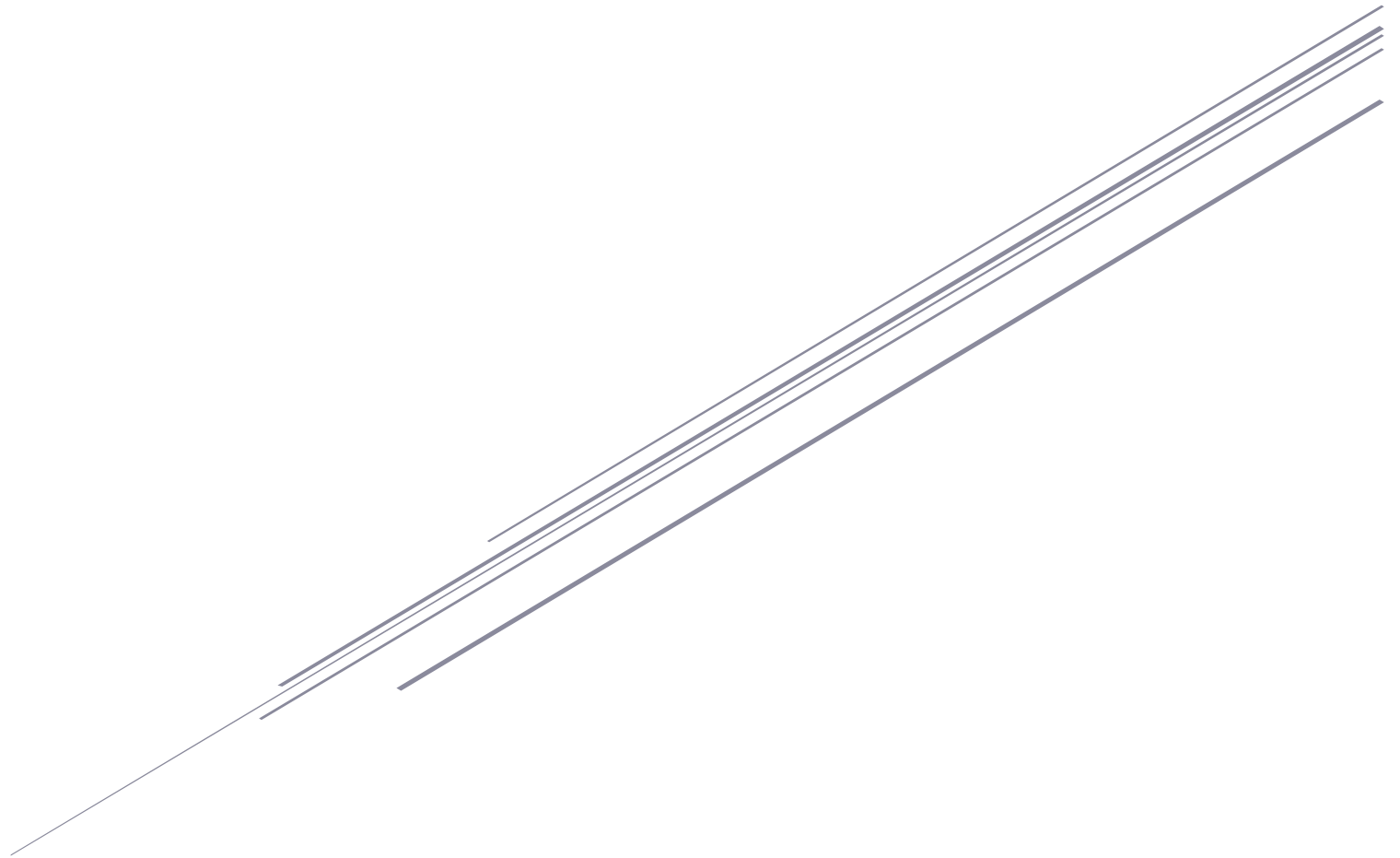


IBD NURSING KNOWLEDGE AND SKILLS FRAMEWORK NZ

Developed by: The New Zealand Inflammatory Bowel Disease
Nursing Group



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Foreword

Inflammatory Bowel Disease (IBD) nursing is an emerging speciality in New Zealand. Registered nurses are working in a variety of clinical settings providing care and education to patients with IBD. The IBD nursing group represents a group of registered nurses working within multidisciplinary teams dedicated to ensuring excellence in the care and management of people affected by IBD.

Since November 2011, the group has worked to develop and promote the skills and knowledge of nurses who specialise in IBD. The aim of the IBD Nursing Knowledge and Skills Framework is to encapsulate the philosophy and principles underpinning IBD care and promote the skills for best practice outcomes.

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This document was developed through a process of consultation with inflammatory bowel disease nurses and key stakeholders in New Zealand between 2011, 2015 and 2017. The original basis of the document was developed from the Royal College of Nursing UK roles descriptive for inflammatory bowel disease nurse specialists, The National Diabetes Nursing Knowledge and Skills Framework, The New Zealand Adult Respiratory Nursing Knowledge and Skills Framework who kindly gave permission to use their documents.

On behalf of the IBD Nurses group I would like to thank Janssen-Cilag Ltd who supported workshops, discussions and meetings and to all individuals who supported the development of this document.

Cathy Whiteside, IBD Nurse, Hutt Valley District Health Board



With thanks to



Rationale and Approach

In the last 50 years New Zealand has seen a rapid increase in the prevalence of these complex life-long conditions and has one of the highest incidence rates worldwide (Geary & Day, 2008). It is estimated now that 20,792 New Zealanders have either Crohn's disease or ulcerative colitis and costs to the NZ government are \$245 million per year (CCNZ, 2017). The physical, emotional and social cost for the person with IBD is less quantifiable but significant to every aspect of life (CCNZ 2017).

Implementation of the IBD nurse role is somewhat varied and has mainly concentrated on local needs (RCN, 2007). The role has initially focused on providing education, support and nursing care to patients receiving treatment for inflammatory bowel disease. Increasingly in New Zealand and around the world IBD nursing also includes assessment, diagnostic and prescribing skills to allow an expert and timely response to the unpredictable changes in these conditions. (O'Connor, 2013):

“Competencies in advanced clinical skills (which may include undertaking procedures such as physical assessment, endoscopy, or prescribing); nursing expertise; the thinking; publishing practice innovations or audit; the development of original nursing research; leadership; education development of practice standards and provision of evidence-based care; ability to analyse, critique and evaluate evidence and outcome; critical and change management.”

It has long been identified that IBD nurses provide positive patient outcomes and are providing vital services for patients living with IBD (Belling, Woods & McLaren, 2007). There is an increasing body of literature to support the role and development, (IBD standards group 2013, Mason et al, 2012, O'Connor et al 2013. Whayman et al 2011). The IBD nursing framework is intended to be used by registered nurses to achieve best practice and to be used in conjunction with the New Zealand Nursing Council competencies for registration.

The development of this IBD knowledge and skills framework involved rounds of consultation with IBD working groups. The project consultants reviewed the knowledge and skill standards developed for nurses working in other areas of health, including local and international documents. The Delphi method was used for consensus.

"The Delphi method is recommended for use in the healthcare setting as a reliable means of determining consensus for a defined clinical problem or document. This method is an iterative process that uses a systematic progression of repeated rounds of voting and is an effective process for determining expert group consensus where there is little or no definitive evidence and where opinion is important" (Linstone & Turoff, 1975).

