



ESGENA Core Curriculum for Endoscopy Nursing

*European Society of Gastroenterology and
Endoscopy
Nurses and Associates (ESGENA)*

*ESGENA Education Working Group (EEWG)
Planning Group*

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1 Introduction

1.1 Background

Over the last 30 years, endoscopy has become an essential tool for medical diagnosis and treatment. In parallel with technological developments and increasing specialization among physicians, endoscopy nursing has developed into a discipline that involves highly qualified nursing and assistance tasks alongside the endoscopist. Endoscopy nurses work within a multidisciplinary team both in hospitals and in general practice and primary care.

The scope of endoscopy nurses' practice varies from country to country. In some countries, for example, the field of endoscopy nursing includes not only gastroenterological endoscopy, but also thoracic medicine, urology, surgery, gynaecology, etc. In another group of countries in Europe, the focus in endoscopy nursing is on gastroenterology. Consequently, the work of the nurses concerned involves not only endoscopy, but also stoma care, percutaneous endoscopic gastrotomy (PEG), nutrition, inflammatory bowel disease (IBD), in-patient and outpatient care in the field of gastroenterology, and other areas.

In 1998, the European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA) initiated the setting up of a European Endoscopy Nurses' Forum (EENF) in order to work towards harmonizing the training provided for endoscopy nurses throughout Europe and to promote recognition at European level for this nursing specialty. The group consisted of national representatives – one from each of ESGENA's group members – with considerable experience in training endoscopy staff.

At the first EENF meeting in May 1998, a great deal of information about the training and education provided for endoscopy nurses all over Europe was collected. Various aspects involving specialist nursing education, continuing education and short-term training needs in the field of endoscopy nursing were discussed. The data collected showed that there is wide variation in the education and training provided for endoscopy nurses in Europe. Training courses for endoscopy nursing have been established in the majority of European countries, but they vary in length, content, academic level and level of official qualification obtained. Courses lasting from one to six weeks can be described as representing continuing education, whilst courses lasting from one to two years are designed to provide post-basic nurse education. Short courses usually concentrate on gastroenterological endoscopy, while longer courses also cover endoscopy in the fields of thoracic medicine, urology and some parts of surgery, orthopedics and gynaecology. A few courses available at university level offer combinations of all aspects of gastroenterology, with the option of obtaining a master's degree.

At the end of the first EENF meeting, it was agreed that one of the group's initial aims should be to define the job of an endoscopy nurse in Europe (in

the European Job Profile) as the foundation for working towards a European core curriculum for endoscopy nurse education.

Between September 1998 and October 2001, the EENF met twice a year to develop the European Job Profile for endoscopy nurses. The final version of the document was adopted in October 2002. The job profile includes recommendations on the qualifications, skills, knowledge and responsibilities of endoscopy nurses, and it is intended as a general statement that defines the profession's role and philosophy. The European Job Profile provided the basis for the *content* of the Core Curriculum, while the *framework* for the Core Curriculum was based on the results of collaboration with the European Federation of Nurses' Associations (EFN) – formerly the *Comité Permanent des Infirmiers de l'UE*/Standing Committee of Nurses of the EU (PCN).

Since 1998, ESGENA has represented the interests of its members at the annual meeting of the European Network of Nurses' Organizations (ENNO). At these meetings, various European specialist nursing groups discuss issues that affect their position within the larger field of nursing together with members of the PCN (representing national nursing organizations). An ENNO steering group (of which ESGENA was a member) developed a European Framework for Post-Basic Nurse Education (adopted in 2000), featuring quality criteria such as the length and academic level of courses, the balance between theory and practice, qualifications of teaching staff and the organization of courses. The aim of the framework was to harmonize the specialist training provided in different countries. The framework makes it possible to establish equivalent training qualifications and will consequently allow nurses to move freely within their profession to different countries within the European Union (EU).

At its eighth meeting in May 2002, the EENF Working Group changed its name to ESGENA Education Working Group (EEWG) and started to work on the European Core Curriculum, with the ESGENA European Job Profile indicating the content of the curriculum and the ENNO Framework providing the minimum quality criteria. Different European core curricula from other European specialist nursing societies and groups were reviewed. Based on this evaluation, a structure for the ESGENA Core Curriculum was developed. A nominated subgroup (the Core Curriculum Working Group) developed the details of the document, with the EEWG continuously reviewing and complementing the work at twice-yearly meetings.

The final version of the ESGENA European Core Curriculum for endoscopy was adopted in October 2007.

1.2 Aims of the ESGENA Core Curriculum

The aims of this Core Curriculum are:

- To empower nurses to:
 - Optimize patients' experiences (improving patient care, services, environment, etc.)
 - Advance evidence-based practice
 - Look at the profession critically in order to encourage research
 - Promote the professional status of endoscopy nursing
 - Promote lifelong learning through reflective practice
- To support national nursing societies and official bodies within Europe to:
 - Provide educational opportunities for staff working in gastroenterology and endoscopy nursing
 - Promote a recognized qualification in gastroenterology and endoscopy nursing
 - Promote cooperation with other relevant professional groups
 - Advance the professional status of gastroenterology and endoscopy nursing
- To implement the ENNO Framework in order to establish equivalence of training and consequently allow nurses to move freely within their profession to different countries within the EU
- To promote the specialty within Europe
- To promote equivalent high standards of endoscopy care for patients throughout the EU (Rome Criteria)

2 Educational philosophy

The Core Curriculum was developed with an awareness of the principles involved in adult education and in order to develop the required skills among practitioners involved in endoscopy nursing.

It is recognized that adult students have individual expectations based on their previous experience. They expect to be treated as adults and to work hard, to be taught and to learn in topics related to their chosen vocation.

Reece and Walker (2006) state that adults do best:

- When they are involved in negotiation of their learning
- When they devise their own goals after diagnosing their own learning needs
- When they accept learning as an internal process
- When they become autonomous and take responsibility for their own learning
- When they learn and think together with others, sharing ideas and feelings
- In a climate that is conducive to learning in which there is openness, trust, respect and commitment
- When they are focused on the present, but can use past experience
- When they are able to learn from problems, rather than subjects

- When they are willing to alter their way of thinking and accept change
- When learning is activity-based
- When they can focus on principles
- When they value transitions and have the feeling that they are making progress
- When they think in an integrated way, using both reflective and critical approaches

Theory and practice are equally important in the Core Curriculum. The acquisition of skills, as described by Benner (1984) in an approach that is still accepted in nursing today, is described as a five-stage process: from novice, to advanced beginner, to competent, proficient and finally expert practitioner. The competent practitioner can be described as 'having the ability to perform actions/procedures proficiently in the workplace' (Reece and Walker, 2006). Benner (1984) expands on this by stating that the competent nurse 'has a feeling of mastery and the ability to cope with and manage the many contingencies of clinical nursing. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organization.'

3 The teaching and learning environment

The setting in which specialist education courses take place varies from country to country depending on the national health and education systems. The following criteria need to be met (ENNO Framework, 2000):

- Theory should be provided at institutes of higher education (at the university level or equivalent).
- Theory must be applied to clinical practice in a supervised clinical environment, which must include support from a mentor.
- The educational setting (both the institution and the clinical area) must be conducive to learning and encourage critical thinking and discussion.
- The educational setting should follow the principles involved in adult education (e.g., constructivism).
- Both the institution and the clinical area must be able to provide appropriate and up-to-date educational resources (e.g., library, seminar rooms, information technology, etc.)

4 Teaching staff

In addition to the appointed teaching staff, other professionals with recognized expertise (e.g., doctors, dieticians, hygiene experts, etc.) can also make a valuable contribution to the delivery of the Core Curriculum (ENNO Framework, 2000). The roles outlined below are essential.

4.1 Internal assessor/mentor

4.1.1 Definition

An internal assessor or mentor is a professional member of the health-care team who facilitates learning, supervises students and carries out continuous assessment of the students in the practice setting.

4.1.2 Role

- To play an essential part in facilitating students to enhance their knowledge and skills in the clinical setting in which endoscopic procedures are undertaken.
- To work alongside students in the practice environment and judge their abilities to achieve determined learning outcomes by undertaking continuous assessment of their practice. The external assessor and academic tutor provide support for the mentor in carrying out this responsibility.

4.1.3 Qualifications

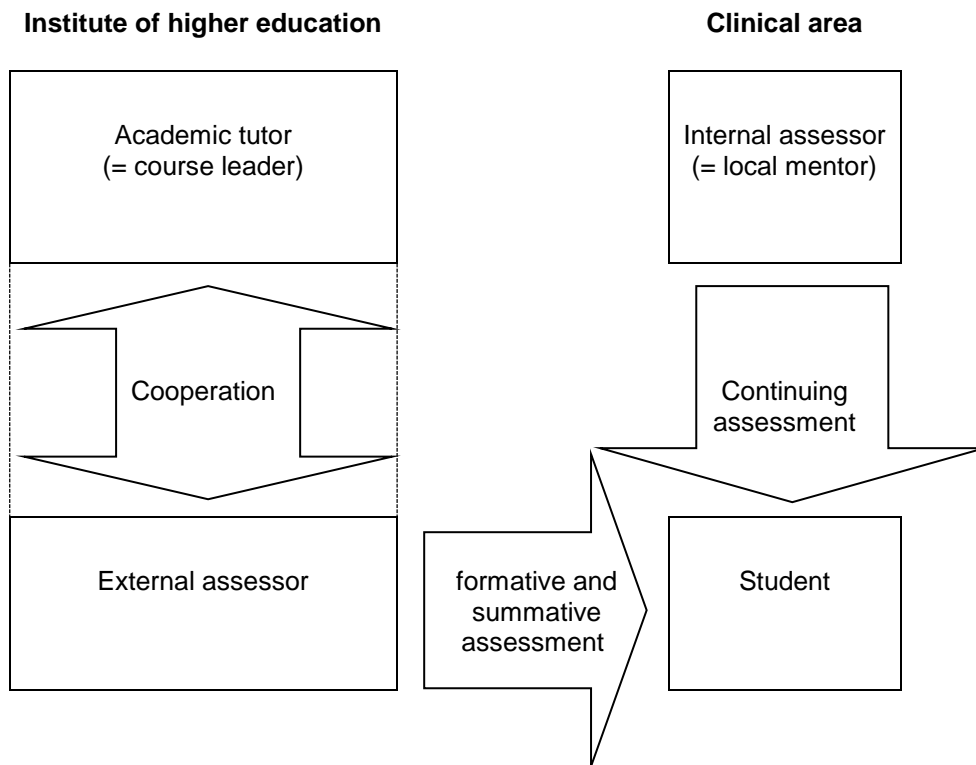
- Current nursing qualification
- Wide experience in endoscopy nursing practice
- Completion of an approved programme in mentorship

4.2 External assessor of clinical practice

4.2.1 Definition

A recognized expert in endoscopy nursing, appointed by the academic provider of the course to undertake summative assessment of practice in the clinical area (Figs. 1 and 2).

