



Flexible Cystoscopy

Training and Assessment Guideline

Foreword

Flexible Cystoscopy is the most frequently performed urological intervention. In the late 1990's nurse specialists started to be trained in this technique and in 2000 BAUS set up a working party to develop the role of nurse cystoscopy. Since then nurse cystoscopists have become well established in urological practice in many centres throughout the United Kingdom.

Over the intervening years there has been a gradual change from nurses performing flexible cystoscopy predominantly for the surveillance of superficial bladder cancer, to an enhanced role of diagnostic cystoscopy, including bladder biopsy, cystodiathermy and the removal of ureteric stents.

It was therefore necessary for BAUN and BAUS to jointly develop this updated guideline to build on previous guidance from BAUS (Ellis 2000) and Skills for Health (2010 a,b,c & d) to provide a comprehensive nationally agreed, fit for purpose, universal training package which Registered Nurses can utilise to develop the necessary competencies in performing diagnostic and surveillance flexible cystoscopy, ureteric stent removal, bladder biopsy and cystodiathermy using a flexible cystoscope.

This document provides the field of urology with clinical guidelines that are based on the latest available evidence for the appropriate treatment and care of a patient's condition. The use of such evidence-based guidelines in clinical practice is an important part of clinical governance ensuring that patients are treated in a manner that provides safe, competence based care. It is designed to give an overview of the curriculum and the minimum standards required to perform such procedures,

A huge amount of work has gone into the production of these guidelines and Pauline Bagnall and her colleagues from BAUN together with Prof Howard Kynaston and the BAUS team on the working party are to be congratulated on the finished product.

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Introduction

When the British Association of Urological Surgeons (BAUS) published their guidelines and recommendations on the implementation of nurse run flexible cystoscopy sessions (Ellis 2000), flexible cystoscopy was performed mainly by urologists and urology trainees. Only a handful of nurses at that time were performing the procedure.

Since then nurse cystoscopists have become well established in urology practice. A recent survey of BAUS members found that 50% of respondents worked in departments with nurse cystoscopists (Burgess 2012). In addition, although BAUS Guidance recommended that initially nurses only perform flexible cystoscopies for the surveillance of patients with a past history of low grade superficial bladder cancer (Ellis 2000), review of British Association of Urological Nurses (BAUN) members flexible cystoscopy practice demonstrates that in addition, nurses are regularly undertaking diagnostic flexible cystoscopies, removal of ureteric stents, taking bladder biopsies and performing cystodiathermy. This practice has evolved without any formal regulation or nationally agreed standard of training or assessment of knowledge or skills.

In order to address this, BAUN and BAUS have jointly developed this guideline to build on previous guidance from BAUS (Ellis 2000) and Skills for Health (2010 a,b,c & d) to provide a comprehensive nationally agreed, fit for purpose, universal training package which Registered Nurses can utilise to develop competence in performing diagnostic and surveillance flexible cystoscopy, ureteric stent removal, bladder biopsy and cystodiathermy using a flexible cystoscope.

This document is designed to give an overview of the curriculum and minimum standards required to perform flexible cystoscopy, removal of ureteric stents, take bladder biopsies and perform cystodiathermy using a flexible cystoscope under local anaesthesia.

The knowledge base, clinical competencies and skills required for practice are outlined and learning and assessment tools are included that will be used to achieve these competencies.

BAUN and BAUS are exploring the feasibility of developing academic professional courses to support in-house training.

This Guideline is linked to the NHS Knowledge and Skills Framework Dimension: HWB 6 Assessment and Treatment Planning and HWB 7 Interventions and Treatments Level 4 (Department of Health (DH) 2004).

