



Some APNE trainees with manager. L – R: Sharon, Cady, Sylvia (manager), Anne, Sashi and Sasha

State Endoscopy Training Centre NEWSLETTER



OCTOBER, 2017

From the Chair

by Melodie Heland, Director Surgical CSU, Chair SETC Steering Committee

The SETC is now in its fourth year of existence, and to date has trained, or is currently training, 14 Victorian Advanced Practice Nurse Endoscopists (APNEs) and 3 South Australian APNEs.

In partnership with the Department of Health and Human Services, we are now developing the specifications for a full review of the role and its impact, along with a review of the model of developing a new workforce role.

This review will be undertaken in the first half of 2018 and we look forward to the collaboration of participating hospitals. The findings of the review will be utilised to inform ongoing funding options for the SETC to ensure the long term sustainability of the APNE role in Victoria.



Above: APNE trainees listening to the theoretical presentations presented by various specialists in their felids.



Above: APNE Trainee Ebony practicing her scoping technique on the Kyoto Kagaku model with her trainer and Medical Lead, Dr. Sujie Chandran.

From the Office

by Melanie Tassos, SETC Project Officer

I'd like to introduce myself as the new Project Officer at the State Endoscopy Training Centre.

Working alongside Sylvia, I hope to bring assistance in managing the current trainee's progress as well as continuing to provide contact and support to existing APNEs.

Being a part of this program has shown me the need for the redevelopment of nursing roles across the healthcare system and how it is necessary to review and instate new roles that will benefit patients.

In saying that, I'd like to welcome our new APNE trainees and hope they shed a light on the ever expanding field of Advanced Nurse Practice.

A big congratulations from the team at SETC to APNE Deanne Bonney on being published in *Gastroenterology Nursing*.
Introduction of the Nurse Endoscopist Role in One Australian Health Service. Duncan, N. Bonney, D. et al., 2017
<https://insights.ovid.com/crossref?an=00001610-201709000-00003> DOI: 10.1097/SGA.0000000000000264

Getting Involved in APNE

by Cady Li, APNE Trainee, Queen Elizabeth Hospital

Prior to coming to Australia, I practiced as a nurse in China on the gastro ward for two years then as an endo nurse for 10 years. I was fortunate to work with a very successful Head of Unit who taught and provided nurses with introductory skills in performing colonoscopies. Learning how to insert and withdraw as well as steering the scope, I was instantly interested in learning new practical skills in endoscopy. A lot of my passion comes from the patience, knowledge and teaching abilities the Head of Unit had.

In 2012, when completing my Master's Degree in Australia, I was required to complete a research project. Upon discoveries I had found that in both the UK and USA, there was a specific Nurse Endoscopist role, something that was new to me as I had never heard of it in China. Keeping it in the back of my mind, I



Above: APNE trainee Cady reaching the TI on her first patient

continued to study and practice as a nurse at the Queen Elizabeth Hospital in Adelaide.

This year, I was selected by the team at the SETC to train as an APNE. In the past six weeks, I have seen great improvements in my scoping abilities due to my passionate trainers providing me with the tools to progress and learn more with each scope.

When I graduate from the SETC APNE Program, I hope to assist and mentor future APNE trainees who will go through the same process I am going through now. Having a new nursing role in a hospital has its challenges, though the hard work is really paying off.

The Effect of ANPE Role

by Lauren Cavalieri, APNE, Eastern Health

My role as an APNE at Eastern Health (EH) has enabled the removal of simple cases off the consultant's busy lists, distributing the workload to me. In turn, it allows consultants to address the urgency of our category 1 cases by allocating more time to them. Subsequently, the patients on my list are non-urgent cases that are part of the National Bowel Cancer Screening program.

The APNE role has enabled me to assist with our direct access to endoscopy referral pathway, Rapid Access to Gastrointestinal Endoscopy (RAGE). RAGE involves triaging patients to direct endoscopy, bypassing outpatient clinic, and alleviating the clinics strain by filling up our endoscopy lists at a faster pace.

I continue to be a part of research studies, (Endoscopic Polypectomy on Clopidogrel study) and assist with recruiting patients. Also, I am assisting with data collection and analysis for auditing of our endoscopy KPIs.

Since January, I have been an independent colonoscopist. I am also obtaining new skills in performing gastroscopies and learning about diseases and disorders of the upper GI tract to further evolve my role and abilities. Sasha has begun her role as the new ANPE trainee at EH, so I look forward to supporting her, working together and being each other's mentors. The idea is that our role continues to evolve in Victoria and flourish interstate as a result.



Above: APNE trainees consulting with their trainer pre-procedure

New in the Literature

Linked-color imaging combined with the NICE classification system for optical diagnosis of colon polyps: new image-enhanced endoscopic technology for pathological prediction. Chi-Huan, Wu. et al., 2017

<https://doi.org/10.2147/TCRM.S147155>

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