse scope of practice. Nursing Council of New Zealand 2010Enrolled Nurse Scope of Practice. Nursing Council of New Zealand 2008GENCA/GESA Infection control in Endoscopy Guidelines 2010Guideline: delegation of care by a registered nurse to a health care assistant. Nursing Council of New Zealand 2011Guideline: Expanded practice for Registered Nurses 2011Guidelines on sedation and/or analgesia for diagnostic and interventional Medical, Dental or Surgical Procedures 2010Guideline: responsibilities for direction and delegation of care to enrolled nurses. Nursing Council of New Zealand 2011 Health Practitioners Competence Assurance Act 2003 | ISO 13485: Medical devices – Quality management systems – Requirements for regulatory purposes 2003NZRC Certificate in resuscitation, Level 4-7, Health Professional NZS 8134: Health and Disability Services Standards 2008NZS 8142: Infection Control Audit Workbook 2001NZS HB 8149: Microbiological Surveillance of Flexible Hollow Endoscopes 2001Privacy Act 1993Registered Nurse Scope of Practice. Nursing Council of New Zealand 2008 Standard AS/NZS 4187: Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities 2003Sterilization Technician Scope of Practice NZSSA 2011The New Zealand Public Health and Disability Act (NZPHD Act) 2000The Code of Health and Disability Services Consumers' Rights 1996 |

*NOTE: Pertinent legislation, standards and guidelines have been offered as a guide only. This list is not exhaustive. Discussion within teams at a local and national level may highlight further documents to guide clinical practice.*

# APPENDIX 3 – Rating Scale for Directly Observed Practical Skills

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scale Label** | **Score** | **Standard of Procedure** | **Quality of Procedure** | **Assistance Level Required** |
| **Independent (I)** | **5** | SafeAccurateEffect – Achieved intended outcomeAffect – Behaviour is appropriate to intended outcome | ProficientCo-ordinatedConfidentExpedient timeframe | No supporting cues required |
| **Not directly observed but independent (XI)** | **4** | Effect – Confident will achieve intended outcome in practical situationAffect – Demonstrated behaviour appropriate to intended outcome in practical situation  | Confident with description of practical application Proficient demonstration with practical equipmentExpedient timeframe | No supporting cues required |
| **Supervised (S)** | **4** | SafeAccurateEffect – Achieved intended outcome Affect – Behaviour is appropriate to intended outcome | ProficientCo-ordinatedConfidentWithin a reasonable time period | Requires occasional supporting cues |
| **Assisted (A)** | **3** | SafeAccurateEffect – Achieved most objectives for intended outcomesAffect – Behaviour generally appropriate to context | Proficient when assistedInefficient at timesUnco-ordinated at timesWithin a delayed time period | Required frequent verbal cuesOccasional physical directive cuesSome supporting cues |
| **Marginal (M)** | **2** | Safe only with guidanceNot completely accurateEffect – Incomplete achievement of intended outcomesAffect – Behaviour generally inappropriate to context | UnskilledInefficientUnco-ordinatedProlonged time period | Required continuous verbal cuesRequired frequent physical cues |
| **Dependent (D)** | **1** | Effect – UnsafeAffect – Unable to demonstrate behaviourLack of insight into behaviour appropriate to context  | Unable to demonstrate procedure/behaviourLacks confidence, co-ordination, efficiency | Required continuous verbal cuesRequired physical directive cues |

# APPENDIX 4 **–** Registered Nurse Professional Development and Recognition Career Pathway