Rationale for a Standardised Training and Assessment Guideline

The BAUS guidance (Ellis 2000) on nurse led cystoscopy was written in support of nurses performing surveillance flexible cystoscopies for patients with low risk bladder cancer. Nurse-led flexible cystoscopy practice has evolved since then and nurses are currently performing diagnostic as well as surveillance flexible cystoscopies, removing ureteric stents, taking bladder biopsies and performing cystodiathermy. Skills for Health (2010 a, b, c, & d) produced competencies for these procedures in 2010. However, there has not been any national agreement that nurses should be performing these procedures or how they are trained and assessed. Individual nurses and Consultant Urologists must have negotiated with their Trusts so that their practice is covered by vicarious liability and that they have developed their own training and assessment programmes to support their development.

BAUN and BAUS consider that the provision of updated standardised training and assessment programmes for nurses is warranted. This Training Guideline therefore, aims to standardise training and assessment of nurse flexible cystoscopy skills:

For Patients

- Patients are entitled to expect that any nurse performing their flexible cystoscopy will perform to the same standard as a competent Urologist performing the procedure. This is the legal standard of care that any nurse would be judged against should a claim of negligence be made against them (Bolam V Friern Hospital Management Committee 1957 in Cox 2010).
- In accordance with Nursing and Midwifery Council (NMC 2008a) guidance, this Guideline recommends that nurse cystoscopists working in independent practice have separate indemnity insurance.

For Nurse Cystoscopists

- There is a prerequisite for written agreement from Senior Management for nurses to expand their practice to perform flexible cystoscopy procedures. This is to ensure that their job descriptions are updated so that the nurse cystoscopist is assured that their practice is insured by their employers against a claim of clinical negligence.
- Registered nurses are accountable for their own practice (NMC 2008a) and they must have the knowledge and skills for safe and effective practice when working without direct supervision. They must also recognise and work within the limits of their competence (NMC 2008a). This Training Guideline sets out the minimum knowledge and skills for safe and effective practice for performing flexible cystoscopies without supervision, so that nurse cystoscopists have a benchmark against which, they will be able to acknowledge their competence or to seek support if not competent.
- This Training Guideline aims to ensure that the nurse cystoscopist achieves a reasonable standard of skill and care before practicing without direct supervision, as inexperience is not accepted as defence in negligence claims (Cox 2010).

For Consultant Urologists

- For a nurse cystoscopist to practice, a Consultant Urologist will need to delegate responsibility for patients to them. Consultant Urologists are accountable for ensuring that the person they delegate to has the qualifications, experience, knowledge and skills to provide the care, treatment or investigation involved (General Medical Council 2009). This training guideline therefore will provide the necessary evidence of appropriate training and assessment.

For Employers

- Employers are vicariously liable for the actions or omissions of their employees, as long as they are working within their contracted practice (ACAS 2012). This training guideline provides evidence of the minimum standard of knowledge and skills required of a nurse cystoscopist before they practice without supervision, to reduce the risk of a clinical negligence claim being made.

Consent

Informed (or valid in terms of law) consent is essential before performing any procedure. DH (2009) suggests that the best form of consent is written. Verbal or implied consent is valid in law but is more difficult to prove in court. In addition, in taking a valid consent practitioners must be aware of the principles of the Mental Capacity Act (HMSO 2005). Patients retain the right to refuse treatment at all times and by individual nurses without compromising further treatment.

The risks and benefits of the procedure should be explained to patients when taking consent and this should be supported by appropriate written information. In addition, nurse cystoscopists should ensure the patient is aware of their professional status prior to undertaking the procedure. This includes informing the patient when they are training to perform a procedure.

Patient selection

This Guideline aims to support nurses to develop competence in diagnostic and surveillance flexible cystoscopy, ureteric stent removal, bladder biopsy and cystodiathermy using a flexible cystoscope and therefore, is not recommending any limitation to practice by specifying criteria for patient selection.