Fig. 1 Example of the implementation of assessment procedures.



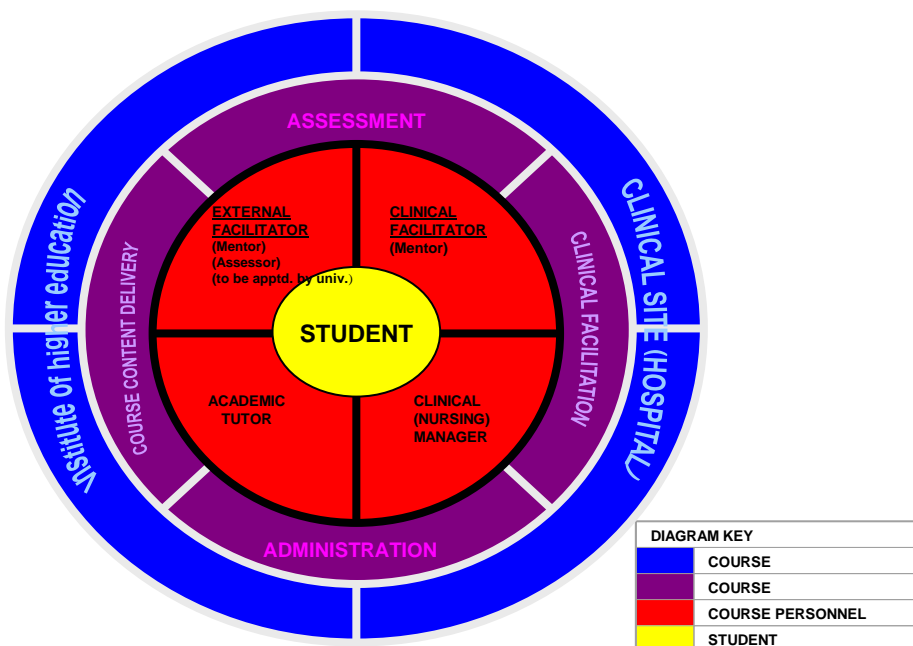
4.2.2 Role

To assess the student's ability to practice at the required standard. This is achieved through a relationship involving the student, the mentor and the external assessor. The external assessor has the key responsibility in determining whether the student is fit for practice by carrying out summative and final assessment of his or her practice. The academic tutor provides support for the assessor in carrying out this responsibility.

4.2.3 Qualifications

- Current nursing qualification
- Wide experience in endoscopy nursing practice
- Completion of an approved programme in teaching and assessing in clinical practice

Fig. 2 Relationship between educators, assessors, management and the student.



4.3 Academic tutor/course leader

4.3.1 Definition

A member of the teaching staff employed by the academic institution delivering the course, with responsibility for ensuring that agreed quality standards for all aspects of the course are met.

4.3.2 Role

This is a key academic role designed to meet the specific needs of the course. The holder of the post will:

- Provide advice on the course content and structure
- Develop and lead a range of teaching strategies
- Take responsibility for implementing and coordinating the course
- Provide links between the clinical teaching team and the academic institution

4.3.3 Qualifications

- Current nursing qualification
- Subject expertise:
academic – e.g., post-qualifying course, postgraduate study, research;

practical – e.g. experience in the field, involvement in practice, links with an endoscopy service

- Appropriate teaching qualification and experience in education

The infrastructure for learning and assessment involves many elements and people. The theoretical part of the course brings the student into contact with the institute of higher education concerned and with the academic tutor, as well as the appointed external assessor.

In addition, students need support from their own employers for the practical part of the course. Management has to support the student attending a course, and to agree to provide an expert member of staff in the endoscopy unit who provide mentoring and formative internal assessment during the course.

The higher education institute and the staff members it appoints will also need to collaborate with staff involved in the clinical area and with management in order to ensure an environment that is conducive to learning.

5 Structure of courses and modules

5.1 Introduction

Specialist training courses in endoscopy nursing have been available in many European countries since the 1980s. Due to considerable differences in national training structures and political factors, these courses vary in length, content and academic level, as well as in the official recognition given to them.

Many countries are currently in the process of developing new courses for endoscopy specialist nursing, in line with European recommendations and EU directives.

In response to the need to promote equivalent training qualifications throughout Europe, ESGENA has developed a flexible, modular course that is consistent with the recommendations of various ongoing EU working groups and EU directives. The ESGENA Core Curriculum will give countries enough flexibility to adapt the content and length of national courses that already exist. In addition, its comprehensive and clear structure will also help countries develop new programmes and courses.

The scope of endoscopy nursing practice varies from country to country. The flexible course structure enables countries to include different fields of endoscopy as well as of gastroenterology, either as part of the core course (with optional modules) or in additional modules for longer courses.

The flexible course structure is an open and forward-looking system, and new techniques and new areas of work in nursing can easily be incorporated.

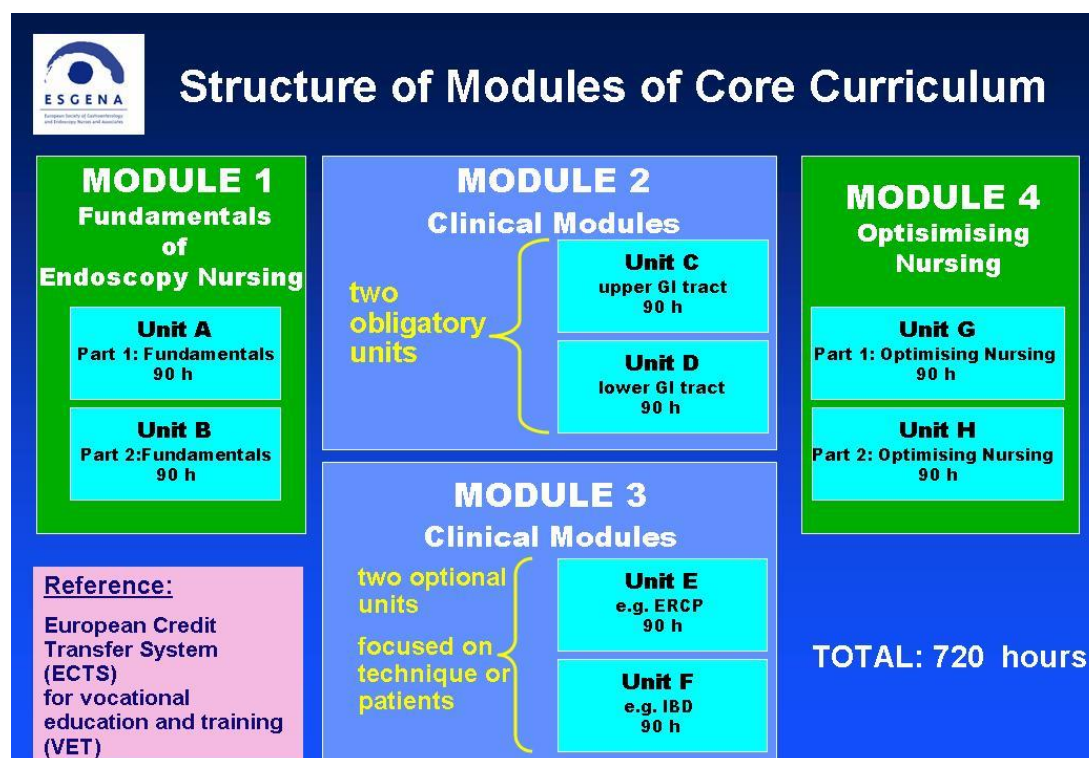
5.2 Length of courses

Based on the ENNO framework, ESGENA has developed a course that covers 720 theoretical hours (classroom and study), with a minimum of 50% of the total duration being dedicated to clinical and/or practice training (ENNO framework, 2000). The course must be equivalent to at least one calendar year.

5.3 Outline of modules

The Core Curriculum consists of four modules of equal length. Each module covers 180 hours (two units per module) (Fig. 3).

Fig. 3 Structure of the Core Curriculum modules.



5.3.1 Obligatory modules

The three obligatory modules (1, 2 and 4) impart essential knowledge and skills.

- *Module 1* covers the fundamentals of endoscopy nursing. In this module, general nursing knowledge is transferred into the field of endoscopy and basic endoscopy knowledge is taught. This knowledge provides the basis for modules 2–4.
- *Module 2* consists of two obligatory clinical units focusing on basic endoscopy procedures.
- *Module 4* covers advanced material that optimizes patients' experience of endoscopy (management, education, research, ethics).

These modules cannot be replaced by optional modules, as they provide the basis for making basic endoscopy training equivalent and interchangeable throughout Europe.

- *Module 3* focuses on clinical issues and includes two optional units. The focus can be selected in accordance with national and local requirements.