The IBD nursing group will review the nursing knowledge and skills framework bi-annually to reflect the development and promote up to date evidence –based knowledge and practice.

Introduction

The IBD Nursing knowledge and skills framework recognises that specialist practice requires advanced knowledge and skills in the field of IBD nursing. It is envisaged that the competency section of this framework will provide a measurable means of evaluating practice and guide the development of individual nurses.

Therefore, the framework in practice will provide the following:

- Self-assessment to guide best practice for nurses to function in the speciality area of gastroenterology.
- Inform the development of policy and procedures for IBD nurses.
- Guide the provision of quality nursing care for people affected by IBD.
- Standardise nursing practice in the speciality area of IBD and assist in the development of orientation programmes, job descriptions and support for education programmes.
- Facilitate identification and recognition of IBD nursing as a speciality.

The framework has been developed for use by:

- Nurses who work in the gastroenterology field.
- New or advanced IBD nurses.
- Health organisations.
- Educational institutions.
- Managers or employers.

Developing and supporting the role of the IBD nurse

When establishing a new IBD nursing role the following factors need to be considered (RCN, 2007):

- Business case - DHB support and agreement
- Duration of post and funding
- Job description
- Working hours, work load, cover for sickness and leave
- Explanation of post to other health professionals, support groups and services.
- Development of protocols, guidelines, accountability and regulation
- Professional and personal development
- Evaluation of the post
- Promotion of working relationships within the team
- Career planning – PDRP

Due to the evolving nature of the IBD nurse role in New Zealand, the IBD nurse may have many different areas of responsibility. The role may include:

- Telephone advice line
- Nurse-led follow-up clinics
- Rapid access clinics
- In-patient support and advice
- Assessment leading to investigation and treatment planning
- Managing an immunosuppression service
- Safe screening, administration and monitoring of biologics
- Providing nutritional support and advice
- Providing support, education and counselling for the patient and their Whanau
- Managing disease flares

- Managing transition pathway
- Nurse endoscopist (in some areas)
- Liaising with the multidisciplinary team involved in the care of people with IBD
- Co-ordinating colorectal cancer surveillance for people with IBD
- Research
- Use of database to input care and treatments.
- Service development and leadership (O'Connor et al 2013, RCN, 2007)

Of note, advanced nursing skills are becoming increasingly recognised as necessary to the IBD nursing role. These are summarised in the seminal work done by the European group in 2013 and noted above. Recognising the growing skills and scope of practice of IBD nurses is an important step towards ensuring appropriate training, accreditation and governance. For example, IBD nurses make prescribing decisions when advising patients, GPs and colleagues about the specialist medications used by IBD patients. This reality, mirrored in other specialist nursing practice has contributed to the development of the RN prescribing role and Nurse Practitioner development through the New Zealand Nursing Organisation. It is timely that the IBD nursing framework now reflects the full depth and breadth of the role and helps to guide developing nurses from novice to expert within this field. However, the knowledge and skills framework acts as a practical guide rather than a complete training tool. Appropriate, accredited training to develop advanced skills (such as prescribing) need to be completed in a nurses' development (some specific courses are referred to within the framework, but these are not exhaustive). Finally, an important aspect of the IBD nurse role is working in collaboration with gastroenterologists, surgeons, other nurses and health professionals both in primary and secondary care to enhance the care and support for people affected by IBD. Multidisciplinary support, along with the knowledge and expertise gained from valued colleagues is indispensable to role development and, ultimately, to expertly supporting people living with IBD.

How can the IBD knowledge and skills framework assist nurses, employers, and people with IBD?

The national IBD knowledge and skills framework will:

- Assist in the development of a range of transferable clinical skills which can be used in care delivery throughout a nurse's career.
- Minimise risk by ensuring all staff know the standard of care required within the speciality of IBD and are competent to provide that care.
- Standardise IBD nursing nation-wide.
- Provide guidance to employers about what to expect at different levels of nursing practice.
- Prepare nurses who wish to progress to advanced practice roles in care delivery and leadership.
- Provide a reference point for planning educational programmes and clinical preparation.
- Provide a mechanism for nurses to measure health outcomes and the effectiveness of their practice.
- Provide a mechanism for portfolio development for local Professional Development Recognition Programmes and nursing.
- Inform Council of New Zealand's requirements for on-going registration.

The knowledge and skills framework assessment

The purpose of assessment is to allow the nurse to review their progress and to re-evaluate their learning needs as required, with the goal of improving the quality of the learning experience for the nurse. Assessment is part of the teaching/learning process, designed to assist the nurse to evaluate their own progress, facilitate feedback, assist with the identification of learning needs and establish that the nurse has achieved the required level of knowledge and skills.

The process of assessment is a positive and open experience that assists the nurse to successfully complete their programme of learning. It requires active participation by the nurse, preceptor, and nurse educator.

All areas are to be completed within the specified time. Summarised evidence to be provided to assist the nurse to identify the knowledge and skill requirements met. This needs to be discussed or demonstrated with the preceptor/educator for sign-off in the relevant sections.

The following rating scale is used for evaluating competency. The criteria for clinical evaluation cluster into three major areas:

- Professional standards and procedures
- Quality aspects of performance
- Assistance needed to perform the activity.

Five levels of competency are identified: independent, supervised, assisted, marginal, and dependant.

Independent means meeting the criteria identified in each of the three areas above. It does not mean without observation, as the performance must be observed to be rated independent by someone other than the nurse carrying out the procedure.

Quality of performance includes the use of time, space, equipment, and expenditure of energy. If assistance is required, cues can be supportive or directive. Cues such as 'that's right' or 'keep going' are supportive or encouraging but do not change or direct what the nurse is doing. Directive cues, which can be verbal or physical, indicate either what to do or say next or correct an on-going activity.

The x (not observed) category is provided to identify when the opportunity to demonstrate a competency was not available to the nurse in the setting. This is only used for those skills/ competencies which are infrequently used in the setting. It is, however, expected that all competencies are addressed (Bondy, 1983).

Competent performance in any area is practice that is independent, proficient, co-ordinated, safe and accurate on every occasion, without supporting cues.

Levels and Domains of Practice

Competent All nurses practising within gastroenterology speciality) and generalist nurses regardless of their level of practice, are likely to have contact with people with inflammatory bowel conditions and will therefore require a level of knowledge in inflammatory bowel disease nursing care.

Proficient (Specialty Inflammatory Bowel Disease Nurses). Specialty nurses need to develop knowledge and skills to enable them to provide care for people with IBD. It is expected that as their practice advances, specialty IBD nurses will demonstrate more effective integration of theory, practice and experience along with increasing degrees of autonomy in their judgments and interventions for people with IBD. The speciality IBD nurse should:

- Provide proficient IBD care and education to the person with IBD and their Whanau.
- Use sound judgement to advice on or develop clinical management plans for people with IBD.
- Use a collaborative approach to negotiate care/changes in care or management plan.
- Document assessment, care plan, continuing care and management plan, evaluation and referrals made
- Actively impart evidence-based knowledge in a variety of settings
- Practise nursing in a manner that the person with IBD determines as culturally safe
- Lead or participate in clinical audit of IBD care within practice setting
- Lead or contribute to local and/or national clinical guideline development, or service development
- Act as a change agent to influence practice development.

