



“Influencing and Supporting clinical policies into perioperative practice”

NATIONAL CORE CURRICULUM FOR PERIOPERATIVE NURSING

2017

FORWARD:

Perioperative practice unifies the many disciplines that work toward the assurance of good clinical outcomes and patient safety in operating rooms providing diagnostics, in-patient and ambulatory services for elective, urgent and emergency care.

Surgical suites are demanding, exciting, energy charged and stimulating environments and the activity that occurs in them highlights the importance and need for caring, confident competent staff.

Staff who can assure the priorities of accountability, advocacy, and ethical care giving and manage in tandem the challenges of clinical and operational complexity and the potential to human error.

This publication is welcomed and will add enormous value to education commissioners and providers, for there has been a recognised gap since the demise of the specialist programmes for post qualifying nursing education in the late 80's.

Perioperative practice is diverse and requires optimal technical and non-technical skills from all those who provide it – which requires an evidence based supporting curriculum – this resource provides that.

Patient and staff safety must be at the heart of all that we do through our perioperative care giving. We are human and fallible such it would be easy to become beleaguered or complacent or dismissive of the aggressive march of technology and innovation, the operational pressures that impact our services - such we all need to recognise that structured education supports resilience, quality outcomes and safety.

This curriculum outlines the contribution to be gained by educating to achieve effective teamwork and communication and the vital importance of compassion and professional commitment to safeguard patients when they are at their most vulnerable, and it details the technical knowledge required to underpin essential care.

Throughout my career first as a student enjoying placement, then as a 'newbie' staff nurse, post-qualifying green hat or 'course nurse' (a title reserved for those fortunate, to pursue a JBCNS or ENB programme in the 1980's), Sister, Manager, Commissioner, Educator and National Advisor, I have been engaged in and associated with the perioperative arena. I

could not imagine working in a speciality more rewarding, stimulating and exciting and I consider myself privileged, to have enjoyed the career path that I have and to have worked with so many exceptional perioperative staff and leaders.

This resource recognises the evident gap in guidance to support our perioperative discipline and I commend all who came together to design and offer it up.

I am acutely aware, that the central tenets of perioperative practice, (clinical quality, patient safety, governance, controls assurance and clinical effectiveness) are enduring and focussed themes of our discipline; they are as relevant to my practice today, as they were when I first set foot in an operating theatre. We must assure that future generations of perioperative staff are equally well prepared and educationally supported to ensure that the patients that we serve are cared for in the manner that we would want for ourselves and our loved ones.

I commend this resource

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1: INTRODUCTION

Staff in operating theatres are made up of multi-professional teams including surgeons, anaesthetists, junior doctors, perioperative nurses, operating department practitioners (ODPs) and perioperative support workers (PSWs). Perioperative nurses provide skilled care and support for patients undergoing either major, intermediate and/or minor surgical procedures. Perioperative care encompasses all perioperative specialist areas, which include surgery, anaesthetics and the Post Anaesthetics Care Unit (PACU), often referred to as recovery. It is an exciting, demanding and evolving career. The fundamental role of a perioperative nurse is to assess, plan and deliver high quality, safe and effective care as part of the multi-disciplinary team. The perioperative nurse must be technologically able, work effectively within a multidisciplinary team, have good decision making abilities and be compassionate and empathetic to deal with patients at their most vulnerable. One of the core roles of a perioperative nurse, working together with the multidisciplinary team is to ensure patient safety and depending on which perioperative speciality they work in, they will be responsible for a variety of elements of care, including the management of specialist equipment, devices and drugs.

There are several drivers for standardising training and education in the perioperative environment. ‘Surgery is an inherently risky process and surgical systems are highly complex’ (NHS England, 2015a; 2014:4). The incidence of documented surgical never events has risen and there is universal agreement on the need to protect patients from harm and therefore it is essential that all registered perioperative nurses have met a minimum standard of education for safe practice.

The taskforce (NHS England, 2014:4) set up following the never events policy framework concluded ‘that to achieve a continual reduction in harm, we must reduce variation in practice, promote learning from our mistakes and inform improvement activities, and continue to promote organisational and professional responsibility’. It proposed a strategy of three interlocking elements:

- *Standardisation* of generic operating department procedures*
- *Systematic education and training* for operating theatre environments
- *Harmonising* activity to support a safer environment for patients

In 2015 the National Safety Standards for Invasive Procedures (NatSSIPs), a result of the taskforce report recommendations, produced a set of national standards for operating department practice (NHS England, 2015b). The NatSSIPs used national and local learning resulting from the analysis of Never Events, Serious misses and near misses to promote safer care for patients. The NatSSIPs require a proportion of the (non-medical) perioperative team to hold a specific perioperative qualification, which may be the pre-registration ODP qualification or a post-registration theatre nursing qualification, and hence this curriculum aims to ensure parity in perioperative nurse education. They all stress the importance of all practitioners being educated in the perioperative roles they undertake.

Surgeons and anaesthetists are trained and educated in their surgical and anaesthetic specialities, operating department practitioners complete their pre-registration education in all three perioperative areas, surgery, anaesthetics and post-anaesthetic care. Registered Nurses can seek employment in operating theatres, however, since the demise of the English National Board qualifications, it is recognised that there is significant variation in their specific perioperative education. This varied approach to post-registration perioperative education for nurses may include formal awards delivered by Higher Education Institutes, while a significant proportion is localised and delivered by individual hospitals/departments; it is also acknowledged however that some perioperative nurses will not access any formal training programme.

It is the aim of this curriculum to provide a nationally recognised route for career progression for all perioperative nurses. It will also enable registered nurses, new to theatres to gain a nationally recognised Higher Education Institute (HEI) perioperative qualification as part of this Master's route. For those nurses who wish to work in theatres, but who do not have a level 6 (degree level) qualifications, it is suggested that a BSc (Hons) route should also be offered, which includes the core competencies of this curriculum.