5.3.2 *Optional modules*

To allow the curriculum to be adapted to the different educational formats that exist all over Europe, the curriculum includes a choice of at least one optional module involving two units of 90 hours each.

The scope of endoscopy nursing practice varies from country to country. In some countries, the field of endoscopy nursing includes not only gastroenterological endoscopy, but also endoscopy in fields such as thoracic medicine, urology, surgery, gynaecology, etc. In other European countries, the focus is on gastroenterology, and therefore includes not only endoscopy topics, but also aspects such as stoma care, percutaneous endoscopic gastrostomy (PEG), nutrition, inflammatory bowel disease (IBD), in-patient care in gastroenterology, etc.

The optional modules can therefore be focused on endoscopic techniques or on specific areas of patient care. Optional modules may vary not only from country to country, but also within countries, depending on the local educational system. The ESGENA Core Curriculum provides the flexibility needed to comply with individual local needs and structures.

5.3.3 *Implementation into a local curriculum*

Learning outcomes and the course content are defined for each module and have to be incorporated into and implemented into local core curricula and course plans (see also section 8 below).

6 **Content of modules 1–4**

6.1 **Module 1: Fundamentals of Endoscopic Nursing**

Module 1 includes the basic knowledge required for endoscopy nursing. The module contains two units:

- *Unit A*: an introduction to basics that serves as the foundation for the more advanced information and applications included in module 4.
- *Unit B*: an introduction to basics that serves as the foundation for the more advanced information and applications included in modules 2 and 3, adapted to specific endoscopic procedures and issues in gastroenterology.

6.1.1 Aims

The aim is to provide an introduction to the principles underlying endoscopy nursing practice and to develop basic skills and knowledge and an understanding of the role of the professional nurse in providing high-quality, evidence-based and individualized care for patients undergoing endoscopic procedures.

6.1.2 Learning outcomes

On completing the module, students should:

- 1 Demonstrate an understanding of the history and development of endoscopy nursing and appreciate the way in which an individual develops to become a professionally accountable nurse in the context of current trends and activities in nursing.
- 2 Be able to demonstrate knowledge of current views and attitudes towards health, society and the individual patient.
- 3 Be aware of the way in which endoscopy care is organized in their own country and throughout Europe, and of the relevant legislation affecting it.
- 4 Have respect for human beings and be able to act in accordance with acknowledged ethical norms and legal requirements, recognizing the way in which norms, values, cultures and attitudes influence legislation and society.
- 5 Demonstrate aspects of accountability towards self, patient, profession and employer .
- 6 Understand health and safety issues relating to the work environment.
- 7 Understand and be able to apply the principles of asepsis and sterilization in managing infection control in the endoscopy environment.
- 8 Demonstrate knowledge of the principles of safe endoscopy care for everyone in the endoscopy unit – including patients and their relatives and partners.
- 9 Correctly document the nursing care given, using a recognized nursing framework to assess, plan, implement and evaluate it.
- 10 Apply good communication skills and be able to use them to work well in a multidisciplinary team, recognizing the needs of others in the team, and to support patients' relatives and partners in the endoscopy environment.
- 11 Be able to use computers and appreciate the role of information science as a resource in endoscopy nursing.

6.1.3 Content of Unit A

- History and development of endoscopy nursing
- Guidelines, regulations, laws relevant to:
 - General nursing
 - Endoscopy nursing
- Documentation in endoscopy nursing:
 - Different formats and systems
 - Legal regulations
- Professional development in the context of endoscopy nursing
- Communication skills

- Multidisciplinary teamwork
- Psychology
- Sociology
- Pedagogy & Andragogy (Educational and adult learning processes)
- Health education and disease processes specific to conditions requiring diagnostic and therapeutic endoscopy
- Public health:
 - National trends in public health
 - International trends in public health
- Quality process and management
- Risk management
- Accountability
- Advocacy
- Information management:
 - Information technology (IT)
 - Research/appreciation
 - Evidence-based practice
- Ethics
 - Ethical and professional standards

6.1.4 Content of Unit B

- History and development of endoscopy techniques
- Guidelines, regulations, laws, manufacturers' instructions for each item of equipment
- Nursing process applicable to endoscopic procedures
- Standards of practice in endoscopy
- Pharmacology, sedation, anaesthesiology, resuscitation
- Emergency management
- Handling of specimens, histology, cytology
- Care of equipment (endoscopes and accessories); familiarity with endoscopic equipment with regard to:
 - Construction
 - Functioning
 - Intended usage
 - Potential malfunctions
 - Potential hazards
- Hygiene and infection control:
 - Infection risks in endoscopy
 - Transmission of infections in endoscopy
 - The decontamination process with special attention to the complex construction of endoscopic equipment and the methods and agents used
 - Potential risks associated with the methods and agents used
 - Potential risks to staff and patients during decontamination/reprocessing of equipment

- Occupational health/health and safety for patients and staff in endoscopy:
 - Chemicals, hazardous agents, latex, etc.
 - Ergonomics; lifting and positioning of the patient
 - Radiology
 - Electrotherapy and thermotherapy
 - Lasers
 - Argon plasma coagulation (APC)

6.1.5 Reference

European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA). European job profile for endoscopy nurses – August 2004. *Endoscopy* 2004;36:1025–30 [downloadable at http://www.esgena.org/index.php/publ_guide/publications/]. Sections 2, 5, 6, 8–10, 13.

6.2 Module 2: clinical modules with obligatory units

Module 2 focuses on clinical issues and contains two obligatory units concerned with procedures of the:

- Upper gastrointestinal tract
- Lower gastrointestinal tract

In each unit the subjects / teaching units are taught focused on the respective procedures:

- The basic aspects of some subjects have already been introduced in Module 1. The corresponding applications and procedure-specific information are taught in modules 2 and 3.
- The basic information in other subjects is taught in Modules 2 and 3, and the relevant advanced information and applications are covered in module 4.

6.2.1 Aim

The aim of the module is to enable the student to develop the knowledge, skills and attitudes that underpin safe practice in diagnostic and therapeutic upper and lower gastrointestinal endoscopy.

Basic information on the topics listed below has already been dealt with in module 1. Advanced and procedure-specific information and the ways in which it is applied are taught in this module.

6.2.2 Learning Outcomes

On completing the module, students should:

- 1 Be able to use nursing procedures to provide safe and holistic care for patients and their significant others for a range of upper and lower gastrointestinal endoscopic procedures.

- 2 Be able to provide effective technical assistance for a range of upper and lower gastrointestinal endoscopic procedures.
- 3 Be able to demonstrate safe care of endoscopic and supplemental equipment.
- 4 Be able to apply knowledge of anatomy, physiology and pathophysiology relevant to the diagnostic and therapeutic procedures used in upper and lower gastrointestinal endoscopy.
- 5 Be able to assess the risks and apply the principles of health and safety and of infection control in upper and lower gastrointestinal procedures.
- 6 Be able to identify potential and actual complications related to upper and lower gastrointestinal endoscopic procedures and take the appropriate action in emergency situations.
- 7 Be familiar with the mode of action, indications for and administration of common pharmacological agents used in upper and lower gastrointestinal diseases and during upper and lower gastrointestinal endoscopic procedures.
- 8 Be able to assess and monitor the patient's physiological and psychological responses before, during and after the procedure.
- 9 Be familiar with health education and able to use it to provide discharge advice and information to patients and carers.
- 10 Be able to plan the patient's discharge and communicate effectively in order to ensure safe continuity of care.

6.2.2 Content of Units C and D (upper and lower gastrointestinal endoscopy)

- History and development of endoscopy techniques
- Guidelines, regulations, laws, manufacturers' instructions for each item of equipment
- Background knowledge
 - Anatomy, physiology, pathophysiology
 - Indications, contraindications, potential complications
 - Comorbidities
 - Risk factors
 - Alternatives to endoscopy
- Standards of practice in endoscopy
 - Procedural information and consent
 - Staffing
- Nursing process applicable to endoscopic procedures
- Pharmacology, sedation, anaesthesiology, resuscitation
- Pain management
- Emergency management
- Handling of specimens, histology, cytology
- Care of equipment and familiarity with endoscopic equipment in relation to:
 - Construction
 - Functioning
 - Application
 - Potential malfunction
 - Potential hazards

- Hygiene and infection control:
 - Principles of the decontamination process with special considerations
 - of the complex construction of endoscopic equipment
 - of the methods and agents used (incl. automated systems)
 - Potential risks to staff and patients during decontamination/reprocessing of equipment
- Occupational health/health and safety for patients and staff in endoscopy:
 - Chemicals, hazardous agents, latex, etc.
 - Ergonomics, lifting, positioning of patient
 - Radiology
 - Electro-thermotherapy
 - Occupational health
- Patient education, specifically adapted to special procedures
- Health education and disease processes specific to conditions requiring diagnostic and therapeutic endoscopy

6.2.3 Reference

European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA). European job profile for endoscopy nurses – August 2004. *Endoscopy* 2004;36:1025–30 [downloadable at http://www.esgena.org/index.php/publ_guide/publications/]. Sections 1–7, 9–11, 13.

6.3 Module 3: clinical modules with optional units

Module 3 focuses on clinical issues and contains two optional units. The focus can be selected in accordance with national and local requirements.

Endoscopy-focused options may include, for example:

- Endoscopic retrograde cholangiopancreatography (ERCP)
- Percutaneous transhepatic cholangiography (PTC)
- Capsule endoscopy
- Thoracic medicine
- Urology
- Ear, nose and throat (ENT) medicine
- Paediatric endoscopy
- Surgery
- Gynaecology
- etc

Gastroenterology-focused units may include, for example:

- Nutrition
- Percutaneous endoscopic gastrostomy (PEG)
- Stoma care/colorectal cancer
- Inflammatory bowel disease (IBD)
- Liver diseases
- Oncology
- Gastroenterology for in-patients and outpatients

- etc

Basic aspects of some of these topics have already been provided in module 1. The corresponding applications and procedure-specific information are included in module 3.