Expert (Clinical Nurse Specialist in Inflammatory Bowel Disease) have expert IBD nursing knowledge and skills which enable them to provide care for people with IBD who have complex health care needs and require episodic care or longer-term oversight of their IBD management. These nurses are clinical nurse specialists who have developed expert IBD practice

through additional experience and postgraduate education towards a Master of Nursing. Specialist IBD nurses are often nurse leaders of their respective IBD specialist services.

The specialist IBD nurse should:

- Demonstrate expert clinical judgement and decision making, role modelling best practice.
- Provide expert clinical care and advice to people with complex health needs.
- Use a collaborative approach to negotiate and plan care/changes to care and management plan.
- Use diagnostic reasoning, assessment and prescribing decision-making within scope of practice
- Document assessment, care plan, continuing care and management plan, evaluation and referrals.
- Practise nursing in a manner that the person with IBD determines as culturally safe.
- Recognise team diversity and utilise other team members for their strengths.
- Contribute to the development, implementation and evaluation of clinical guidelines in IBD care, locally and nationally and internationally.
- Develop best practice e.g. through leadership, teaching and consultancy.
- Consistently demonstrate effective nursing leadership, management and consultancy, working across settings and within interdisciplinary environments.
- Ensure quality assurance systems are in place to monitor the standard of services for the person with IBD.
- Continually evaluate aspects of service provision.
- Identify service deficits and develop strategic plans for the service.
- Initiate and lead research, and promote evidence-based practice.
- Represent nursing at a strategic level of interdisciplinary planning, advocating for and promoting nursing practice.
- Demonstrate collaborative relationships with other educational providers.

NCNZ Domains of Practice

Domain one – Professional responsibility.

- 1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.
- 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi Te Tiriti o Waitangi to nursing practice.
- 1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others.
- 1.4 Promotes an environment that enables health consumer safety, independence, quality of life and health.
- 1.5 Practises nursing in a manner that the health consumer determines as being culturally safe.

Domain two – Management of nursing care.

- 2.1 Provides planned nursing care to achieve identified outcomes.
- 2.2 Undertakes a comprehensive and accurate nursing assessment of health consumers in a variety of settings.
- 2.3 Ensures documentation is accurate and maintains confidentiality of information.
- 2.4 Ensures the health consumer has adequate explanation of the effects, consequences and alternatives of proposed treatment options.
- 2.5 Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations.
- 2.6 Evaluates health consumer's progress toward expected outcomes in partnership with health consumers.
- 2.7 Provides health education appropriate to the needs of the health consumer within a nursing framework.
- 2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.
- 2.9 Maintains professional development.

Domain three – Interpersonal relationships.

3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with health consumers.

3.2 Practises nursing in a negotiated partnership with the health consumer where and when possible.

3.3 Communicates effectively with health consumers and members of the health care team.

Domain four – Inter-professional health care & quality improvement.

4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.

4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.

4.3 Participates in quality improvement activities to monitor and improve standards of nursing.

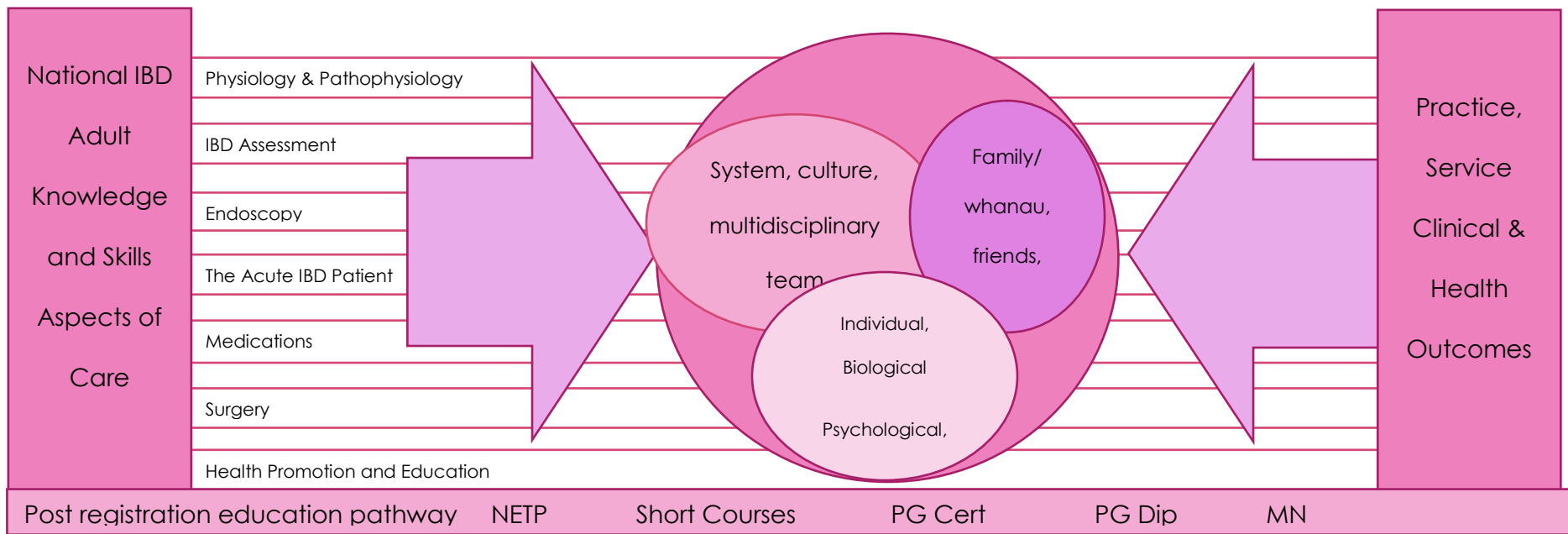
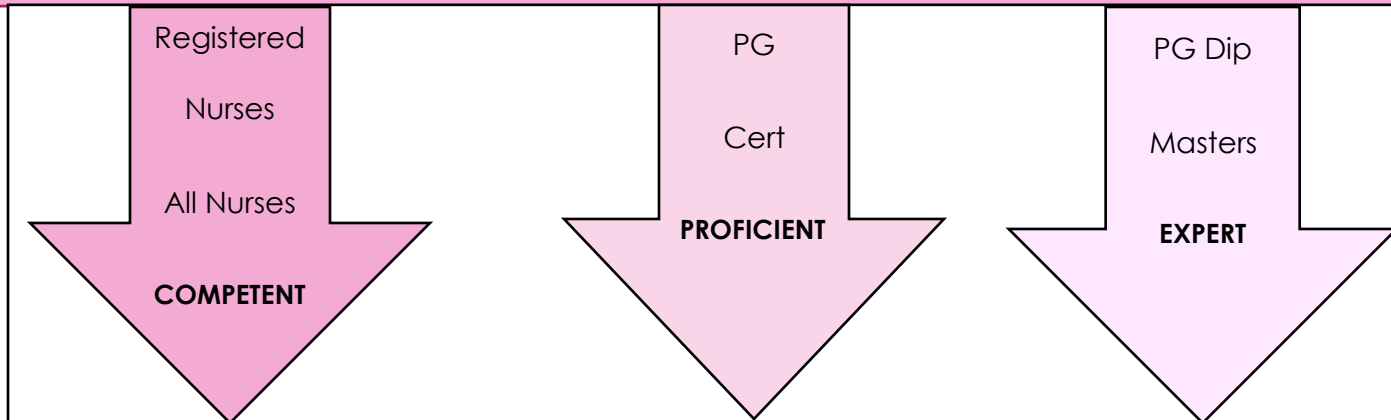
Source: Competencies for Registered Nurses, New Zealand Nursing Council December 2007

