# NHS FORTH VALLEY

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# JOB DESCRIPTION

**1. JOB DETAILS**

**Job Title:** Nurse Senior Nurse Endoscopist

**Responsible to**: Service Manager/ Operations Manager

**Department(s): Ambulatory Care. Endoscopy**

**Job Holder Reference:** E-FV-N-010

**No of Job Holders:**  **2**

**2. JOB PURPOSE**

The post holder will be responsible for the assessment of care needs, the development, implementation and evaluation of programmes of care and the setting of standards of care including the following:

* Working as an autonomous practitioner and in collaboration with the multi-disciplinary team there is continuing responsibility for the assessment of care needs to ensure the delivery of high quality, patient focussed services
* Oversees the assessment of patient care needs and the planning, implementation and evaluation of care through the safe delivery of often complex clinical procedures which include upper and lower gastrointestinal endoscopic examinations and therapeutic procedures in accordance with protocols and guidelines.
* Maintains and supports service quality, contributing to audit and service review, standard setting and the implementation and evaluation of service development. The post-holder will support the delivery of strategic planning initiatives.
* Has responsibility to minimise risk and maintain the safety of the work environment.
* Will provide / perform advanced developed intricate technical manual and clinical nursing skills and procedures relating to their area of work
* Has responsibility for the assessment and when appropriate, discharge of patients
* Provides support, advice and guidance for other more junior Nurse Endoscopists in clinical and non clinical settings
* Delivers specialist training and supervision of staff, students on placement within the area and also middle grade doctors training in Endoscopy

**3.** **ORGANISATIONAL POSITION**

* **Service Manager**
* **Head of Nursing**
* **Department Manager**
* **Endoscopy Lead supervisor and Clinical Lead for endoscopy**
* **Senior Nurse Endoscopist (SEN NE) Extended scope practitioner**
* **Nurse Endoscopist/Advanced Nurse Practitioner**
* **Trainee Nurse Endoscopist**

Head of Nursing

Service Manager

Operational Department Manager

Professional Overview only

SENIOR NURSE ENDOSCOPIST

NURSE ENDOSCOPIST

**ROLE OF DEPARTMENT**

**SEE APPENDIX 1**

The role of the Endoscopy Department is to provide a consistent high standard of care for out -patients and emergency in-patients who are undergoing diagnostic endoscopic investigation and therapeutic intervention.

To provide a high quality, safe and supportive environment in order to care for patients within Endoscopy, meeting the identified physical and psycho-social needs.

1. **DIMENSIONS**

To work autonomously as a specialist Nurse Endoscopist for the Health Board.

The post-holder will provide a safe sensitive procedure providing comprehensive nursing advice and support through undertaking treatments and investigation requests.

To act as a specialist support providing a comprehensive educational resource based on an in-depth broad expert knowledge accumulated from ongoing learning, study and experience to other Health Professionals and Nurse Endoscopists within the organisation.

The postholder will have responsibility for developing and delivering the Cytosponge service within NHS Forth Valley, including all associated training of members of staff.

Lead Nurse for Bowel Screening including the management of all aspects associated with bowel screening Pre assessment.

## 5. KEY DUTIES AND RESPONSIBILITIES

## Clinical

Working at an advanced level of practice as an autonomous specialist Nurse Endoscopist there is a responsibility for the management of a clinical case load of patients who require diagnostic and therapeutic procedures such as upper endoscopy (OGD), transnasal endoscopy, endoscopic surveillance of Barrett’s oesophagus patients, Cytosponge procedure, Colonoscopy and Sigmoidoscopy.

Identify the need and perform often very intricate therapeutic procedures such as, Polypectomy, snare diathermy, cold/hot biopsy, cytology brushings, and accurate injection of adrenaline to prevent or arrest bleeding. Injection of saline or tattoo dye into specific areas of the gastrointestinal mucosa and the precise application of haemostasis clips to prevent/arrest haemorrhage. Maintaining intensive visual concentration when assessing Barrett’s oesophagus under near focus and narrow band imaging (NBI) and obtaining surveillance biopsies and targeted biopsies from areas of potential concern.

Assessing and evaluating patient referrals from both General Practitioners and hospital consultants presenting with a variety of often conflicting medical conditions to determine whether they meet the criteria for inclusion on the Nurse Endoscopist list.

