NZNO Women's Health College

Standards for Nurse Colposcopy Training

2023

Next review 2027

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Introduction

Ko Te Tiriti O Waitangi te tuhinga motuhake o Aotearoa. Tautoko ana ngā Neehi Whakahaere o Aotearoa me Te Rūnanga Neehi Māori o Aotearoa hoki, i tēnei tuhinga Motuhake, ā, ka whakanui, ka whakapiki hoki tātou, kia rite te tunga o te tangata whenua me ngā Neehi Whakahaere o Aotearoa.

Te Tiriti o Waitangi is the founding document of Aotearoa/ New Zealand. The New Zealand Nurses Organisation (NZNO) and Te Rūnanga o Aotearoa acknowledges the great importance of this living document and will continue to respect and promote the equal standing of Tangata Whenua o Aotearoa. The New Zealand Nurses Organisation (NZNO) Tōpūtanga Tapuhi Kaitiaki o Aotearoa specifically Section 6.1.3[1] gives effect to Te Tiriti o Waitangi partnership.

The New Zealand Nurses Organisation - Tōpūtanga Tapuhi Kaitiaki o Aotearoa is the leading professional organisation for nurses - nēhi. The Women's Health College (WHC) of NZNO provides professional guidance for nurses - nēhi working in women's health and aims to support advanced nursing practice. These standards were initially developed in 2007 and have been subsequently reviewed and adapted to include Colposcopy Quality Improvement Programme (C-QuIP) standards. This fourth revision is designed as a framework to support the development of nurse colposcopy practice. The WHC recommends employers to use these standards to assist in achieving:

- Consistency in practice
- Best practice
- Maintaining quality patient outcomes
- The reduction of inequities and improve Maori health outcomes
- Excellence in the patient experience
- Best use of resources

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In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises people have different levels of advantage and require different approaches and resources to achieve equitable health outcomes. These Standards are committed to a reconfiguration of health service to deliver high quality health care that meets the health needs of Māori and all women in Aotearoa. Māori wāhine aged over 25 have total cancer mortality rates almost twice that of non-Māori wāhine.(1)

Recognition and endorsement of the Waitangi Tribunal WAI 2575 Report 2019 is acknowledged and will align health outcomes with Te Whatu Ora the Maori Health Authority. The principles of this Report are designed to give Tino Rangatiratanga for Māori and offer more equitable outcomes.(1)

Please note that where the term women/woman is used in this document, this includes gender diverse people.

The 2023 review for this publication has been undertaken by The NZNO Women's Heath College committee:

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Purpose

The purpose of this document is to outline colposcopy training standards in Aotearoa New Zealand for nurses. It has been designed to support nurses embarking on a journey towards becoming a colposcopist to be able to meet the requirements of the C-QuIP process.

The role of Nurse Colposcopists

The role of a colposcopist is to provide clinically effective diagnostic and therapeutic care (Kilic et al., 2012). Colposcopy undertaken by nurses has proven to be cost effective, reduces waiting times, improves attendance and provides more choice for women (McPherson et al., 2005). Internationally, colposcopy performed by nurses has been well established in the United Kingdom, and the United States. In Aotearoa, nurses work as colposcopists in the scope of either a Registered Nurse (RN) or Nurse Practitioner (NP).

Framework and competencies for expanded practice – Nursing Council of New Zealand Guidelines

Registered Nurses (RN) who undertake the role of colposcopist are required to:

a. Meet the Nursing Council of New Zealand (NCNZ) competencies for expanded practice;
b. Demonstrate and document how the nurse meets these additional competencies when they apply for their Annual Practising Certificate. Colposcopists will be assessed as part of a Professional Development and Recognition Programme (PDRP) or an employer's credentialing programme and as part of the Councils recertification audit (NCNZ, 2010);
c. Meet the requirements of C-QuIP, as administered by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; and
d. Additional benefit for registered nurses to complete a programme enabling registered nurse prescribing or to become a Nurse Practitioner.