** This should also be interpreted in the broader context for surgical procedures undertaken outside the operating theatre/department'.*

2: THE PERIOPERATIVE CARE COLLABORATIVE

The Perioperative Care Collaborative (PCC) is comprised of professional organisations and associations representing the health professionals working in practice and education, within the Perioperative environment. It is a platform that enables those in the multi-professional perioperative team to debate and discuss contemporary key issues which impact on patient experience and develop a plan for dissemination of relevant guidance to extended members organisations. Patients are placed at the centre of perioperative care, through promoting consistent and safe patient care. The Committee works collaboratively to formulate and agree guidance, recommendations and position statements and undertake projects that support the development of practice. The PCC always strives to enhance the surgical patients experience by influencing healthcare policy through publication and dissemination of best practice in the delivery of perioperative care services.

3: EDUCATION PHILOSOPHY FOR THE UK NATIONAL CORE CURRICULUM FOR PERIOPERATIVE PRACTICE

The provision of high quality care must be underpinned by evidence-based education and training which enables staff to 'respond more effectively and flexibly' and is crucial when considering the various factors impacting upon the delivery of perioperative patient care (DH 2013). The development and training of qualified staff is clearly an important factor, education and training is particularly pertinent in the perioperative environment where high impact interventions take place and where patient safety and the quality of care must be paramount. Post-registration perioperative education should emphasise the acquisition, development and retention of knowledge through different pedagogical means. The ever-expanding scientific research in perioperative care makes it essential for theatre nurses to understand current best practice in addition to having skills of critical appraisal of evidence.

The educational philosophy of this curriculum is to enable students to become autonomous, self-directed perioperative nurses, proficient in delivering evidence based, individualised, high quality perioperative patient care. The programme design and delivery therefore, should place the emphasis on students acquiring learning strategies that enable them to develop an understanding of the complex body of knowledge required of perioperative practice,

This curriculum is designed to enable students to become active, self-directed learners who are prepared to take responsibility for their own learning. The objective is that students will become independent perioperative nurses able to enhance and develop practice through the professional attributes of reflection, flexibility and maintenance of high professional standards.

The interaction between theory and practice in the education is essential. Student centred learning happens through internalising the nurses' basic knowledge and experience, combined with theory and guided practice. The perioperative qualified nurse will develop analytical techniques and problem-solving skills that can be applied across perioperative care and transferred to related areas for example critical care. In addition, they will be able to evaluate evidence, arguments and assumptions, reaching sound judgements, and effectively communicating within their sphere of perioperative practice.

4: MODEL OF PERIOPERATIVE CARE

Just as Maslow's theory of Human needs builds upon essential physiological needs so this perioperative model of practice recognises the essential part of the basic principles in underpinning both higher more specific practical skills and personal development within the individual concerned. As there is no current UK perioperative nursing national curriculum it was decided to adapt the European International Perioperative Curriculum model and combine it with the College of Operating Department Practitioners (2011) BSc curriculum, in the development of this document (European Operating Room Nurses Association EORNA, 2012; College of Operating Department Practitioners, 2011). This was to ensure parity between UK perioperative nurses and their European counterparts and between the skill set of nurses and ODPs who both practice as perioperative practitioners.

This model illustrates aspects of experiential taxonomy, which incorporates a series of stages through which the student progresses, commencing with initial exposure to the experience of the general perspective of peri-operative care through to the incorporation of that experience in the student's observable behaviour as a competent nurse within the department.

The competence referred to above equates to competence as indicated by Benner, which falls halfway between the beginner and the "unthinking, smooth and adaptable performance of the expert" (Benner, 1984). It is recognised that additional developmental time will be needed once the programme is completed to enable the competent nurse to become a peri-operative expert.

The model further incorporates elements of both product theories - foundation and specialist skills outcomes - and process theories, where the development of the individual becomes the final focus.

The curriculum encompasses development of theory and practice simultaneously and suggests a process of continuous assessment of practice both by the individual learner and his/her academic educators and clinical mentors. This on-going assessment allows for the early identification of potential problems thus permitting the necessary response to enable the learner to overcome those difficulties and progress through the programme developing him/herself as both an individual person and a competent nurse.

4.1: The PCC National Common Core Curriculum

1. The intention of the Common Core Programme for Nurses

The programme should provide the essential education, which would be required throughout the UK when developing a nurse to practice autonomously within the perioperative environment. When a nurse has evidence that they have completed the common core equivalent, the department will have clarity of the level of knowledge, which can be expected of that person.

It must be stressed that the learning hours allocated to each module should be considered as minimum and where possible additional clinical time should be given to enhance development of a skilled nurse.

2. Aim and objectives

At the end of the programme and having successfully passed the modules, the perioperative nurse will be able to:

- Provide high quality care, in a safe manner, whilst performing one or more of the following areas of practice:
 - Anaesthetic Care
 - Surgical Care (Including both scrub and circulating roles)
 - Post-Anaesthetic Care
- Promote and apply the principles of good generic communication
- Demonstrate a holistic approach to patient care pre, intra and post-operatively when assessing the

- individual patient needs when planning patient care and evaluating outcomes
- Promote and deliver patient centred care pre, intra and postoperatively
- Recognise the importance of patient identification and apply accurate attention to detail
- Interpret the findings of a variety of clinical investigations and apply these to the planning and delivery of individualised patient care
- Manage all individual patient needs during the perioperative period
- Ensure patient safety in respect of psychosocial and physical parameters in the respect of the person and his/her rights, beliefs and wishes
- Manage hospital hygiene, asepsis and the different methods of disinfection and sterilisation
- Practice effectively in the anaesthetic role during the whole perioperative period
- Proficiently and competently practice in the circulating and scrub roles in the basic techniques of the main specialities of surgery
- Demonstrate skilful dexterity and manipulation techniques in the use and safe maintenance of instruments and devices used in the operating theatre
- Practice effectively in the post-anaesthetic care role
- Take part in the administration and organisation of the theatre and in the management of a multidisciplinary team
- Support the principles of effective multi-professional team working
- Actively participate in department research projects and/or service improvement projects
- Participate in quality assurance programmes such as clinical and educational audits
- Partake in risk management strategies
- Maintain own professional competence, as required by the Nursing and Midwifery Council Code, Standards and life-long learning requirements, through ongoing specific continuing Professional development.

