Implementing a nurse cystoscopy service
A guide for public health services
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This work is available at: <www.health.vic.gov.au/nursing>

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1. Introduction

The contents of the guide are based on previous work undertaken by the British Association of Urological Surgeons, the Nursing and Midwifery Board of Australia (NMBA), the National Health Service (NHS), the State Endoscopy Training Centre Austin Hospital, the Victorian Quality Council and the Victorian Department of Health and Human Services (2008-14).

The guide is based on work undertaken by Chatterton et al. (2011), which was published in the *Australian Journal of Advanced Nursing*.

1.1 Purpose of the document

This guide, developed by Melbourne Health in conjunction with Monash Health and sponsored by the Victorian Department of Health and Human Services, provides a framework for public health services that are considering establishing a nurse cystoscopy service utilising advanced practice nurses.

The guide provides assistance in assessing the need for a nurse cystoscopy service within a health service, as well as providing a consistent approach to the establishment, training and ongoing evaluation of nurse cystoscopy services throughout the Victorian public health system.

1.2 Flexible cystoscopy

Flexible cystoscopy is an endoscopic procedure using a flexible scope inserted through the urethra to visualise the lower urinary tract – the urethra, the external sphincter, the prostate and the bladder.

Patient indication for flexible cystoscopy may be categorised as:

- patients who are known to have carcinoma of the bladder and who are attending for a follow-up cystoscopy at regular intervals
- patients being investigated for haematuria
- patients being investigated for irritative urinary symptoms or symptoms of bladder outlet obstruction.

Bladder cancer is one of the 10 most common cancers in Australia. There is no specific prevention program. Because of continuing long-term risk of reoccurrence, patients treated for bladder cancer usually require long-term annual surveillance. Cystoscopy, the standard for screening for recurrence of early-stage bladder cancer, is a cost-effective method of detecting bladder tumours.

In Victoria around 9,800 patients required cystoscopy services in 2012–13 compared with about 8,400 in 2009–10. This represents an increase of 17 per cent. It is anticipated that around 11,400 patients in Victoria will require cystoscopy services in 2016–17 (Department of Health and Human Services 2015).

1.3 Rationale for a nurse cystoscopy service

Melbourne Health and Monash Health have developed a safe and effective nurse-led bladder cancer surveillance service model, reducing waiting times for diagnostic cystoscopy by up to 70 per cent.

A nurse cystoscopy service is defined as a service provided by appropriately trained registered nurses who are credentialled to perform a flexible cystoscopy. Patients are assessed by a urologist to require this procedure.
The role of the specialist nurse or advanced practitioner is evolving to encompass a wide range of procedures that complement the delivery of modern urological services in a safe and effective manner and ensure that patients can access screening services as quickly as possible.

The role of nurse clinics has been shown to enhance patient-centred care by improving quality of care, reducing waiting times and providing a more effective and efficient service. As nurses are a constant in the public health service they are often better placed to focus on the patient experience and form closer relationships without damaging the therapeutic care.

A nurse cystoscopy service will enable greater efficiency and streamlined, patient-centred care due to the consistency of the advanced practice nurse role within the health service.

1.4 Background

Nurse-led flexible cystoscopy was developed in the United Kingdom over the past decade, with reports confirming that appropriately trained nurses can competently undertake this procedure.

In the Australian public health system, traditionally it has been the role of junior medical staff to perform flexible cystoscopies.

In 2008–2010, the Department of Health funded Melbourne Health and Monash Health to develop and evaluate a nurse-led bladder cancer surveillance model. The model provided nurses with additional skills and training to perform flexible cystoscopies to detect reoccurrence of bladder cancer. The introduction of nurses to provide cystoscopy procedures enabled improved access for patients and addressed demand for cystoscopy procedures to monitor bladder cancer. The services continue to operate successfully.

In establishing a nurse cystoscopy service in selected Victorian health services, Melbourne Health and Monash Health have collaborated to develop a training and assessment package that is closely based on the British Association of Urological Surgeons training package, *Flexible cystoscopy training and assessment guideline*, developed in 2012.
2. Key drivers – promotion and provision of quality healthcare services and meeting community expectations

It is essential for health services to institute formalised and structured education, role definition and support for advanced practice nurses to effectively establish the role. An ill-defined or unsupported role may contribute to role confusion and conflict and ultimately become a risk to patient safety.

When implemented in line with this guide, a nurse-flexible cystoscopy service has the potential to enhance patient-centred care and benefit:

- **healthcare recipients by:**
  - reducing waiting times due to nurse availability 52 weeks of the year and the ability to be flexible in session scheduling
  - increasing continuity of care due to the introduction of a consistent service, information and education from nurse consultants that then has the potential to reduce the risk of patients being ‘lost in the system’
  - increased continuity of follow-up of care
  - developing protocols and guidelines designed to ensure best practice in treatment and standardised care
  - enabling reliable data collection and audit for patient-centred care
  - cystoscopy performed on time consistent with best practice protocols to ensure early recurrences of bladder cancer are treated as required to prevent bladder cancer progression
  - improved communication to primary carers through consistent documentation and letters.

- **healthcare providers by:**
  - releasing medical staff to attend to patient care not within the scope of the nurse
  - providing a clinically effective and efficient service
  - enabling reliable data collection for audit and research
  - reducing inappropriate use of resources through streamlining patient management.

- **healthcare practitioners by:**
  - promoting personal and professional development
  - allowing intensive and extensive training opportunities
  - increasing job satisfaction through acquiring new skills and responsibilities
  - engaging the whole team delivering urology care in developing innovative and efficient models of care.
3. Key principles

The key principles that underpin the model of nurse cystoscopy service provision within the public health sector are that:

- the clinician's prime responsibility is to the patient
- the principal purpose of a nurse cystoscopy service is to have the patient at the centre of care by improving continuity of care, follow-up and quality of service
- a nurse cystoscopy service should only be established if patients and healthcare providers benefit
- the urologist retains overall responsibility for patient treatment and management
- there is the need for patients' informed consent
- the service is integrated with the healthcare provider's clinical governance framework
- a risk assessment has been undertaken
- the nurse will be suitably qualified after undertaking a comprehensive training program
- systemic auditing and quality control measures that are specific to the procedure should be set prior to commencing.

4. Requirements overview

Medical support is imperative in establishing and maintaining this service. It is a requirement that a urologist be available for diagnostic advice and in the event of complications. Nurses may be suitably qualified to perform both diagnostic and surveillance cystoscopies, or may have limited qualifications in accordance with the needs of the health care providers.