Nurse Selection to Undertake Training to Perform Flexible Cystoscopy

- Registered Nurse with relevant urology experience, including within flexible cystoscopy clinics
- Member of the Uro-oncology Multidisciplinary Team and Cancer Network Urology Site Specific Group
- Available Consultant Urologist on Specialist Register, or experienced nurse cystoscopist with appropriate teaching qualification to teach and supervise training and
- Consultant Urologist, either Urology Clinical Director or Urologist who provides training/supervision in flexible cystoscopy to doctors in training, to assess competence
- Written agreement from Senior Management and Urology Clinical Director for nurses to expand their scope of practice, support training and assessment and utilise skills once competent
- Robust protocols and guidelines agreed by Senior Management and Urology Clinical Director
- Independent prescriber, or Patient Group Directions in place for antibiotics and local anaesthetic

Prerequisite Skills

- Good communication skills, including national advanced communications skills or equivalent training
- Competent at consultation and urological symptom analysis
- Competent at informed consent for flexible cystoscopy
- Competent at urine testing and interpretation of results
- Competent at male and female catheterisation
- Competent at handling, disinfecting and troubleshooting flexible cystoscopy equipment
- Competent at auditing own practice to demonstrate maintenance of safe practice and up to date knowledge and skills

Knowledge:

- Flexible cystoscopy national and local policies and guidelines
- Accountability and the law in relation to advanced practice
- Anatomy and physiology of male and female urinary tract in health and disease
- The indications for flexible cystoscopy
- The potential complications and contraindications of flexible cystoscopy
- Normal and abnormal findings visible via a flexible cystoscope

- The management principles of the complications of cystoscopy e.g. urinary infection, urosepsis, septicaemia, haematuria
- The common abnormalities of the lower urinary tract
- The management principles of common urinary tract pathology e.g. bladder cancer, urethral stricture, urethral false passage, stone disease etc.
- The management principles of anaphylaxis
- The principles of lower urinary tract endoscopy
- The dose, side effects and contraindications of local anaesthetic lubricants
- National and local record keeping and data protection policies and guidelines
- National and local infection control policies and guidelines
- National and local Health and Safety at Work waste management policies and guidelines
- Awareness of principles of clinical coding

Nurse Selection to Undertake Training to Remove Ureteric stents Using a Flexible Cystoscope

Prerequisite Skills

Competent at performing flexible cystoscopy

Knowledge

- Types of ureteric stents
- Reasons for ureteric stent insertion
- Reasons for ureteric stent removal
- Timing of ureteric stent removal and contra-indications of ureteric stent removal
- Complications of ureteric stent removal and the appropriate actions in the event of complications
- Safe use of grasping forceps

Nurse Selection to Undertake Training to Perform Cystodiathermy Using a Flexible Cystoscope

Prerequisite Skills

Competent at performing flexible cystoscopy

Knowledge

- The indications for cystodiathermy using a flexible cystoscope
- The contraindications for cystodiathermy using a flexible cystoscope
- Complications of cystodiathermy and the appropriate actions in the event of complications
- Types and use of available irrigation fluids
- How to prepare a patient for cystodiathermy
- National and local manufacturers' policies and guidance on the safe use of diathermy equipment
- Able to recognise equipment faults and know how to deal with them

Nurse Selection to Undertake Training to Perform Biopsies Using a Flexible Cystoscope

Prerequisite Skills

Competent at performing flexible cystoscopy

Competent at performing cystodiathermy using a flexible cystoscope

Prerequisite Knowledge

- Knowledge of available biopsy forceps and their criteria for use
- The indications for undertaking biopsies using a flexible cystoscope
- The contraindications of undertaking biopsies using a flexible cystoscope
- The complications of undertaking biopsies using a flexible cystoscope and how to deal with complications should they arise
- Local and national policies and guidance for submission of tissue specimens for histopathology examination
- The safe use of biopsy forceps
- Able to recognise equipment faults and know how to deal with them

Training and Supervision

This Guideline breaks the skill of flexible cystoscopy down into five practical stages:

1. Observation of the procedure
2. Withdrawal of the cystoscope
3. Examination of the bladder urothelium
4. Insertion of the scope
5. Performance of the full procedure

In order for a nurse to achieve competence, training will be supported by the following:

- Trainees are required to maintain a portfolio of evidence of training. A reflective diary kept throughout the training period may be useful to support learning
- Formative assessments during the training process in the form of case based discussions and mini clinical examinations. These are useful in the training process and should be recorded in the personal training log