3. Competency

Professional competency has been defined as follows:

‘the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the individual and community being served’ (Epstein & Hundert, 2002:226).

Qualified and experienced perioperative nurses working within the multidisciplinary team should be expected to perform in a competent manner, completing clinical tasks safely and effectively in a timely manner whilst displaying an understanding of the evidence-base and an awareness of current developments in research and knowledge relating to the operating department and perioperative practice.

A systematic approach to holistic care ensures that registered nurses maintain the identity and dignity of each individual patient in a non-discriminatory manner. Furthermore, adherence to the standards for perioperative practice and achievement of threshold status will enable the patient, the relatives and carers, to receive appropriate information and physical and emotional support needed to help them through the stages of perioperative care. These attributes therefore should be considered as underpinning competencies which are demonstrated consistently throughout the programme of study.

4.2: Academic Level and Progression

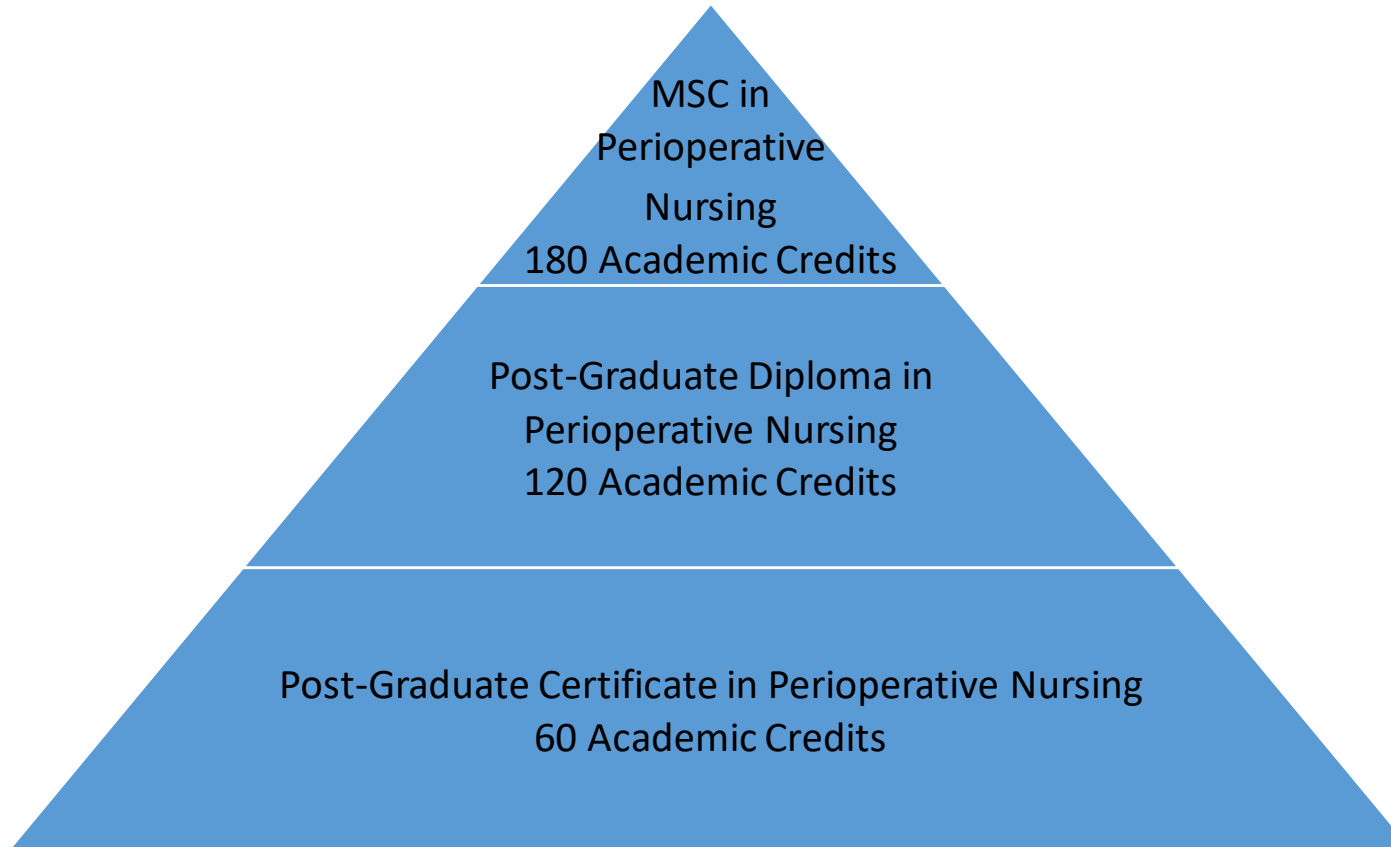
Most registered nurses in the UK are educated to a BSc (Hons) level and may have already studied some of the domains highlighted within the EORNA curriculum in their pre-registration programmes. The aim of the PCC curriculum is to ensure that a qualified nurse choosing to work in the perioperative environment post-registration gain and/or build on the knowledge, competencies and practical skills necessary to provide safe patient care.