It is recommended that this training is undertaken over an 18-month period. The Standards in this document outline the required training for nurses to become colposcopists. While the Women's Health College recommends the minimum standards outlined in this document, we assume no responsibility for a nurse's individual practice. Nurses are required to function within legislative requirements and adhere to professional standards and organisational policy.

Nurse Colposcopy Training Standards

> *"Ka ora te wahine puapua ka ora te whānau – Pūāwai ka ora te hapū – Pūāwānanga Ka ora te hapū – Pūāwānanga.*
>
> *If the woman is cherished, then the family will have wellness - In turn the communities will be strong thus the beauty of the tribe will be seen."* ***Ngatai Huata - Ngāti Kahungunu***

Background

Women's Health in Aotearoa New Zealand

Women are central to the health of children, their whānau and the community (Stats NZ, 2020). Keeping women well strengthens communities. In the Māori world view, women link past to present and future through pregnancy, childbirth and nurturing their babies, ensuring the ongoing survival of the whānau, hapū and iwi. The nature of any sexual health consultation can cause women to feel ashamed or embarrassed/whakamā. There can be perceptions of being judged.

Women's health experiences can be influenced by the power imbalance between health professionals and patient. Additionally effective communication, acknowledgment of potential discomfort and the gender of the health professional and their procedural skill (Cook, 2013), may also influence. Inequitable health outcomes persist for Māori wāhine compared to non-Māori (Brewer at al., 2010; Priest et al., 2010). This has highlighted that colposcopy consultations must ensure Māori women receive cultural and clinically safe service delivery. Colposcopists can positively impact indigenous Māori women's experiences when they develop culturally appropriate relationships with women having colposcopy (Cook, 2013).

Cartwright cervical cancer Inquiry

The Cartwright cervical cancer Inquiry (1988) challenged the clinical practices and processes for cervical screening in Aotearoa New Zealand. The specific recommendations from the Inquiry focused on the importance of communication in relation to informed consent and explicitly for women undertaking gynaecological examination (Cartwright, 1988; Cook & Brunton, 2014). The Inquiry highlighted outdated practices and clinical disregard for cultural and spiritual significance of areas of the body associated with sexuality and fertility for Māori women. Changes to health practitioner legislation, highlights clinicians' obligations to engage in a culturally competent manner and practices when providing service delivery, particularly for those identified as priority populations (MoH, 2021).

The Cartwright report drew attention to imperatives of respect, privacy and informed consent. Cartwright emphasised that all women undergoing vaginal examinations have the right to patient-centred care that emphasised the sacredness of the body parts involved. Cartwright urged clinicians to foster conditions which enable the women to consider themselves an equal in the consultation, able to trust they will be cared for respectfully and encouraged to communicate their views, including concerns and symptoms.

Colposcopy procedure

The process of colposcopy can be considered invasive and intimate, and therefore challenging for some women. Therefore, it is essential that prior to the procedure, time is taken to attend to the women's needs culturally, spiritually and emotionally. While the body is acknowledged as being sacred, these parts of the body need to be cared for to ensure their continued health.

Anxiety associated with colposcopy procedure

Several studies have shown that clinicians have minimal time for adequate communication with women about their anxiety prior to the colposcopy. Anxiety, fear of cancer, and a history of sexual trauma may account for patients not attending for gynaecological procedures (Buetow, et al 2007; Ackerson et al 2012, DuMont et al., 2009; Cook, 2011; Cook et al., 2014).

Effective nursing partnership

The relationship that the colposcopist has with the woman may span single or several contacts over a period of months or years. It is essential that an effective nursing partnership is developed with women prior to procedures. This requires ensuring enough time has been given to enter a trusting and therapeutic relationship, ensuring that women and support people are made to feel welcome. Respect and effective communication are required for the necessary consent prior to gynaecological examinations (Cook, 2011; Cook & Brunton, 2014).

