AfPP
Brighton Residential
June 2014
Education & Role Development

What have we learnt...
...or have we?

DEBATING PANEL
Chair

Libby Campbell OBE, Mphil, MSc, RN, RM

Director of Nursing, Royal Infirmary of Edinburgh, AfPP Past President, Retired.
The Demise of the ENB and the impact this had on perioperative nursing practice

Diane Gilmour, Programme Manager, Planned Care, Crawley Hospital, AfPP Past President
ENB - brief history

• Set up in 1983

• Legal responsibility for approving institutions where professional training and allied courses were provided

• Provide and approve training courses for nurses - pre and post registration
• Ensure meet requirements of UKCC with regard to content and standards

• Abolished 2002

• Quality Assurance function then by NMC in England
Education Evolved

• ENB continued as education evolved

• Diploma/ degree programmes

• Still accredited ENB courses in different formats- diploma modules, credit system (60 credits equivalent to ENB 176)
More lateral thinking

• Supported changes to programmes as need for greater access for students and organisations

• Organisations including independent sector sent students for actual module study days and supported them in the workplace for clinical assessments
What did this mean to practitioners?

• Accepted currency - ENB 176, 182, 183, Day surgery nursing

• Seen as key to career progression and professional development
For organisations?

• Consistency in standards

• Maintained emphasis on clinical practice through regular practice audit and assessments

• Development opportunities for perioperative staff in many organisations including independent sector
And now?

• Each University has a Quality Assurance system in place which may involve clinical expertise and course leaders from other Universities

• Competencies attached to each module/course and these may be based on HPCP for registered ODPs
BUT...

• Does each course/module (in any aspect) of perioperative care have the same content, same competencies, same clinical expectations?

• Do such modules/courses offer the same currency for practitioners and employers?
So has the demise of the ENB devalued nurse education, and perhaps nursing in perioperative practice?
ODP Advancements - The highs and lows and the future of perioperative practice

Head of Perioperative Studies, Edge Hill University (Ormskirk), AfPP Special Interest Group, Educators.
The Perioperative learning environment for today’s students

Student Operating Department Practitioner

Anglia Ruskin University
The dream clinical environment

- Protected learning
- Empathy
- Anatomy and physiology
- Professionalism
- Clinical decision making
The Nightmare Reality

- Students and patients competing
- Unwelcoming learning environment
- Under-resourced & under-prepared
- Student anxiety & stress
Carpe Diem

Seize the day

Because, believe it or not each and every one of us in this room is one day going to stop breathing, turn cold and die.

Dead poets society 1989
Be Proactive

- Prepare for procedures by looking at the operating lists in advance
- Research the procedure: A&P, Airway management, risks & benefits, post op care
- Prepare your questions and findings for discussion
- Keep a reflective journal and a clinical one
- Arrive with a plan of what you hope to achieve that day
The Learning Environment
The multidiscipline team

The Surgeon  The Doctor  The Widwife
How did they do it right?

- Bite sized information delivered with universal language
- Broad context then funnelled into specialities
- Regular summaries of what has been discussed so that we could check our understanding
- Clinical supervisors asked for feedback at the end of their sessions
What would students like to see?

• Orientation and welcome by mentor/ buddy
• Safe learning environment
• Less than perfection gives room for improvement and hope
• Inter-professional learning
• Mentors nurture students and encourage excellence
• Encourage and reward quality mentors
References


One does not simply attend a study day...

...One participates
Advanced Surgical Roles and their effect on the perioperative team

Surgical Care Practitioner, Walsall Healthcare NHS Trust, AfPP Special Interest Group co-lead, Advancing Surgical Roles
ADVANCING SURGICAL ROLES

ADVANCEMENT OR BLIGHT

Their effect upon the perioperative team
History

• 25 years
• Political drivers
• Professional acceleration
• Changing surgical workforce

The NHS Plan
A plan for investment
A plan for reform

Presented to Parliament by the Secretary of State for Health
By Command of Her Majesty

July 2000
Benefits

• Maintain surgical services
• Enhance patient care
• Streamlines patient care
• Cost effective
• Support junior medical staff
• Advises perioperative staff

Abraham 2011; Quick 2013
Effect on Perioperative Team

• Early experience of conflict

• Removes experienced practitioner from theatre team

• Encourages cohesive relationships
Effect on Practitioner

- Additional career pathway
- CPD standards have yet to be nationally defined
- Emerging individual professional group
- Emerging inequalities
ASR Issues

- Ignorance of national standards
- Robust needs analysis
- Multi-professional engagement
Summary

• Benefits to the perioperative team, patient and organisation

• Offer an additional career pathway

• Inequalities exist

• AfPP leading the way
Development of Standards and perioperative audit tools over the years and the impact of NATN and AfPP on national standards

Operating Theatre Consultant, KMW Ltd
Standards & Tools

- NATN/ AfPP have produced standards and audit tools since late 1980s
- What else was/is available?
- Inconsistent use in practice
- Never events
- Each unit produced their own standards and procedures
- Set benchmark for best practice
- E-standards necessary
Professional Bodies & HE

• Did we all work together on perioperative curricula for post basic education?
• Clinical educator ‘links’
• Liaison - from the workplace, intermittent
• Did practice improve?
• Did we demonstrate this by audit of standards?
• Often the only guidance available
• Not used in practice across the country, so benchmarking not always effective
• Guidance on First Assistant Dual Role and changing surgical practice
• Used in court as evidence of best practice
What was NATN/ AfPP doing at this time?

• Ed Comm. Devising our own guidance
• Branches ran frequent study days - with 100 plus attendees
• Congress programmes & Managers Forum
• CPD for specialism provided
Continuing Professional Development

- PREP 1998 - Perioperative portfolio
- Self reflection and verification of hours of CPD
- Expectations
- Workplace pressure
- Multi-professional provision of CPD
- What do our patients expect?