



# ESGENA Training Centre

Since 2006, ESGENA has offered clinical grants to registered European nurses who wish to undertake further clinical training in

- endoscopic techniques
- endoscopy nursing including sedation and monitoring
- GI function tests
- hygiene and infection control
- management of endoscopy unit
- gastroenterological nursing including care of specific patient groups (e.g. IBD)

It has always been of great importance to ESGENA that

- specific aims and learning outcomes are defined for each grant
- the visits take place in specialised centres
- each grantee has a dedicated tutor during the visit

These broad criteria have been used as an orientation for guest departments.

Although the feedback from grant recipients has been very positive, the situation for grantees has varied greatly from country to country, and it has become clear that uniform criteria are necessary to create comparable and verifiable conditions.

In 2012, the ESGENA Education Working Group (EEWG), in which 25 ESGENA membership countries are represented by national delegates, developed common quality criteria for guest departments. These unified criteria led to the establishment of dedicated ESGENA training centres.

The following quality criteria have been defined for ESGENA training centres:

## **Range of interventions**

ESGENA training centres should offer a wide range of endoscopic procedures. This can also include specialties other than gastroenterology, e.g. thoracic medicine, urology or ENT. Diversity and number of interventions per year serve as indicators for a wide range of technical expertise and experience.

## **Nursing care**

Many grantees are interested in advanced nurses' roles. They are often tasked with extending the role of nurses in their home country or enhancing or supervising new workspaces in their departments. For example:

- Sedation - "NAPS nurses"
- Specialization in individual areas, for example Nutrition & PEG IBD patients
- Hygiene & infection control
- Function tests performed by nurses
- Capsule endoscopy
- Nurse endoscopists
- Management of departments

### **Legal restrictions**

Due to legal restrictions, hands-on training is not available in many countries, because the grantees are not registered as nurses in the respective country. In these cases, guest nurses may still participate in clinical work as observers, learning from their colleagues.

### **Connections to ESGENA**

It is very important to the ESGENA governing board that a training centre works together closely with the European society and that European guidelines and standards are followed. ESGENA should be known in the department. Therefore, it is essential that at least one team member is active within ESGENA, e.g. as

- Member of the ESGENA governing board
- Member of the ESGENA Education working group (EEWG)
- Tutor at ESGE ESGENA hands-on training courses during conferences
- Tutor at ESGE-ESGENA workshops with live demonstrations
- Speaker or chair at ESGENA conferences

Each training centre must have a dedicated contact person, who acts as coordinator for both ESGENA and the individual grantee.

### **Qualifications of the tutors**

In many countries a formal qualification for tutors is available. The supervising tutor should have experience in teaching and expertise in Endoscopy.

### **Defined aims and learning outcomes**

It is very important to ESGENA that individual aims and learning outcomes are defined for each grantee. A combination of theory and practice supports the achievement of these objectives.

### **Access to learning facilities**

In order to enable self-directed learning, access to a library and internet is desirable. The availability of literature supports the learning process. During the stay, the guest nurse can independently complete and extend her/his background knowledge.

Training centres usually have separate classrooms with appropriate technical equipment for theoretical instruction. In bigger hospitals classrooms are often used across disciplines.

Practical training requires extensive endoscopy specific equipment including light sources, endoscopes and a wide range of endoscopic accessories. Larger training centres usually have appropriate training facilities, possibly with commercial or home-built training models. Videos and interactive learning models such as dummies support the teaching of practical content.

Separate training rooms are helpful to avoid occupancy of endoscopy rooms used in daily routine.

### **Team support**

A key issue for a training centre is the support of the management and the various teams involved:

- The approval of the hospital management and the director of nursing are essential because a training centre binds human and financial resources. Costs for staff and equipment should be factored in to the budget. The legal situation should be clarified in general and individually for each grantee (what is the status of the grantee – observer or part of a team; where are limits and possibilities to learn?)
- The support of the multi-disciplinary endoscopy team is essential, as a guest always causes a certain amount of stress and workload, which should be borne by the team. The aim is that the grantee feels comfortable and can learn.

- Support for the medical management is necessary to coordinate patient and procedure related aspects. In addition, physicians naturally teach during interventions.
- Optimally, the teaching and hands-on training is scheduled in the endoscopy lists. ESGENA is aware that the implementation is more difficult in times of staff shortage

### **Accommodation**

Finally, the grantee needs support in finding accommodation. Language courses can be combined with the grant, but their costs cannot be covered by ESGENA

### **Application**

Departments are asked to apply in writing for recognition as training centres. The ESGENA governing board shall decide whether the defined quality criteria are met. The application form assesses structural requirements and the overall organization. The application forms must be completed with the signatures of the management.

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