This guide specifically targets the provision of nurse cystoscopy services to the Victorian public health system. Health services planning to establish such a service will need to:

- have identified an existing service gap within their organisation
- ensure there is support from urologists to introduce the service
- have the capacity to employ or redeploy a suitably qualified nurse who is willing and able to undertake the education and training involved in establishing and for the ongoing operation of this service
- have the capacity to engage a urologist to train, supervise and assess the competency of the nurse
- ensure the availability of adequate resources including, but not limited to, equipment to enable videoing of the procedure, photographing pathologies, suitable clinical areas to undertake the procedures and clerical support.

An organisational checklist, which consolidates the process required to introduce a nurse cystoscopy service, is provided in Appendix 1.
5. Assessing the need

This section outlines the process a public health provider should undertake in reaching the decision to establish a nurse cystoscopy service. The health service needs to consider such issues as client need, as well as whether there are enough cases to warrant training and to support a sustainable nurse cystoscopy service. Strong urology (urologist) support is essential. The health service may decide to establish a stakeholder working group to assist in assessing the need for such a service.

5.1 Analysis and consultation

Prior to implementing a new service it is recommended that the health service undertake a workforce analysis and data collection to ensure the suitability and viability of such a service within the organisation.

Consideration should be given to the following areas:

- the current waiting list time for patients
- the current number of patients undergoing a cystoscopy in a given year and the suitability of these for a nurse-led flexible cystoscopy service
- the possible impact this service may have on the current workforce
- the possible impact this service may have on the resources of the health service
- support from the head of the urology department or senior urologist
- an examination of who is undertaking the cystoscopies at present and the ability to utilise these staff in patient care more suited to their expertise and training
- the target patient population for the service as separate from general cystoscopy patients.

Learning from the experiences of others is invaluable. It is recommended that prior to developing a new service the organisation liaises with a similar, already established service.

5.2 Equipment considerations

In order to implement this model the public health organisation will need to have video cystoscopies. These are an essential tool for training nurse cystoscopists and in the ongoing management of a nurse cystoscopy service. The public healthcare facility would also need a data management system that could be integrated into the cystoscopy equipment, allowing videos and reports to be saved.

5.3 Financial considerations

Prior to introducing a nurse-flexible cystoscopy service a business plan may need to be completed. Analysing the need, consulting with stakeholders and identifying equipment requirements will lead to a more detailed assessment of the resources required (direct costs such as wages and training costs) and staff resources required (time of existing staff plus any new project resources such as additional clinical educator resources).

Timelines and key milestones should also be reviewed at this stage to ensure they are achievable.
5.4 Governance

A new service requires governance arrangements to ensure it is established efficiently and successfully. The governance arrangements will form a link between the broader corporate and organisational governance, and the management and activities relating to the nurse cystoscopy service. When operating effectively this provides:

- direction, ownership and sponsorship
- a mechanism for reviewing and monitoring project management functions
- a forum for reporting and accountability, including consulting with stakeholders.

Governance arrangements will need to be in place in some form before establishing the service to ensure effective oversight of the scoping and feasibility stage. The kind of structures created will vary and may include purpose-specific committees or steering groups, or subcommittees or standing items on the agenda of existing governance bodies, such as executive committees.

Regardless of the form, the governance structure should be designed to:

- set out lines of responsibility and accountability within the health service for implementing the service, and ensuring that the work fits within the organisational values and operating requirements
- provide a means by which key stakeholders in the health service can influence decision making and provide input into the service’s direction
- support the team responsible for implementation by providing direction, assistance with any negotiation required between different parties and making timely decisions
- provide an opportunity to discuss and resolve issues, monitor and review progress and identify any risks associated with introducing the service, as well as strategies to address those risks.

The benefits of strong governance include:

- ensuring strong linkages between the service and the health service’s strategic priorities
- providing for clear ownership and leadership by senior management
- strengthening stakeholder engagement
- ensuring adequate resources and skills are made available to implement the service.
6. Health profession legislation, regulation and policy

6.1 Scope of practice in relation to a nurse cystoscopy service

Scope of practice is defined by the Nursing and Midwifery Board of Australia (NMBA) as:

- the application of advanced levels of knowledge, skill and experience by the nurse to the nurse – patient/client relationship. The actual scope of practice of an individual’s practice is influenced by:
  - the context in which they practice
  - the level of competency, education, qualifications and experience of the individual
  - a health service’s policy, quality and risk management framework and organisational culture (NMBA 2013).

The scope of practice for registered nurses working within a nurse cystoscopy service will be determined by their skills and qualifications within the health service in which they are working.

6.2 Continuing professional development

Registered nurses are required to undertake continuing professional development to maintain registration with the NMBA within the Australian Health Practitioner Regulation Agency (AHPRA). To maintain their skills in performing flexible cystoscopy, health professionals are required to engage in ongoing continuous professional development activities related to their role.

6.3 Professional indemnity insurance

Professional indemnity insurance is a mandatory requirement of all registered nurses by AHPRA. Nurses employed by Victorian public health services receive indemnity when undertaking duties consistent with their terms of employment via the Victorian Managed Insurance Authority (VMIA).

Coverage under the VMIA medical indemnity policy will apply and extend to provide protection to nurses who perform flexible cystoscopy, based on the following criteria:

- that the provision of such services and the scope of practice of duties forms part of the employee’s contract of employment and are reflected in the agreement
- that those providing the service are appropriately qualified and credentialled in accordance with the health provider’s requirements
- that the extension of duties meets the requirements of the following condition (contained in the policy)
  - 4.5 Suitable employees
    The health services or organisation named in the Schedule shall at all times exercise care to ensure that;
  - 4.5.2 all registered health professionals who have independent responsibility for patient care and who are employed by the health service or organisation must be appropriately credentialled and have their scope of clinical practice defined in accordance with both their level of skill and experience and the capacity of health service or organisation;
  - 4.5.3 students and/or registered health practitioners undergoing training or qualifications with the health service or organisation act only under the supervision of suitably experienced and registered medical practitioners’ (NMBA 2013).
7. Establishing the service and managing change

After identifying the need for a nurse cystoscopy service, the following steps are required to enable the introduction of a successful, efficiently functioning service:

- developing realistic timelines to introduce the service
- identifying equipment and facility requirements and ensuring these requirements are met
- engaging a urologist who will train, supervise and assess the competency of the nurse cystoscopist
- engaging the services of a suitably qualified nurse to undertake training, set up and manage the service
- examining the ‘flow’ of patients through the organisation from referral to diagnosis and treatment
- process mapping to determine where the new service will best fit and to identify the potential to streamline a patient’s experience within the organisation with the introduction of the service
- examining current documentation and communication both within the organisation and with general practitioners to identify areas that may need to be altered to accommodate a nurse cystoscopist
- collecting background data on the current service, for example, the referral rate to biopsy, the adverse event rate and the patient satisfaction procedure.

