

Therapeutic endoscopy training for endoscopy nurse assistants. A prospective survey from the UK.

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Introduction: There are currently no mandatory formalised training courses for endoscopy nurse assistants despite the longstanding recognized need for such courses (1). The recent UK comparative audit of upper gastrointestinal bleeding emphasized the need for the appropriate skill mix for emergency therapeutic endoscopy (2). In addition, the high therapeutic burden associated with the introduction of bowel cancer screening has increased the need for highly skilled nurses.

Aims & Methods: Prospective survey of endoscopy nurse assistants who attended 7 TECNA courses between 2007-2011. Pre and post course questionnaires were provided to 420 endoscopy nurse assistants who attended the TECNA course.

Results:

- 301/420 (71%) delegates completed the questionnaires.
- Median endoscopic experience was 3 years (range 0 to 35 years).
- 166/ 301 (55%) had previously attended some form of endoscopy training.
- 204/301(68%) were funded by their own institution to attend the TECNA course
- After the course, 70% considered their therapeutic knowledge to have improved/some improvement.
- 69% of the delegates felt that their practical skills had been improved by the course.
- Confidence in assisting the endoscopist with therapeutic procedures increased in 65 % of attendees after the course.
- 93% (280/301) of the attendees agreed that all endoscopy nurse assistants should undergo a mandatory training course within the first year of their post on joining an endoscopy unit.

Conclusion: Just under half (45%) of the endoscopy nursing staff attending had **no formal training** in endoscopy procedures, despite a median time working in an endoscopy unit of 3 years. The TECNA training course **improved their confidence, therapeutic endoscopy knowledge and ability**. Formal training for all endoscopy nurse assistants in therapeutic skills is desirable and ideally should be undertaken within the first year of joining an endoscopy unit. Funding of such courses remains the major barrier to wider uptake of such courses. Central funding for such courses should be considered. Further surveys on long term outcomes should be considered in future surveys to assess the impact of such training courses.

References: 1.Provision of gastrointestinal endoscopy and related services for a district general hospital. Working Party of the Clinical Services Committee of the British Society of Gastroenterology. Gut 1991. 32(1): 95-105

2. UK Comparative Audit of Upper Gastrointestinal Bleeding and the use of blood. British Society of Gastroenterology (www.bsg.org.uk)