In order, to initiate this process, the competence statements must be benchmarked within the overall work undertaken by Southern England Consortium for Credit Accumulation and Transfer SEEC (2016) on Credit Level Descriptors (England, Northern Ireland and Wales) and the Scottish Credit and Qualification Framework (SCQF) (2012), which supplement the work of Quality Assurance Agency (QAA) for Higher Education (2010) in developing generic level descriptors in the following areas:

- Development of Knowledge and Understanding
- Cognitive/Intellectual skills
- Key/Transferable skills
- Practical skills

In order, to ensure that patient safety and perioperative surgical standards are maintained and assured, this curriculum project was designated with the specific aim of creating a **National Core Curriculum for Perioperative Nursing at Master's level**. This is a post-graduate (level 7) programme potentially leading to qualifications at full Masters' level (QAA, 2014), incorporating both core and specialty knowledge and skills acquisition, which will take place in the clinical setting and will require partnership between the NHS and educational institutions. Eligibility to enter the programme would normally require a BSc (Hons) and professional registration as a nurse however this will be determined by individual HEIs. The Accreditation of Prior (Experiential) Learning (AP(E)L) and the Accreditation of Prior (Certified) Learning (AP©L) processes should be clearly articulated and available to candidates if appropriate.

Illustrative Design:



The minimum requirement for qualified nurses new to perioperative practice will be a part-time twelve to eighteen-month programme resulting in a 60-credit Post-Graduate Certificate in Perioperative Nursing. This should incorporate a compulsory module introducing all three perioperative areas, including perioperative legal issues; perioperative communication; theatre design, environment and etiquette; risk assessment; policies and procedures, followed by module(s),

incorporating theory and practice in one or more (two areas are suggested as a minimum), of the following perioperative areas i.e. Surgery, Anaesthetics or Post-Anaesthetic care dependent on local service requirements.

Illustrative Examples of Post-Graduate Certificate for nurses requiring a perioperative qualification*:

Post-Graduate Certificate in Perioperative Nursing (60 Credits)					
Anaesthetic Pathway		Surgical Pathway		Post-Anaesthetic Pathway	
Introduction to Perioperative Nursing	Anaesthetic Nursing	Introduction to Perioperative Nursing	Surgical Nursing Incorporating scrub and circulating	Introduction to Perioperative Nursing	Post-Anaesthetic Nursing
(20 credits) or (30 credits)	(40 credits) or (30 credits)	(20 credits) or (30 credits)	(40 credits) or (30 credits)	(20 credits) or (30 credits)	(40 credits) or (30 credits)

OR

Post-Graduate Certificate in Perioperative Nursing (60 Credits)					
Anaesthetic/Post-Anaesthetic Pathway			Surgery/Post-Anaesthetic Pathway		
Introduction to Perioperative Nursing	Anaesthetic Nursing	Post-Anaesthetic Nursing	Introduction to Perioperative Nursing	Surgical Nursing Incorporating scrub and circulating	Post-Anaesthetic Nursing
(20 credits)	(20 credits)	(20 credits)	(20 credits)	(20 credits)	(20 credits)

For nurses who have a recognised perioperative qualification, who want to progress to a Perioperative Master’s degree, it is suggested that HEIs consider facilitating a more flexible route for their Post-Graduate Certificate level.

Illustrative Examples of Post-Graduate Certificate for nurses with an existing perioperative qualification*:

Post-Graduate Certificate in Perioperative Nursing (60 Credits)					
Nurses with Perioperative Qualifications or AP(E)L					
Anaesthetic/Post-Anaesthetic Pathway			Surgical Pathway		
Complex Anaesthetic Practice	Complex Post – Anaesthetic Practice	Mentorship	Complex Surgical Practice	Surgical First Assistant	Mentorship
(20 credits)	(20 credits)	(20 credits)	(20 credits)	(20 credits)	(20 credits)

A Post-Graduate Diploma in Perioperative Nursing may also be offered, building on the 60 credits of the Post-Graduate Certificate, to gain a further 60 credits. Modules could include, for example research, leadership and/or Surgical First Assistant for those nurses undertaking a surgical route. Reference should be made to the five core domains for Programme Providers developing their perioperative nursing programmes.

Illustrative Examples of Post-Graduate Diplomas (120 credits overall) *:

Post-Graduate Diploma in Perioperative Nursing (60 Credits)								
Successful Completion of a Post-Graduate Certificate in Perioperative Nursing (60 credits)								
Anaesthetic Pathway			Surgical Pathway			Post-Anaesthetic Pathway		
Research Module (20 credits)	Leadership/Management (20 credits)	Post-Anaesthetic Module (20 credits)	Research Module (20 credits)	Leadership/Management (20 credits)	Surgical First Assistant (20 credits)	Research Module (20 credits)	Leadership/Management (20 credits)	Anaesthetic Module (20 credits)

OR

Post-Graduate Diploma in Perioperative Nursing (60 Credits)					
Successful Completion of a Post-Graduate Certificate in Perioperative Nursing (60 credits)					
Anaesthetic/Post-Anaesthetic Pathway			Surgical/Post-Anaesthetic Pathway		
Research Module (20 credits)	Leadership/Management (20 credits)	Optional Module (for example a respiratory module) (20 credits)	Research Module (20 credits)	Leadership/Management (20 credits)	Surgical First Assistant or Optional Module (20 credits)

For those nurses who want to complete a full Master's degree in Perioperative Practice, (a full Master's degree is 180 credits) an additional 60 credits should be offered. For this illustrative example, a 60-credit dissertation module has been suggested.

Illustrative Example of a MSc in Perioperative Nursing (180 credits Overall) *

MSc in Perioperative Nursing (60 Credits)
Successful Completion of a Post-Graduate Certificate in Perioperative Nursing (60 credits)
Successful Completion of a Post-Graduate Diploma in Perioperative Nursing (60 credits)
Dissertation Module (60 credits)

This enables a full career progression and qualification for nurses, who wish to build on their pre-registration qualifications and allows progression in a variety of perioperative career pathways.

***NB:** The above are illustrative examples only, which are intended to demonstrate the flexibility in module credit ratings and choice of modules, which are to be decided by HEIs and programme providers in relation to local service needs.