Supportive Legislation

The Health Practitioners' Competence assurance (HPCa) act (2003), requires nurses to prove their level of competence. The principal purpose is to protect the health and safety of the public by ensuring health practitioners are fit to deliver the care for which they are charged. There are a multitude of frameworks which exist. However, these frameworks must accurately reflect the diversity of settings in which nurses may practice and provide assurance of robustness and credibility through a clear definition of skills and competence. This IBD nursing framework articulates three levels of practice the speciality of IBD care (Level One –Competent, Level Two- Proficient Level –Three Expert). The framework provides a measurable means of evaluating practice and guides the development of individual nurses.

REGISTRATION COMPETENCIES

Professional Responsibilities Management of Nursing Care Interpersonal Relationships Inter-professional Health Care & Quality Improvement



The Bondy Assessment Tool

| Scale label | Score | Standard Procedure | Quality of Performance | Assistance |
|-------------|-------|--|---|--|
| Independent | 5 | <ul style="list-style-type: none"> • Safe • Accurate • Achieved intended outcome • Behavior is appropriate to outcome | Proficient Confident Expedient | No supporting cues. |
| Supervised | 4 | <ul style="list-style-type: none"> • Safe • Accurate • Achieved intended outcome • Behavior is appropriate to outcome | Efficient Confident. Reasonably expedient | Requires occasional supportive cues. |
| Assisted | 3 | <ul style="list-style-type: none"> • Safe • Accurate • Achieved most objectives for intended outcome • Behavior generally appropriate to content | Proficient throughout most of performance when assisted | Required frequent verbal and occasional physical directive in addition to supportive ones. |
| Marginal | 2 | <ul style="list-style-type: none"> • Safe only with guidance • Not completely accurate • Incomplete achievement of intended outcome | Unskilled, Inefficient. | Requires continuous verbal and frequent physical cues. |
| Dependant | 1 | <ul style="list-style-type: none"> • Unsafe • Unable to demonstrate behavior • Lack of insight into behavior appropriate to context | Unable to demonstrate procedure/ behavior Lacks confidence, co-ordination, and efficiency. | Requires continuous verbal and physical cues. |

| | | | | |
|-------------------------------------|----------|---|--|--|
| X not observed | 0 | Not Observed | | |
| Recognition of Prior learning (RPI) | | Certifications gained, demonstration, oral presentation, and/or challenge test may be used as evidence | | |

(Source: Bondy, K.N. (1983) 'Criterion-Referenced Definitions for Rating scales in Clinical evaluation', Journal of nursing education, 22(9), 376–382.

| VALIDATION KEY: | |
|------------------------|--|
| W | Written evidence e.g. PDRP |
| D | Demonstration/Practice based assessment e.g. DOPs |
| C | Case review/case study presentations |
| CA | Competence assessed in practice (Bondy tool score) |
| I | Interview assessment e.g. RN describes / answers specific question related to EKSF |
| EX | Exemplar |
| S | Simulated Scenario: where known knowledge and skills are evaluated in a simulated setting (DOPS level 4 - independent but not observed / scenario) |
| T | Challenge Test |
| RP | Reviewed policy/resource documents |
| ED | Education session attended/ Clinical teaching delivered |
| R | Reflection on practice |
| RPL | Recognition of Prior learning (certificates) |
| O | Other (explain) |

SELF ASSESSMENT RATING SCALE

- | |
|----------------------|
| 1. INDUCTION |
| 2. WITH SUPERVISION |
| 3. WORK UNSUPERVISED |
| 4. TRAIN OTHERS |

Competent Level of ADULT IBD KNOWLEDGE AND SKILLS FRAMEWORK

| Competent Level of ADULT IBD KNOWLEDGE AND SKILLS FRAMEWORK | MET | NOT MET |
|--|-----|---------|
| Practices as part of a larger Health Care team, understands role in IBD as a member of the multi-disciplinary team. | | |
| Acts as a resource within their practice setting to unregistered health care providers and Individuals /families/whanau with IBD conditions. | | |
| Role models the application of the Treaty of Waitangi principles in nursing practice. | | |
| Practices nursing in a manner that the person with IBD determines as culturally safe. | | |
| Is aware of local services available to provide advice as required. | | |
| Leads or assists community health professionals with prevention initiatives as appropriate. | | |

| | | |
|---|--|--|
| Provides information and education to individuals, their families and community groups. | | |
| Is engaged in quality assurance activities e.g. audit, patient survey. | | |
| Contributes to the development of guidelines, policies and procedures in the clinical setting. | | |
| Conducts comprehensive health assessment. | | |
| Assesses and interprets clinical indicators of general health status and IBD health. | | |
| Accurately documents clinical assessment, care plan recommendations and evaluation of response. | | |
| Evaluates treatment outcomes and refers to appropriate services when necessary. | | |
| Consults with experts/other health professionals as required. | | |

| Competent Level | | | | | | |
|--------------------------------|--|-------------|----------|-----------------|----------------|----------------------|
| NAME | | | | | | |
| Aspect of Care | Level of Knowledge and Skill | NCNZ Domain | Evidence | Self Assessment | Validation Key | Assessor Sign & Date |
| Physiology and Pathophysiology | <i>To deliver care to clients with inflammatory bowel disease conditions the competent level nurses will be able to:</i> | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| | <p>1.1 Discuss the pathophysiology and causes of:</p> <p>1.1.1 Ulcerative colitis</p> <p>1.1.2 Crohn's disease</p> | | | | | |
| | <p>1.2 Discuss the signs and symptoms of:</p> <p>1.2.1 Ulcerative colitis</p> <p>1.2.2 Crohn's disease</p> | | | | | |
| <p>Inflammatory Bowel Disease Assessment</p> | <p><i>To assess IBD and risk status to determine client health needs the competent level nurses will need to describe:</i></p> | | | | | |
| | <p>2.1.1 Ulcerative colitis and use of specified tool, e.g. Simple Clinical Colitis Activity Index, HAD score.</p> <p>2.1.2 Crohn's disease and use of specified tool, e.g. Harvey Bradshaw, Crohn's disease activity index, HAD scale etc.</p> <p>2.1.3 Demonstrate awareness about adult health literacy issues when assessing patients with different cultural needs.</p> <p>2.1.4 Small intestine</p> <p>2.1.5 Large intestine</p> <p>2.1.6 Rectum</p> <p>2.1.7 Anus</p> | | | | | |
| <p>Endoscopy and laboratory tests</p> | <p><i>To assist with diagnosis and define inflammatory bowel disease risk status the competent level nurse can:</i></p> | | | | | |