Assessment of Competence

- Assessment should ideally be performed by the Urology Clinical Director. Alternatively, a Consultant Urologist who provides training/supervision in flexible cystoscopy to doctors in training, or an experienced nurse cystoscopist with appropriate assessor's qualification
- A record of training and supervision must be maintained in a portfolio which should be reviewed by the assessor
- Assessment should be performed by the assessor directly observing the trainee for a minimum of five assessed procedures

Support Following Achievement of Competence

This guideline and training programme aims to ensure that nurse cystoscopists are competent to safely perform flexible cystoscopies unsupervised following completion of assessment. It is not expected that nurses will be expert cystoscopists at completion of training. Expertise and proficiency will develop through continued practice.

During the transition from competent to expert cystoscopist (Benner 1984 & 2004), nurses should continue to receive support from an experienced cystoscopist. The purpose of this continued support will be to help develop the nurse cystoscopist's confidence as an autonomous practitioner.

Nurse cystoscopists must continue to have access to an experienced and designated Urologist for clinical advice and support. They also must have immediate access to hospital urology services in the event of complications and the need for technical or diagnostic advice.

Clinical Audit

Clinical audit is a systematic method of measuring performance, recognising good practice and if necessary making improvements (Sale 1996). The overall purpose of clinical audit is to ensure high standards of clinical practice (Ghosh 2009).

The generally accepted definition of clinical audit is:

“A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery” (NICE 2002).

NHS Organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care through clinical governance. Clinical audit is an essential feature of clinical governance (Ghosh 2009).

Nurses can use clinical audit to examine how their care or services are delivered, the effect that this has on patients and to identify where improvements can be made (Sale 1996).

A change in practice can be a trigger for carrying out a clinical audit e.g. developing a nurse led flexible cystoscopy service.

Suggestions for clinical audits for nurses performing flexible cystoscopy include:

- Comparison of accuracy of findings with other cystoscopists within the Trust
- Patient satisfaction of treatment/care/information etc.
- Service capacity/waiting times

Continuing Professional development

Nurses are required to ensure that their practice throughout their professional careers is of a high standard, by participating in Continuing Professional Development (CPD) activities (NMC 2008a). CPD is defined as a means by which members of a profession maintain their knowledge and skills and develop qualities in their professional lives.

CPD is a commitment to being professional, keeping up to date and continuously seeking to improve. CPD allows for confidence to develop within one's own practice, expertise and skills and makes nurses responsive to the changes of patient management, in meeting emerging care and service needs.

As a condition of registration, nurses are required to declare that they have participated in CPD activities that are relevant to their practice. They may be required to provide a portfolio of evidence for audit by their professional organisation as a condition of renewal of registration (NMC 2008b).

Attendance at a national or international urological annual conference, at least once every three years is recommended for nurse cystoscopists as part of their CPD requirements.

Reflection on Learning

Feedback is an essential element of learning any new skill. The supervisor/assessor will give verbal feedback throughout the training process, or use the assessment sheets to provide written feedback, either as part of formative or summative assessment. In addition, the trainee using reflection after learning/practice will provide a valuable source of feedback for themselves (Reece & Walker 1992). Reflection which focuses on and explores the learning experiences will help trainees to understand their learning during the process of transforming themselves into a competent nurse cystoscopist (Johns 2009).

Johns (2006) Model of Structured Reflection is included in the training log as a suggested tool to guide trainee's reflection, although trainee nurse cystoscopists may choose to use any preferred model to support their developing practice.

Trainees should reflect on significant events during their training process, e.g. their first day of training, a particularly easy or difficult flexible cystoscopy, following feedback or an assessment.

Competent nurse cystoscopists learning to remove ureteric stents, perform bladder biopsies or cystodiathermy can use the model of reflection to record their training by reflecting on each supervised procedure.

The model of reflection and log book can also be used once competent in performing flexible cystoscopy procedures as a tool to demonstrate that knowledge and skills have been maintained and updated.

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