Assessing and evaluating direct to test bowel screening patients using a telephone pre-assessment to determine according to protocol and experienced clinical judgement suitability for inclusion on the Bowel Screening list. This is an established role secondary to endoscopy list commitments.

Based on the assessors’ clinical judgement, comprehensive knowledge and experience, assess and evaluate the patient's clinical history to select and prescribe the most appropriate bowel preparation adhering to protocol where available

Competence in advanced endoscopic procedures. Regularly perform Bowel screening colonoscopy. In line with bowel screening standards, specific criteria and the required competencies are measured through completion of ‘train the trainer’ qualification and by maintaining a high standard of colonoscopy quality indicators demonstrated at audit - (caecal intubation rate of >90%, adenoma detection rate of >20%, Minimum 500 procedure count)

Complex polypectomy – competency achieved through independent polypectomy certification, attendance at advanced polypectomy study day, attendance and participation in an upskilling polypectomy course, continued practice, experience - demonstrated at audit. Support of senior colleagues improving the development of these skills.

Make autonomous clinical decisions relating to a patient’s suitability for sedation and analgesia by assessing and evaluating their clinical history and physical condition according to the criteria determined by the American Society of Anaesthesiologists (ASA).

Utilising specialist knowledge and judgement to identify any other existing clinical conditions and associated risks out with the ASA criteria. Responsible for making the correct decision to proceed or not in light of these broader considerations, some of which could have a detrimental impact on care such as a high risk of respiratory or cardiac failure, haemorrhage and perforation of the upper or lower GI tract.

Immediately prior to the procedure assess the patient’s physical and psychological status in order to proceed through the procedure.

Discuss and inform patients of the indications for investigations and the risks and benefits of sedation as well as alternative coping strategies.

Collaborate with patients to obtain informed consent, explaining the benefits, risks and possible additional intervention which may be required.

Using advanced clinical skills, underpinned by appropriate study, prescribe and independently sedate the patient taking responsibility and accountability for the safe administration of intravenous conscious sedation (the patient is sedated but compliant with instruction) and analgesia, and corresponding reversal agents if required prior to and during endoscopic procedures.

Precision and accuracy in determining precise and effective dosage levels of intravenous Benzodiazepine sedation, Opioid analgesia and corresponding reversal agents are vital to ensure patient safety and comfort without compromising cardiac, renal or respiratory function. These medications have the potential for overdose, sensitivity and allergic reaction.

Other medications which are being taken must be carefully scrutinised for potential contraindication to ensure adverse reactions do not occur if the patient chooses to have sedation and analgesia.

Diagnostic and therapeutic endoscopy procedures are autonomously performed taking particular care and responsibility for the continual assessment and management of the sedated patient throughout the procedure whilst also performing the examination. Early recognition and management of complications, - over sedation and anaphylaxis.

Independent clinical decisions are made such as to continue or stop the procedure as appropriate dependent upon the condition of the patient and in particular where complications may arise.

Interpret and analyse findings to make differential diagnosis and determine the appropriateness to treat therapeutically during the procedure, to request further investigations as clinically indicated or to refer to other specialities for advice and management. These findings such as identification of cancerous lesions, active or intermittent bleeding, severe Gastro Oesophageal Reflux Disease (GORD), Barrett’s oesophagus, gastric or duodenal ulceration, active or exacerbated colitis or Inflammatory Bowel Disease (IBD) may require immediate treatment and medication.

If required, independently prescribe medication to enable immediate commencement of treatment as appropriate to the patient’s condition and clinical indication within the boundaries of Independent Nurse Prescribing. Based on diagnostic clinical findings, advise, make recommendations and advise GP’s or other referrers of the need to prescribe and commence treatment as appropriate.

Histology follow up and reporting. Responsible for Interpreting pathology results generated from individual lists undertaken, planning, referring and initiating any further follow up management and advising patient and GP of the results by letter.

Continues to have responsibility for the patient during the post endoscopy recovery period prior to discharge, allocating advice and instruction to the recovery nursing staff.

Responsible for providing and discussing health promotion issues with patients/carers post procedure to ensure that they are informed of longer-term care requirements.