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|--|---|--|--|--|--|--|
| | 3.1 Discuss the role of endoscopy in client assessment/diagnosis and limitations. | | | | | |
| | 3.2. Review referral information and using the nursing process explain to the client pre/intra/post procedure process. | | | | | |
| | 3.3 Discuss referral to appropriate services after endoscopy. | | | | | |
| | <p>3.4 Discuss clinical rationale for the following laboratory investigations and their normal values;</p> <p>3.4.1 Haematology profiles.</p> <p>3.4.2 Iron studies</p> <p>3.4.3 Faecal calprotectin</p> <p>3.4.4 Electrolytes.</p> <p>3.4.5 Liver function</p> <p>3.4.6 C reactive protein</p> <p>3.4.7 Renal function</p> <p>3.4.8 Quantiferon Gold</p> | | | | | |

| | | | | | | |
|------------------------------|---|--|--|--|--|--|
| | 3.4.9 Pre-Biologic screening including Hepatitis screening, HIV, varicella | | | | | |
| | 3.5. Discuss clinical rationale for the following radiological investigations and other investigation; 3.5.1 Plain chest and abdominal x-ray 3.5.2 Barium studies (rarely used) 3.5.3 CT 3.5.4 Bone Density 3.5.5 Magnetic resonance imaging and enterography 3.5.6 Capsule endoscopy | | | | | |
| The Acute IBD patient | <i>For the appropriate management of the IBD patient presenting acutely the competent level the nurse will:</i> | | | | | |
| | 4.1 Discuss the signs of a flare including symptoms, laboratory findings and clinical findings | | | | | |

| | | | | | | |
|--------------------|--|--|--|--|--|--|
| | 4.2 Differentiate between the presentation of patients with stable disease and the patient experiencing an acute exacerbation | | | | | |
| | 4.3 Utilise assessment tools to assess the patient's physical symptoms of disease flare (Harvey Bradshaw for CD and SCCAI for UC) 4.3.1 Stool frequency/ nocturnal bowel movements 4.3.2 Presence of blood 4.3.3 Abdominal pain 4.3.4 General well being 4.3.5 Extra intestinal manifestations 4.3.6 Weight loss 4.3.7 Obstructive symptoms | | | | | |
| | 4.4 Monitor appropriate treatment in-consultation with a medical practitioner | | | | | |
| Medications | <i>For the safe administration and appropriate management of IBD medications the competent level nurse will need to:</i> | | | | | |
| | 5.1 Describe the common classes of medication used to treat IBD and their intended effects including: 5.1.1 5-ASA's 5.1.2 Immunomodulators 5.1.3 Steroids 5.1.4 Biologics 5.1.5 Anti-diarrhoeal 5.1.6 Antibiotics | | | | | |

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|--|--|--|--|--|--|--|
| | 5.1.7 Laxatives | | | | | |
| | 5.2 Demonstrate knowledge of the most common side effects of all IBD medications as listed above | | | | | |
| | 5.3 Identify and discuss the medications which require special authority for subsidy | | | | | |
| | 5.4 Demonstrate ability to recognize drug misuse or non-compliance relating to prescribed regimen | | | | | |
| | 5.5 Demonstrate assessment of a patient's family/social/cultural/financial influences which impact on their decision-making behaviour related to IBD medication e.g. pregnancy | | | | | |
| | 5.6 Is aware of the impact/risk of over-the-counter (OTC) medication use including: 5.6.1 Non-steroidal anti inflammatory 5.6.2 Alternative/complimentary medicines | | | | | |

| | | | | | |
|----------------|---|--|--|--|--|
| Surgery | <i>The competent nurse will understand that surgery can be a recommended treatment for patients with IBD disease and have a basic understanding of the indications and complications of the following surgery:</i> | | | | |
| | <p>6.1.1 <u>In patients with Ulcerative Colitis:</u></p> <p>6.1.1.2 Emergency colectomy</p> <p>6.1.1.3 Urgent colectomy</p> <p>6.1.1.4 Elective colectomy</p> <p>6.1.1.5 Proctocolectomy with permanent ileostomy</p> <p>6.1.1.6 Colectomy with ileorectal anastomosis</p> <p>6.1.1.7 Restorative proctocolectomy with ileoanal pouch</p> | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | <p>6.1.2 <u>In patients with Crohn's disease:</u></p> <p>6.1.2.1 Small-bowel or ileal resection</p> <p>6.1.2.2 Strictureplasty</p> <p>6.1.2.3 Right hemicolectomy (terminal ileal disease)</p> <p>6.1.2.4 Proctocolectomy with ileostomy</p> <p>6.1.2.4 Colectomy with ileorectal anastomosis (rarely)</p> <p>6.1.2.5 Segmental resection for localized disease (rarely)</p> <p>6.1.2.6 Lay open complex fistulas, drain with seton sutures</p> <p>6.1.2.7 Drain abscesses</p> <p>6.1.2.8 Proctocolectomy (rarely)</p> | | | | | |
| | <p>6.2 Able to facilitate education with the medical team pre-surgery.</p> | | | | | |
| | <p>6.3 Understand the local referral process for the multidisciplinary team involved with IBD patients prior to surgery</p> <p>6.3.1 Surgeons</p> <p>6.3.2. Stoma nurses</p> <p>6.3.3 Pain management team</p> <p>6.3.4 Physiotherapists</p> <p>6.3.5 Chronic illness therapists</p> <p>6.3.6 Dietitians</p> <p>6.3.7 Past patients who have had similar surgery</p> | | | | | |

| Health Promotion and Education | <i>The competent nurse will be able to:</i> | | | | | |
|--------------------------------|--|--|--|--|--|--|
| | 7.1 Understand and can access current and appropriate resources for IBD education. | | | | | |
| | 7.2 Have an awareness of local IBD support networks. | | | | | |
| | 7.3 Have an awareness of the implications of smoking regarding IBD and the need for smoking cessation to all patients. | | | | | |

Proficient Level of ADULT IBD KNOWLEDGE AND SKILLS FRAMEWORK

| Proficient Level of ADULT IBD KNOWLEDGE AND SKILLS FRAMEWORK | MET | NOT MET |
|---|-----|---------|
| Practices as part of a larger Health Care team, understands role in IBD as a member of the multi-disciplinary team. | | |
| Acts as a resource within their practice setting to other health care providers and Individuals /families/whanau with IBD conditions. | | |
| Role models the application of the Treaty of Waitangi principles in nursing practice. | | |
| Practices nursing in a manner that the person with IBD determines as culturally safe. | | |
| Is aware of local services available to provide advice as required. | | |
| Leads or assists community health professionals with prevention initiatives as appropriate. | | |
| Provides information and education to individuals, their families and community groups. | | |
| Is engaged in quality assurance activities e.g. audit, patient survey. | | |
| Contributes to the development of guidelines, policies and procedures in the clinical setting. | | |
| Conducts comprehensive health assessment. | | |

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| Assesses and interprets clinical indicators of general health status and IBD health. | | |
| Accurately documents clinical assessment, care plan recommendations and evaluation of response. | | |
| Evaluates treatment outcomes and refers to appropriate services when necessary. | | |
| Consults with experts/other health professionals as required. | | |

| Proficient Level | | | | | | |
|---------------------------------------|---|------------------------|-----------------|----------------------------------|---------------------------|---|
| NAME | | | | | | |
| Aspect of Care | Level of Knowledge and Skill | NCNZ Domain | Evidence | Self Assess- ment | Validation Key | Assessor Sign & Date |
| Physiology and Pathophysiology | <i>To deliver care to clients with inflammatory bowel disease conditions the proficient level nurses will be able to:</i> | | | | | |