It is essential that open communication and networking is maintained with all stakeholders during and after establishing and implementing the service.

In many Victorian health services the implementation of nurse cystoscopists is a new way of managing staffing arrangements and workload pressures. The success of the project will depend on the people involved (Victorian Quality Council 2006). Managing the change process effectively will help ensure that those people are supported through the change process and able to work together to ensure safe, effective and efficient implementation.

The Victorian Quality Council has identified the following guiding principles for implementing change, drawn from earlier work in the UK’s National Health Service (NHS 2005):

- Have a plan for the project implementation, but be prepared to adapt it if the outcomes at different stages show this to be necessary.
- Executive (or senior) support is essential for the success of a project, but it is useful to recognise that change will come from the bottom up.
- Set objectives and congratulate the team when each objective is achieved, but remember that improvement is an ongoing process.
- Recognise that a plan for introducing change and monitoring the effects of the change is important, but gaining people’s commitment is vital to the project’s success.

Tips for successfully implementing change are provided in Appendix 2.
7.1 Identifying and meeting equipment requirements

The equipment required to run a nurse flexible cystoscopy service will need to be in place in order for the service to run efficiently.

Equipment required includes:

- video-flexible cystoscopes in sufficient numbers and with the ability to ‘sterilise’ and ‘turn over’ the cystoscopes to allow a list to run without excessive delay (a half-day list of 10 procedures would be recommended)
- a system to video the procedure that allows:
  - ability to view the procedure on a monitor in real time (this greatly enhances the learning process and the acquisition of competencies)
  - the nurse the opportunity to discuss their findings with a doctor
  - a comprehensive video history for each patient, which provides a valuable resource to compare findings over time to determine change
- a system to photograph pathologies found in the bladder to be included in the final report of the flexible cystoscopy, which allows:
  - the urologist to gain an understanding of the pathology expected if performing a treatment after the flexible cystoscopy, for example, a transurethral resection of bladder tumour (TURBT)
  - a quick pictorial history of each patient’s pathology
- a system to collect and manage patient data.

Both Melbourne Health and Monash Health meet these requirements by using a data management system known as ENDOBASE.

7.2 Personnel selection – mandatory requirements and supervision

Nurse selection

There are a number of criteria to consider when selecting a nurse to establish and manage the nurse cystoscopy service.

Selection criteria may include, but are not limited to, the following areas:

**Essential**

1. Proof of qualification and/or registration as a registered nurse with AHPRA
2. Minimum of five years’ full-time equivalent (FTE) clinical experience as a registered nurse post-registration
3. Demonstrated willingness and ability to learn new skills and the confidence to perform the tasks for which they are trained
4. Willing to undertake the comprehensive training program within the required timeframe
5. Participates in ongoing continuous professional development
6. Ability to recognise and work within the limits of competence and scope of practice
7. Willingness to participate in clinical research and audit
8. Excellent interpersonal, organisational and clinical skills
9. Competent computer/IT skills
10. Ability to work as an autonomous practitioner using own initiative
11. Time management skills/ability to prioritise workload
12. Be self-motivated and self-aware
13. Assertive, approachable, conscientious, reliable
14. Intention to remain employed within the health service for a minimum of two years after becoming credentialled

**Desirable**
1. Minimum of two years’ FTE clinical experience within the urology specialty demonstrating appropriate competencies and skills
2. A knowledge of current clinical issues and challenges in urology nursing
3. An understanding of resource management
4. Experience in change management
5. Endoscopy involvement
6. Demonstrated excellent team-working skills
7. Experience in clinical research and audit

**Urologist selection**

In order for the nurse cystoscopy service to be successful a number of criteria need to be considered when selecting the supervision urologist.

The urologist needs to:

- be a consultant urologist employed or accredited to consult patients and operate in the public health service considering implementing the nurse cystoscopy service
- have a willingness to support the nurse cystoscopy service program
- be available to supervise and teach the nurse in training
- be available to sign off on the training package undertaken by the nurse
- be available to consult with the nurse once credentialled
- be willing to delegate responsibility for patients to a credentialled nurse
- be willing to ensure that the nurse they delegate responsibility to has the qualifications, experience, skills and knowledge to provide the care, treatment or investigation involved.

It is essential for one urologist to have overall responsibility for the program; however, other urologists and nurses may be involved in the training and support of the nurse.
7.3 Management agreement

It is advisable to gain written agreement from the public health service’s senior management including the executive director of nursing, the head of clinical governance, a professor of urology and the divisional director of nursing (or equivalent) for introducing and supporting the nurse cystoscopy service.

7.4 Development of protocols

A nurse cystoscopy protocol needs to be developed and should be agreed between the nurses and medical staff involved based on current literature and best practice guidelines. The protocol should be subject to regular review and updating (Chatterton et al. 2011).

7.5 Training and supervision

It is recommended that the nurse undergo comprehensive training. A training tool has been developed by Melbourne Health and Monash Health for nurses undertaking surveillance cystoscopies and is divided into four sections, as detailed below.

Note: The sections of the training tool have been developed using the current published literature. The numbers of cystoscopies recommended in the literature are an estimation based on clinical and practical experience. These numbers may be insufficient to recognise bladder pathologies required for credentialling.

Theoretical

Theoretical competencies include the following key topics:

• anatomy and physiology of the lower urinary tract
• management and pathology of non-muscle invasive bladder cancer
• principles and complications of cystoscopy.

Observational

It is recommended that a minimum of 10 procedures be observed.

The observation of another person performing a skill provides an image of how that skill should be performed (Sapre et al. 2012). This allows the nurse to build an initial understanding of normal and abnormal anatomy through observation while having the opportunity to seek clarification of the findings with the consultant urologist.

Practical (supervised)

The practical competency incorporates the following elements:

• Supervision of the passage of the cystoscope in a minimum of 50 consecutive cases of surveillance cystoscopy with confirmation of the accuracy of findings by the supervising urologist is recommended.
• Confidence and competence will be achieved by individual nurses at varying rates (Roxburgh 2000) and may be related to prior experience with equipment similar to a cystoscope, previous exposure to cystoscopy and hand–eye/video coordination skills. For this reason 50 is suggested purely for guidance purposes.
Consolidation of practical competence (unsupervised)

Once the observational, theoretical and practical competencies have been accomplished, consolidation is necessary. The additional consolidation allows the nurse to conduct the entire patient consultation and cystoscopy procedure as if they were in independent practice, with the security of knowing that their clinical findings and decision making are closely scrutinised for accuracy.

