

Navigating colon health

Cutting-edge role allows RNs to increase patient access to cancer screening. BY STACEY HALE

After 16 years as an emergency room nurse and six years doing endoscopies, Tracey Corner found herself back in the classroom two years ago. This time, she was learning to steer a 60 centimetre-long flexible tube with a small camera and light at the tip through a virtual reality simulator shaped like a person's buttocks. Today, she's using the camera on real people as an RN who's qualified to perform flexible sigmoidoscopy, a test that uses a soft, flexible tube inserted into the rectum to examine the lower third of the colon to detect polyps or cancer. The procedure – traditionally performed by a physician – takes 20 minutes and detects 60 per cent of cancers. It's also considered safer than a colonoscopy.

Since Corner finished her education, she's completed 500 procedures and has helped catch cancer in people who otherwise would have found the disease much later, when it's harder to treat. The Hamilton Health Sciences RN spends a few days a week travelling to local family doctors' offices to educate people (those between the ages of 50 and 74) about the risk of contracting colorectal cancer and the benefits of pre-screening. The rest of her time is spent performing flexible sigmoidoscopy at McMaster University Medical Centre.

Corner is one of 11 nurses in Ontario to take on this cutting-edge role that's allowing RNs to use their knowledge and skills to open the door to care that can save lives. Her work is especially important because colorectal cancer is the second leading cause of death from cancer for both men and women. According to the Canadian Cancer Society, an estimated 8,100 Ontarians were diagnosed with the disease last year, and about 3,300 will die from it, despite the fact that there is a 90 per cent chance colorectal cancer can be cured.

That's why RN-preformed flexible sigmoidoscopy is one of many roles RNAO is calling on politicians to provide more fund-



Robin Wheeler (left), an RN at Hotel Dieu Hospital in Kingston, learns to guide a flexible sigmoidoscope through a virtual reality simulator with Dr. Andrew Petrakos, a general surgeon from Windsor Regional Hospital. The two worked together during training last fall.

ing for in its recently released platform, which sets out priorities for all parties to adopt in next year's provincial election. Ontario is the only province using nurses to do flexible sigmoidoscopies alongside a province-wide program called Colon Cancer Check, which aims to get the public to stop cancer in its early stages. Esther Green, Provincial Head, Nursing and Psychosocial Oncology at Cancer Care Ontario (CCO) says saving lives was in mind when the role was introduced in 2006 by the Ontario government and CCO as a pilot project. Prior to testing the role, the Ministry of Health and Long-Term Care and the Cancer Quality Council of Ontario were asking what Ontario could be doing differently about the disease.

"When you look at the numbers, the death rate was fairly high," Green says.

"Ontario needed to address some significant issues, one of which is around screening, to try and manage patients earlier and identify them earlier... and to improve the outcomes so that people are not dying, so that they are actually surviving their illness."

Four years ago, the government started looking at how nurses could improve those outcomes. Green says nurses, physicians and gastroenterologists from the U.S. and United Kingdom visited Ontario to share how they identified and trained nurses to do flexible sigmoidoscopy. Key stakeholder groups including RNAO, the College of Nurses of Ontario, the Canadian Society of Gastroenterology Nurses Association, and the Ontario Medical Association then met for many months to answer questions, such as how Ontario could improve access for patients, and intro-

duce a new role like flexible sigmoidoscopy.

Ingrid LeClaire, Program Manager at CCO for the RN-performed flexible sigmoidoscopy pilot project, says nurses were selected to do the procedures because their scope of practice allows them to examine the lower part of the bowel. But, Green explains, they also fit the bill because the job is far more than a technical function.

“(The role) requires the knowledge, skill and clinical judgment that an RN has in terms of patient assessment, clinical assessment, counselling, teaching and the performance of that act,” she says.

Corner, for instance, holds education meetings with patients at their family doctor’s office to explain what colorectal cancer is and the benefits of pre-screening. Then she tells patients what happens during the procedure, and takes a full medical history to ensure they are eligible for the test.

Initial funding for the pilot came from a \$100,000 research grant from the Change Foundation, an independent health policy think tank with the goal of improving the delivery of health care in Ontario. Two hospitals in Toronto were the first to participate in 2006. But the project met some challenges along the way. Each site either ran out of money or there weren’t enough patients to carry on. LeClaire says that experience demonstrated that there needed to be a patient recruitment strategy to get people involved.