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| | <p>1.1 Demonstrate general knowledge of normal gastrointestinal function anatomy and physiology of:</p> <p>1.1.1 Mouth</p> <p>1.1.2 Oesophagus</p> <p>1.1.3 Stomach</p> <p>1.1.4 Small intestine</p> <p>1.1.5 Large intestine</p> <p>1.1.6 Rectum</p> <p>1.1.7 Anus</p> | | | | | |
| | <p>1.2 Discuss the pathophysiology of:</p> <p>1.2.1 Ulcerative Colitis</p> <p>1.2.2 Crohn's Disease</p> | | | | | |
| | <p>1.3 List and discuss the signs and symptoms of:</p> <p>1.3.1 Ulcerative Colitis</p> <p>1.3.2 Crohn's Disease</p> <p>1.3.3 Extra-manifestations of above two conditions.</p> | | | | | |
| <p>Inflammatory</p> <p>Bowel Disease</p> <p>Assessment</p> | <p><i>To assess IBD and risk status to determine client health needs at a proficient level the nurse needs to demonstrate:</i></p> | | | | | |

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| | <p>2.1.1 Ulcerative colitis and use of specified tool, e.g. Simple Clinical Colitis Activity Index (SCCAI), HAD scale etc.</p> <p>2.1.2 Crohn's disease and use of specified tool, e.g. Harvey Bradshaw, Crohn's disease activity index, HAD scale etc.</p> <p>2.1.3 Demonstrate awareness about adult health literacy issues when assessing patients with different cultural needs.</p> <p>2.1.4 Small intestine</p> <p>2.1.5 Large intestine</p> <p>2.1.6 Rectum</p> <p>2.1.7 Anus</p> | | | | | |
| <p>Endoscopy and laboratory tests</p> | <p><i>To assist with diagnosis and define inflammatory bowel disease risk status the proficient level nurse can:</i></p> | | | | | |
| | <p>3.1 Demonstrate the ability to undertake comprehensive, focused assessment/diagnosis and limitations of the endoscopy client.</p> | | | | | |

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| | 3.2 Using the comprehensive assessment and relevant information, explain to the client pre/intra/post procedure process. | | | | | |
| | 3.3 Using your comprehensive knowledge for the multi-disciplinary team implement necessary services after endoscopy. | | | | | |
| | <p>3.4 Demonstrate the ability to detect abnormal laboratory investigations:</p> <p>3.4.1 Haematology Studies</p> <p>3.4.2 Iron Studies</p> <p>3.4.3 Faecal Calprotectin/Stool culture</p> <p>3.4.4 Electrolytes</p> <p>3.4.5 Liver Function Tests</p> <p>3.4.6 C reactive protein</p> <p>3.4.7 Renal Function</p> <p>3.4.8 Quantiferon Gold</p> <p>3.4.9 Hepatitis Screening, HIV, Varicella screening</p> <p>3.4.10 6 TGN/6 MMP/ TPMT</p> <p>3.4.11 Infliximab and Adalimumab trough level</p> | | | | | |
| | 3.5 By having competent knowledge on the following radiological investigations and other investigations implement | | | | | |

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| | <p>referral for appropriate follow-up care for the client appropriate to their needs:</p> <p>3.5.1 Plain Chest X-ray/Abdominal X-ray</p> <p>3.5.2 Barium Studies (rarely used)</p> <p>3.5.3 CT</p> <p>3.5.4 Bone density</p> <p>3.5.5 Magnetic resonance imaging and enteroclysis</p> <p>3.5.6 Capsule endoscopy</p> <p>3.5.7 Patency capsule</p> <p>3.5.8 Colonoscopy</p> <p>3.5.9 Flexi-sigmoidoscopy</p> | | | | | |
| | <p>3.6 If local policy allows for IRMER qualification to train for ordering protocolised radiological examination e.g. screening investigations for immunosuppression:</p> <p>Plain Chest X-ray</p> | | | | | |
| <p>The Acute IBD patient</p> | <p><i>For the appropriate management of the IBD patient presenting acutely the proficient level the nurse will:</i></p> | | | | | |

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| | 4.1 Discuss the signs of a flare including symptoms, laboratory findings and clinical findings | | | | | |
| | 4.2 Differentiate between the presentation of patients with stable disease and the patient experiencing an acute exacerbation | | | | | |
| | <p>4.3 Utilise assessment tools to assess the patients' physical symptoms of disease flare (Harvey Bradshaw for CD and SCCAI for UC)</p> <p>4.3.1 Stool frequency/ nocturnal bowel movements</p> <p>4.3.2 Presence of blood</p> <p>4.3.3 Abdominal pain</p> <p>4.3.4 General well being</p> <p>4.3.4 Extra intestinal manifestations</p> | | | | | |

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| | 4.4 Initiate/monitor appropriate treatment in consultation with a medical practitioner, | | | | | |
| Medications | <i>For the safe administration and appropriate management of IBD medications the proficient level nurse will need to:</i> | | | | | |
| | 5.1 Demonstrate knowledge of classes of medication used to treat IBD and their indications for prescribing within the different disease diagnoses (or just for CD and UC), including individual guidelines and recommendations for initiating treatment and dosing regimens: 5.1.1 5-ASA's 5.1.2 Immunomodulators 5.1.3 Steroids 5.1.4 Biologics 5.1.5 Anti-diarrhoeals 5.1.6 Antibiotics | | | | | |

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| | 5.1.7 Allopurinol 5.1.8. Laxatives | | | | | |
| | 5.2 Demonstrate and articulate comprehensive understanding of the effect, side effects, interactions, contraindications, doses, modes of administration and monitoring requirements for IBD medications as listed above in 5.1 | | | | | |
| | 5.3 Discuss the IBD medications requiring special authority including physiological/disease activity parameters required to meet the subsidy criteria and relate this to an individual patient assessment | | | | | |
| | 5.4 Demonstrate appropriate clinical review of a patient using IBD medications including assessment of adherence, tolerance, appropriateness of mode of | | | | | |

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| | delivery of medication and make recommendations | | | | | |
| | 5.5 Demonstrate assessment of a patient's family/social/cultural/financial influences which impact on their decision making behaviour related to IBD medications, and the ability to practise in partnership with the patient/family/whanau and prescriber to optimise treatment and outcomes with IBD medication | | | | | |
| | 5.6 Demonstrate knowledge of impact of over the counter (OTC) medication use including: 5.6.1 Non-steroidal anti-inflammatory drugs 5.6.2 Alternative/complementary medicines | | | | | |
| | 5.7 Demonstrate the importance of compromised Nutrition | | | | | |