A minimum of 30 consecutive cases of surveillance cystoscopy, unsupervised, with confirmation of the accuracy of findings by the urologist are retrospectively reviewed using video data.

It is imperative that the nurse has the knowledge to plan further management for conditions detected by or resulting from cystoscopy, guided by clearly written protocols.

After completing the training tool reassessment should take place after a period of six months of practice or at the discretion of the individual nurse or supervising consultant. It is important for nurses to have evidence of the flexible cystoscopies within the training period (British Association of Urological Surgeons 2012).

Trainees are required to maintain a portfolio of evidence of training. This record of training and supervision must be maintained and be reviewed by the assessor.

The Nurse cystoscopy training and scope of practice training tool is provided in Appendix 3.

7.6 Ongoing supervision and competency

Public health providers are to support their nurse cystoscopy service by providing continuing professional development training opportunities, which may include:

- online learning
- attendance at conferences
- encouragement to present at meetings and conferences
- further development of competencies as required.

Ongoing assessment and supervision by the urologist should be included as a key performance indicator in the operator's job description. A review of the key performance criteria is to occur annually during a performance appraisal. Included in this is an annual review of cystoscopy practice to be undertaken by the supervising urologist reviewing a minimum of 10 random cystoscopies for technique and findings. Copies of the annual appraisal are to be kept by the human resources department. Competency registers are to be updated following annual appraisals.

A nurse cystoscopist works as part of a multidisciplinary team, and therefore must continue to have access to an experienced and designated urologist for clinical advice and support within the team at all times. This is imperative in delivering a safe service.
8. Ensuring safe practice

8.1 Role of the health service

The health service needs to demonstrate its commitment to safety by ensuring there is documented evidence that all the following elements of a new nurse-flexible cystoscopy service are met:

- legislation – complying with legislative requirements including consent
- professional standards – knowledge that the nurse is acting within their scope of practice
- public health policy and procedures – supported by the nursing and midwifery extended scope of practice guidelines
- local and organisational policy – policies are in place to support and allow the carrying out of duties
- that time and commitment of the workplace allows the nurse cystoscopist to attend ongoing education in order to maintain compulsory professional development points in order to update skills, knowledge and competency
- resource provision – a commitment that resources will be available
- roles and responsibilities – clear, up-to-date position descriptions and protocols are in place
- educational preparation – a commitment that initial and ongoing education will be supported.

Safe practice within a health service relies on support from all levels and should include:

- reliable policies and procedures that are implemented prior to commencing the program
- relationships with other organisations that can offer support.

8.2 Patient information and consent

Informed consent is essential before performing a cystoscopy. Where possible, the best form of consent is written. Verbal or implied consent is valid but more difficult to prove in court.

Patients expect that any procedure is carried out with a good standard of skill and care and that appropriate action is taken on the findings. It is not strictly relevant whether the individual performing the procedure is a nurse or doctor when deciding what action needs to be taken, as the training skills and experience must be adequate for good care to be delivered regardless of professional background.

A nurse will be held to the standard of a competent cystoscopist and inexperience will not excuse either the doctor or nurse from liability in the case of negligent or unacceptable care. It is deemed both appropriate and acceptable for a nurse to gain patient consent when performing flexible cystoscopies.

The nurse cystoscopist should ensure the patient is aware of their professional status prior to undertaking the procedure. This is communicated verbally and in writing. The consent form may be invalid and a battery committed if the patient is led to believe that the person performing the procedure is a doctor rather than a nurse.

Patients are allowed to refuse treatment by a nurse and be given the opportunity to discuss the procedure with the team involved.
An appropriate written patient information and consent form for nurse cystoscopy is provided in Appendix 4.
An example of a patient information leaflet is provided in Appendix 5.

8.3 Patient record and other documentation

A procedure request form must be completed prior to the patient being admitted for a flexible cystoscopy. It is required that standard procedures for patient identification and consent be carried out prior to flexible cystoscopy.

After the procedure a report needs to be generated and included in the patient’s notes.

At Melbourne Health and Monash Health this report is generated by completing an automated form generated by ENDOBASE. A copy is also sent to the patient’s general practitioner and another kept in the patient record.

It is essential that any follow up treatment/management required is communicated to the patient, and the appropriate forms completed.

An example of an ENDOBASE-generated report (provided by Melbourne Health) is provided in Appendix 6.

9. Succession planning

In order for a nurse cystoscopy service to be sustainable a succession plan needs to be implemented. It is unsustainable for the service to be reliant on the skills of a single practitioner. It is ideal that once the initial nurse is qualified then additional nurses can be identified to commence training. Having several qualified nurses who job share the role allows coverage for planned or unexpected leave.
### Appendix 1: Organisational readiness checklist

This checklist is a tool to assist health services to review their status and monitor their progress against the criteria established to determine organisational readiness and capacity to provide a nurse cystoscopy service.

<table>
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<th>Yes</th>
<th>No</th>
<th>Notes</th>
<th>Review date</th>
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<td>The health service has established the need for a nurse cystoscopy service and identified the benefits for the organisation, staff and consumers.</td>
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<td>The health service has developed a service delivery model for the nurse cystoscopy service.</td>
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<td>The health service has a documented business case that outlines:</td>
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<td>• the type and level of clinical services that can be safely provided by the organisation</td>
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<td>• a model of service delivery that clearly outlines the elements of the service</td>
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<td>• the nature of the support required within the health facility for a nurse cystoscopy service, including staffing profile and structure, facilities, equipment, support services and minimum safety standards</td>
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<td>• a change management plan for introducing a nurse cystoscopy service</td>
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<td>• the timeframes required for cultural change and the processes around providing flexible cystoscopy services</td>
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<td>• the proposed role of the nurse cystoscopy service based on organisational need and capability, evidence-based criteria on competence and performance and established training and experience</td>
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<tr>
<td>• arrangements for engaging and maintaining stakeholder involvement in the establishment and operation of a nurse cystoscopy service, for example, a site steering committee.</td>
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<tr>
<td>The health service is committed to providing a nurse cystoscopy service that is sustainable over the longer term.</td>
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<tr>
<td>The health service has undertaken to provide ongoing employment to nurse cystoscopy service trainees and to support the transition to independent flexible cystoscopy lists once the nurse is qualified.</td>
<td></td>
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<tr>
<td>The health service has a clear process for ongoing data collection and evaluation that will provide evidence of the sustainability of the nurse cystoscopy service in the longer term.</td>
<td></td>
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</tbody>
</table>
The health service has established the clinical governance structures and arrangements required to support a nurse cystoscopy service.

