

# CTC BOWEL INSUFFLATION BY RADIOGRAPHERS



## MODULE 1: INTRODUCTION + REQUIREMENTS

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# Background

- Currently 50+ CT scanners in Ireland
- Many provide CT colongraphy examinations
- Bowel catheterisation & insufflation typically done by radiologists
- Potential for radiographers to perform & improve efficiencies and reduce examination times



# LEARNING OUTCOMES

- To understand the course requirements to achieve competency in bowel catheterization and insufflation by radiographers
- To review the key elements in establishing a new scope of practice and local protocol as per HSE requirements
- To become familiar with the essential elements of the Clinical Practice Portfolio

# To achieve competency, learners must...



- 1. Complete the theoretical component
  - Online presentations
  - Additional reading
  - Score at least 70% in the provided exam
  
- 2. Devise and institute a departmental protocol covering 'Bowel insufflation by Radiographers for CT colongraphy procedures', which is agreed and signed off on locally by Head of Department
  
- 3. Organise a Clinical Supervisor locally (radiologist)
  
- 4. Perform a minimum of 20 cases under supervision
  - Must complete a clinical logbook of cases
  - Competency signed off on by Clinical Supervisor before allowed to practice independently



# OUTLINE

- **Module 1: Course requirements**  
(Protocols/Logbook/Supervisor)
- **Module 2: Anatomy, indications, risk factors**
- **Module 3: Equipment & Preparation**
- **Module 4: Technique**

# MODULE 1



## Course requirements



# ROLE DEVELOPMENT

- IIRRT Advice: Radiographers should develop their professional role.
- This may be done provided that:
  - ▣ they have been properly trained for role development;
  - ▣ there is an **agreed written protocol** of work;
  - ▣ the employing authority has been informed in writing and secure in the radiographers' competence and the employers insurers undertake vicarious liability for the role development.



# ROLE DEVELOPMENT

- Similarly **ESGAR** (2013) state that rectal tube for CTC can be placed by a radiologist, radiographer or nurse as long as appropriately trained

ESGAR Consensus Statement on CT Colonography. Eur Radiol 2013

- **Faculty of Radiologists** state that
  - ▣ 'Each radiographer should be familiar with the technical requirements of performing CT colonography, including rectal tube insertion, proper client positioning, colonic insufflation of room air and CO<sub>2</sub> with manual and automated techniques, and tube removal. Radiographers should be able to identify if the study is adequate and if additional scans in other positions or buscopan are required and should be able to evaluate the CT colonography images for free air/gas'





# QUESTION SLIDE

Radiographers can develop their role further, provided... (tick all that apply)

- a) there is an agreed written protocol of work;
- b) they have been properly trained for role development;
- c) the employer has been informed in writing
- d) The radiographer provides their own personal indemnity insurance



# PROTOCOLS

- All new practices / role extensions require documented protocols
  - articulate consistent approaches for best practice
- HSE policy that all new protocols, procedures follow same format for standardisation
- Follow [link](#) to HSE website



# PROTOCOLS

- Serve to
  - Promote best practice
  - Standardise practice and service delivery
  - Ensure that legislative and regulatory requirements are met
  - Ensure employees and line managers are clear on their roles and responsibilities
  - Facilitate effective staff induction
  - Act as educational tools
  - Act as a basis for audit and evaluation



# PROTOCOLS

- A protocol = a **written** plan that specifies procedures to be followed in defined situations;
- a protocol represents a standard of care that describes an intervention or set of interventions.
- Protocols are more explicit and specific in their detail than guidelines



# PROTOCOLS

## “MUST HAVES”

- Written copy
- Date
- Date for review
- Title /scope
- Signature(s)
- Accuracy

## “SHOULD HAVES”

- Context
- Relevance
- Evidence



# FRONT PAGE

- Clear Title: Department of Radiology: Policy for bowel cannulation and insufflation for CT colongraphy examinations.
- Details

|                           |  |   |  |
|---------------------------|--|---|--|
| Document reference number |  | Document drafted by                     |  |
| Revision number           |  | Document approved by                    |  |
| Approval date             |  | Responsibility for implementation       |  |
| Revision date             |  | Responsibility for evaluation and audit |  |
|                           |  | Pages                                   |  |



# TABLE OF CONTENTS

- 1.0 Policy
- 2.0 Purpose
- 3.0 Scope
- 4.0 Legislation/other related policies
- 5.0 Glossary of Terms and Definitions
- 6.0 Roles and Responsibilities
- 7.0 Procedure/Protocol/Guideline
- 8.0 Revision and Audit
- 9.0 References
- 10. 0 Appendices
- 11.0 Revision History (electronic or hardcopy)
- + Signature page (Departmental heads + qualified individuals)