Alternative Bachelors Award

For those nurses who qualified prior to a degree being the registerable qualification or who require a perioperative qualification but do not wish to undertake a Master's level qualification, an alternative route should be provided. A 60 credit, award at a Bachelors', level 6, could be offered in place of the Post-Graduate Certificate and the award should mimic the flexible module pathways that make up the Post-Graduate Certificate (See illustrative example, page 16). This suggested qualification would be Perioperative Nursing in 'Pathway Specific' Care. For example, Perioperative Nursing in Surgical Care or Perioperative Nursing in Anaesthetic and Post-Anaesthetic Care.

NB: This will be subject to individual HEI regulations

4.3: Content of education and training

In presenting the curriculum as an outline of content it is implied that theory and practice will be continuous throughout the programme with an emphasis on the application of the principles and knowledge gained from the theory to the performance as a competent, specialist perioperative nurse.

Simulation can complement training but should not be utilised as a replacement where clinical practice experience is available however it is recognised that there are aspects that may be taught and assessed in simulated settings, for example some clinical emergencies.

The curriculum is presented in elements regarding the core domains of competencies, with accompanying guidelines for implementation.

Five **core domains of competencies** for perioperative practice (EORNA, 2012):

- Professional /legal and ethical practice
- Perioperative care and perioperative practice;
- Interpersonal relationships and communication;
- Organisational, management and leadership skills;
- Education and professional development and research;

For each core domain of the competency, the general aim, minimal knowledge requirement, performance criteria and key indicators have been identified.

5: Core Domains 1 - 5

5.1 CORE DOMAIN 1: PROFESSIONAL, LEGAL, ETHICAL PRACTICE

General aim

The perioperative nurse will analyse situations and events, understand and make professional clinical judgment, uphold ethical practice, and maintain respect for the patient.

This competency requires knowledge of:

- Legislation
- Perioperative care.
- Professional ethics
- Professional regulations
- Policies and guidelines
 - Perioperative Philosophy
 - Concept of Perioperative Practice

Performance Criteria

Key Indicators

1.1	Practices in accordance with legislation and professional guidance relevant to perioperative practice	<p>Practices within the legislation, professional regulation and policies/guidelines relevant to one's scope of practice in the perioperative setting.</p> <p>Demonstrates and applies an accurate and comprehensive understanding of ethical principles within ones' scope of practice, in the delivery of perioperative care, reflecting the ethos of the care institution and other relevant global bodies</p> <p>Maintains and ensures total patient confidentiality as per local policy and Information Governance</p> <p>Ensures the duty of care and candour owed to the patient is complete</p> <p>Upholds the right of preservation of dignity for both patients, relatives and colleagues</p> <p>Serves as a patient support and/ or advocate</p> <p>Administers medications within the requirements of the relevant legislation, regulation and professional guidance specific to the perioperative environment and role</p>
1.2	Accepts professional accountability	<p>Works within the realms of ones' own scope of practice and knowledge base</p> <p>Updates knowledge in relation to current trends and advances in practice in order to maintain competency level</p> <p>Takes personal accountability for one's decisions and actions /or omission taken in the course of perioperative care delivery</p>

		<p>Reacts appropriately to concerns in relation to unethical or unsafe practice</p> <p>Promotes the role and integrity of the perioperative nurses in actions and words</p> <p>Adheres to national/local policies and guidelines regarding the use of social media</p>
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5.2 CORE DOMAIN 2: PERIOPERATIVE CARE AND PRACTICE

General aim

The perioperative nurse will provide quality care by the adoption of a holistic and individual approach to the patient in accordance with relevant legislation, policies and guidelines.

This competency requires knowledge of:

- Philosophical and perioperative practice concepts;
 - Assessment, planning, implementation and evaluation of care.
 - Situational management in operating theatres for both routine procedures and clinical emergencies
 - General Principles of Perioperative Practice (See Appendix A*)

- Anatomy and physiology

- Pharmacology

- Surgical and anaesthetic techniques
 - The Preoperative Process
 - Principles of Surgical Care (See Appendix B*)
 - Principles of Anaesthetic Care (See Appendix C*)
 - Principles of Post-Anaesthetic Care (See Appendix D*)

- Principles of hospital hygiene, asepsis and sterilisation
 - Infection Prevention and Asepsis
 - Environmental conditions of the Perioperative Area;

- Pain Management
 - Physiological and behavioural responses to pain
 - Assessment and management of a patient's pain status

- Technology use in perioperative care

- Waste management strategies

- Risk management strategy
 - Specific aspects of safety

*NB: The appendices are not exhaustive lists, they include core clinical competencies related mainly to domain 2 and is meant for a guide for HEIs (Programme Providers) when devising their individual programmes, and should be used in conjunction with all five domain key indicators.

Performance Criteria

Key Indicators

2.1	Delivers patient care integrating knowledge and evidence based practice	<p>Promotes patient-centred care</p> <p>Demonstrates a holistic approach to patient care assessing the individual needs when planning patient care and evaluating outcomes</p> <p>Demonstrates an acute awareness of the psychological needs of the perioperative patient and utilises acquired caring skills to allay anxiety</p> <p>Liaises with multidisciplinary teams to plan and implement care based on best practice standards</p> <p>Ensures accurate and timely communication in relation to individual patient care</p> <p>Preserves patient dignity, privacy and confidentiality as appropriate</p> <p>Practices in a manner that respects the beliefs and cultures of others</p> <p>Maintains the highest standards of care implementing change where evidence based practice dictates</p> <p>Recognises the needs of the patient, applies the appropriate duty of care and delivers comprehensive perioperative care</p> <p>Recognises the importance of patient identification and applies accurate attention to detail</p> <p>Shows clear understanding of the principles of informed consent and takes appropriate action where required and documents accordingly</p>
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		<p>Recognises the importance of accurate, timely and continuous monitoring of patients, analysing results and taking appropriate action where intervention is required based on specialist knowledge and experience</p> <p>Demonstrates a clear understanding of the concepts of pain management and utilises, records and monitors appropriate pain management strategies in accordance with regulation and policy</p> <p>Utilises appropriate discharge criteria prior to transfer of patient from the perioperative environment</p>
2.2	Provides a safe effective environment for the management of efficient patient care	<p>Prepares environment to maximise safety and efficiency, utilising appropriate checking mechanism and accurate recording of pertinent information</p> <p>Provides a harmonious environment conducive to best patient care for anaesthesia, surgical intervention and post-operative recovery</p> <p>Ensures all equipment, instrumentation and accessories are available, integrity complete and in working order and are utilised in accordance with the manufacturers' instructions.</p> <p>Ensures safe passage of the patient through the perioperative environment by assessing patients' health status, deploying staff appropriately, utilising equipment and transfer mechanisms as required</p> <p>Monitors, analyses and utilises data obtained from the use of current invasive and noninvasive monitoring using sound clinical judgment and respond constructively to unexpected or rapidly changing situations</p> <p>Employs integrated knowledge to ensure correct and safe patient positioning, encompassing the principles of safe moving and handling, utilising appropriate positioning devices and demonstrating an in-depth understanding of pressure area care management</p>