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| | 5.7.1 Knowledge of supplementation drinks | | | | | |
| Surgery | <i>The proficient nurse will understand that surgery can be a recommended treatment for patients with IBD disease and have the knowledge and skills to explain the indications and complications of the following surgery:</i> | | | | | |
| | 6.1.1 <u>In patients with Ulcerative Colitis:</u> 6.1.1.2 Emergency colectomy 6.1.1.3 Urgent colectomy 6.1.1.4 Elective colectomy 6.1.1.5 Proctocolectomy with permanent ileostomy 6.1.1.6 Colectomy with ileorectal anastomosis 6.1.1.7 Restorative proctocolectomy with ileoanal pouch | | | | | |
| | 6.1.2 <u>In patients with Crohn's disease:</u> 6.1.2.1 Small-bowel or ileal resection 6.1.2.2 Stricturoplasty 6.1.2.3 Right hemicolectomy (terminal ileal disease) 6.1.2.4 Proctocolectomy with ileostomy | | | | | |

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| | <p>6.1.2.4 Colectomy with ileorectal anastomosis (rarely)</p> <p>6.1.2.5 Segmental resection for localized disease (rarely)</p> <p>6.1.2.6 Lay open complex fistulas, drain with seton sutures</p> <p>6.1.2.7 Drain abscesses</p> <p>6.1.2.8 Proctocolectomy (rarely)</p> | | | | | |
| | <p>6.2 Able to initiate and facilitate education pre surgery.</p> | | | | | |
| | <p>6.3 Utilises the local referral process for the multidisciplinary team involved with IBD patients prior to surgery</p> <p>6.3.1 Surgeons</p> <p>6.3.2. Stoma nurses</p> <p>6.3.3 Pain management team</p> <p>6.3.4 Physiotherapists</p> <p>6.3.5 Chronic illness therapists</p> <p>6.3.6 Dietitians</p> <p>6.3.7 Past patients who have had similar surgery</p> | | | | | |
| Health Promotion and Education | <i>The proficient nurse will be able to:</i> | | | | | |

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| | 7.1 Regularly access and utilise current and appropriate resources for IBD education in their practice. | | | | | |
| | 7.2 Able to promote and provide support for local IBD support groups. | | | | | |
| | 7.3 Able to discuss the implications of smoking in regards to IBD and provide smoking cessation to all patients. | | | | | |

Expert Level of ADULT IBD KNOWLEDGE AND SKILLS FRAMEWORK

| Expert Level of ADULT IBD KNOWLEDGE AND SKILLS FRAMEWORK | MET | NOT MET |
|--|-----|---------|
| Practices as part of a larger Health Care team, understands role in IBD as a member of the multidisciplinary team | | |
| Acts as a resource within their practice setting to unregistered health care providers and Individuals /families/whanau with IBD conditions. | | |
| Role models the application of the Treaty of Waitangi principles in nursing practice. | | |
| Practices nursing in a manner that the person with IBD determines as culturally safe. | | |
| Is aware of local services available to provide advice as required. | | |
| Leads or assists community health professionals with prevention initiatives as appropriate | | |
| Provides information and education to individuals, their families and community groups | | |
| Is engaged in quality activities | | |
| Contributes to the development of guidelines, policies and procedures in the clinical setting | | |
| Conducts comprehensive health assessment | | |

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| Assesses and interprets clinical indicators of general health status and IBD health | | |
| Accurately documents clinical assessment, care plan recommendations and evaluation of response | | |
| Evaluates treatment outcomes and refers to appropriate services when necessary | | |
| Consults with experts/other health professionals as required | | |
| Can safely prescribe medications under the RN prescribing legislation having met Nursing Council requirements and completed the application and approval process | | |

| Expert Level | | | | | | |
|---------------------------------------|---|--------------------|-----------------|------------------------|-----------------------|---------------------------------|
| NAME | | | | | | |
| Aspect of Care | Level of Knowledge and Skill | NCNZ Domain | Evidence | Self Assessment | Validation Key | Assessor Sign & Date |
| Physiology and Pathophysiology | <i>To deliver care to clients with inflammatory bowel disease conditions the expert level nurses will be able to:</i> | | | | | |
| | 1.1 Demonstrate knowledge and comprehensive understanding of the anatomy, physiology of the | | | | | |

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| | gastrointestinal system as evidenced by completion of a post-graduate paper in physiology and pathophysiology | | | | | |
| Inflammatory Bowel Disease Assessment | <i>To assess IBD and risk status to determine client health needs at an expert level the nurse needs to demonstrate:</i> | | | | | |
| | 2.1 Develop, contribute and promote local, regional, national and global guidelines relating to : <ul style="list-style-type: none"> • Ulcerative Colitis • Crohn's Disease | | | | | |
| | 2.2 To complete a comprehensive assessment and identifying risk status to determine client health needs using and identifying differential diagnoses which may include: <p>2.2.1 Stricture disease</p> <p>2.2.2 Abscess formation</p> <p>2.2.3 Bowel obstruction</p> | | | | | |

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| | <p>2.2.4 Cancer</p> <p>2.2.5 Small bowel bacterial overgrowth</p> <p>2.2.6 Infection</p> <p>2.2.7 Bile salt malabsorption</p> <p>2.2.8 Proximal Constipation</p> | | | | | |
| | <p>2.3 Demonstrate an in-depth understanding of environmental e.g. smoking and IBD, theories about western diet and occupational factors e.g. infection (sewage workers, dairy farmers) and their effect on colon pathology, initiating further investigations and referral as appropriate.</p> | | | | | |
| | <p>2.4 Assess and describe the patient's symptoms and use of specified tool, e.g. Harvey Bradshaw, Simple Clinical Colitis Activity Index, Crohn's disease activity index and integrating this into</p> | | | | | |

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| | the history to provide possible differential diagnoses. | | | | | |
| Endoscopy and laboratory tests | <i>To assist with diagnosis and define inflammatory bowel disease risk status the expert level nurse can:</i> | | | | | |
| | 3.1 Demonstrate knowledge of gastrointestinal landmarks on a normal colonoscopy and gastroscopy | | | | | |
| | 3.2 Demonstrate the initiation of appropriate management or follow-up in response to endoscopic analysis | | | | | |
| | 3.3 Demonstrate in-depth knowledge of potential effects of disease processes, medications and lifestyle behaviours on a range of laboratory investigations. | | | | | |

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| | <p>3.4 Initiate appropriate follow up/referrals in response to abnormal findings:</p> <p>3.4.1 Haematology profiles.</p> <p>3.4.2 Iron studies</p> <p>3.4.3 Faecal calprotectin</p> <p>3.4.4 Electrolytes.</p> <p>3.4.5 Liver function</p> <p>3.4.6 C-reactive protein</p> <p>3.4.7 Renal function</p> <p>3.4.8 Quantiferon Gold</p> <p>3.4.8 Hepatitis screening</p> <p>3.4.9 Biologic screening include HIV, Varicella</p> <p>3.4.10 Therapeutic drug monitoring (thiopurines and biologics)</p> | | | | | |
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| | <p>3.5 By having expert knowledge on the following radiological investigations and other investigations nurses can instigate follow-up care for the client appropriate to their needs:</p> <p>3.5.1 Plain chest and abdominal x-ray</p> <p>3.5.2 Barium studies (rarely done)</p> <p>3.5.3 CT</p> <p>3.5.4 Bone Density</p> <p>3.5.5 Magnetic resonance imaging and enteroclysis</p> <p>3.5.6 capsule endoscopy</p> <p>3.5.7 Patency capsule</p> <p>3.5.8 Colonoscopy</p> <p>3.5.9 Flexible Sigmoidoscopy</p> <p>3.5.10 Upper GI endoscopy</p> | | | | | |
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| | <p>3.6 If local policy allows for IRMER qualification to train for ordering basic radiological examinations needed e.g. for screening tests, or when assessing for differential diagnoses during flare:</p> <p>3.6.1 Plain Chest X-ray</p> <p>3.6.2 Plain Abdominal X-ray</p> <p>3.6.3 Liver ultrasound</p> | | | | | |
| | <p>3.7 Contribute to development of site-specific protocols.</p> | | | | | |
| <p>The Acute IBD patient</p> | <p><i>For the appropriate management of the IBD patient presenting acutely the expert level nurse will:</i></p> | | | | | |
| | <p>4.1 Assess the patient presenting acutely, initiate treatment, refer and evaluate interventions according to evidence- based guidelines.</p> | | | | | |