Culturally safe service delivery

Māori wahine are dying and experiencing harm with cervical cancer at higher rates than New Zealand Europeans (MoH 2022). Anxiety about attending colposcopy is an important factor for wahine. Concerns about discomfort and whakamā, (embarrassment) can delay or prevent attendance. Under-screened and never screened women may require extra support and time with colposcopy appointments. (Adcock, Stevenson et al 2021). Research has been undertaken in New

Zealand looking at gynecological examinations, consent, women's comfort and exploring the perspective of Māori women (Catherine Cook (2013), Brunton M (2014, 2015) et al).

However there has been other limited research on Pasifika women's experiences of colposcopy and a 2019 study identified potential barriers for cervical screening for these women who face disparities in relation to health care. These barriers include previous health care experiences, culture, fear, lack of knowledge and information. Further research was recommended to understand Pasifika women's experience of attending colposcopy to assist in the provision of equitable health care. (McPherson, et al 2019). A more recent study has found that attendance rates to colposcopy for Pasifika women were higher than expected after referral. However, those women who were living in the most deprived areas were less likely to be seen by colposcopy and targeted interventions are recommended to assist in reducing health inequities and improve colposcopy utilization (McPherson, Parmer et al. 2021).

Nursing Council New Zealand (NCNZ) (2011) indicates that cultural competency requires clinicians to reflect on the significance of their own cultural identity and its impact upon practice. Health professionals need to be aware that culturally safe health service delivery is determined by the recipients of the care, and with Māori patients, can include their whānau (Cook et al., 2014). It is also essential that health professionals engage in a culturally competent manner, demonstrating trustworthiness, compassion, and hospitality, as this is vital to ensure that Māori wāhine will continue to access health services (Cook et al., 2014). The Māori concepts of whakawhanaungatanga is an effective engagement tool to develop and build trusting relationships with women encompassing kinship. Early support for women in relation to attendance should be accessed by the National Screening Unit's contracted support to screening services. (Wilson, et al 2021).

Consent prior to procedure

Health professionals are required to ensure that consent is obtained without coercion. Every contact needs to be viewed individually, with the same amount of care and attention to information sharing, relationship building and consent for the specific procedure. While consent may be viewed as an episode, consent is required at every gynaecological examination.

Colposcopy for Nurses: Training Entry Requirements

Entry requirements include:

- RN as defined by the NCNZ with a current New Zealand Annual Practising Certificate (APC); OR is Nurse Practitioner with current APC.
- Preferably a registered smear taker (can be achieved as part of training)
- Has two years concurrent post registration women's health experience within the last 3 years AND is at a minimum proficient or equivalent on the Registered Nurse Professional Development Recognition Program (PDRP)
- The RN has employer support for an expanded scope role as per the NZNC Guideline Expanded Practice for Registered Nurses (NCNZ, 2016)
- The Nurse is aware of their organisational tikanga best practice policy.
- Strongly recommended that the Nurse has professional indemnity insurance and is a member of a professional association (example – member of NZNO and the Women's Health College, NZNO).
- The nurse has completed or is working towards a postgraduate nursing qualification. An advanced health assessment paper would be expected.

Clinical Training Programme

The training is undertaken in the clinical setting and is a trainer led, competency based structured theoretical and practical programme. It is recommended that where possible, as part of the training programme that the trainee spend some time with an experienced nurse colposcopist. This has been found to be useful in developing skills and knowledge in relation to the role.

Nurses will comply with National Cervical Screening Programme (NCSP) requirements in relation to culturally appropriate services National Cervical Screening Programme Policies and Standards Section 6: Providing a Colposcopy Service http://www.nsu.govt.nz/health-professionals/1060.aspx

There are two certification streams as determined by C-QuIP http://www.cquip.edu.au/

Diagnostic - For those colposcopists who refer patients on if treatment is required.

Therapeutic - For those colposcopists who investigate and perform treatment.

Diagnostic certification

Women will be informed that the colposcopist is in training and informed consent obtained.

The trainee will develop skills to perform a colposcopic examination and recognise the normal and abnormal cervix.