Collaborate with the patient and family, as appropriate to identify and assess individual health care needs and beliefs when formulating their management plan, providing support, specialised advice, health education and information on diagnosis to ensure patient autonomy and concordance adopting a holistic approach to care

Ensures accurate record keeping and the maintenance of patient confidentiality

The post holder will be responsible and accountable for their own clinical decisions undertaken and for all clinical assessments and treatments under their management.

## Management

Responsible for the management of own clinical practice and workload

Responsible and accountable for ensuring that the care they individually deliver in the clinical area is consistent with local and national policies and protocols and ensure the use of evidence-based guidance to improve their clinical practice, for example Scottish Intercollegiate Guidelines Network (SIGN) and the British Society of Gastroenterology (BSG) guidelines.

Contribute to the development, implementation, monitoring and review of the Nurse Endoscopist protocols and guidelines ensuring that these comply with evidence-based practice.

Take a lead role in the allocated treatment area in the delivery of safe and appropriate patient care through communication and discussion of specific needs whilst undertaking endoscopic procedures/lists.

Support the specialist Nurse Endoscopist service across the organisation and provide advice and guidance for other Endoscopy Nurse Practitioners.

Identifying the educational and training needs of the NE team and take a senior role in contributing to the planning and facilitation of teaching, training and development programmes and opportunities for trainee Nurse Endoscopists embarking on training and Nurse Endoscopists who have completed training to enhance and further develop their role in order to support the delivery of a quality service.

Audit current practice to ensure adherence to clinical standards and recommend appropriate changes as required to improve patient care.

Report all incidents as per incident reporting policy

Effective management of supplies and equipment ensuring that resources are utilised appropriately and cost effectively.

**Communication**

Communicates effectively with patients, carers and members of the multi-disciplinary and management teams, in styles appropriate to people and situations.

Maintain effective channels of communication by providing reports for regular MDT meetings and communicating also by telephone and written correspondence. Prepare and dictate letters for the GP, referring consultant and other disciplines.

Keep senior management informed and updated on any relevant issues.

Minimises potential for conflict and complaint, acting timeously to resolve disputes locally wherever possible and making appropriate referral to the management team as necessary.

Collaborate with other disciplines to ensure that good communications/relationships are established and maintained.

Liaise with the GP, referring consultant and other disciplines, recommending suitable treatments based on endoscopic findings and also in accordance with agreed protocols, advising on findings and further follow up if required.

Using highly developed interpersonal communication skills such as tact and judgement, provide receive and discuss highly complex and often extremely difficult and sensitive condition related information with patients, staff and relatives where psychological support, reassurance, empathy, and understanding are essential requirements, particularly in relation to dealing with emotionally challenging situations and especially where there may be barriers to acceptance and understanding which need to be overcome for example, denial or anger, continuing or withdrawing clinical intervention, or when breaking bad news such as informing patients when they have a suspected or probable cancer.

Attend meetings alongside clinical peers to keep updated with new developments and changes relevant to endoscopy.

**Professional/Educational**

Adhere at all times to the Nursing and Midwifery Council Code of Professional Practice and Guidelines.

Contribute to and support the professional development of nursing and non-nursing staff as appropriate by participating in the clinical teaching and supervision of allocated staff in training.

Take responsibility and have an active role in self-development, extending knowledge and skills as opportunities arise.

Contribute to and participate in the education of staff involved in the care of patients undergoing endoscopy particularly related to aspects of the Nurse Endoscopists practice within the area.

Completion of Cytosponge Train the Trainers course. Responsible for planning and developing the Cytosponge service. Responsible for teaching and training new members of staff in all aspects relating to Cytosponge and its safe administration. Ensuring that all the requirements and standards relating to the training programme for learners are undertaken, assessed, achieved and met.

Participate in audit/research of practice within area of responsibility and assist in the evaluation of findings. The introduction of Cytosponge and the work with the Scottish Access Collaborative on Barrett’s oesophagus patients, this ongoing research and audit can be 30% of working week.

Demonstrate advanced clinical expertise and highly developed skills underpinned by education and extensive experience in endoscopy to maintain and develop advanced levels of clinical skills and practice.

Ensure that clinical professional development is underpinned with appropriate education, training and supervision.

Be committed to own professional development and lifelong learning.

