POLYPECTOMY TRAINING FOR NURSE ENDOSCOPISTS/PRACTITONERS IN THE UK

Mrs Nicola Griffiths: Nurse Endoscopist Waikato DHB

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In the past

* No established teaching techniques/methods
* No formalised training in polypectomy
* No audit ? What is adenoma detection rate
* Muddled through
* Some Nurses were only permitted to perform diagnostics
* Individuals who were training did the best they could

Present

* A significant number of competent colonoscopists have never been taught how to perform polypectomy. Training guidelines worldwide generally give little direction as to how trainees should acquire polypectomy skills. The learning curve for polypectomy needs to be defined to provide reliable guidance on how to train colonoscopists in this skill (Patel et al 2017)

UK: JAG: JETS

* JAG endoscopy training system (JETS)
* Directly Observed Polypectomy Skills (DOPyS) introduced 2011
* Forms updated 2017
* Endoscopists are not defined by Consultant or Nurse title, training is the same
* Many of us (Nurse Endoscopists) are train the trainers and have been training for a good many years, this includes Nurses, Consultants, Registrar's, Fellows (Gastro & Surgical) and Radiologists.

What's is a polypectomy

* Achieves optimal polyp views & position
* Determines the full extent of the lesion
* Adjusts/stabilises the scope
* Chooses the appropriate polypectomy technique
* Checks equipment/snare/diathermy
* Appropriate polypectomy technique/Photo-documents pre & post polypectomy
* Stalked polyps:
* Selects appropriate snare size
* Directs snare accurately over the polyps head
* Correctly selects en-bloc or piecemeal removal dependent on size
* Advances snare sheath towards stalk as snare closed and applies the appropriate degree of diathermy
* EMR: Sub mucosal injection, lesion lifts correctly, en-bloc or piecemeal, tents lesion, ? appropriate cold snare/diathermy and ensures adequate haemostasis prior to further resection

Post polypectomy

* Examines remnant stalk/polyp base
* Identifies & appropriately treats residual polyp
* Identifies bleeding & performs adequate endoscopic haemostasis if appropriate
* Retrieves/attempts retrieval of polyp

Levels of supervision

* MAXIMAL SUPERVISION: Supervisor undertakes the majority of the task/decisions & delivers constant verbal prompts.

* SIGNIFICANT SUPERVISION: Trainee undertakes tasks requiring frequent supervisor input & verbal prompts.

* MINIMAL SUPERVISON: Trainee undertakes tasks requiring occasional supervision input and verbal prompts.

* COMPETENT FOR INDEPENDENT PRACTICE: No supervision required

Future

Constructive feedback is the key to this tool assisting in skill development

For Endoscopy services, structure, standardisation and quality are key factors when training polypectomy

In New Zealand it is assumed the supervisor has covered all the skills required?

? How do you feel about that!

- TO BECOME A MASTER, YOU MUST MASTER THE BASICS
- STRENGTHEN YOUR FOUNDATION
- EMBRACE AND LEARN FROM MISTAKES
- OPEN AND TRANSPARENT

References

* https://workforce.jets.nhs.uk/ (JETS information)
* JAG (2019) Download Centre: https://www.thejag.org.uk/AboutUs/DownloadCentre.aspx
* Patel, K., Rajendran, A., Faiz, O., Rutter, M., Rutter, C., Jover, R., … Thomas-Gibson, S. (2017). An international survey of polypectomy training and assessment. *Endoscopy International Open*, *05*(03). doi: 10.1055/s-0042-119949