- The health service has a clear process for establishing an accreditation and peer review committee that includes nursing representation that will:
  - oversee the quality and safety of the procedures performed within the unit
  - undertake the credentialling and re-credentialling of nurse cystoscopy services
  - oversee the nurse cystoscopy service’s involvement in clinical audits, peer review activities and continuing education programs
  - review the nurse cystoscopy service’s activity logbook or a summary of clinical activity undertaken over a specified period and, where available, objective data on the outcomes of that clinical activity.

The health service has identified and engaged relevant stakeholders required to support a nurse cystoscopy service.

- The nurse cystoscopy service program’s governance arrangements include key internal stakeholders.

The health service is able to provide supervised medical clinical practice for nurse cystoscopy service trainees.

- The health service nominates at least two urologists to supervise and assess the nurse cystoscopy service trainees – one lead and one support. The lead is to have dedicated training, supervision, assessment and mentoring time for nurse cystoscopy service trainees.

- The health service can provide each nurse cystoscopy service trainee with at least two training flexible cystoscopy lists per week.

- The health service can provide nurse cystoscopy service trainees with access to pre- and post-procedure clinics and clinical, pathology and other relevant meetings within the urologist or urology surgical unit.

The health service provides employment and appropriate support for nurse cystoscopy service trainees.

- The minimum employment time for the nurse cystoscopy service trainee position is 0.6 EFT.

- The health service supports nurse cystoscopy service trainees to complete the theoretical component of the nurse-flexible cystoscopy service training program.

- The health service can provide nurse cystoscopy service trainees with access to office space, a computer and other relevant resources.
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
<th>Review date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The health service is to ensure program management skills are available to support the establishment phase of a nurse cystoscopy service.</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The health service has a documented record of undertaking successful programs that required well-developed program management skills.</td>
<td></td>
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<tr>
<td><strong>The health service has established policies and procedures to obtain patient consent for flexible cystoscopy procedures undertaken by nurse cystoscopy service trainees.</strong></td>
<td></td>
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</tr>
<tr>
<td>The health service has a clear process for obtaining informed consent from patients for flexible cystoscopy procedures undertaken by nurse cystoscopy service trainees.</td>
<td></td>
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</tr>
<tr>
<td>The health service has a clear process for training nurse cystoscopy service trainees/nurses to obtain informed consent from patients in accordance with best practice and health service regulations.</td>
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<tr>
<td><strong>The health service has a strong supportive culture of training and professional development for staff.</strong></td>
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<tr>
<td>The health service has a documented record of providing ongoing training of nursing and other staff within its organisation.</td>
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<tr>
<td><strong>There is strong, simultaneous executive support and medical and nursing clinician-led support and commitment to address the system and cultural barriers associated with workforce reform.</strong></td>
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<tr>
<td>The health service has identified medical and nursing champions or sponsors who are considered clinical leaders within the unit and/or organisation.</td>
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<tr>
<td>The health service has obtained the support of a group of medical practitioners within the urology unit.</td>
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<tr>
<td>The health service provides a letter documenting the support and commitment of the CEO and executive director of nursing for a nurse cystoscopy service and has an identified executive sponsor.</td>
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</tr>
<tr>
<td><strong>The health service and urology unit are prepared to undergo organisational change.</strong></td>
<td></td>
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</tr>
<tr>
<td>Is the health service undergoing a period of significant organisational change that may impact on the nurse cystoscopy service?</td>
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</tr>
<tr>
<td>The health service and the urology unit have established change improvement processes.</td>
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<tr>
<td>The executive, medical, nursing, clinical and surgical staff are willing to learn with and accept support from others including other participating health services, the department, consumers and carers.</td>
<td></td>
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</tr>
<tr>
<td>The health service has a successful documented record of working in partnership and collaboration with other health services, professional bodies, consumers and carers.</td>
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</tbody>
</table>
The health service has a good working relationship with the Department of Health and Human Services.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
<th>Review date</th>
</tr>
</thead>
</table>

**Chief Executive Officer**

Signed: 

Date: ......../......../.........
Appendix 2: Tips for successfully implementing change

1. Have a defined communication strategy.
2. Be consistent about sharing information.
3. Consider using a variety of media to reach people.
4. Involve stakeholders in the planning process.
5. Support staff with training and opportunities to practise.
6. Listen and act on questions, feedback and concerns.
7. Celebrate ideas, achievements and successes.
8. Have a clear reason for implementing change.
9. Have a shared vision about what the change will achieve.
10. Learn about the target population.
11. When developing strategies, consider the barriers to implementing change and cater for them within the strategy development.
12. Remember that resistance is a natural response to change that is introduced by somebody else.
13. Identify the change champions and the innovators; these are the people who will be prepared to introduce change.
14. Be aware of the different rates of uptake of change.
15. Provide feedback on progress to stakeholders.

Source: Victorian Quality Council 2006
Appendix 3: Nurse cystoscopy scope of professional practice training tool

Nurse Cystoscopist:
Signature:…………………………………………………………… Date: ………/…………/…………

Supervising Urology Consultant:
Signature:…………………………………………………………… Date: ………/…………/…………

Head of Unit Urology Department:
Signature:…………………………………………………………… Date: ………/…………/…………

Executive Director of Nursing:
Signature:…………………………………………………………… Date: ………/…………/…………

Commencement date: ………/…………/………
Completion date: ………/…………/………
Nurse cystoscopy scope of professional practice training tool

This training tool provides a guideline for the recommended training of a senior registered nurse undertaking routine bladder cancer surveillance cystoscopy.

Nurses integrating activities into their own practice that are not currently accepted into the scope of nursing practice must ensure:

- they have the necessary educational preparation and experience to do so safely
- their competence has been assessed by a qualified, competent health professional (a urology consultant)
- they are confident of their ability to perform the activity safely
- they have any necessary authorisations or certifications and organisational support.

The trainee nurse cystoscopist will be responsible for the consultant signing their competency levels and will set up ongoing audits of their performance in accordance with clinical governance guidelines.

1. Selection and supervision of nurses

Only senior and experienced clinical nurse specialists should be selected for training. It is recommended that the nurse will have had five years’ post-registration experience with two years’ experience in urology and additionally have the support of a urology consultant to undertake flexible cystoscopies.