Provides professional expertise acting as an education resource and providing advice in clinical nursing practice for all disciplines

Support the implementation of educational programmes for staff and contribute to the quality of the ward/department as a learning environment. Involved with the National Endoscopy Training Programme (NETP) as a faculty member of the Endoscopy Non Technical Skills (ENTS) simulation training.

Coordination and participation in arranging the provision of a JAG accredited in-house, upskilling colonoscopy hands on training event delivered to promote and develop clinical skills for both Consultants and Nurse Endoscopists.

## Quality improvement

Support the development and improvement of services for individual patients and client groups by participating in audit to assess the quality and safety standards of the endoscopy service – The Endoscopy Global Rating Scale (GRS).

Responsibility for identifying and assessing any risk specific to area of work, ensuring the safety of the work environment and work processes and liaising with the Department Manager in assessing and managing risk.

Participates where appropriate in discussion relating to service reviews and other strategic planning issues and developments. Participates in service and policy development for example assisting the Endoscopy Clinical Lead with endoscopy specific policy development originating from drivers like the Scottish Access Collaborative, BSG and SIGN guidelines Barrett’s Validation process, Participation in updating and maintaining PGD’s – Patient Group Directions associated with endoscopy.

**6. SYSTEMS AND EQUIPMENT**

The Post holder will be responsible for the personal, safe and competent use of expensive and highly specialised equipment in excess of £40.000.

The post holder through formal training is required to develop and maintain a comprehensive knowledge and expertise in the use of all equipment used by them in undertaking Endoscopy procedures.

Principles and methods of decontamination of fibrotic endoscopes,

Specialised knowledge and understanding of the function and use of highly specialised fibreoptic Endoscopes and related insufflators, monitoring equipment, light sources and endoscopic accessories.

There is a requirement to be trained in, and maintain competence in the use of the following equipment:

Moving and handling equipment,

Patient assessment and monitoring equipment,

Intravenous infusion devices and syringe drivers.

Resuscitation equipment including defibrillators.

Other equipment - for example: oxygen humidifiers, oxygen and piped gases, nebulisers, portable and piped suction.

Other specialty-based equipment, pertinent to area of work.

The post-holder will be trained and required to maintain competence in the use of the following Systems:

Maintain accurate records in accordance with NMC and Forth Valley NHS guidelines.

Work to NHS Forth Valley and Departmental policies, procedures and protocols.

Use systems for risk identification, reporting and management, and for dealing with complaints.

Policies and procedures for child protection and the protection of vulnerable adults.

Ambulance Control communication system.

Unisoft Reporting system

EDMS

SCI store

SCI Gateway

TrackCare

Eforms

G2 dictation

Ordercoms Laboratory and radiology results systems.

NHS Forth Valley Intranet, internet and email, Microsoft Office applications (Word, Outlook,Teams).

Use, maintenance and storage of equipment and systems

7. ASSIGNMENT AND REVIEW OF WORK

Workload is generated and determined by the needs of the service, service development and advances in practice and research.

Workload is generated by referral from consultant medical and surgical staff and from GPs via direct access referral systems.

Accepts responsibility and has inherent accountability for the quality of own practice.

The post holder works autonomously at an extended level of practice and is clinically, professionally responsible and expected to make autonomous decisions on a daily basis regarding their own practice with the scope to initiate action within broad policies the authority to decide whether to proceed or not with therapeutic treatments

Has responsibility for managing own clinical practice and workload. Also responsible for decisions regarding patient management during the episode of care. Some very complicated clinical decisions are made without the supervision of medical staff for example, autonomously deciding if therapeutic treatment is necessary or appropriate, ensuring the correct diagnoses is made, initiating and prescribing treatments.

A sound knowledge of drugs and careful analytical skills are regularly required to review medication and its effectiveness or possible unwanted side effects e.g., improvement/deterioration with Proton Pump Inhibitor treatments, and patient compliance.

Works within a specialised service utilising complex diagnostic and therapeutic procedures, referring to other specialities and disciplines for further investigation and reviewing medication.

The post holder through self direction will manage the workload by identifying priorities and will collaborate and seek advice from experienced colleagues and peer groups when required to maintain best practice.

Works within policies, guidelines, protocols and Patient Group Directions (PGD’s) for dedicated clinical practice within the area of expertise and participates in their development and updating.