Basic information about other subjects is included in module 3, while the corresponding advanced information and applications are covered in module 4.

6.3.1 Learning outcomes for an ERCP module

On completing the module, the student should:

- 1 Be able to provide safe, holistic care for the patient and his/her significant other for ERCP applying the nursing process
- 2 Be able to provide effective technical assistance during ERCP.
- 3 Be able to demonstrate safe care of endoscopic and supplemental equipment .
- 4 Be able to Apply knowledge of anatomy, physiology and pathophysiology relevant to ERCP.
- 5 Be able to assess risks and apply the principles of health and safety and infection control to ERCP.
- 6 Be able to identify potential and actual complications related to ERCP and take the appropriate action in emergency situations.
- 7 Be familiar with the mode of action, indications for and administration of common pharmacological agents used in biliary and pancreatic diseases during ERCP.
- 8 Be able to assess and monitor the patient's physiological and psychological response before, during and after the procedure.
- 9 Be able to Integrate knowledge of Health Education into discharge advice and information to patients and carers.
- 10 Be able to plan the patient's discharge and communicate effectively in order to ensure safe continuity of care.

6.3.2 Content of Unit E: ERCP

- History and development of endoscopy techniques
- Guidelines, regulations, laws, manufacturers' instructions for each item of equipment
- Background knowledge:
 - Anatomy, physiology, pathophysiology
 - Indications and contraindications
 - Comorbidities
 - Risk factors
 - Alternatives to endoscopy
- Standards of practice in endoscopy:
 - Procedural information and consent
 - Staffing
- Nursing process applicable to endoscopic procedures
- Pharmacology, sedation, anaesthesiology, resuscitation and pain management
- Emergency management
- Handling of specimens, histology, cytology
- Care of equipment and familiarity with endoscopic equipment in relation to:
 - Construction
 - Functioni
 - Application
 - Potential malfunction
 - Potential hazards
- Hygiene and infection control:
 - principles of decontamination process with special considerations
 - of the complex construction of endoscopic equipment
 - of the methods and agents used
 - Potential risks to staff and patients during decontamination / reprocessing of equipment
- Occupational health/health and safety for patients and staff in endoscopy:
 - Chemicals, hazardous agents, latex, etc.
 - Ergonomics, lifting, positioning of patient
 - Radiology
 - Electro-Thermotherapy,
 - Occupational health
- Patient education, specifically adapted to special procedures
- Health education and disease processes specific to conditions requiring diagnostic and therapeutic endoscopy

6.3.3 Reference

European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA).
 European job profile for endoscopy nurses – August 2004. *Endoscopy* 2004;36:1025–30
 [downloadable at http://www.esgena.org/index.php/publ_guide/publications/]. Sections 1–7, 9–11, 13.

6.4 Module 4: Optimizing Nursing

Module 4 takes up basic knowledge and applications from Modules 1–3 and develops advanced knowledge and application. It also introduces new and more advanced topics such as management, education, research, and ethics, etc.

6.4.1 Aim

The aim of the module is to enable the student to integrate the knowledge gained in the previous modules and apply it to personal professional development and enhancement of endoscopy nursing.

Basic knowledge on the topics listed has already been dealt with in module 1. Advanced and procedure specific knowledge and its application are taught in this module .

6.4.2 Learning outcomes

On completing the module, students should:

- Demonstrate effective interpersonal skills in dealing with all levels of staff, the patient, and the public at large.
- Be able to coordinate the workload involved in caring for a group of patients undergoing endoscopic procedures.
- Be able to analyse and critically appraise published research studies relevant to endoscopy nursing and to suggest possible applications of the findings.
- Be able to apply the teaching and learning process to training colleagues and the public at large.
- Be able to apply and participate in the quality assurance process.
- Be able to analyse an ethical dilemma in endoscopy nursing and consider the advantages and disadvantages of possible modes of action.
- Be able to use computer facilities to enhance and develop the management of the endoscopy service.
- Show evidence of professional development by initiating and managing change in practice.
- Be able to adapt practice in the light of new developments.
- Be aware of current national and international public health issues.

6.4.3 Content

- Evidence-based practice
- Professional development in the context of endoscopy nursing:
 - Personnel development
 - Political developments in nursing
 - Development of the discipline
 - Risk management
 - Accountability
 - Advocacy

- Nursing frameworks:
 - Clinical pathways
 - Nursing diagnosis, interventions and outcomes
 - Nursing classifications
- Information management in endoscopy nursing
 - Different formats and systems
 - Legal regulations
- Communications skills
- Multidisciplinary teamwork, including staff management
- Psychology
- Sociology in health care
- Pedagogy & Andragogy
- Public health:
 - prevention and education
 - National trends in public health
 - International trends in public health
- Quality assurance and management
- Research:
 - Application
 - Research analysis
- Ethics
 - Ethical and professional standards
- Evaluation:
 - Review of practice
 - Reflective practice
 - Audit practice
 - Problem-solving methods
- Learning methods
- Teaching and learning skills and methods
- Management issues in endoscopy, including staffing
- Emerging new developments

6.4.4 Reference

European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA).
 European job profile for endoscopy nurses – August 2004. *Endoscopy* 2004;36:1025–30
 [downloadable at http://www.esgena.org/index.php/publ_guide/publications/]. **Sections 2, 6–13.**

7 Assessment

7.1 Assessment levels

The overall aim of assessment is to promote good practice in the specialist nursing field of gastroenterology and endoscopy. Assessment of learning should be continuous throughout the course, with prescribed assessments for each module.

Aims of assessment are:

- To stimulate an enquiring, analytical and creative approach, encouraging independent judgement and critical self-awareness.
- To encourage the skills needed for clear communication and logical argument.
- To encourage students to transfer what they have learned into actual patient care situations.
- To develop students' skills in reflecting on practice, in order to ensure that nursing practice is constantly reviewed and evaluated.
- To encourage research appreciation and the value of nursing research, and the application of theory and valid research findings in the clinical setting.

Objectives of assessment:

- To provide students with information about their educational progression and personal progress.
- To assure society that students are competent and qualified to work in endoscopy.

In addition to other factors, constructive evaluation will be a basis for adjusting the form and content of the programme. Assessment of theory and practice should reflect the '50% theory, 50% practice' split recommended in the ENNO framework.

The design of the learning outcomes, teaching and assessment methods should be based on a constructivist approach to adult learning (Bloom 1956, Atherton 2005). Assessment should therefore be (Reference: Plymouth Uni. Assessment in Practice):

- Theoretical and practical for each module
- Reliable
- Ongoing (formative)
- Cumulative, through each module and final assessment (summative)
- Valid
- Explicitly and accessibly presented with sufficient information
- Relevant to the teaching content and methods, with adequate and varied tools
- Using a balanced proportion of formative and summative assessments
- Followed systematically with feedback
- Documented (with a portfolio of evidence)
- Conducted by qualified assessors

Students can be assessed using a variety of methods, which may vary in different European countries. Table 1 is designed to help in the selection of the most appropriate methods in different situations.

7.2 Suggested assessment methods

Table 1 Suggested assessment methods. These can be used for formative and summative assessment.

	Area		Students	
	Theory (oral or written)	Practice	Group	Individual
Case study	X		X	X
Debate (pros and contras)	X		X	
Direct observation of practice (DOP)		X	X	X
Discussion	X		X	
Interviews	X			X
Literature-based research projects	X		X	X
Multiple-choice questionnaires (MCQ)	X		X	X
Oral examination	X			X
Patient care plan and rationale	X			X
Patient education		X		X
Portfolio	X	X		X
Poster presentation	X		X	X
Practical examination		X	X	X
Presentation to peer group	X	X		X
Production of learning package	X		X	X
Production of patient information (sheets and booklets)	X		X	X
Quizzes and games	X		X	
Reflective writing	X			X
Self-assessment	X	X		X
Short and long essays	X			X
Simulation (e.g., dummies, simulators, models, role play)		X	X	X
Statement of competence from authorized persons		X		X
Video-recorded performance		X	X	X
Written assignment	X			X
Written examination	X		X	X

7.3 Criteria for failed practice

Failed practice can mean that the student has failed in one or more of the following areas.

Clinical practice:

- Lack of compliance with national regulations.
- Wrong assessment of the patient's condition and holistic needs. The student does not gather information from available sources, does not see problems or potential risks, is not realistic in his or her assessments.
- Lacks underpinning knowledge and expected experience.
- General failure in the planning and performance of nursing care and/or technical assistance.
- Failure of or inadequate record-keeping. The student does not include important information, or includes erroneous information.
- Lack of theoretical understanding to support clinical actions.