# SCOPE (sample)

- In the Radiology Department, in addition to those procedures performed by medically qualified personnel, bowel cannulation and insufflation may be performed by a member of staff who has:
- Eg: ...successfully completed a training course approved by the Irish Institute of Radiography and Radiation Therapy (IIRRT), or other relevant body, and obtained a Certificate of Competence, from a qualified medical person and completed a relevant CPD update within the last three years.
- Those who are training should also be named as being allowed to perform under supervision





# Procedure / Protocol

- Justifying of examination requests
- Checking of patient preparation
- Consent
- Precautions
- Procedure to be followed
- Adverse side effects
- Professional Discretion
- Errors and Error reporting
- Professional queries



# PROTOCOLS

- The context for the development of the policy should be outlined.
  - The **overall purpose** and objectives of the policy, procedure, protocol or guideline must be described.
  - The **people and services to which the policy applies** must be identified.
  - The **involvement of all stakeholders** needs to be scoped out.
  - The **resources required** to develop the policy should be determined.
  - The **consultation process** to meet our legal obligations to be followed.
  - The **communications** process to support the early stages of policy development needs to be outlined.



# QUESTION SLIDE

A local protocol to cover Radiographer performance of bowel tube insertion and insufflation for CT colonography should include which of the following:  
(tick all that apply)

- a) An outline of the policy scope
- b) Roles and Responsibilities of professionals
- c) Details of the procedure to be followed
- d) An outline of how the role will be audited
- e) A signature page



# CLINICAL PORTFOLIO

- designed to assist and direct learners in achieving clinical competency
- Period of supervised practice must be documented to evidence learning & competency
- Minimum of 20 procedures should be performed prior to undertaking clinical competency assessment.



# CLINICAL SUPERVISOR

- Each learner must have an identified clinical supervisor
- Will be a registered radiologist agreed locally
- Who agrees to mentor, supervise, teach and assess competency of learner



# CLINICAL SUPERVISOR

- Supervisor responsible for:
  - Providing support, teaching and learning opportunities in the clinical practicum;
  - Facilitating learning by encouraging critical thinking and reflection;
  - Providing dedicated time and opportunities for the radiographer to perform bowel cannulation and insufflation on a range of patients;
  - Promoting the integration of theory with practice;
  - Verifying and documenting all supervised practice documentation for the duration of the training programme;
  - Meeting formally with the learner to review progress;
  - Formally assessing the learner's competence in the clinical practicum using the Clinical Competency Assessment Tool;
  - Documenting that the learner is competent or not competent to perform bowel catheterisation and insufflation;



# PORTFOLIO COMPONENTS

- Logbook of cases (minimum of 20)
- Supervised practice record
- Reflections on five cases
- Record of meetings with clinical supervisor
- Competence assessment + sign off

# SUPERVISED PRACTICE RECORD



- List of objectives to be attained during the supervised practice period
- Aim to give the learner tangible objectives to work towards
- Learner indicates, by writing the date in the appropriate column, when they feel they have met a particular objective
- Shown to supervisor during review meetings





# REFLECTIONS

- Learners must reflect on minimum of 5 procedures
- Aim to review a procedure and use this as a means to improve future practice.
- In line with CORU requirements
- Should be analytical and not just descriptive
  - E.g: *'I did X' vs 'I did X but on reflection I could have done Y and having read an article....'*



# REVIEW MEETINGS

- Three scheduled and documented meetings with supervisor
- **Initial:** agree & record plan for achievement of learning outcomes
- **Intermediate:** after 10 procedures to review progress
- **Final:** following 20 procedures to sign off on competency
- Action plan if needed for specific learning needs

# COMPETENCY ASSESSMENT



- Final procedure performed unaided by the learner & observed by clinical supervisor
- Supervisor should also consult with professional colleagues in determining competency
- Sign off on competence
- If not competent – repeat assessment required following the addressing of learning needs



# QUESTION SLIDE

To complete the clinical logbook, Radiographers must...(tick all that apply)

- a) Complete a minimum of 20 supervised cases
- b) Complete reflections on at least 5 of these cases
- c) Be signed off as competent by their clinical supervisor
- d) Pass a written examination
- e) Engage with their supervisor and have regular meetings to review progress



# SUMMARY

- Role development in this area for Radiographers is possible and recommended
- Theoretical and practical training essential
- Must be supported by local agreement with written protocols in place and signed off
- Clinical Practice Portfolio aims to support learners in achieving competence by documenting learning and is important evidence of CPD for CORU requirements



# REFERENCES

- IIRRT Best Practice Guidelines [www.iirrt.ie](http://www.iirrt.ie)
- Morrin & Fenlon, Guidelines for Use of CT Colonography (CTC) ...in Ireland. Faculty of Radiologists
- ESGAR (2015). Consensus statement on CT colongraphy. European Radiology