

Nurse practitioner performance of colonoscopy



We appreciate your thoughtful comments about our recent publication on nurse practitioner (NP) performance of colonoscopy. We would like to assure you and all readers that there was fair selection and informed consent for all of the individuals involved in this study.

Of importance to note, this was a retrospective study. The NPs were formally trained, deemed competent, and fully credentialed by our institution and the Maryland Board of Nursing to perform colonoscopies independently prior to the initiation of the study. Therefore, the participants were not subject to an experimental group. Rather, the goal of this study was to evaluate NP performance in colonoscopy following training to demonstrate whether they met quality standard metrics proposed by professional gastroenterology societies, which in this case, they did.

In an effort to clarify our methods, all patients included in the study were scheduled through our typical endoscopy scheduling system, without attention to race or gender. All patients were informed that their procedures would be performed by an NP at the time of scheduling, at which time, they were also given the option to have their procedure performed by a physician if that was their preference. Patients were also reminded that their procedure would be performed by an NP at the time of informed consent on the day of their procedure.

We would like to highlight that African Americans make up 62.8% of Baltimore's population and 88% of the Middle East Baltimore neighborhood where our hospital is located [1]. In addition, our Gastroenterology Department has

targeted efforts to improve screening among our local community through our Direct Access and Underserved Baltimore City Screening Programs, in which all of our endoscopists have participated. With this in mind, the 73.9% African American population included in our study is simply a reflection of our local demographics.

It is also worth noting that Dr. Anthony Kalloo, who developed the NP endoscopy training program at Johns Hopkins and co-authored our paper, is himself African American. His intentions were always to better serve his local community, not to exploit them.

Finally, we would like to bring to mind the potential for professional bias when proposing a "two-tiered system" in regard to NPs performing colonoscopy. This statement passes judgement on title rather than competence, making the assumption that care from an NP is inferior to that of a physician. In our study, the NPs adhered to training guidelines set forth by professional gastroenterology societies and achieved the same national metrics for safety and effectiveness set for gastroenterologists performing screening colonoscopies. Our current focus should be on working together to find effective strategies to meet the rising demands for colorectal cancer screening to better serve the health of our communities and improve access to preventative care for our patients.

Competing interests

The authors declare that they have no conflict of interest.

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Bibliography

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