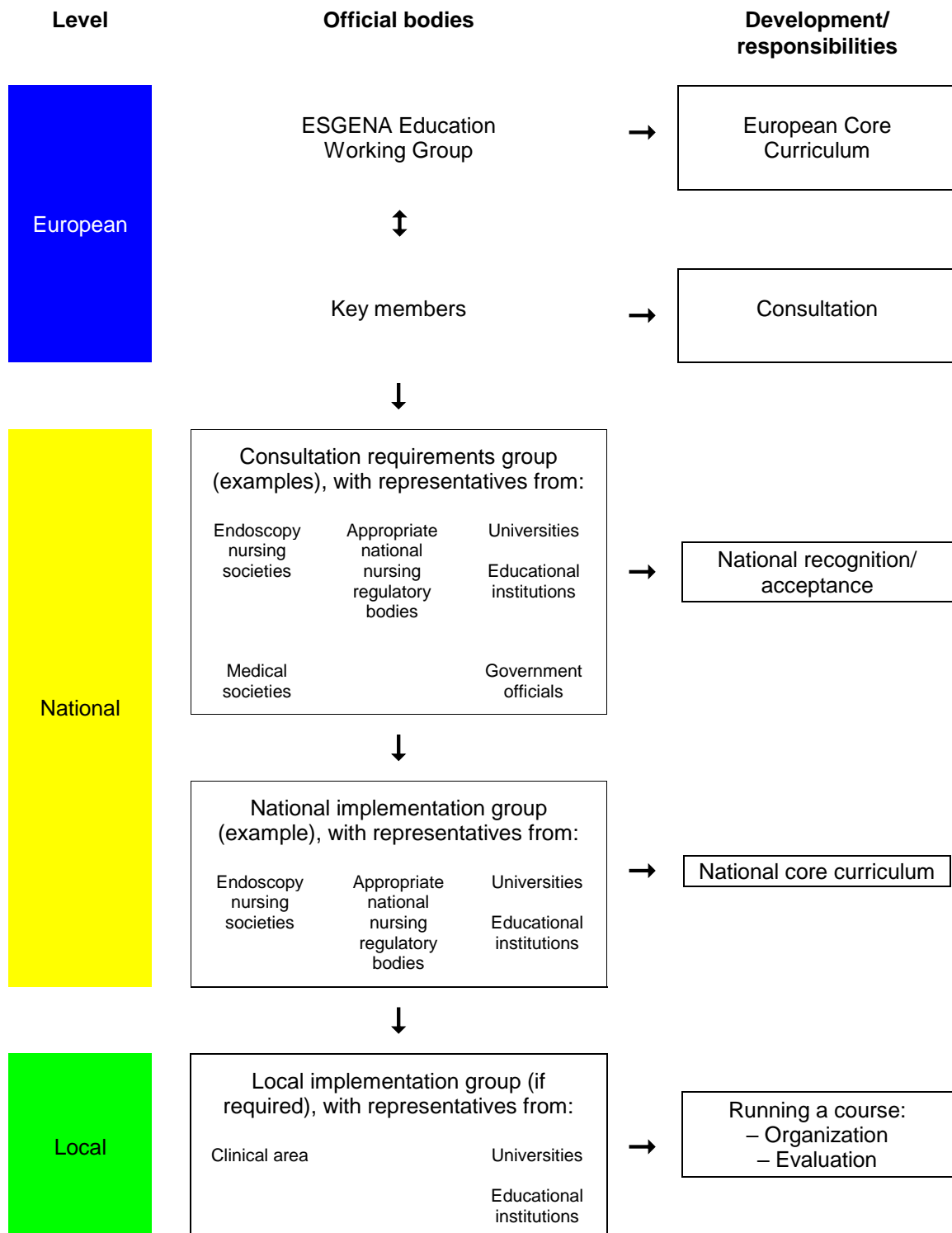
Personal attributes:

- Lack of responsibility for personal professional development. The student does not acknowledge personal weaknesses in abilities and skills. The student does not consider how to improve problem areas or accept help or guidance.
- Lack of initiative in the learning situation.
- Functional failure in teamwork.
- Lack of ability and willingness to take on problematic tasks, difficult procedures or patients, or acute situations.
- Functional failure in new or high-pressure situations.
- Lack of ethical judgement. The student does not consider the patient's explicit wants and needs, does not preserve the patient's autonomy, undermines the trust/confidence of colleagues, or does not observe confidentiality, considerations of fairness, or the need to avoid racial discrimination.

8 Guidelines for implementing and using the core curriculum

The following sections may help individuals or societies in establishing a new course or changing the format of established ones in order to meet European recommendations. Figure 4 provides an overview of the official bodies involved at the European, national and local levels.

Fig. 4 Official working groups and their tasks in relation to implementing the core curriculum.



8.1 Cooperation with official bodies

If a national or local course in endoscopy nursing is not available in a given country, national teams should be set up in order to plan potential courses and to implement and monitor them.

If endoscopy courses are already available in the country concerned, national or local teams should evaluate the extent to which the existing courses are in accordance with the European recommendations.

The national teams should be multidisciplinary working groups of experts, educators and representatives of the relevant official bodies and should include, for example:

- Endoscopy nurses' societies
- National nursing associations
- Nursing registration bodies and/or regulatory bodies
- Relevant medical societies
- Universities and institutes involved in endoscopy education programmes
- Government officials concerned with nursing education (e.g., official bodies or ministries of health, culture and education)

These representatives may be:

- Experts with broad experience in the relevant field (e.g., gastroenterology)
- Educators
- Representatives of regulatory bodies

The working groups should develop and update:

- National guidelines for specialist education in endoscopy
- A national core curriculum for endoscopy nursing

8.2 Local implementation group

Local implementation groups should include experts from the clinical area, educators and tutors from the relevant educational institutes or universities.

These working groups should:

- translate national guidelines and core curricula into a local course concept.
- Plan, organize, deliver and evaluate the local courses.

8.3 Three phases of implementation

The implementation of a curriculum has three phases (Fig. 5).

Phase I:

- European and general national frameworks for post-basic education influence the structure, content, academic level and recognition of national courses. Both European and national recommendations need to be taken into account when new courses are being developed. European and national recommendations for post-basic nursing education have to be complied with for courses to receive official recognition.

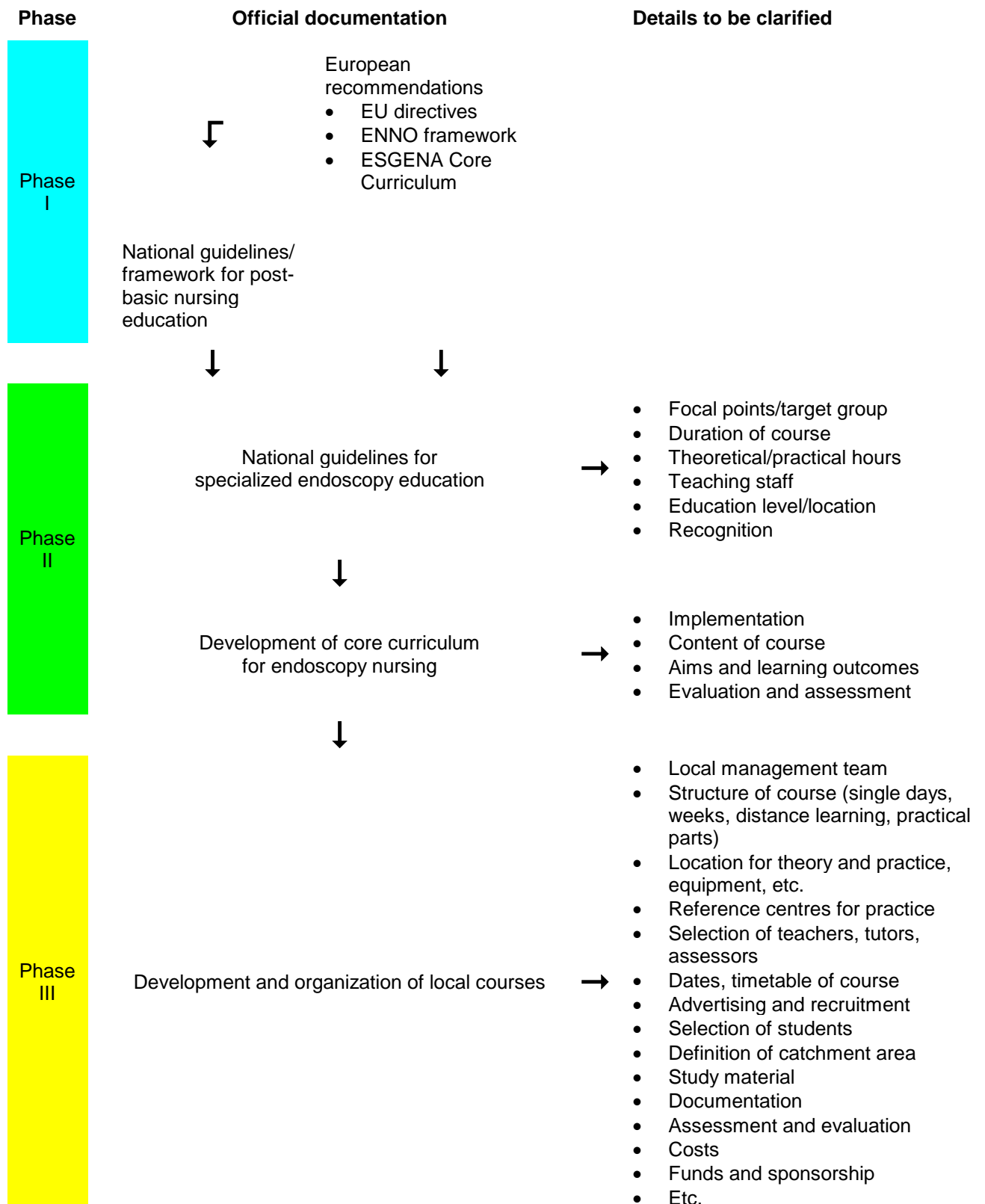
Phase II:

- National guidelines for specialist education in endoscopy should be developed by a multidisciplinary working group.
- National guidelines describe the focal points, duration and structure of the courses (Fig. 5). They should follow the recommendations given in this document, e.g.:
 - Minimum time allocated for each module: 90 hours
 - Academic qualifications required for teachers and tutorsDespite this, there is still considerable scope for flexibility in implementing national-specific recommendations.
- The national core curriculum should be developed by a team of educators and experts in the field of endoscopy.

Phase III:

- Each institute of higher education has to translate the national Core Curriculum into a course model. Although the content and minimum number of hours are fixed by the curriculum, there is sufficient flexibility for differently structured courses to be set up in each country.

Fig. 5 The three phases of implementation.