The trainee will be required to complete the following assessments:

- Direct supervision of 50 colposcopy cases of which 20 must be new high-grade disease.
- Indirect supervision of 100 cases.
    - 50 new cases of which 15 must be high grade disease.
    - 50 follow up cases.
- Attendance at the cytology and histology laboratories for a minimum of one day.
- Regular attendance (at least 50%) at the colposcopy multidisciplinary meetings (MDM) and lead case reviews
- Completion of a recognised basic RANZCOG approved colposcopy training course. For example, Australian Society for Colposcopy and Cervical Pathology (ASCCP) or British Society for Colposcopy and Cervical Pathology (BSCCP).
    - 10 case discussions with the Clinical Trainer
    - 10 clinical evaluation assessments
- Clinical audit of practice
- 40 hours experience in a Sexual Health or Family Planning clinic, this can be prior experience.
- Maintenance of a clinical logbook – see Appendix A
- Use of a rubric – for an example see Appendix B

Direct supervision requires that the trainer will be present with the trainee during the procedure

In-direct supervision requires that the trainer be available in the clinic.

Assessment Process

Case discussions– should include the following:

- Clinical Record keeping
- Clinical assessment
- Investigation and reference
- Treatment
- Follow up and future planning
- Professionalism
- Overall clinical judgement
- At least three of these cases need to discuss and include the cultural implications of caring for Māori women. The nurse must demonstrate a working knowledge of cultural safety, cultural support services within the employer/organisation and wider community setting.
- It is highly recommended that case discussions will include cases from other high-risk populations, e.g. Pacific and women from high socioeconomic deprivation groups.

This will enable the trainer to assess the trainee's ability to discuss their management strategies for individual cases.[2]

Clinical evaluation assessments will include the following:

- History taking
- Physical examination skills
- Communication skills
- Clinical judgement
- Professionalism
- Organisational / efficiency
- Overall clinical and cultural care

This will enable the trainer to assess the trainee on their clinical skills and cultural awareness in history taking, communication and organisation. It is recommended that **10** such assessments should be undertaken during the training period.

It is essential that the Nursing Council Code of Conduct (2012) and the Code of Health and Disability Services Consumers Rights (Code of Rights) (1996) are upheld. In particular, the principles of consent, privacy and respect should be adhered when carrying out assessments. Guidelines on these themes are available in the NZNO document entitled "*Privacy, confidentiality and consent in the use of exemplars of practice and journaling"* (2016).

Final summative assessment

The final assessment will be by an independent C-QuIP accredited clinician who has not been involved in the training of the candidate. The trainee will be observed undertaking at least three colposcopies of whom there must be new cases. See appendix C for an assessment rubric.

Therapeutic certification

To be certified as a therapeutic colposcopist, new applicants should provide evidence of 15 treatments in the preceding three years that have been supervised by a C-QuIP certified practitioner. All treatments must be logged with histology. A treating colposcopist should aim to have histological evidence of high-grade changes (punch biopsy and or loop specimen) in 80% of cases. Performing excisional treatment or ablative in at least three patients.

Colposcopists are required to be credentialed locally (C-QuIP, 2013).

Training Syllabus

Aims and Objectives

The aim of the training programme is to develop a clinical and culturally safe nurse colposcopist who will be able to meet the requirements to link into the Q Quip accreditation programme, as prescribed by RANZCOG. The trainee will be able to take a gynaecological history, assess the patient, diagnose the lesion/lesions and perform treatment or refer as necessary.

Women with suspicion or evidence of cancer/glandular abnormalities must be referred to a senior gynaecological colposcopist and offered Cancer Society and/or appropriate cultural support; for

example, Te Whatu Ora Māori Health Team, Pasifika Health Team. Women with other gynaecological or medical conditions require appropriate referral.

Standards

1. The trainee will develop advanced nursing knowledge in relationship to the pathophysiology of the lower genital tract, and clinical skills required to perform colposcopy including the use of all colposcopy instruments and techniques.

   These skills will be acquired through post graduate education, colposcopy courses, reading and tuition from a C-QuIP accredited colposcopist.

