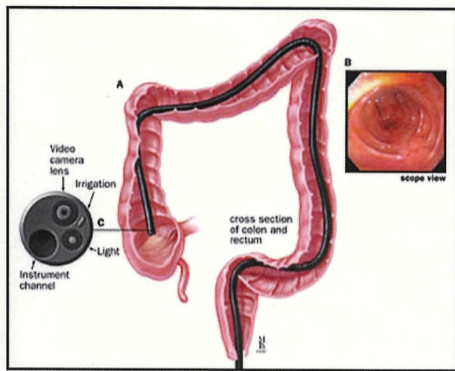


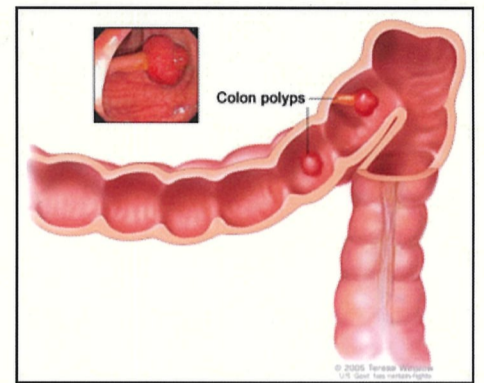
Introduction

New Zealand (NZ) has one of the highest rates of colorectal cancer (CRC) in the world and within NZ it is the most common cause of cancer death behind prostate cancer for men and breast cancer for women (Ministry of Health, 2014). The risk of CRC increases with age and 90% of all cases are diagnosed in people aged 50 years or over (Green, Richardson and Parry, 2012). Currently, Government funded screening programmes are in place for cervical and



(John Hopkins, n.d.)

breast cancer screening but not for CRC despite the alarming statistics. A national colonoscopy screening programme, to detect and treat pre-cancerous conditions, would alleviate the social and financial burden on the individual, community and country, of cancer diagnoses made at a late or advanced stage. Given the above information my PICOT question is:
Can Registered Nurses provide a safe and accurate screening colonoscopy for New Zealanders aged between 50 to 74 years of age?



(Reinstra Clinic, 2015)

Literature Review

Research suggests:

- The main factor limiting the provision of screening colonoscopies in NZ is the shortage of endoscopists (Yeoman and Parry, 2007).
- There is little enthusiasm amongst Medical Endoscopists (MEs) and NZ public endoscopy units to train or employ Nurse Endoscopists (Yeoman and Parry, 2007).
- Medical Endoscopists felt that they would be better able to relate the endoscopic findings to the clinical scenario of the patient they were treating (Khan, Khan and Owen, 2012).
- With training, nurses can perform screening colonoscopies as safely and accurately as an ME. (Limoges-Gonzalez, Mann, Al-Juburi, Tseng, Inadomi, and Rossaro 2011; Koornstra, Corporall, Giezen-Beintema, de Varies, and van Dellumen (2009)
- Comprehensive training of nurses and developing experience leads to fewer complications and safer procedures (Dellon, Lippmann, Galanko, Sandler, and Shaheen, 2009)

Recommendation and Conclusion

My recommendation is that an NE training programme be introduced to the 20 District Health Boards (DHBs) within NZ. Input from individuals would include, but not be limited to:

- Ministry of Health officials
- The Nursing Council
- New Zealand Society of Gastroenterology
- DHB managerial staff
- Medical Endoscopists
- Endoscopy nurses who would like to develop their role from assisting to performing screening colonoscopies

The evidence shown in the literature review supports the conclusion that nurses can safely and accurately expand their role in CRC screening for 50 to 74 year old individuals in NZ. This would be accomplished by entering into a recognised training programme for colonoscopy. The problem of inadequate personnel to provide screening colonoscopies is a pressing and immediate issue in NZ. Nurses can be an integral part of the colonoscopy workforce.

References:

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- Yeoman, A., & Parry, S. (2007). A survey of colonoscopy capacity in New Zealand's public hospitals. *The New Zealand Medical Journal*, 120(1258), 1-9.

Poster Submission

I have chosen to do a poster submission for Assignment 2 to highlight the importance of screening colonoscopies for the diagnosis of bowel cancer. Bowel cancer is a significant health issue in New Zealand and colonoscopy is an effective screening tool for this disease. June 2015 is bowel cancer awareness month and this reinforces the importance of recognising potential signs and symptoms of bowel cancer. Given the alarming CRC statistics in NZ and my hope to become a nurse on a surgical ward it is important that I am aware of diagnostic procedures and treatments available for patients with pre-cancerous conditions. Poster presentations are a common form of presenting health information within the public health field. According to Ilic and Rowe (2013) “poster presentations achieve success in increasing knowledge and changing attitudes and behaviour” (pg. 4). Poster presentations may stand alone or be accompanied by a short presentation by the presenter (Berg, 2005). Combining a short presentation or author presence with the poster presentation can facilitate discussion between the presenter and audience. This process may be altogether more engaging and another means by which the poster presentation can promote active learning (Ilic and Rowe, 2009). Therefore, I am able to stand alongside my poster and answer any questions and facilitate discussion around this important issue.

Reference:

Berg, J. (2005). Creating a professional poster presentation: focus on nurse practitioners. *Journal of the American Academy of Nurse Practitioners*. 17(pp. 245-248).

Ilic, D., and Rowe, N. (2009) What impact do posters have on academic knowledge transfer? A pilot survey on author attitudes and experiences. *BMC Medical Education*. 9(71).

Ilic, D. And Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review. *Health Information and Libraries Journal*. 30(pp. 4-12).

I have used PICOT to formulate my research question.

PICOT category	Information relating to question	Explanation
Population	Adults aged between 50-74 years of age that do not have any pre-existing risk factors for CRC.	This is the age range chosen for the NZ bowel cancer pilot study
Exposure	A screening colonoscopy	Articles that use experimental design evaluating nurse endoscopist as part of a CRC screening programme.
Comparison	Nurse endoscopists versus medical endoscopists	I am interested in whether nurses can be an effective part of the endoscopy team
Outcome	Safety and accuracy of screening colonoscopy	Are complication rates similar? What is the polyp detection rate? What is the rate of complete colonoscopy?
Time	An appropriate window of time during the screening process	The study period will be chosen by the individual investigators in each study reviewed.

(Whitehead, 2013).

Reference:

Whitehead, D. (2013). Searching and reviewing the research literature. In Z. Schneider, D. Whitehead, LoBiondo-Wood, G. and Haber, J. (Eds.), *Nursing and midwifery research methods and appraisal for evidence-based practice*. (4th ed.) (pp. 35-56). Australia, Elsevier.