

Society of Urologic Nurses and Associates

Position Statement on Nurse Practitioners and Office Cystoscopy

Background

Specialty care environments are seeing an expansion of the use of nurse practitioners (NP) due to the mandated decrease in resident work hours, the influence of the Patient Protection and Affordable Care Act (PPACA; 2010), physician shortages and/or retirement rates. The Society of Urologic Nurses and Associates (SUNA) recognizes that the aging of the US population, coupled with the anticipated shortage of urologists, is creating a bottleneck regarding access to all dimensions of urology care. The need for urology clinical care will continue to grow across domains, including clinical care, access to care, care of genitourinary (GU) malignancy, and education of other providers. There will be an increasing need for providers at all levels who are proficient in management and surveillance of non-surgical urologic conditions.

Purpose of Statement:

Over 270,000 licensed nurse practitioners (NP) are working across the country (AANP, 2020), and there must be consistent attempts to modernize curricula and training opportunities to remove barriers to NP specialty practice that restrict access to high-quality health care with patients seeking specialty care and follow up. Specialty societies, such as SUNA, have a clear role in addressing these gaps in NP education.

Barriers to NP role expansion into urology care exist, some of which are the result of a lack of curriculum content in NP education programs, and some of which are the result due a lack of standardized US training courses for office-based procedures specific to urology. Quallich et al. (2019) provide a template by which APPs can document education and training in order to expand their practice to include performing office cystoscopy. This paper offers a US-based template for NPs to seek credentialing and privileging to order to move forward with offering cystoscopy as part of their clinical skills, and supports the *Cystoscopy Workshop* that SUNA has been offering at its conferences.

SUNA supports Nurse Practitioners performing office-based cystoscopy procedures, with training based on the Quallich et al. (2019) paper, as a vital way to address the need for access to quality urologic care. SUNA also acknowledges that in the past, NPs have been safely trained on-the-job to perform cystoscopy, but feels that moving forward, training can proceed with a more uniform, standardized approach.

Implications for NP practice in Urology

A standardized cystoscopy training program offers an opportunity for NPs to develop new strategies for their expanding their clinical roles in the care of urology patients, and increase access to office based-cystoscopy procedures. Urologic health needs reach across all patient populations, and often exist with other comorbidities. It is vital to control costs, and identifying the best provider to see particular groups of patients, especially those who do not need the surgical skill of a urologist, is key as the population ages. This is also consistent with the Institute of Medicine (2010) recommendations that nurses of all education backgrounds work to the full extent of their training and education. Furthermore,

participation in training and credentialing for office cystoscopy this is consistent with the progression of knowledge and skills for the NP working with adult urology patients that has been described (Quallich, Bumpus, & Lajiness, 2015).

This expansion of NPs into urology clinical practice has additional relevance in terms of division of labor, which is also been termed collaboration or team-based approach. An increased supply of providers focusing on GU conditions and offering initial screening services may increase overall utilization of urology services, offering opportunities for people who might have gone without GU care to enter into the healthcare system and maintain the recommended schedule for follow up. Role expansion and targeted utilization of NPs in specialty environments can address multiple stakeholder needs by encouraging this collaborative team model for patient care, as advocated by the American Urologic Association (2014). This remains consistent with the goals of the PPACA to improve affordability and availability for patients.

SUNA supports ongoing research to support and establish the safety of NPs performing cystoscopy, and revision of the training program as needed.

Recommendations

Nurse Practitioners who add office cystoscopy to their clinical skill set, and who evaluate and manage adult urology patients will:

- Establish appropriate credentialing and privileging for office-based cystoscopy, as is consistent with their individual state Board of Nursing and facility.
- Establish a clear pathway for additional surgical evaluation and treatment with a collaborating urologist(s).
- Establish resources for referral and treatment with collaborating urologists for abnormalities and potential complications.
- Demonstrate understanding of facility cystoscope cleaning and sterilization policies.
- Identify those populations within their urology clinical environment who are at risk for not receiving regular bladder cancer screening and follow-up.
- Advocate for healthcare environments that are welcoming and nonjudgmental and that promote a comfortable, affirming clinical experience.
- Follow current bladder cancer screening guidelines.
- Utilize effective reminder and follow-up systems.
- Participate in surveillance programs to track outcomes of bladder cancer screening and follow-up strategies.

SUNA will provide leadership and resources to ensure that:

- Continuing education programs are available for NPs to learn the didactic content relevant to office-based cystoscopy, and a practice opportunity to work with cystoscopes.
- Continuing education programs are available for NPs to learn about evidence-based strategies to improve bladder cancer screening rates, as well as timely follow-up and treatment.
- Policies support equitable access to routine genitourinary care, cancer screening, appropriate follow-up, and treatment when needed.

References

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