   1.1 Knowledge of anatomy, physiology and pathology of the normal cervix. This includes:
   - Normal structure
   - Metaplasia
   - The transformation zone
   - Congenital transformation zone
   - Changes with age
   - Tissue basis for colposcopy
     - Role of epithelium
     - Role of stroma
     - Role of surface configuration

   1.2 Knowledge of anatomy, physiology and pathology of the abnormal cervix and lower genital tract, including vulval / vaginal disease.
   - Nomenclature
   - Epidemiology
   - Pathophysiology
   - Natural history
   - Risk factors
   - Cytological / histological features
   - Presentation
   - Immunosuppression
   - Colposcopic assessment

1.3 Knowledge of the other conditions of the lower genital tract

- Natural history and epidemiology of Human Papilloma Virus (HPV). Actinomyces
- Sexually transmitted infections
- Bacterial and fungal infections
- Cervical polyps

1.4 Knowledge and understanding of the function, and how to use a colposcope, including:

- The use of the green filter, focal length and magnifications
- The role and use of saline and green filter
- The role and use of acetic acid
- The role and use of Lugol's iodine
- The role and use of Monsel's solution
- Infection control care of microscope

1.5 Knowledge and understanding of cervical screening, including the following;

- Health inequalities and barriers to care for Māori and Pacifica women
- Rationale for cervical screening
- Clinical Practice Guidelines for Cervical Screening in New Zealand (2020)
- Limitations of screening
- Referral processes to colposcopy clinics
- Health (National Cervical Screening Programme) Amendment Act (2004)

1.6 Knowledge of the effect of contraception, pregnancy and menopause in relation to cytology, colposcopy and histology, including:

- Normal cervix in pregnancy
- Cytology / histology in pregnancy
- Abnormal cervix in pregnancy
- Physiological changes during pregnancy
- Effects of the oral contraceptive pill on colposcopy
- Effects of progestogen contraceptives on colposcopy
- Effects of Intrauterine Contraception (IUC) on cytology
- Effects of menopause on cytology and colposcopy
- The use of oestrogen in menopausal women
- The effects of testosterone on cytology

1.7 The trainee will demonstrate the ability to be able to undertake the following clinical skills

- Perform adequate smears, including the use of different sampling devices.
- Perform urogenital swabs and screen for sexually transmitted infections.
- Identify the normal and abnormal transformation zone including the use of normal saline, acetic acid, iodine.
- Recognise an abnormal transformation zone and other conditions of the lower genital tract.
- Recognise a normal cervix and lower genital tract.
- Be able to expose the endocervix for examination.
- Be able to identify the most significant lesion for biopsy purposes and take adequate biopsies of the cervix, vagina and vulva.
- Be able to perform an endocervical curette
- Accurately describe and document colposcopic findings.

1.8 Knowledge of the principles of management for the following:

- Conservative management
- Knowledge of Māori cultural perspectives
- Role of HPV testing in primary care and colposcopy
- Treatment; LLETZ, Laser conisation / ablation, Cold Knife Cone Biopsy, Hysterectomy
- Follow up following treatment of CIN
- Ectropion / atrophy and unsatisfactory smears
- Management during pregnancy
- Women aged under 20 years
- Menopausal women and women over 40 years with normal endometrial cells
- Management of discordant cases and indications for Multidisciplinary Review
- Glandular / Adenocarcinoma in Situ (AIS) cytological abnormalities
- Management of women with an excisional biopsy – Large Loop Excision of the Transformation Zone (LLETZ) or Cone Biopsy with AIS
- Management of suspected cervical cancer
- Proven stage 1A1
- Proven stage 1A2

- Proven invasion (stage 1b+)
- Management of Vulval Intraepithelial Neoplasia (VIN)
- Women with a previous hysterectomy
- Management of Vaginal Intraepithelial Neoplasia (VAIN)

2. The trainee will demonstrate a commitment to quality improvement initiatives.

   Criteria:

   2.1 Demonstrates quality audit documentation.

   2.2 Participates in data collection, design and analysis of clinical practice.

   2.3 Contributes to policy development.

   2.4 Maintains a logbook for cytological, colposcopy and histology correlation.

   2.5 Meets the NCSP Guidelines for Cervical Screening in New Zealand (2020).

   2.6 Audit of results

3. The trainee will develop an understanding of cytology histology and HPV testing.

   Criteria:

   3.1 Accurately interprets cytology and histology reports to ensure women are managed in accordance with the NCSP Guidelines for the Management of Women with Abnormal Smears.