		Ensures all items used in the delivery of surgical intervention are retrieved on closure intact and completes documentation as appropriate
2.3	Promotes health and safety in the workplace. Employs and initiates appropriate risk management strategies to prevent incidents	<p>Practices in compliance utilising risk management strategies to prevent incidents</p> <p>Reports all adverse incidents and near misses and documents accordingly</p> <p>Analyses incident trends and responds appropriately</p> <p>Ensures that practices related to moving and handling of conscious and unconscious patients and associated equipment are risk assessed and safe</p>
2.4	Incorporates the principles of Infection Prevention in the provision of perioperative care	<p>Demonstrates an ability to risk assess the potential for surgical site infection for each patient in every speciality.</p> <p>Ensures that all opportunities to mitigate the risk of surgical site infection are recognised, acknowledged and resourced to achieve full compliance to best practice. These must include (but not limited to), as core interventions:</p> <ul style="list-style-type: none"> • Up to date patient information of how the risk of surgical site infection is minimised. • Correct use of antibiotic prophylaxis • Maintaining normothermia, from pre to post-operative period • Optimal skin preparation • Maintaining a sterile field, including only using sterile instrumentation produced through a quality management system. In addition, ensuring accurate documentation of instrumentation within a tracking system <i>including the correct use of implants.</i> • Contributing to an active surgical site surveillance programme <p>Demonstrates a sound knowledge of environmental standards required in the perioperative settings and ensures adherence to same and manages the environment in accordance with appropriate 'theatre etiquette'</p>

		<p>Ensures the individual patient presenting with known infection status is managed in an ethical fashion, employing appropriate containment, transmission based precautions and decontamination strategies as each case dictates</p> <p>Adheres to best practice in the usage of disposable products</p>
2.5	Manages bodily tissue and fluid for investigation, disposal, burial or retention/transplant,	<p>Ensures correct identification and recording of all bodily tissue/fluid specimens</p> <p>Ensures clarity of instruction in relation to the management of a specific specimen</p> <p>Ensures accurate and timely reporting and documentation of results</p> <p>Ensures correct and timely transportation of relevant specimens</p> <p>Ensures correct disposal of bodily tissue/fluid where appropriate</p>
2.6	Recognises the importance of waste management strategies and implements best practice	<p>Practices appropriately in the segregation, disposal and safe management of waste</p> <p>Practices appropriately in relation to sharps management, promoting awareness of safety</p> <p>Demonstrates awareness of appropriate environmental concerns in relation to management of waste and is proactive in promoting best practice</p>

5.3 CORE DOMAIN 3: INTERPERSONAL RELATIONSHIPS AND COMMUNICATION

General aim

The perioperative nurse will establish an efficient communication system with the patient/family/significant others, the multidisciplinary team and other relevant departments

This competency requires knowledge of:

- Communication techniques
- Non-Technical Skills
- Human Factors
- Nurturing respectful relationships
- Psychological and communication skills
- Health Education and promotion;
- Problem solving techniques;
- Communications and Interpersonal Skills
- Inter-professional Pedagogy
- Professional Behaviour and Discipline

Performance Criteria

Key Indicators

3.1	Establishes and maintains effective interpersonal relationships with patients where appropriate	<p>Ensures patients receive and comprehend information given to them during their perioperative journey</p> <p>Recognises the patient’s emotional status when discussing elements of a care plan</p> <p>Ensures appropriate support mechanisms are available in the management of minors or incapacitated patients in accordance with legislation and institutional policy</p>
3.2	Recognises the essential requirements of effective teamwork to achieve desired patient care outcomes in the perioperative environment	<p>Promotes the concepts of team work and inclusivity</p> <p>Establishes effective relationships with all multidisciplinary teams based on understanding and mutual respect</p> <p>Understands the effects of human factors on the abilities of the team and the effect on patient safety</p> <p>Appropriately and promptly shares relevant information with team members</p> <p>Provides feedback to other team members in a constructive and prompt manner</p> <p>Engages in reflective practice as an individual and as a team to identify positive outcomes and quality improvements</p> <p>Manages conflict situations in a timely and effective manner</p> <p>Applies and understands non-technical skills in all areas of the perioperative environment</p>

3.3	Utilises good communication strategies both verbal and written to ensure accurate recording and transfer of information in the best interest of patient care	Uses all relevant avenues of communication to ensure information is shared Clarifies communication strategies are effective Documents appropriate information in a timely, legible, accurate fashion
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5.4 CORE DOMAIN 4 : ORGANISATIONAL, MANAGEMENT AND LEADERSHIP SKILLS

GENERAL AIM

The perioperative nurse will lead and manage a group of equals and other professionals, bearing in mind the subsystem, the organisations purposes, and the results of the activity.