“Opening a clinic and making a service available is not always going to result in successful referrals. You have to get the word out there and create awareness,” she says. Physicians also had to be educated. LeClaire says they need to understand that flexible sigmoidoscopy is an effective screening tool. Part of Corner’s job is to work with doctors and teach them about the procedure. To do that, she meets with family practice physicians in her community and explains how the procedure works and how it will benefit them and their patients.

Today, six hospitals from all over Ontario are participating in the pilot. Nurses selected from each hospital receive advanced training at the Michener Institute for Applied Health Sciences in Toronto. For five days, they work from a thick textbook on gastroenterology nursing. They study pathology as well as the anatomy, physiology and anatomical markers of the bowel. The course covers so much detail in five days, the nurses also need to have a background in endoscopy to be con-

BALANCING BENEFITS AND HARMS

While many people can benefit from flexible sigmoidoscopy, colonoscopies are also frequently performed to screen for cancer.

COLONOSCOPY

- examines the entire left side of the colon
- screening required every 10 years
- procedure takes 30 to 60 minutes
- chance of perforating the bowel 1/1,000
- one day prior to procedure patients must only consume clear liquids and then take a laxative
- patients must take one to two days off work
- patients cannot drive and must be accompanied by another individual to escort them home
- recommended for individuals at increased risk, such as having one or more close relatives (parent, sibling or child) who has colon cancer

FLEXIBLE SIGMOIDOSCOPY

- examines the lower third of the colon
- screening required every five years (alone or combined with Fecal Occult Blood Test)
- procedure takes five to 20 minutes
- chance of perforating the bowel is less than 1/20,000
- requires no sedation
- simple preparation (two enemas) the morning of the exam
- patient may drive and return to work immediately following procedure
- recommended for asymptomatic individuals who are at average risk for colorectal cancer

Source: www.ColonCancerCheck.ca

sidered for the new role. LeClaire says a lot of the education also focuses on improving dexterity and hand-eye coordination, so RNs practise guiding the camera through tiny holes in a box, and manoeuvre the tool from their right to left hand. She says manual agility and an ability to multi-task is important because the scope is inside the person and the nurse has to rely on a two dimensional image that is being projected on a computer monitor.

“As you are guiding the tool you are essentially blind,” she says. “The virtual machines give you feedback, so if you are

pushing too hard with the scope it will say ‘ow!’ and ‘oh that hurt!’ Or, it will tell you that you have perforated the bowel so you have a sense of how far you can go and if you have done something wrong.”

LeClaire says the feedback is important because patients are not sedated during the procedure. To prepare, they take two enemas two hours before the procedure to clean their bowels.

After completing the course, nurses return to their respective organizations to complete the clinical portion with real patients under the supervision of a physician from their home hospital. To qualify for the final evaluation, nurses must watch the physician perform 25 procedures, complete 25 scope withdrawals, and then 50 full procedures solo. When they’ve completed those, a CCO gastroenterologist and another independent physician assessor will visit and evaluate nurses as they perform five additional procedures.

Robin Wheeler says the week-long session in Toronto is intense, but she was impressed by the patient simulators. “They really give you good training and an overview of what’s going to be expected,” she says.

The RN at Hotel Dieu Hospital in Kingston joined the program in the fall when the Ministry of Health funded an expansion of the pilot to three new sites, including Kingston, Windsor and Hearst, Ontario. Wheeler is working on her clinical training and hopes to begin screening patients on her own this year. She knows first hand that it will improve access to screening for the general public. And with the government’s public awareness campaign – including TV ads – about the importance of early screening and detecting cancer, Wheeler hopes people will be more proactive and educated about colon health. Wheeler says she’s excited to begin the work because, after working in endoscopy for more than 10 years, she’s looking for a new challenge. She knew the role would be a good fit after she heard an advanced practice nurse from the United Kingdom speak at a conference about performing colonoscopies, and how such roles open a new frontier for nursing.

“This (pilot) specifically recognizes the skill level and the knowledge of RNs. It’s going to open a lot of doors,” she says. **RN**

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