   3.2 Demonstrates the evaluation and management of cytology and histology results.

   3.3 Participation in the colposcopy multidisciplinary meeting (MDM) and lead case reviews.

   3.4 Knowledge of preparation of cytological / histological specimens, principles of cytological / histological diagnoses.

   3.5 Knowledge of how cervical smear taking and how biopsy taking influence cytological and histological interpretation.

   3.6 Attends, a minimum of, a day visit to cytology / histology laboratories.

   3.7 Visits their local virology department where HPV testing occurs.

   3.8 Knowledge of the principles of HPV testing

4. The trainee's practice will be clinically and culturally safe.

   Criteria:

   4.1 Practices within the Principles of Te Tiriti o Waitangi as determined by the New Zealand Nursing Council.

   4.2 Enters into partnerships with women, actively consulting with the woman in the planning and delivery of nursing care.

   4.3 Respects, supports and encourages the cultural values of patients and others in area of practice.

5. The trainee will demonstrate an understanding of the psychological and emotional responses of women attending the colposcopy clinic.

   Criteria:

   5.1 Recognises barriers to attendance for colposcopy for women, particularly Māori women. Pasifika women, women from high socioeconomic deprivation groups and women from different ethnic minorities may face similar barriers.

   5.2 Is able to respond appropriately to women's psychological and emotional needs.

   5.3 Is able to discuss sexual and reproductive health issues with women.

   5.4 Escalate any matters of concerns to Lead Colposcopist or Charge Nurse Manager to be dealt with appropriately in a culturally acceptable manner.

6. The trainee will demonstrate an understanding of the medicolegal issues related to his / her practice.

   Criteria:

   6.1 Provides informed consent to women regarding the limitations of cervical screening and colposcopy (false positive and negative results).

   6.2 Recognises own limitations and uses professional judgement to refer to other health professionals.

   6.3 Ensures careful documentation of patient history, clinical findings management and follow up.

   6.4 Maintains evidence of competency documentation verified by mentor.

   6.5 Recognises a women's right to refuse care and the importance of informed consent.

   6.6 Recognises the importance of continuing education and quality initiatives in colposcopy practice.

6.7 Recognises the implications of the Health Practitioners Competence Assurance Act 2003 related to their practice.

6.8 Achieves and maintains the National Cervical Screening Programme Policies and Standards: Section 6, 2013, Appendix one, Health Act 1956, part 4 (a)

6.9 Understands the consumers' rights in relation to the Code of Health & Disability Services Consumers Rights 1996, the Health and Disability Commissioner Act 1994 and the Privacy Act 1993.

Suggested resources for the trainee

- C-QuIP - http://www.cquip.edu.au
- Guidelines for Cervical Screening in New Zealand https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines
- Ministry of Health. 2013. National Cervical Screening Programme Policies and Standards: Section 6 – Providing a Colposcopy Service. Note: Significant changes will occur in screening practices soon with HPV testing.
- Optimising Cultural safety and Comfort during Gynaecological Examinations (Cook, Clark & Brunton, 2014)
- Irihapeti Ramsden: The Public Narrative on Cultural Safety (Koptie, 2009)
- Cultural Safety and Nursing Education in Aotearoa and Te Wai Pounamu (Ramsden, 2002)
- The significance of a culturally appropriate health service for Indigenous Māori women (Wilson, 2008)
- Modern Colposcopy Textbook and Atlas: (2012). American Society for Colposcopy and Cervical Pathology (Author), E. J. Mayeaux Jr. MD (Editor), J. Thomas Cox MD (Editor) 3rd Edition, Lippincott, Williams & Wilkins
- Nursing Council NZ (2011) Guideline: Expanded practice for Registered Nurses. http://www.nursingcouncil.org.nz/
- IARC Atlas of Colposcopy: Principle and Practice

