LECTURE 7: WORKING WITH YOUR NURSE FOR A COMFORTABLE EXAM

Participant Handout

Colonoscopy Without Pain | MEA Physician Symposium
Date: 21-22 January 2026 | Venue: Medical City Hospital, Muscat
Speaker: Dr. Samer Al-Dury

LEARNING OBJECTIVES

By the end of this lecture, you will be able to:

1. Understand the nurse's critical role in patient comfort and procedure quality
2. Communicate effectively with nursing staff during procedures
3. Work as coordinated team with defined roles and responsibilities
4. Optimize patient anxiety reduction and sedation management
5. Use nursing observations to improve your technique
6. Build procedures that prioritize patient experience alongside clinical outcomes

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THE NURSE'S ROLE: PARTNERSHIP FOR COMFORT & QUALITY

Critical Principle: Nursing staff are co-leaders in patient experience and procedure quality.

Pre-Procedure: Patient education/anxiety reduction, bowel prep verification, NPO confirmation, rapport building.

During Procedure: Monitoring (vitals, O_2, consciousness), sedation management, real-time comfort assessment, communication, abdominal splinting, equipment prep.

Post-Procedure: Recovery monitoring, comfort assessment, discharge criteria, follow-up instructions.

The Comfort Assessment Role

Nurse-Reported Comfort Level (NRCL): 1-5 scale (1=excellent, 5=severe discomfort)

Critical Finding: Nurse-assessed comfort correlates directly with endoscopist skill, cecal intubation rate, and adenoma detection rate. This objective assessment is more reliable than sedated patient self-report.

TEAM STRUCTURE & COLLABORATION

Standard Team (Moderate Sedation):

- Endoscopist: Scope, sedation decisions, maneuver strategy, communication
- Nurse: Monitoring (vitals/O_2/consciousness), sedation assist, comfort assessment, real-time communication

Enhanced Team (Difficult Cases):

- Add second nurse for abdominal splinting/equipment management, or
- Add anesthesia provider for deep sedation/high-risk patients

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PRE-PROCEDURE: NURSE-LED EDUCATION

Nurse Prepares Patient:

- History: Medications, allergies, prior experience, anxiety history
- Anxiety reduction: Normalize feelings, explain step-by-step, address fears
- Prep verification: Confirm regimen completion, assess quality
- Establish rapport and answer questions

Endoscopist (5 min before): Reaffirm plan, explain sedation, build confidence.

Impact: Structured pre-procedure education reduces anxiety 35%, improves prep compliance 20%.

DURING-PROCEDURE: COMMUNICATION & MONITORING

Key Signals:

- You to Nurse: "Apply splint" / "More sedation" / "Roll to supine" / "Patient comfortable?"
- Nurse to You: "O_2 sat dropping" / "Patient grimacing" / "BP rising" / "Apnea episode"

Nurse Monitoring: Vital signs (HR, BP, O_2, RR), facial expressions, muscle tension, breathing. Changes signal discomfort or sedation issues.

Your Response: Listen to nurse observations; they see what you can't while focused on scope. Adjust technique, position, or sedation based on their input.

POST-PROCEDURE: RECOVERY & QUALITY DATA

Nurse Role: Monitor vital signs, assess comfort, provide blankets/fluids, verify discharge criteria.

Patient Interview: "How was your experience?" / "Did you have pain?" / "Questions about results?"

Quality Data: Nurse-reported comfort level + patient satisfaction = critical quality metric paired with your CIR/ADR.

PARTNERSHIP: RESPECT & COMMUNICATION

Partnership Mindset (Right): "We're a team. I focus on scope; you focus on comfort/vitals. You're my eyes on what I can't see."

Mutual Respect:

- You respect: Nurse sees what you can't; comfort assessment is objective; nurse catches problems early

- Nurse respects: You're focused on scope; nurse provides timely, concise communication; nurse anticipates needs

Brief Huddle (2 min before): Discuss the plan—anatomy, anticipated challenges, positioning strategy, comfort expectations.

USE COMFORT DATA TO IMPROVE TECHNIQUE

Audit Your NRCL: Track comfort scores across 10-20 procedures; identify patterns (sigmoid worse? specific depths?).

Compare Against Benchmarks: Your average vs colleagues; compare by anatomy type.

Act on Feedback: "My sigmoid scores 3.2; colleague's 1.9" → Review sigmoid technique; earlier position changes; gentler force.

Nurse Observations Signal Issues:

- "Grimaces at 25 cm" = pushing too hard; reconsider technique
- "Much more comfortable when supine" = use position changes earlier
- "O_2 dropped at 50 cm" = reduce insufflation; use CO_2

SEDATION: COLLABORATIVE MANAGEMENT

Typical Regimen: Midazolam 2-3 mg + Fentanyl 25-50 mcg IV; titrate per response.

Nurse Role: IV access, medication verification, administration, consciousness/oxygenation monitoring, documentation.

Endoscopist Role: Sedation depth decision, communicate changes, airway management, adjust technique if over-sedated.

Communication: "Patient pretty deep now" / "Grimacing despite sedation" / "O_2 sat 91%" → Your response based on clinical judgment.

DOCUMENTATION & QUALITY METRICS

Nurse Documents: Sedation (drugs/times), NRCL, vitals, complications, maneuvers, patient experience.

Combined Data: Your CIR/ADR/withdrawal time + Nurse's comfort/sedation/satisfaction = complete quality picture.

Key Finding: Best colonoscopists achieve high CIR AND ADR AND patient comfort AND low sedation needs.

PATIENT EDUCATION IMPACT

Structured Pre-Procedure Education: 35% anxiety reduction, 20% prep compliance improvement, higher satisfaction.

Nurse Education Topics: What to expect (scope, pressure, water), sedation (awake but relaxed, amnesia normal), recovery (cramping normal, no driving 24 hours).

This education drives compliance and comfort.

CLINICAL PEARLS

1. **Nurse sees what you can't** — Vital signs, facial expressions, breathing. Listen to observations.
2. **Comfort = technique quality** — Lowest discomfort scores correlate with best colonoscopists. Use as feedback.
3. **Partnership > hierarchy** — "We're a team" improves communication, outcomes, retention.
4. **Abdominal splinting powerful** — Dedicated splinting dramatically reduces loops. Request for high-risk anatomy.
5. **Pre-procedure education matters** — Structured education = 35% anxiety reduction, better prep, better tolerance.
6. **Monitor data essential** — Dropping O_2 or rising HR signals discomfort/oversedation. Believe and adjust.
7. **Position changes need coordination** — Clear communication + nurse practice = smooth, effective positioning.
8. **Sedation partnership works** — Nurse manages dosing; you manage clinical decisions. Trust collaboration.
9. **Shared data tells full story** — Your technical metrics + nurse's comfort metrics = complete quality picture.
10. **Respect drives retention** — Treating nurses as co-leaders improves team stability and performance.

KEY TAKEAWAYS

- **Nurse is co-leader** — Partner in care and quality, not assistant
- **Comfort feedback = technique improvement** — Nurse-reported comfort reveals your weak points
- **Communication is central** — Clear phrases/signals improve team coordination
- **Pre-procedure education powerful** — 35% anxiety reduction, better compliance
- **Listen to observations** — Vitals, expressions, breathing = real-time technique feedback
- **Abdominal splinting works** — Request for high-risk anatomy; dedicated assistant essential
- **Sedation partnership essential** — Nurse monitors; you decide; collaborate on dosing
- **Document shared data** — Your metrics + nurse's metrics = complete quality picture
- **Respect drives excellence** — Partnership approach improves outcomes and team performance

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