This competency requires knowledge of:

- Principles of organisation,
- Problem solving strategies;
- Emotional Intelligence
- Financial/budgetary implications;
- Quality assurance auditing
- Materials management
- Personal and Resource Management
- Principles of Organisation and Management
- Inter-professional Pedagogy
- Professional Behaviour and Discipline
- Stress and conflict management

Performance Criteria

Key Indicators

4.1	Uses effective organisational and management skills in the provision of patient care	Identifies priorities of care based on clinical judgement of patients' health and information received Discusses priorities with relevant multidisciplinary team members Communicates plan of care to all relevant team members Delegates roles according to ability and skill mix available Provides a safe environment for planned patient care Ensures duty of care fulfilled to the patient
4.2	Audits practices to ensure quality assurance of care	Initiates/partakes in auditing of practice to ensure compliance to best practice and standards of care Analyses results and implements appropriate action as required Communicates findings appropriately Facilitates or implements change where indicated
4.3	Manages resources appropriately to ensure readiness in the delivery of care	Demonstrates a clear understanding of roster management and skill mix. Allocates staff appropriate to their skill mix, learning needs, patient needs and scope of practice Ensures learners are supervised as required

4.4	Effectively co-ordinates the supply material resources, ensuring best practice guidelines are adhered to in the management of same, while recognising the scope of economic constraints	<p>Ensures appropriate supplies are available</p> <p>Ensures sterile supplies/instrumentation are stored in appropriate conditions</p> <p>Ensures supplies are rotated appropriately</p> <p>Shows awareness of cost element of care and is prudent in usage of material supplies</p>
4.5	Demonstrates effective leadership skills acting as a role model, is consistent in delivery of high standards of care, is self-motivated and displays effective interpersonal skills based on understanding and mutual respect	<p>Acts as a role model to other team members in the provision of care</p> <p>Employs proven motivational strategies to motivate self and others</p> <p>Recognises, acknowledges and respects the value of all team members</p> <p>Manages own and others emotions in a positive manner – Emotional Intelligence</p> <p>Affords developmental opportunities for others in a safe manner</p> <p>Contributes to committees and forums as appropriate</p> <p>Facilitates change management as the need arises</p> <p>Supports managerial initiatives as appropriate</p>

5.5 CORE DOMAIN 5 : EDUCATION, PROFESSIONAL DEVELOPMENT AND RESEARCH

GENERAL AIM

The perioperative nurse will further develop an enquiring mind regarding his/her work and profession and have a working knowledge of research, to assist him/her in building his/her professional portfolio, in order to personally develop and meet the knowledge and skill requirements of a constantly evolving specialisation.

This competency requires knowledge of:

- Team work;
- Self-learning;
- Development and personal growth;
- Theories on self-motivation and methods of self-respect;
- Foundations/ principles of the perioperative practice
 - perioperative care approach within the operating theatre
 - applied research on perioperative care in the operating theatre
 - the sources and places where information and documentation can be found

Performance Criteria

Key Indicators

5.1	Demonstrates a commitment to personal and professional development of self and others	Demonstrates a commitment to lifelong learning and research Is proactive in updating knowledge and skills in the maintenance of professional competence and lifelong learning Participates in the education and development of other colleagues within the structures provided Participates in the education and development of other allied health professionals in the perioperative setting Participates in assessment of other colleagues as appropriate
5.2	Proactively seeks/ provides educational opportunities for self and others	Contributes to formal/informal education sessions Attends internal and external education forums obligatory and voluntary Creates an environment in the workplace conducive to learning Participates in regular education in basic and intermediate life support and advanced resuscitation procedures as needed. Adhere to the Resuscitation Council guidelines
5.3	Reflects and analyses professional practice	Can analyse the situation and ask a question in case of problems or doubts justifies the reason of the actions Shows logic and reasoning in one's actions and interventions Can evaluate the action according to the evidence based practice.

6: ASSESSMENT

Aim: To ensure that the outcomes, competencies and proficiencies of the approved programme are tested using valid and reliable assessment methods.

Practical assessments will usually include continuous self-assessments plus evaluations by the HEI and clinical mentor, and through this on-going process the student will be expected to achieve all the learning outcomes for the module they are undertaking before moving to the next module.

The curriculum is designed to prepare students to meet the clinical and theoretical demands of working within operating theatre departments with levels of increased responsibility as theatre nurses and to enable them to appreciate leadership and management roles.

The PCC advises that students will demonstrate achievement of programme learning outcomes by the development and maintenance of an individual progress file.

The major aims of assessment will focus upon:

- The stimulation of an enquiring, analytical and creative approach, encouraging independent judgement and critical self-awareness
- The encouragement of skills of clear communication and logical argument.
- Encouraging the student to develop the ability to discern relationships within what she/he has learned to actual patient care situations
- Developing and supporting effective team building skills
- Encouraging the student to appreciate the nature of attitudes, modes of thought, practices and disciplines, other than those of his / her main study option
- Encouraging the student to develop leadership skills

- The perception of his / her main study option in a broader perspective and the development of an informed awareness of factors, including human factors, influencing the social and physical environment in which perioperative care is given
- Developing the student's skills as a reflective nurse to ensure that perioperative practice is constantly reviewed and evaluated
- Encouraging the student's appreciation of the value of research and the application of theory and valid research findings within the perioperative clinical setting.