The nurse must complete a comprehensive in-house training program led by the consultant urologist. Additionally, this will be supported by completing the training tool until the nurse and urology consultant are content for the nurse to work independently. However, there must always be an experienced and designated urologist immediately available within proximity in the event of complications and the need for technical or diagnostic advice.

2. Assessment

The assessment of the potential nurse cystoscopist should be by agreed competencies.

The nurse cystoscopist will be required to demonstrate competence through assessment using agreed documentation. The assessors should include the supervising consultant urologist plus one other experienced urologist. The reassessment should take place after a period of six months of practice or at the discretion of the individual nurse or supervising consultant.

3. Necessary competencies

- Demonstrates knowledge of protocol, guidelines for practice, legal aspects and professional accountability
- Demonstrates knowledge of the relevant lower urinary tract anatomy and physiology
- Demonstrates knowledge of bladder pathology
- Demonstrates knowledge of the staging and grading of bladder tumours
- Demonstrates an understanding of the equipment used (cystoscope, light source)
- Demonstrates an understanding of the need to verify the patient’s identity, to explain the procedure and to obtain informed consent
- Demonstrates the ability to recognise indications for antibiotic prophylaxis
• Demonstrates knowledge of aseptic technique and its importance while carrying out a cystoscopy
• Demonstrates the importance of correct handling and cleansing of the patient
• Demonstrates the ability to instil lubrication or local anaesthetic gel safely
• Demonstrates care in the introduction of the cystoscope while minimising discomfort to the patient and recognising possible complications
• Demonstrates the ability to recognise bladder landmarks and make a complete examination of the urothelium
• Demonstrates safe withdrawal of the cystoscope after inspection of the bladder
• Accurately records an assessment on appropriate documents
• Gives a full explanation of results to the patient, allowing time for the patient to ask questions
• Gives clear instructions for follow-up care
• Recognises the importance of coding and audit activity
• Demonstrates knowledge of complications following cystoscopy

4. Selection of patients
Careful patient selection is essential and should be the responsibility of the supervising urologist in conjunction with the nurse cystoscopist.

5. Medico-legal issues
A patient is entitled to expect that any operation is performed with a reasonable standard of skill and care and that appropriate action is taken on the findings. It is not strictly relevant whether the individual performing the procedure or deciding what action to take on the findings is a nurse or a medical practitioner.

The training and experience has to be sufficient for a reasonable standard of skill and care to be achieved. In respect of legal negligence, a nurse or junior doctor will be held to the standard of a competent cystoscopist. Inexperience will not excuse either from liability. It is both appropriate and legally acceptable for a nurse to gain patient consent when performing flexible cystoscopy. However, patients retain the right to refuse treatment by a nurse without compromising their future treatment.

The patient should be given the opportunity to discuss the procedure with a nominated supervising urologist.

It is vital that the nurse makes it quite clear to the patient that they are not a trained urologist but a trained nurse. To do otherwise may render the patient consent form invalid and a technical assault and battery committed if the patient assumes from the nature of the procedure that the nurse was a doctor. Unlike cases of negligence, the patient need not show harm to be entitled to bring legal action.

The nurse cystoscopy protocol should be agreed between the nurses and medical staff involved. It has to be subject to regular review and updating. The vicarious liability of the health service extends to all procedures performed by a nurse acting within the course of their employment. Thus it is essential that the hospital is aware of the nursing role development and agrees to accept responsibility should a claim arise.
6. Continuing education for nurse cystoscopists

British Association of Urological Nurses (BAUS) guidelines recommend that time should be made available for nurse cystoscopists to attend recognised courses relevant to cystoscopy. This includes attending the annual Australian and New Zealand Urological Nurses Society meeting in order to keep up to date with advances in techniques and equipment and for networking.

7. Urology nurse cystoscopist training protocol

7.1 Aim

The aim is to ensure appropriate training is achieved by a named approved nurse to undertake routine surveillance cystoscopy using a fibre optic cystoscope under local anaesthesia.

The potential nurse cystoscopist must complete a comprehensive training program led by the consultant urologist, which should include the following elements.

7.2 Theoretical

- Anatomy of the lower urinary tract (male and female)
- Physiology of the lower urinary tract (male and female)
- The pathology of the bladder
- The management principles of non-muscle invasive bladder cancer, urinary infection, urosepsis, septicaemia and the complications of cystoscopy
- The principles of lower urinary tract endoscopy
- Recording, communication, documentation, coding and audit

<table>
<thead>
<tr>
<th>Theoretical assessment</th>
<th>Theoretical rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of a self-directed learning package with assessment of answers by a consultant urologist with discussion as required</td>
<td>Training should encompass a thorough knowledge of bladder anatomy and the conditions likely to be detected by cystoscopy so the nurse can accurately and confidently discuss diagnostic issues with patients and medical colleagues</td>
</tr>
<tr>
<td>Creation of clinical practice protocols with a consultant urologist</td>
<td>The nurse must have the knowledge to plan further management for conditions detected by or resulting from cystoscopy, guided by clearly written protocols that are reviewed on a regular basis</td>
</tr>
<tr>
<td>Establishment of antibiotic prophylaxis guidelines for nurse-led cystoscopy with a consultant urologist</td>
<td>Clear consultant-led directives must guide the nurse’s practice regarding antibiotic prophylaxis to reduce the patient’s risk of urinary tract infection post-cystoscopy as the nurse cannot prescribe medication</td>
</tr>
</tbody>
</table>

Achievement of theoretical competence is demonstrated by meeting the performance criteria as outlined in item 1.
7.3 Observation

1. Observe the nurse’s introduction and to listen to the explanatory talk given to the patient

2. Observe the local anaesthetic technique

3. Observe towelling and sterile precaution techniques

4. Observe the introduction of the cystoscope, male and female

5. Observe the anatomy and endoscopic appearances at rigid or flexible cystoscopy as seen on closed-circuit television (CCTV)

6. Observe the handling of the deflection and inflection controls of the endoscope while in the bladder

7. Observe the withdrawal of the cystoscope

8. Listen and observe the post-examination explanations and advice to patients

<table>
<thead>
<tr>
<th>Observational achievement</th>
<th>Observational rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observe nurses</td>
<td>Develops the nurse cystoscopist’s awareness of information given by nurses preparing patients for the procedure</td>
</tr>
<tr>
<td>Observe the urology consultant performing the above activities for one session</td>
<td>Learn by observing the correct technique and begin to learn to accurately discuss issues with patients by observing the consultant urologist</td>
</tr>
<tr>
<td>Observe cystoscopy by consultant urologist through CCTV</td>
<td>The nurse cystoscopist will begin to build an initial understanding of normal and abnormal anatomy through observation while having the opportunity to seek clarification of the findings with the consultant urologist</td>
</tr>
</tbody>
</table>

Achievement of observational requirements is demonstrated by the consultant signing off the performance criteria as outlined in item 2.
7.4 Practical
Supervision of the passage of the cystoscope in a minimum of 50 consecutive cases of surveillance cystoscopy with confirmation of the accuracy of findings by the supervising urologist.