8.4 Key members

ESGENA can provide support from key members who can be contacted during the process of establishing a new course or evaluating existing courses. Key members have wide experience in:

- Endoscopy/gastroenterology
- Organizing courses
- Teaching
- Working at the European level

The key members include those who were involved in the development of the European Core Curriculum.

Key members are nominated by the ESGENA Education Working Group. Their tasks are:

- To serve as contact persons for national groups.
- To provide advice during the process of establishing a new course or evaluating existing courses.
- To distribute information.
- To establish contacts between different countries.
- To report back to ESGENA Education Working Group.

A list of key members who have been nominated is available on the ESGENA web site (www.esgena.org).

8.5 Academic levels: equivalence of educational courses through the Bologna process

As a result of local traditions, EU countries have had different ways of expressing and measuring study programmes, including time requirements (numbers of years of study required), credit points, identification of learning outcomes and skills, qualifications and level indicators, and subject benchmarks. The existence of different national measures and levels for (academic) qualifications make it difficult to obtain EU-wide recognition of qualifications, and this restricts practitioners' freedom of movement from country to country.

The Bologna Declaration of June 1999 on the creation of a Europe-wide framework for higher education was a pledge taken initially by 29 countries to reform their own higher education systems. The aim of the Bologna Declaration is overall convergence at the European level, resulting in a system of easily comprehensible and comparable university degrees. The system was initially based on the adoption of two main levels of university education – undergraduate and graduate (Bologna Declaration, 1999).

The aims formulated in the Bologna Declaration relate to the undergraduate (bachelor's degree) and graduate levels (master's degree); these have been supplemented by the Berlin Communiqué, which added the doctoral degree as a third level (Bologna Declaration, 1999).

In addition, over the last decade, the European Credit Transfer System (ECTS) has been successfully introduced through the European Commission's Socrates ERASMUS programme, which was initially designed as a tool to facilitate European student mobility. The ECTS has now become a generalized course credit system for the emerging European Higher Education Area, as university degrees throughout Europe have converged through the implementation of the Bologna process.

This has made it possible to develop shorter higher education "short cycle" courses (within the first degree level/cycle). These are awards that are made to students who have completed a programme of study of 1 year, for example, within the first degree level in the Bologna scheme, but which do not represent the full extent of this level (i.e., 3 years). These awards can prepare the student for employment while also providing preparation for and access to studies leading to completion of the first degree level. National systems may include various qualifications within the first degree level.

In addition, the EU also recognizes a 'Diploma certifying successful completion of training at post-secondary level of a duration of at least one year, or professional training which is comparable in terms of responsibilities and functions' (Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications).

The present Core Curriculum will be in accordance with the shorter higher education courses (**higher education short cycle** within the first degree level -) as defined in *A Framework for Qualifications of the European Higher Education Area* (Bologna Working Group on Qualifications Frameworks, 2005) and Directive 2005/36/EC.

9 Review date

This document is to be reviewed 5 years after its publication date.

10 Appendix

10.1 European Job Profile for endoscopy nurses

The European Job Profile was developed by the ESGENA Education Working group in 2002. It was published in *Endoscopy* 2004;36:1025–30. [Minor changes to the text have been made here to correct the English.]

10.1.1 Introduction

Over the last 30 years, endoscopy has become an essential tool for medical diagnosis and treatment. In parallel with technological developments and increasing specialization among physicians, endoscopy nursing has developed into a discipline that involves highly qualified nursing and assistance tasks alongside the endoscopist. Endoscopy nurses work within a multidisciplinary team both in hospitals and in general practice and primary care. The scope of endoscopy nurses' practice varies from country to country. In some countries, for example, the field of endoscopy nursing includes not only gastroenterological endoscopy, but also thoracic medicine, urology, surgery, gynaecology, etc. In another group of countries in Europe, the focus in endoscopy nursing is on gastroenterology. Consequently, the work of the nurses concerned involves not only endoscopy, but also stoma care, percutaneous endoscopic gastrostomy (PEG), nutrition, inflammatory bowel disease (IBD), in-patient and outpatient care in the field of gastroenterology, and other areas. Whereas job profiles have been established in some European countries, the structure and content of the jobs concerned varies from one country to another. The European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA) has therefore developed this European Job Profile for endoscopy nursing, in order:

- To offer clear and structured information about the endoscopy nursing.
- To promote discussions in member countries concerning endoscopy nursing as a recognized specialty.
- To offer a structure for developing country-specific job profiles.

In addition, the European Job Profile will serve as a basis for developing a European Core Curriculum.

10.1.2 Philosophy

- The endoscopy nurse is a specialist nurse whose goal is to provide optimal care and thereby enhance the quality of life of patients undergoing diagnostic or therapeutic endoscopy procedures. This is accomplished by a nurse who is a member of a multidisciplinary health-care team whose practice is governed by ethics and professional codes of conduct, the patient's needs being the primary focus of all concerns (Bottrill 1991).
- Every patient undergoing a diagnostic or therapeutic endoscopic procedure has the right to be treated by a qualified nurse trained in the field of endoscopy care.

- The endoscopy nurse is responsible for ensuring individualized and comprehensive patient care.
- Health education is an integral part of the endoscopy nurse's role, with the emphasis on prevention, screening, education and support.
- Endoscopy nurses have a responsibility to update their knowledge by undertaking continuing education in order to be able to provide evidence-based practice.
- Endoscopy nurses are professionals who are accountable for their actions.
- Endoscopy nurses are members of a multidisciplinary team and they act as the patient's advocate within that team.

10.1.3 Qualification and competencies (Table 2)

Table 2 A specialist nurse is a nurse formally educated and practically trained beyond the level of a general nurse, who is authorized to practice as a specialist nurse with advanced expertise in a specialized branch of nursing (Advisory Committee for Training in Nursing, 1994). The specialized practice includes advanced nursing and/or clinical skills and related tasks and advisory, research, teaching and administrative activities in the specialized field concerned.

Competences	Essential
Qualification	Qualified nurse after a formal period of education and training (including 3 years, 4600 hours; EU Directive 77/452/EEC)
1 Entrance into/employment in endoscopy nursing	The qualified nurse is able to work in endoscopy after completing basic nursing education. It is recommended that she/he should have a minimum of 1 year's experience in general nursing (ENNO Framework 2000)
Technical skills on entrance into/employment in endoscopy nursing	Endoscopy nurses require a high level of technical skills. New recruits require the aptitude and ability to understand and undertake complex technical tasks
Interpersonal skills on entrance into/employment in endoscopy nursing	Endoscopy nursing is characterized by short but intensive contact with patients. Endoscopy nurses work in an outpatient setting. They should therefore: <ul style="list-style-type: none"> – Be able to work independently or as part of a multidisciplinary team – Have a high level of communicative and organizational skills
2 Entrance into specialist training in endoscopy	The requirements for entering specialist nursing education in endoscopy are: <ul style="list-style-type: none"> – A minimum of 1 year's experience after passing basic nursing education (ENNO Framework 2000) – A minimum of 6 months' experience in the field of endoscopy

10.1.4 Knowledge and responsibilities (Table 3)

Endoscopy nurses perform a variety of functions. Their tasks and responsibilities cover the following areas:

- Comprehensive patient care
- Technical assistance during diagnostic and therapeutic procedures
- Care of endoscopic equipment
- Hygiene and infection control and prevention including reprocessing of endoscopic equipment
- Documentation and record-keeping
- Organization and clinical management
- Health and safety
- Legal and ethical aspects
- Research
- Providing patients and carers with information about health and disease
- Education and training of staff
- Quality control

Outcome quality:

- The endoscopy nurse is responsible for providing professional and comprehensive patient care in order to ensure the patient's physical safety and psychological well-being before, during and after endoscopic procedures and to prevent any hazards or avoidable complications.
- The endoscopy nurse is responsible for professional and highly qualified technical assistance during endoscopic procedures.
- The endoscopy nurse is responsible for enhancing cooperation within a multidisciplinary team in the endoscopy department and in the institution in which they are employed.
- Endoscopy nurses are responsible for facilitating a safe environment for their own benefit and that of patients, colleagues and carers.
- Endoscopy nurses are responsible for maintaining a learning environment for their own benefit and that of patients, colleagues and carers.
- The endoscopy nurse is responsible for contributing to accurate and relevant record-keeping.

Table 3 The specialist knowledge, tasks and responsibilities of a trained endoscopy nurse.

Tasks and responsibilities	Knowledge	Application
<i>Underpinning knowledge</i>	Anatomy, physiology, pathophysiology relevant to endoscopic diagnostic and therapeutic procedures	Thorough understanding of the endoscopic procedure, including indication, performance, risks and complications
		Distinguishing normal and abnormal structures and functions of the organs examined
<i>Comprehensive patient care in endoscopy</i>	Nursing process applicable to endoscopic procedures	Assessment, identification of individual problems, planning, delivery and evaluation of nursing care appropriate to patients undergoing endoscopic procedures
		Optimal preprocedure, intraprocedural and postprocedure care for each patient undergoing endoscopic procedures
	Standards of practice in endoscopy	Physical preparation of the patient for endoscopic diagnostic or therapy, specific intraprocedural and postprocedure care
	Psychology	Providing psychological support before, during and after endoscopic procedures
	Pharmacology, intravenous therapy, anaesthesiology, resuscitation	Monitoring of vital signs and assessment of patient's response to sedation before, during and after the procedure
		Identification of potential and actual complications related to an endoscopic procedure
		Appropriate response to the emergency situation

