Role of the Registered Nurse in Performing Flexible Sigmoidoscopy

DATE APPROVED: 27 March 2014
REVISION DATE: 1 June 2015

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Background

In response to the changes in the field of gastroenterology and endoscopy the traditional role of the gastroenterology nurse has changed. The traditional role of the nurse in gastroenterology has always been as the patient advocate, whether in the administration of medications, assistance in the advancement of the scope (in the case of a colonoscopy), care of the specimen and as well assuring proper care and cleaning of the equipment. Registered nurses in Europe, as well as the United States, have been training nurses to perform flexible
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sigmoidoscopies for over 25 years. In Canada this training was undertaken in 2006 with five nurses in Toronto completing the training in 2006.

Appropriately trained Registered nurses in Canada are now able to perform routine screening flexible sigmoidoscopies in an independent setting within a gastroenterology clinic environment. Colorectal cancer is the second leading cause of cancer deaths in the US and Canada every year.

**Position**

The CSGNA and current research and practice publications illustrate the safety and accuracy of the performance of routine screening flexible sigmoidoscopies by trained registered nurses. Associates (physicians involved in gastroenterology - whether a specialist in Gastroenterology or Surgical specialist) support the position that appropriately trained registered nurses are able to conduct the procedure independently for the purpose of colorectal cancer screening. Nurses who have been chosen to participate in the training must have worked a minimum of two years in endoscopy and have completed the training sessions held at the Michener Institute of Applied Sciences which includes a one week period of classroom instruction and simulator training. The education and training includes, but is not limited to anatomy, physiology and pathophysiology of the colon, rectum and abdomen; indications, contraindications and alternatives; potential complications of screening flexible sigmoidoscopy, and manipulation of endoscopes.

The practical component of the training includes the observation of 25 flexible sigmoidoscopies, withdrawal of 25 sigmoidoscopies and completion of 50 flexible sigmoidoscopies in the endoscopy clinic setting under the supervision of a physician.
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Subsequent evaluation of each nurse’s competency level is evaluated by gastroenterologists who are associated with each provincial initiative. Once the nurse successfully passes his/her evaluation, they are able to perform the procedures independently, with support being provided by an on-site designated back up physician for any unexpected events. This role is subject to the approval of the Provincial Licensing Body, the Physician, and the Employer. The Task Force on Large Bowel Endoscopic Services determined that the Ontario Regulated Health Professions Act and the Nursing Act allowed the performance of flexible Sigmoidoscopy with biopsy by RN’s (general class) for the purpose of assessment, to be within their scope of practice. The regulatory framework requires a medical directive, an on-site physician for clinical back up support and decision making when necessary.

Definition

Flexible Sigmoidoscopy is the examination of the rectum and the sigmoid and descending colon using a flexible sigmoidoscope.
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References


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http://www.sgna.org/Portals/0/Education/Practice%20Guidelines/FlexibleSigmoidoscopy

Guideline.pdf