<table>
<thead>
<tr>
<th>Technical and practical assessment</th>
<th>Practical rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum of 50 flexible cystoscopes – dependent on the nurse’s confidence and competence and the guidance of the consultant urologist</td>
<td>Confidence and competence will be achieved by individual nurses at varying rates and may be related to prior experience with equipment similar to a cystoscope, previous exposure to cystoscopy and hand–eye coordination skills</td>
</tr>
</tbody>
</table>

Achievement of the practical competence is demonstrated by the consultant signing off the performance criteria outlined in item 3.

7.5 Additional consolidation of technical and assessment skills
- Unsupervised passage of a cystoscope for a minimum of 30 consecutive cases of surveillance cystoscopy, with confirmation of the accuracy of findings by the supervising urologist by retrospective review of video data

The additional consolidation allows the nurse to conduct the entire patient consultation and cystoscopy procedure as if they were in independent practice, with the security of knowing that their clinical findings and decision making are closely scrutinised for accuracy.

Continuing demonstration of practical competence is demonstrated by the urological consultant conducting a retrospective review of videoed procedures, as outlined in item 4.
## Item 1: Theoretical competence

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Date achieved</th>
<th>Nurse's signature</th>
<th>Consultant's signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates in-depth understanding of nurse-led cystoscopy protocol, BAUS guidelines for practice, legal aspects and professional accountability</td>
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<tr>
<td>Demonstrates critical understanding of relevant lower urinary tract anatomy</td>
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<tr>
<td>Demonstrates critical understanding of relevant lower urinary tract physiology</td>
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<tr>
<td>Demonstrates critical understanding of abnormal anatomy and pathology visible through cystoscope and the significance of such abnormalities</td>
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<tr>
<td>Demonstrates in-depth understanding of bladder cancer pathology including staging and grading of tumours</td>
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<tr>
<td>Demonstrates critical understanding of indications and contraindications for cystoscopy</td>
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<tr>
<td>Demonstrates critical understanding of cystoscopy blind areas and techniques for visualising these</td>
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<tr>
<td>Demonstrates critical understanding of complications of cystoscopy and remedial strategies</td>
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<tr>
<td>Demonstrates a working understanding of local infection control policies</td>
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<tr>
<td>Demonstrates a critical understanding of local protocol for antibiotic prophylaxis for flexible cystoscopy</td>
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<tr>
<td>Demonstrates a working understanding of national and local policies and guidelines for informed consent</td>
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</table>

**Theoretical competence achieved:**

Consultant's name: ..........................................................................................................

Signature: ................................................................. Date: .........../........./.........
### Item 2: Observational requirements

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Date achieved</th>
<th>Nurse’s signature</th>
<th>Consultant’s signature</th>
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</thead>
<tbody>
<tr>
<td>Observation of the nurse’s introduction and explanatory talk to the patient</td>
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<tr>
<td>Observation of local anaesthetic instillation technique – male and female</td>
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<tr>
<td>Observation of toweling and sterile precaution techniques</td>
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<tr>
<td>Observation of the introduction of the cystoscope – male and female</td>
<td></td>
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<tr>
<td>Observation of withdrawal of the cystoscope at completion of the procedure – male and female</td>
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<tr>
<td>Observation of post-examination explanations and advice to the patient</td>
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<tr>
<td>Observation of anatomy appearances as seen with a flexible cystoscope for a minimum of 10 cystoscopies</td>
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</table>

**Observational requirements achieved:**

Consultant’s name: ........................................................................................................

Signature: ........................................................................................................... Date:...../........./.........
### Item 3: Practical competence

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Date achieved</th>
<th>Nurse’s signature</th>
<th>Consultant’s signature</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates a working understanding of the function, specification and performance characteristics of the equipment used in cystoscopy</td>
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<tr>
<td>Demonstrates a working understanding of the impact of equipment controls on the visual image</td>
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<tr>
<td>Demonstrates an in-depth understanding of the safe operation of cystoscopy equipment</td>
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<tr>
<td>Demonstrates an awareness of, and sensitivity to, an individual’s age, gender, culture and previous experience while preparing the patient for cystoscopy</td>
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<tr>
<td>Demonstrates aseptic technique and a critical understanding of its importance while carrying out cystoscopy</td>
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<tr>
<td>Demonstrates the ability to recognise urethral and bladder landmarks and to make a complete examination of the urothelium</td>
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<tr>
<td>Demonstrates safe withdrawal of the cystoscope after bladder inspection</td>
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<tr>
<td>Demonstrates knowledge of complications following cystoscopy and the action to be taken</td>
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<tr>
<td>Demonstrates competency in explanation of the procedure and its associated risks in order to obtain informed consent</td>
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<tr>
<td>Demonstrates correct handling and cleansing of patients</td>
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<tr>
<td>Demonstrates ability to instill local anaesthetic gel competently</td>
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<tr>
<td>Demonstrates care and skill in the introduction of the cystoscope in both women and men, minimising patient discomfort and recognising possible complications</td>
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<tr>
<td>Performance criteria</td>
<td>Date achieved</td>
<td>Nurse’s signature</td>
<td>Consultant’s signature</td>
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</tr>
<tr>
<td>Demonstrates the ability to consistently recognise and identify abnormal pathology including urethral strictures, bladder tumours, bladder stones, scars from previous biopsies, bladder diverticulum, radiation and catheter changes and inflammatory changes</td>
<td></td>
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<tr>
<td>Demonstrates the ability to accurately record a patient’s bladder cancer history and cystoscopy findings in clinical notes</td>
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</tbody>
</table>

**Practical competence achieved:**

Consultant’s name:  

Signature:  Date:.../.../......
### Item 4: Consolidation of technical and assessment skills

Achieved via a suggested minimum of a further 30 unsupervised cystoscopies with confirmation of the accuracy of findings by the supervising urologist by retrospective review of video data.