Recognises when there is a need to seek advice from a Specialist Clinician.

Takes responsibility to keep up to date with current trends and developments in Endoscopy.

Network with other Health Professionals to ensure services are dynamic, patient centred, and evidence based, and seek to improve continuity of care throughout the patient journey.

8. PHYSICAL, MENTAL AND EMOTIONAL DEMANDS OF THE JOB

**Physical Demands:**

Will be mobile for most of each shift. Standing for long and sustained periods and exerting moderate physical effort particularly when performing colonoscopy where posture restrictions within a limited space are a regular occurrence.

Have the ability to meet the needs physically and mentally of a planned but unpredictable workload.

Will assist with moving and transporting of mobile and immobile patients, physical manual handling of patients, including furniture and heavy equipment

In the event of an emergency or unplanned situation occurring during a procedure list, the Nurse Endoscopist is expected to quickly assess and respond to these circumstances and is responsible for initiating, coordinating and administering immediate and specific treatments in these situations such as haemorrhage, perforation, or respiratory and cardiac complications.

Appropriately trained to deal with verbally and physically aggressive patients, recognising that this is unacceptable behaviour

Repetitive movements of arms, hands and body parts and physical strain when performing the endoscopy. This can be especially difficult whilst applying torque (using exaggerated clockwise and anticlockwise rotating hand and wrist movements to manoeuvre the colonoscope) during Colonoscopy.

Required to perform developed specialised physical skills and intricate movements where precision and accuracy are required, coupled with manual dexterity to enable the manipulation of fine tools and accessories during endoscopies.

Precision, concentration and accuracy in obtaining tissue samples for diagnosis

Repetitive intricate hand movements in addition to eye coordination are required for a range of endoscopy scenarios and therapeutic procedures including careful oesophageal intubation, accurate injection technique of Adrenaline and tattoo ink, polypectomy, snare tip coagulation, hot and cold biopsy, application of endoscopy loops and clips to arrest or prevent haemorrhage.

Working in awkward and confined spaces on a regular basis.

Prolonged and frequent moderate physical effort including bending, kneeling, stretching, stooped postures throughout the day when performing procedures and examining patients.

Working in unpleasant working conditions where exposure to and contact with un-contained body fluids and odours is a regular occurrence.

Exposure to and control of verbal/physical aggression

Use of keyboard and VDU equipment, not only confined to the desktop PC, but including monitoring equipment which allows endoscopic images to be displayed during endoscopy procedures. There is a requirement for visual focus and observation of the monitor screen often for long periods of time, sometimes in excess of one hour for one patient during the course of a list.

**Mental Demands:**

Sustained concentration required whilst performing intense complex diagnostic and therapeutic procedures focusing not only on the procedure itself (but also being vigilant to the condition of the sedated patient) Maintaining intense visual concentration throughout the procedure. Diagnostic and therapeutic procedures can take anywhere from 15 minutes to 45/60 minutes long with concentration requiring to be maintained throughout.

Use well developed interpersonal communication skills such as tact, judgement and understanding such as would be required in communicating bad news for example when informing a patient of a possible cancer diagnosis.

Use initiative andutilise decision making skills gained and developed through experience without supervision in determining the most appropriate investigation for the patient for example when it is appropriate to refer for and request further endoscopic or X-Ray investigation based on clinical finding, age and physical fitness.

Required to utilise developed clinical skills of observation for recognition and accurate interpretation of pathology which can often be complex and clinical signs of disease encountered.

Requirement to use own initiative and expected to make clinical decisions without supervision.

There is a requirement for sustained and focused periods of concentration as well as specific accuracy for performing endoscopic procedures often for lengthy periods of time.

Concentration is required when observing patient behaviours that may be unpredictable.

Undertaking assessment of each patient within a limited time scale. Working against other time constraints.

The nature of the role is subject to interruptions from patients, relatives and team members.

Prioritising and meeting competing demands from patients, relatives and members of the multi-disciplinary team.

Communication in difficult situations, e.g., continuing or withdrawing active clinical interventions. Managing conflicting opinions, attitudes and expectations with patients and relatives and staff in such situations.

Responsible and accountable for ensuring the correct drug and dosage is prescribed.

Retention and communication of knowledge and information.