Employer Requirements

All employers should provide:

1. Documented support of the lead colposcopist.

2. Documented support that the nurse will be trained according to the Standards for Nurse Colposcopy Training 2023 and meet the C-QuIP certification requirements, including support for continuing professional supervision and professional development.
3. A Registered/Enrolled Nurse to assist the colposcopist with the procedure in the clinic.
4. In accordance with the current NCSP Policies and Standards, Section 6 – Providing a Colposcopy Service there must be at least one named lead colposcopy clinic nurse who:
    4.1 has gynaecology skills and experience and whose role is determined in consultation with the lead colposcopist and/or service manager
    4.2 is without concurrent duties in other clinics

Maintaining Accreditation and Professional Development

All colposcopists must have access to ongoing professional development including supervision following the completion of their training.

The colposcopist:

- Actively participates in regular colposcopy multidisciplinary and audit meetings
- Undertakes continuing nursing education / research
- Attends a colposcopy conference once every three years.
- **Meet the C-QuIP audit requirements** **http://www.cquip.edu.au/maintaining-certification.html**

Appendix A

Cervical Procedures and Colposcopies
New Applicants Logbook

Date	NHI Number	New Referral	Procedure	Indication	Supervised	Unsupervised	Outcome Complications Comments
26/7/12	11111	√	Colp & biopsy	CIN3	√		Booked for LLETZCIN3 on biopsy

Cervical Procedures

- LLETZ/LEEP/Laser
- Cervical Diathermy
- Cone Biopsy

Signature of Training Supervisor

(Training Supervisor should check/sign off each completed page)

Appendix B

Kathy Lasater Clinical Judgement Rubric				
Dimension	Expert	Proficient	Competent	Novice
Effective noticing involves				
Focused observation	Focuses observation appropriately: regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information	Regularly observes and monitors a variety of data, including both subjective and objective: most useful information is noticed: may miss the most subtle signs.	Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data: focuses on the most obvious data, missing some important information	Confused by the clinical situation and the amount and kind of data; observation is not organised and important data is missed, and/or assessment errors are made
Recognising deviations from expected patterns	Recognises subtle patterns and deviations from expected patterns in data and uses these to guide the assessment	Recognises most obvious patterns and deviations in data and uses these to continually assess	Identifies obvious patterns and deviations, missing some important information: unsure of how to continue assessment	Focuses on one thing at a time and misses most patterns and deviations from expectations; misses opportunities to refine the assessment
Information seeking	Assertively seeks information to plan intervention: carefully collects useful subjective data from observing and interacting with the patient and family	Actively seeks subjective information about the patients situation from the patient and family to support planning interventions occasionally does not pursue important leads.	Makes limited efforts to seek additional information from the patient and family or whānau: often seems not to know what information to seek and/or pursues unrelated information	Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the patient and family or whānau and fails to collect important subjective data

Effective interpreting involves				
Prioritising data	Focuses on the most relevant and important data useful for explaining the patient's condition	Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data	Makes an effort to prioritise data and focus on the most important, but also attends to less relevant or useful data	Has difficulty focusing and appears not to know which data is most important to the diagnosis; attempts to attend to all available data