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Date achieved</th>
<th>Nurse’s signature</th>
<th>Consultant’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continues to demonstrate the ability to consistently recognise and identify abnormal pathology including urethral strictures, bladder tumours, bladder stones, scars from previous biopsies, bladder diverticulum, radiation changes, catheter and inflammatory changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continues to demonstrate the ability to accurately record patients’ bladder cancer history and cystoscopy findings in clinical notes</td>
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<tr>
<td>Demonstrates the ability to formulate follow-up care in line with local referral protocol guidelines for bladder cancer management and record this accurately in the clinical notes</td>
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<tr>
<td>Demonstrates the ability to effectively inform patients of cystoscopy findings, allowing time for any questions to be answered</td>
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<tr>
<td>Demonstrates ability to provide clear instructions for any follow-up care required</td>
<td></td>
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<tr>
<td>Demonstrates completion of appropriate booking forms</td>
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<tr>
<td>Demonstrates the ability to accurately dictate an operation note, recording the patient’s bladder cancer history, cystoscopy findings and plan of care, with a copy to the patient’s GP</td>
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</tbody>
</table>

**Practical competence achieved:**

Consultant’s name: ..........................................................................................................................

Signature: ......................................................... Date: ....../……/……

I confirm that .............................................................. has consistently met the flexible cystoscopy training program performance criteria, demonstrating theoretical and practical competence for safe insertion and removal of a flexible cystoscope and examination of the lower urinary tract with recognition of both normal and abnormal findings.

Consultant’s name: ..........................................................................................................................

Signature: ......................................................... Date: ....../……/……
Appendix 4: Patient information and consent for nurse cystoscopy

Information

You have been referred to the urology department for a flexible cystoscopy. This procedure will be performed by a urology nurse specialist who has undergone specific training. You do not require any special preparation for this procedure and should be able to return to normal activity afterwards.

Flexible cystoscopy is a minor diagnostic procedure that allows a direct view of the inside lining of the urethra (the tube leading into your bladder) and bladder using a flexible cystoscopy (telescope).

At the start of the procedure the nurse will put some local anaesthetic jelly into the outer opening of the urethra. This usually causes only minor discomfort and will make the rest of the procedure more comfortable for you.

As the nurse examines the urethra and bladder with the cystoscope, saline (sterile salt water) will flow into the bladder to allow a better view – you may be aware of your bladder filling during the procedure. The examination only takes a few minutes and then you will be able to dress and use the toilet again.

The nurse will tell you the results of the cystoscopy and any follow-up arrangements you require at the end of the procedure.

Following the flexible cystoscopy, you may experience the following:

• discomfort or a burning sensation when passing urine
• the urge to pass urine more frequently for a few days
• some blood staining of your urine – drink extra fluids until this clears.

To help these symptoms:

• drink extra fluids for the next two to three days
• take paracetamol (Panadol) as required
• take Citravescent or Ural sachets (available from your chemist).

There is a small risk of infection following a flexible cystoscopy. If you have a raised temperature, pain or persistent burning/bleeding, please contact your GP or call the urology nurse on 9432 8450.
Consent

I have read this information or have had it read to me in my first language and I fully understand it.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.
I am aware that if I have any questions in the future regarding the nature and effects of the procedure I will have the opportunity to discuss them with a nurse at the Cystoscopy Clinic.

I freely agree to undergo a flexible cystoscopy performed by a urology nurse specialist.
I understand that the person who explained the procedure to me may not be the person who performs it.

Patient’s name (printed) …………………………………………………………………………………………………………

Signature: ………………………………………………………………… Date:……../…………/…………

I have explained to the patient the nature of the above procedure and the material risks and likely outcome if complications occur. In my opinion he/she understood this explanation.

Nurse cystoscopist’s name (printed) ………………………………………………………………………………………………..

Signature: ………………………………………………………………… Date:……../…………/…………
Appendix 5: Example patient information leaflet

What is a flexible cystoscopy?
A thin flexible tube with a fibre-optic telescope, called a cystoscope, is passed through the urethra into the bladder to examine your urethra (the tube that takes urine from your bladder to the outside of your body), prostate (if you are male) and the lining of your bladder.

Why is a flexible cystoscopy performed?
• If you are passing blood in your urine
• If you are having difficulty passing urine
• To look for a growth, ulcers or stones

Length of stay
A flexible cystoscopy is performed as a day procedure. The procedure takes a few minutes and you will be able to go home soon after the procedure is completed. However, you will need to come to the hospital about one hour prior to the procedure.

Anaesthesia
You will be given a local anaesthetic. An anaesthetic gel is inserted into the urethra. There will be some discomfort but no pain. Tell the doctor if you feel uncomfortable during the procedure.

What happens during the procedure?
• An anaesthetic gel is used to numb and lubricate the urethra to allow easy passage of the cystoscope into the bladder.
• The cystoscope is inserted through the urethra into the bladder. This instrument has a light and a telescopic lens attached so the doctor can see into your bladder.
• Sterile saline is passed through the tube. It fills the bladder and makes the bladder lining easier to see.
• The examination only takes a few minutes.

What happens after the procedure?
• Your bladder is full from the sterile saline so you will probably feel like going to the toilet.
• The doctor will tell you if further treatment is needed.
• You are able to go home and resume normal activities.
• Drink two to three litres of water for two days following the procedure.
• There may be a mild stinging/burning sensation when passing urine over the next two to three days. To help these symptoms, take paracetamol (Panadol) as required and/or Citravescent or Ural sachets (available from your chemist).
• It is not uncommon to have a small amount of blood in the urine. If you have blood present, drink more water.
Contact your local doctor (GP) if:

- there is a large amount of blood and/or clots in your urine
- you have difficulty passing, or are unable to pass, urine
- there are signs of an infection such as:
  - fever
  - pain or persistent burning/bleeding.

Follow-up

If you need to be seen by the doctor again, an appointment will be sent to you in the mail.

Notes

For further information contact:

Urology Department
Urology Nurse
[insert phone number]
Appendix 6: Example ENDOBASE-generated report

Patient ID:
Patient:
D.O.B:
Date:
Examiner:

Procedure: Flexible Cystoscopy for Surveillance

Predisposing Factors
Smoking - never.
Occupation - accountant.

Initial Diagnosis
Date - 19/10/2012, LGTa of the verumontanum.

Findings
Urethra - No abnormalities found.
Prostate - enlarged lateral lobes. Protruding into bladder.
Bladder - No recurrence.
Left ureteric orifice - No abnormalities found.
Right ureteric orifice - No abnormalities found.

Follow Up
Flexible Cystoscopy - 12 months.

Regards,

Elizabeth Hayes
Nurse Cystoscopist
References


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