Tasks and responsibilities	Knowledge	Application
	Health education and disease processes specific to conditions requiring diagnostic and therapeutic endoscopy	Patient information and education, counselling about follow-up care
<i>Technical assistance</i>	Knowledge about the construction, function and application of endoscopes and endoscopic accessories, thorough understanding of the procedures	Preparation and handling of instruments, equipment, including function testing and problem solving during use
	Knowledge of diagnostic and therapeutic endoscopic procedures including purpose, indications, contraindications, performance, risks and complications	Technical assistance during diagnostic and therapeutic procedures
<i>Care of endoscopic equipment</i>	Knowledge about the construction, function, application and potential malfunction and hazards of endoscopic equipment	Competence in equipment care ; maintenance and storage of endoscopic equipment
	Knowledge about guidelines, regulations, law, manufacturers' instructions for respective equipment	Maintenance, care, use and disposal of endoscopic equipment in accordance with guidelines, regulations, laws and manufacturers' instructions
<i>Hygiene and infection control</i>	Principles of the decontamination process, with special consideration of: <ul style="list-style-type: none"> – The complex construction of endoscopic equipment – The methods and agents used 	Decontamination and reprocessing of endoscopic equipment
	Infection risks in endoscopy	Protection measures for staff, patients and environment
	Transmission of infection in endoscopy	
	Potential risks to staff and patients during decontamination/reprocessing of equipment	

Tasks and responsibilities	Knowledge	Application
<i>Documentation and record-keeping</i>	Nursing process applicable in endoscopic procedures	<i>Patient documentation:</i> accurate documentation and record of patient's activities and individual patient care
	Legal requirements for documentation	<i>Equipment documentation:</i> accurate documentation and record of use, reprocessing, maintenance and traceability
	Different formats and systems for documentation	<i>Department documentation:</i> taking part in accurate documentation of departmental audit
<i>Organization, clinical management</i>	Basic principles of clinical management specific to endoscopy	Time management of allocated workload, scheduling procedures, setting clinical priorities Appropriate use of initiative
	Professional accountability relevant to endoscopic practice	Conforming with quality standards set locally, nationally and by professional nursing bodies Working within the boundaries of education, training and experience
<i>Professional development</i>	Continuous update in the endoscopy field, general nursing and health care	Remaining clinically effective in practice
<i>Health and safety</i>	Health and safety concerns for patients and staff in endoscopy (chemicals, ergonomics, latex, radiology, electrical/diathermy, lifting, hazardous substances, etc.)	Taking appropriate action to protect patients, self and other members of the team from potential harm
<i>Legal, ethical aspects</i>	Ethical, professional standards	Providing patient care within legal and ethical limits
	Guidelines, regulations, laws relevant to general nursing and endoscopy nursing	Acting within boundaries of code of nursing conduct
<i>Research</i>	Data collection, documentation, analysis,	Providing evidence-based practice

Tasks and responsibilities	Knowledge	Application
	interpretation, critical evaluation of publications	Maintaining and evaluating professional standards Participation in clinical research (trial study, testing new instruments, evaluation of effectiveness of care and treatment)
<i>Education and teaching of staff</i>	Basic educational theory, learning and teaching methods	Maintaining clinical competencies through ongoing education Teaching and training of new staff in the endoscopy setting
<i>Health and disease education of patients and carers</i>	Principles of health education Disease process relevant to conditions requiring endoscopy	Provision of appropriate health and disease education to patients, their relatives and families and health-care providers

N.B. This Job Profile does not address the specific needs, knowledge and skills required for department leaders in endoscopy.

Job description

National wage and salary agreements do not always require a written formulation of a job profile in every European country. Nevertheless, a job profile is an important instrument for quality assurance in the nursing process, along with nursing standards and nursing documentation. It provides the employee with clear and structured information about the tasks and responsibilities of endoscopy nurses. This clarity increases job satisfaction and enhances efficiency and motivation. It also means that an unnecessary lack of information and confusion over responsibilities can be avoided.

A national job profile is the basis for department-specific job descriptions. It describes the smallest unit of a department/company: the employment position/job. It varies according to the practice setting and its organizational structures. The duties vary depending on the size of the department and number of procedures performed.

Job descriptions should include a number of common elements:

- Title of the position

- Job qualifications (essential and desirable qualifications, experience required)
- Personal qualities and characteristics required
- The person to whom the individual will be responsible
- The position of the employment position within the hospital's hierarchy
- Connections and associations with other jobs in the department and the hospital

The job description provides detailed information about tasks and responsibilities with regard to:

- Comprehensive patient care
- Technical assistance during diagnostic and therapeutic procedures
- Care of endoscopic equipment
- Hygiene and infection control and prevention, including reprocessing of endoscopic equipment
- Documentation and record-keeping
- Organization and clinical management
- Health and safety
- Legal and ethical aspects
- Research
- Providing patients and carers with information about health and disease
- Education and training of staff
- The job description should include a statement of lines of responsibility/communication

10.2. Recommendations for a European framework for specialist nursing education

Developed by the *European Network of Nurses' Organizations (ENNO)* in November 2000 in Paris.

Purpose

Since in many countries in the European Union, specialist nursing practice requires post-basic nursing education that varies from one country to another, the European Network of Nurses' Organizations has developed a framework for specialist nursing education in order to harmonize post-basic nursing education and thereby facilitate the free movement of specialist nurses throughout Europe.

Preamble

The field of nursing knowledge and its associated skills has become too vast and complex for any one person to master in full, and it must therefore be acknowledged that specialization within nursing has now become necessary in order to provide quality care and ensure the safety and well-being of patients and consumers.

Early in its development, professional nursing recognized that certain population needs and particular settings for nursing practice require practitioners with more specific and specialized knowledge and skills than can effectively and efficiently be obtained in educational programs for general practice.

The benefits of specialization in any occupation are considered to accrue to the recipients (patients, clients and consumers), to the profession, to the practice, and to the practitioners. The development of nursing specialties is believed to be critical in stimulating the growth of nursing knowledge and expertise so that the quality of care provided to the population can be improved. The International Council of Nurses (ICN) definition, stating that specialization 'implies a level of knowledge and skill in a particular aspect of nursing which is greater than that acquired during the course of basic nursing education' acknowledges that specialization is a path in which nursing practice is deepened and refined.

The regulation concerning the nursing profession and free movement within Europe is EU Directive 77/452/EEC, which takes into account equivalences for the practice and education of nurses responsible for general care but does not take account of nurses with specialist and post-basic education. Directive 89/48/EEC and Directive 92/51/EEC, as amended in 1997 and supplemented by the Directive 1999/42/EC on the general system for the recognition of professional qualifications, are the only directives appropriate for specialist nurses. They are based on consideration of the education, training and professional experience of practitioners.

Specialist nurse

A specialist nurse is a nurse who has received formal education and practical training beyond the level of a general nurse and who is authorized to practice as a specialist nurse with advanced expertise in a branch of nursing.

Specialized practice includes advanced nursing and/or clinical skills and related tasks, and advisory, research, teaching and administrative activities in the field of the specialty.

Specialist nursing education is a formally recognized post-basic program of study that follows on from general nursing education and training and provides the knowledge and experience needed to ensure competence in the specialization concerned.

Further education, training and authorization are determined in the light of the tasks, training, education, and activities of post-basic specialists in other branches of the profession and in the light of the rules and regulations applicable to them.

Titles for specialist nurses mostly include the designation 'specialist nurse' combined with the name of the specialization.

Recommendations and principles

- The specialty defines itself as nursing and subscribes to the overall purpose, functions, and ethical standards of nursing.
- The specialty practice is sufficiently complex and advanced that it is beyond the scope of general nursing practice.
- There is both a demand for and a need for the specialty service.
- The focus of the specialty is a defined population that demonstrates recurrent problems and phenomena that lie within the discipline and practice of nursing.
- The specialty practice is based on a core body of nursing knowledge that is being continually expanded, updated and refined by research and experience.
- The specialty has established educational and practice standards that are congruent with those of the profession and are set by a recognized nursing body or bodies.
- The specialty adheres to the licensing/registration requirements for the general nurse.
- Specialty expertise is obtained through a professionally approved advanced education program that leads to a recognized qualification. The program is administered by, or in collaboration with, a specialist nurse.
- The specialty has a credentialing process determined by the profession or in accordance with the national practice for other professions. Sufficient human and financial resources are available to support this process.
- Specialist nurses are organized and represented within a specialty association or a branch of the national nurses' association and/or nursing

authority in order to develop and control the specialty's education and practice.

Specialist nursing education

Specialist nursing education is a formally recognized post-basic program for nurses previously recognized as registered nurses under EU regulations (Directive 77/452/EEC), with a minimum of 1 year of nursing experience. The program:

- Takes place in an institute of higher education (university or equivalent) while assuring adequate access to practice and/or clinical resources for clinical practice.
- Continues from year to year (i.e., it is not a refresher course or seminar) and is regularly updated.
- Is recognized by an appropriate authority.
- Has specified admission requirements.
- Has a full-time teaching staff or faculty, including nurses qualified by education and experience (preferably with a master's degree or doctoral degree) and, on request, other professionals recognized for their expertise.
- Is developed, controlled and administered by or in collaboration with the nursing profession, including specialists.

Length of the program

This will vary depending on the content of basic nursing education, but may be equivalent to at least 1 year, with a minimum of 720 theoretical hours (classroom and study) and a minimum of 50% of the total duration dedicated to clinical and/or practice training.

Qualification/graduation

On qualifying, the nurse will be provided with a certificate, diploma, or degree appropriate to the education designating him/her as a specialist nurse.

This proposal was developed by the appointed ENNO steering group:

- International Federation of Nurse Anaesthetists (IFNA): Pascal Rod (Chairperson)
- European Dialysis and Transplantation Nurses Association (EDTNA-ERCA): Anna Marti i Moros, Waltraud Küntzle)
- European Society of Gastroenterology and Endoscopy (ESGENA): Christiane Neumann
- Irish Nurses' Organization (INO): Annette Kennedy
- National Nurses' Association of the Netherlands (NU'91): Ted Kraakman, Pieter Jochems
- Swedish Association of Health Professionals: Ella Danielson

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10.4 Glossary

10.4.1 Practice

Accountability is the acknowledgement and assumption of responsibility for actions and decisions, including an obligation to report, explain and be answerable for the resulting consequences.