.Managing potential life threatening risks and complications.

Ability to be able to work under pressure and concentrate for frequent prolonged periods of time with interruptions.

**Emotional Demands:**

Frequently required to impart highly distressing information and/or bad news which can be emotionally draining and very difficult for patients/relatives to comprehend regarding their diagnosis and long term treatment.

There is a regular requirement to work in emotive environments, communicating with distressed and anxious patients and carers and distressing and emotional circumstances such as managing the reactions of patients and/relatives to procedure outcomes and diagnosis which may be highly distressing

Managing violence, aggression and abusive behaviour. Recognising that fear or anxiety may be an influence and managing in a sensitive manner.

Supporting staff in the work environment

Unpredictable workload

Personal accountability

Ability to continually change and adapt to new situations and strategies

**10. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

|  |  |  |
| --- | --- | --- |
|  | **Essential** | **Desirable** |
| **Qualifications** | 1st level Registered Nurse/Degree in Nursing.  Completion of the following courses:   * Endoscopy Knowledge and skills in Upper GI Endoscopy Level 3 * Endoscopy Knowledge and Skills in Lower GI Endoscopy Level 3   or Joint Advisory Group (JAG) approved Endoscopy Courses in Upper GI Endoscopy and Lower GI endoscopy)  Upskilling colonoscopy Course  Advanced Polypectomy skills  Upper GI Skills therapeutic course  Cytosponge Train the Trainers qualification  Train the endoscopy Trainers  Independent- Nurse Prescribing course  Evidence of professional development | Leadership or management qualification.  Working towards Post Graduate Masters qualification  BSc in Professional Development – Endoscopy Nurse Practitioner. English National Board (ENB)  Completion of Independent Nurse Prescribing qualification  Clinical Assessment Skills qualification |
| **Experience** | A minimum of 4 Yrs post Registration experience in general medicine/ surgery/ Gastroenterology  Demonstrate a developing expertise through knowledge and skills supplemented by specialist training in endoscopy with continuous professional development to maintain specific clinical skills essential to the clinical area. |  |
| **Skills** | Undertake Physical and psychological pre assessment of patients  Proficiency in performing upper and lower endoscopic examinations and associated therapeutic procedures independently and autonomously.  Person is effective in: Communication skills Negotiation skillsTime management Presentation skills  Report writing  Leadership ability  Ability to work across professional and multidisciplinary organisational groups  IT skills  Teaching skills  IV / IM administration of drugs  ILS  Cannulation  ECG | Management  Risk assessment  Leadership ability |
| Personal qualities | Positive proactive outlook  Approachable, Tactful  Flexible and innovative  Organised and thorough  Diplomatic  Resilient  Persuasive  Trustworthy, Reliable  Self-motivated  Collaborative approach to multidisciplinary teamwork | Coping mechanisms for dealing with complex and stressful situations  Sense of humour  Practical |
| **Research and training** | Evidence of Continued Professional Development.  Evidence of teaching.  The ability to undertake research and audit |  |
| Other | Ability to understand the application of Clinical Governance. |  |

**11. JOB DESCRIPTION AGREEMENT**

**Job Holder’s Signature:**

**Date:**

**Head of Department Signature:**

**Date:**

**APPENDIX 1**

**FORTH VALLEY NHS**

**ACUTE OPERATING DIVISION**

**Job Title: Senior Nurse Endoscopist - Responsible to Service Manager**

**Department(s):**

**Job Holder Reference:**

**No of Job Holders:**

**A. ROLE OF THE UNIT / FUNCTION**

The role of the Surgical and Cancer Services Unit is to provide a multi disciplinary service in the areas of Area Sterilization&Decontamination Unit/ Audiology / Day Surgery / Endoscopy/ Outpatients Department/ Theatres primarily on one site with limited Outpatient services in two community facilities.

# ROLE OF THE DEPARTMENT

To provide a high quality, safe and supportive environment in order to care for patients within Endoscopy meeting the identified physical and psycho-social needs

# C. DEPARTMENT ORGANISATION CHART

# C. DEPARTMENT ORGANISATION CHART

Director of Nursing

Head of Nursing

Service Manager

Professional Overview only

Operations Manager

Senior Nurse Endoscopist ( This Post )

Nurse Endoscopist