Making sense of data	Even when facing complex conflicting or confusing data, is able to (a) take note and make sense of patterns in the patients data, (b) compare these with known patterns (from nursing knowledge base, research, personal experience and intuition) and (c) develops plans for interventions that can be justified in terms of their likelihood of success.	In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse	In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance	Even in simple, common, or familiar situations, has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and developing an intervention
Effective responding involves				
Calm confident manner	Assumes responsibility; delegates team assignments;	Generally displays leadership and confidence and is able to control or calm most situations; may show stress	Is tentative in the leader role; reassures patients and families in routine and relatively simple situations,	Except in simple and routine situations, is stressed and disorganised, lacks

	assesses patients and reassures them and their families	in particularly difficult or complex situations	but becomes stressed and disorganised easily	control, makes patients and families anxious or less able to cooperate
Clear communication	Communicates effectively; explains interventions; calms and reassures patients and families or whānau; directs and involves team members, explaining and giving directions; checks for understanding	Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport	Shows some communication ability (e.g., giving directions); communication with patients, families or whānau, and team members is only partly successful; displays caring but not competence	Has difficulty communicating; explanations are confusing; directions are unclear or contradictory; patients and families or whānau are made confused or anxious and are not reassured
Well-planned intervention flexibility	Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response	Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments	Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response	Focuses on developing a single intervention, addressing a likely solution, but it may be vague, confusing, and/or incomplete; some monitoring may occur

Being skilful	Shows mastery of necessary nursing skills	Displays proficiency in the use of most nursing skills; could improve speed or accuracy	Is hesitant or ineffective in using nursing skills	Is unable to select and/ or perform nursing skills
Effective reflecting involves				
Evaluation / self analysis	Independently evaluates and analyses personal clinical	Evaluates and analyses personal clinical	Even when prompted, briefly verbalises the most obvious	Even prompted evaluations are brief,

	performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives	performance with minimal prompting, primarily about major events or decisions; key decision points are identified, and alternatives are considered	evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices	cursory, and not used to improve performance; justifies personal decisions and choices without evaluating them
Commitment to improvement	Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses	Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses	Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the obvious and needs external evaluation	Appears uninterested in improving performance or is unable to do so; rarely reflects; is uncritical of himself or herself or overly critical (given level of development); is unable to see flaws or need for improvement.

Appendix C

Literature Review – 2022

Literature Review Search Strategy

A literature review was undertaken using the following database search engines MEDLINE, EMBASE, CINAHL, Cochrane Database of Systematic Reviews and Trip; TRIP (2004-2017). Key words used to search for literature were 'nurse colposcopist'; 'nurse colposcopist & clinical effectiveness'; 'colposcopy & clinical indicators' and 'colposcopy & clinical effectiveness'.

Literature comparing the role of medical and nurse colposcopists confirm that similar results are obtained from either medically trained or a nurse trained colposcopists (Myriokefalitaki E. et al, 2016, Kilic, G. et al, Elit, 2007 Gage, 2006, McPherson 2005).

A study from 2014 where British colposcopists use of colposcopically direct punch biopsies were reviewed, main finding was that the techniques, number of biopsies and rationale for performing a biopsy vary greatly between colposcopists. This study also found that nurse colposcopists use of diagnostic procedures were comparable to that of medical colleagues (Myriokefalitaki, E., et al. 2016)

Another study that included 455 women over a two-year time frame from 2007-2009 who had loop electro surgical excision and cervical cone being used as the standard compared to the previous diagnostic biopsies. Nurse Practitioners and physicians had a statistically similar outcome (Kilic, G. et al, 2012).

A further study examined the influence of the medical training and included nurse practitioners, gynaecologists, gynaecologic oncology fellows to gynaecologic oncologists. The results did not vary significantly by colposcopist; however, accuracy was greater when colposcopists took two or more biopsies (Gage, J. C. et al., 2006)

An international study reviewed the findings of 72 colposcopists opinions of fifty cervigrams that had been previously assessed by six expert Canadian colposcopists. The colposcopists included a range of medically trained staff, pathologists and nurse colposcopists. Agreement amongst all was similar for the most severe lesions (Elit, et. al, 2007).

A New Zealand retrospective clinical audit undertaken by a nurse colposcopist further supports the above studies where colposcopic, cytological and histological results are similar to medically trained colposcopists (McPherson, G et al, 2005).

This role has been established internationally successfully for many years. Within the New Zealand this training was established approximately eighteen years ago and has contributed significantly to service delivery and a valuable adjunct to advanced nursing practice.

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