Benchmark. Benchmarking (the terms ‘best-practice benchmarking’ and ‘process benchmarking’ are also used) is a process used in management, in which organizations evaluate various aspects of their processes in relation to the best practice in their own sector. This then allows organizations to develop plans on how to adopt such best practice, usually with the aim of improving some aspect of performance. Benchmarking opens organizations up to new methods, ideas and tools as ways of improving their effectiveness.

Ergonomics. The applied science of equipment and workplace design intended to maximize productivity by reducing operator fatigue and discomfort.

Nursing process. The nursing process is a process, often supported by nursing models or philosophies, by which nurses deliver care to patients. It is a cyclical and ongoing process using assessment, care planning and implementation and evaluation of care. The nursing process focuses on ways of improving not only the patient’s physical needs but also his or her social and emotional needs.

Patient experience. The patient experience is the experience from the patient’s point of view when receiving health-care services.

Risk management is a human activity that integrates recognition of risk, risk assessment, developing strategies to manage risk, and mitigating risk using managerial resources. The strategies involved include avoiding the risk, reducing the negative effect of the risk, and accepting some or all of the consequences of a particular risk.

10.4.2 Education

Academic year. The period of formal instruction, usually from late August/early September to late May/early June. It may be divided into terms or semesters of varying lengths.

Andragogy. 'The art or science of teaching adults' (*Merriam-Webster's Third New International Dictionary, Unabridged*; not in *Oxford English Dictionary*). From Greek *aner/andros*, 'man' and *-agogy* on analogy with 'pedagogy'. A term used by adult educators to describe the theory of adult learning.

Bologna process. The purpose of the Bologna process is to create a European higher education area by making academic degree standards and quality assurance standards more comparable and compatible. This is intended to facilitate the recognition of academic qualifications throughout Europe. It is named after the University of Bologna in Italy, where in 1999 the Bologna Declaration was signed by ministers of education from 29 European countries.

Catchment area. A term defining the area and population from which an individual service attracts potential students.

Contact time. The time students are expected to spend in lectures, tutorials, seminars and workshops in which they have direct and organized contact with staff and other students.

Credit points. The units which universities use to record the completion of courses (with passing grades) that are required to complete the degree. The university will define the amounts and types of credit required for degrees and will state the value of each course offered in terms of 'credit hours' or 'units'.

Erasmus programme. The Erasmus programme was established in 1987 and forms a major part of the European Union's Lifelong Learning Programme 2007–2013. It is the operational framework for the European Commission's initiatives in higher education.

Institute of higher education. An educational institution that: 1) admits as students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate; 2) is legally authorized within such state to provide a program of education beyond secondary education; 3) provides an educational program for which it awards a bachelor's degree or higher, or provides not less than a two-year program (or its equivalent) which is acceptable for full credit toward such a degree and/or certification; 4) is a public or other non-profit institution; and 5) is accredited by a recognized body or bodies approved for such purpose.

Pedagogy. 'The art, science, or profession of teaching; esp. the study that deals with principles and methods in formal education' (*Merriam-Webster's Third New International Dictionary, Unabridged*).

Portfolio. A collection of work (e.g., writings, reflections, etc.) that may be used to demonstrate competency in an academic area.

Post-basic. Additional education beyond the level of general care nursing education, considered as the basic one.

Practical hours. Clinical experience under individual or group supervision with the aim of furthering practical skills.

Statement of competence from authorized persons. Statement of an authorized person on the competence of performance observed.

Study hours. Includes all types of theoretical hours that are not classroom hours (personal work, technical and laboratory training, library, research).

Study week/year. The period of time in which a unit or module of a course is taught.

Theoretical hours. The study time taken to teach or learn the theory of subjects.

Underpinning knowledge. The knowledge and understanding needed to support performance as an essential component of competence.

10.4.3 Organizations

EFN. The European Federation of Nurses' Associations (www.efnweb.org). Formerly known as the 'Standing Committee of Nurses of the EU' (PCN).

ENNO. The European Network of Nursing Organizations. Holds an annual meeting at which the various European specialist groups discuss issues affecting their position in the larger field of nursing. ESGENA was member of the ENNO Steering Group that developed the European framework for post-basic nursing education.

ESNO. European Specialist Nurses' Organization (www.esno.org).

EORNA. European Operating Room Nurses' Association (www.eorna.org).

10.4.4 Abbreviations

APC	Argon plasma coagulation
DOP	Direct observation of procedural skills
ECTS	European Credit Transfer System
ENNO	European Network of Nursing Organizations
ENT	Ear, nose and throat
ERCP	Endoscopic retrograde cholangiopancreatography
ESGENA	European Society of Gastroenterology and Endoscopy Nurses and Associates
GI	Gastro-intestinal
IBD	Inflammatory bowel disease (e.g., ulcerative colitis, Crohn's disease)
MCQ	Multiple-choice questions
PEG	Percutaneous endoscopic gastrostomy
PTC	Percutaneous transhepatic cholangiography
SOP	Standard Operation procedures

10.5 Authors involved in the development of the Job Profile and the Core Curriculum

Country	Name of society	National representative on the working party
Austria	Austrian Society of Endoscopic Nurses (<i>Interessensverband Endoskopie-personal Austria, IVEPA</i>)	Gerlinde Weilguny, Vienna
Belgium	Association of Endoscopy Nurses in Belgium (<i>Association des Infirmier(e)s d'Endoscopie/Vereniging van Endoscopie-Verpleegkundigen, AIEVV</i>)	Willy Devriese, Bruges
Croatia	Association of Nurses and Technicians in Gastroenterology and Endoscopy of Croatia (GSC)	Jadranka Brljak, Zagreb
Czech Republic	Czech Nurses' Group Working in Digestive Endoscopy (<i>Sekce Sester Digestivni Endoskopie Pri Cges, SES</i>)	Dana Kuchynkova , Prague; Ludmila Pavlatova, Hradec Kralove
Denmark	Danish Society of Nurses in Gastroenterology and Endoscopy (<i>Gastro-Endoskopi Forening for Sygeplejersker, GEFS</i>)	Mette Asbjørn Olesen, Copenhagen
Finland	Finnish Gastroenterological Nurses' Association (<i>Suomen Gastroenterologiahoitajat Ry, SGR</i>)	Eeva-Riitta Ylinen, Kuopio
France	French Society of Endoscopy Nurses and Associates (<i>Groupement des Infirmiers et Infirmières pour la Formation en Endoscopie, GIFE</i>)	Dianelle Duforest-Rey, St. Laurent du Var ; Ellen Herve, Paris; Stefane Bois, Toulon
United Kingdom	British Society of Gastroenterology (BSG) – Endoscopy Associates Group (EAG)	Christiane S. Neumann, Birmingham
Greece	Hellenic Society of Endoscopy Nurses (<i>Hellenike Enose Noseleuton Monadon</i>)	Vassiliki Katsilaki, Alexandroupolis
Germany	German Society of Endoscopy Nurses and Associates (<i>Deutsche Gesellschaft für Endoskopieassistentenpersonal, DEGEA</i>), German nursing associations (DBfK and DPV)	Ulrike Beilenhoff, Ulm
Iceland	Icelandic Society of Endoscopy Nurses (Innsýn)	Herdís Astrasdóttir, Reykjavík
Ireland	Irish Society of Endoscopy Nurses (ISEN)	Mary Fogarty, Dublin
Israel	Israeli Society of Gastroenterology Nurses (ISGEN)	Gwen Kreitzman, Tel Aviv

Country	Name of society	National representative on the working party
Italy	Italian Society of Endoscopy Nurses (<i>Associazione Nazionale Operatori Tecniche Endoscopiche, ANOTE</i>)	Patricia Burga, Padua; Laura Rosa, Ferrarotti
Jordan	Jordanian Association of Endoscopy and Gastroenterology Nurses and Associates (JAGENA)	Lilishor Poponea, Amman
Luxembourg	Luxembourg Association of Endoscopy Personnel (<i>Association Luxembourgeoise du Personnel en Endoscopie, ALPE</i>)	Lorenz Rudkin, Luxembourg
Netherlands	Dutch Society of Gastroenterology Endoscopy Assistants' Section (<i>Nederlandse Vereniging voor Gastro- Enterologie – Sectie Endoscopie Assistenten, NVGE-SEVA</i>)	Marjon de Pater, Amsterdam; Christine Petersen, Amsterdam
Norway	Norwegian Nursing Society/Nurses in Gastroenterology Group (NSF/FSG)	Anita Jørgensen, Skien; Anne-Katrin Hartz, Oslo
Monaco	Society of Endoscopy Nurses in Monaco	Dianelle Duforest-Rey, Monaco
Portugal	National Association of Nurses in Gastrointestinal Endoscopy	Rafael Luis dos Santos Oliveira
Slovenia	Nurses' Association of Slovenia – Section of Endoscopy Nurses of Slovenia (SES)	Stanka Popovic, Ljubljana
Spain	Spanish Society of Endoscopy Nurses and Associates (<i>Asociación Española de Enfermería Endoscópica Digestiva, AEEED</i>)	Pilar Pérez Rojo, Pamplona
Sweden	Swedish Association for Endoscopy and Gastroenterology Personnel (<i>Svensk Förening för Endoskopiassisterande Personal, SEGP</i>)	Solvig Ljungström, Stockholm
Switzerland	Swiss Society of Endoscopy Nurses and Associates (<i>Schweizerische Vereinigung für Endoskopiepersonal/Association Suisse du Personnel en Endoscopie, SVEP/ASPE</i>)	Michael Ortmann, Basel
Expert consultant		Diane Campbell, Torquay

For up-to-date information, please use the contact details listed on the ESGENA web site (www.esgena.org).