| Medications | <i>For the safe administration and appropriate management of IBD medications the expert level nurse will need to:</i> | | | | | |
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| | 5.1 Successfully complete a post – graduate pharmacology paper, enabling articulation and integration into practice of the pharmacokinetics and pharmacodynamics of IBD and related medications. (See also 5.7) | | | | | |
| | 5.2 Utilise evidence and integrate research of pharmacological and non-pharmacological interventions into clinical teaching and patient care. | | | | | |
| | 5.3 Demonstrate comprehensive understanding of the effects, side effects, interactions, contra-indications, doses, modes of administration and monitoring parameters for IBD medications, including medications associated | | | | | |

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| | with commonly – experienced co-morbidities. | | | | | |
| | 5.4 Demonstrate knowledge of processes to address identified drug misuse. | | | | | |
| | 5.5 In partnership with the client/whanau and prescriber, demonstrate assessment of client/whanau and social/cultural/financial influences which impact on their decision making behaviour related to medications. | | | | | |
| | 5.6 Ingrate knowledge of IBD medications within an assessment/diagnostic framework to optimise, adjust and prescribe appropriately as appropriate depending on accreditation (see 5.7 – 5.9 below). | | | | | |

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| | <p>5.7 With regards to prescribing must complete the rigorous academic training, supervision and competencies as required by the Nursing Council of New Zealand:</p> <p>5.7.1 A minimum of three years full-time practice in the area they intend to prescribe in with at least one year of the total practice in New Zealand or a similar healthcare context;</p> <p>5.7.2 The completion of a Council-approved postgraduate diploma in registered nurse prescribing for long term and common conditions or equivalent as assessed by the Nursing Council</p> <p>5.7.3 A practicum with an authorised prescriber, which demonstrates knowledge to safely prescribe specified prescription medicines and</p> | | | | | |
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| | <p>knowledge of the regulatory framework for prescribing;</p> <p>5.7.4 Satisfactory assessment of the competencies for nurse prescribers</p> <p>completed by an authorised prescriber</p> | | | | | |
| | <p>5.8 Medications for Prescribing in this specialty once accredited and approved::</p> <ul style="list-style-type: none"> - Mesalazines - Olsalazine - Sulphalalazine - Corticosteroids - Vitamin and mineral supplementation (e.g. Vitamin D and Calcium) - Iron replacement - Nutritional supplements - Bile-acid sequestrates | | | | | |

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| | <ul style="list-style-type: none"> - Anti-diarrheal (e.g. loperamide) - Laxatives (e.g. macrogols) - Thiopurines <p><u>Medicines for on-prescribing only:</u></p> <ul style="list-style-type: none"> - Allopurinol - Methotrexate - Mycophenolate mofetil - Calcineurin inhibitors - Biological Treatments (e.g. anti-TNF) | | | | | |
| | <p>5.9 Maintain prescribing competence and practice as required by the Nursing Council of New Zealand:</p> <p>5.9.1 Maintain team collaboration for appropriate support</p> <p>5.9.2 Seek advice or refer patients outside your level of competence</p> | | | | | |

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| | <p>5.9.3 Identify and agree formal and informal supervision of an authorised prescriber</p> <p>5.9.4 Ensure ongoing case or peer review for ongoing learning</p> <p>5.9.5 Submit appropriately regards APC renewals</p> | | | | | |
| <p>Surgery</p> | <p><i>The expert nurse will provide comprehensive consultation and assessment for patients referred for the following surgery:</i></p> | | | | | |
| | <p>6.1.1 In patients with Ulcerative Colitis:</p> <p>6.1.1.2 Emergency colectomy</p> <p>6.1.1.3 Urgent colectomy</p> <p>6.1.1.4 Elective colectomy</p> <p>6.1.1.5 Proctocolectomy with permanent ileostomy</p> <p>6.1.1.6 Colectomy with ileorectal anastomosis</p> | | | | | |

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| | 6.1.1.7 Restorative proctocolectomy with ileoanal pouch | | | | | |
| | <p>6.1.2 In patients with Crohn's disease:</p> <p>6.1.2.1 Small-bowel or ileal resection</p> <p>6.1.2.2 Stricturoplasty</p> <p>6.1.2.3 Right hemicolectomy (terminal ileal disease)</p> <p>6.1.2.4 Proctocolectomy with ileostomy</p> <p>6.1.2.4 Colectomy with ileorectal anastomosis (rarely)</p> <p>6.1.2.5 Segmental resection for localized disease (rarely)</p> <p>6.1.2.6 Lay open complex fistulas, drain with seton sutures</p> <p>6.1.2.7 Drain abscesses</p> <p>6.1.2.8 Proctocolectomy (rarely)</p> | | | | | |

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| | <p>6.2 Provide a referral using in-depth knowledge to the following health professionals:</p> <p>6.2.1 Surgeons</p> <p>6.2.2. Stoma nurses</p> <p>6.2.3 Pain management team</p> <p>6.2.4 Physiotherapists</p> <p>6.2.5 Chronic illness therapists</p> <p>6.2.6 Dietitians</p> | | | | | |
| <p>Health Promotion and Education</p> | <p><i>The expert nurse will be able to:</i></p> | | | | | |
| | <p>7.1 Demonstrate knowledge of and participate in the assessment of long-term IBD patients in the primary /secondary setting.</p> | | | | | |
| | <p>7.2 Discuss and demonstrate a comprehensive knowledge of IBD</p> | | | | | |

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| | and provide appropriate assessment and referral to MDT . | | | | | |
| | 7.3 Participate, lead and further develop IBD education and resources locally, nationally and internationally. | | | | | |
| | 7.4 Participate in quality improvement activities related to IBD. | | | | | |

New scope of practice for nurse practitioners (NCNZ, 2017)

Nurse practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse. Nurse practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community. Nurse practitioners manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/Whanau. Nurse practitioners combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient-centred healthcare services including the diagnosis and management of health consumers with common and complex health conditions. They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence, and admitting and discharging from hospital and other healthcare services/settings. As clinical leaders they work across healthcare settings and influence health service delivery, in line with demand for care that is growing from aging, diverse, remote and underserved

population groups and more people are living with chronic conditions. These competencies describe the knowledge, skills and attitudes required of nurse practitioners when they enter the scope of practice. The Council acknowledges that experienced nurse practitioners may develop additional knowledge and skills as they progress throughout their careers.

Trainee form

| Trainee (name) | Trainee (position) | Department | Signature | Has the trainee been assessed as competent |
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