Practice allocations for evaluation:

The perioperative nurse will provide perioperative care in usually one or two of the following specialities:

- Anaesthetic practice
- Scrub and Circulating practice
- Post-Anaesthetic practice

7: REQUIREMENTS FOR EDUCATION AND ASSESSMENT

7.1 Programme Providers:

- Must ensure that all practice providers are audited annually/biannually to ensure that the clinical learning environment is suitable and will allow students to develop and build the skills and knowledge necessary for perioperative practice.
- Must ensure that a variety of assessments are used to test the acquisition of approved outcomes.
- Must not compensate between any elements of assessment to ensure that students have met the criteria for safe, effective practice.
- Must make it clear how service users and carers contribute to the curriculum.
- Must ensure that their assessment framework tests all programme outcomes.
- Must ensure and document that reasonable adjustments for students with a disability are applied in accordance with the Equality Act 2010.
- Must have arrangements in place for practice assessment throughout the programme.
- Should apply the following where practice assessment decisions regarding skills and aspects of competence in each part of the programme are made by a registered professional:
 - Appropriate - a registered professional competent in the skill or aspect of competency in which the student is being assessed.
 - Suitably prepared – the registered professional has undergone training and development that has enabled them to be competent to support and assess students.
 - Have had preparation to ensure they fully understand all the requirements for progression in the context of perioperative practice – this may include undertaking a nationally recognised approved mentor programme
 - Be listed as an active mentor within their Trust or organisation.

- Must obtain the student's consent to process or share confidential data between successive mentors and education providers when assessing fitness for practice.
- Must ensure that processes are in place to address issues or concerns about a student's progress, and that these are dealt with fully and quickly.
- Must help students deal with any issues and concerns using a clear, time-limited development plan within or across periods of practice learning.
- Must appoint external examiner(s) who can demonstrate currency in education and practice with due regard and engage with assessment of both theory and practice.
- Must ensure that academic educators have appropriate professional qualifications and experience for their roles.
- Must ensure that perioperative nurses, ODPs, inter-professional educators who make a major contribution to the programme hold, or are working towards, an appropriate teaching qualification.
- Must ensure that sufficient staff are allocated to deliver the programme effectively.
- Should make sure that, normally, mentors or other registered professionals supporting and assessing students do not support more than three students from any discipline at any time.
- Must make sure that any practice learning environment, where perioperative care is delivered, has sufficient registered nursing/operating department practitioners and equipment to deliver safe and effective care.
- Must make sure that all students can access similar learning resources, in different academic and practice learning environments (including IT and library), to help them achieve the programme outcomes.

(Nursing and Midwifery Council, 2015; Health & Care Professions Council, 2014)

7.2: Supporting the Students in Clinical Practice

To ensure that students have a positive learning experience within their clinical placement, mentors should:

- Facilitate student centred learning
- Supervise, support and guide students
- Understand and apply approved assessment procedures
- Demonstrate competence in the area of assessment
- Demonstrate reflection in and on practice
- Promote diversity in both education and practice
- Promote the inter-professional approach to learning

All perioperative students should have a named mentor in each clinical area who will facilitate their clinical experience and co-ordinate their assessment of practice. Students must be supervised by a registered practitioner (nurse or ODP), competent in that area of practice. Those acting in the role of mentor or practice educator/clinical supervisor are responsible for the quality of practice learning and must have undertaken formal preparation and complete the cycle of mentor development annually (CODP, 2009). A system must be in place to enable students to evidence their achievement of practice based outcomes and an appropriately qualified mentor must undertake summative assessment of these outcomes as per the assessment criteria and regulations defined by the education provider. The mentor should be a qualified person with at least three years' experience in the speciality and should possess a formal qualification for the area plus a mentor qualification or relevant teaching experience.

7.3: Practice Considerations

Practice provides a common designation for the teaching and learning situations where the students work with perioperative problems and challenges in the perioperative clinical field. The main part of the practical study is included in the perioperative field of knowledge, but will also relate to relevant subsidiary subjects. The practice should illuminate the parts of theory that are introduced in the programme. The student is expected to make substantial professional progress, take legal and ethical responsibility, and show progressive ability to make individual judgements and make decisions in the day-to-day work.

Objectives of practical studies

1. *The students shall have training in application of theoretical knowledge.* This happens by searching for cognitive connections between the theoretical knowledge and reality, and by practising the strategies of action and methods that are delivered in theory.
2. *The student is expected to “construct” clinical knowledge.* A lot of important learning material for nurses is not written down, but is present in tradition and experience among professional, working, perioperative practitioners. This material must be available for the students, and they must learn to collect and internalise it. Likewise, they should make their own experiences: performing perioperative practice in real situations.
3. *The student is expected to gain and develop skill.* The perioperative nurses' clinical skills for execution of their work consist of knowledge in human relationships, practical knowledge and theoretical knowledge. The students need to learn and practice these skills under guidance. The ability to assess and individualise the principal working methods is important, as is reflection over problems such as showing respect for the patient, treating them on equal terms and giving them the right to take part in decisions concerning themselves.

4. *The student should experience the character and the challenges of perioperative practice.* It is important that the students experience what the special perioperative function entails. They are educated to enter and refine a new working role, and to accomplish this they need first-hand experience for a prolonged period in the practice field. Execution of their work, in co-operation with the patients, their relatives and the entire medical team, is an essential learning experience. It is also important to relate to reality when dealing with professional requirements and a medical service that's always developing.
5. The student should be taught, trained and assessed in taking responsibility. The perioperative nurse's area of responsibility is large, and he/she is faced with great challenges. It is important to have high ethical standards and awareness. This applies to both professional demands to the execution of the work, and to human relationships. Functional ability within this area requires training in taking responsibility for the student's own learning and for special perioperative practice for individuals and groups.

Different forms of practical studies

The practical education can be adapted/arranged in different ways, where the educational benefit will vary, dependent on objectives, focus, and available time in the clinical field. The challenges should be progressive throughout the programme, and the curriculum's description of the perioperative nurses' aims and function must be achieved.

The responsibilities of the student are:

- To follow the programme's schedule.
- To deliver a statement of personal learning objectives to teacher and mentor.
- To seek guidance and to search for opportunistic, diverse learning situations.
- To evaluate him/herself continuously in relation to the objectives of the education.
- To take responsibility and ownership for his/her own training and development.
- To identify with the perioperative nurses' function.

The responsibilities of the clinical supervisor are:

- To contribute to the collaboration between student, academic educator, mentor and practitioners in clinical work, and to make this collaboration a source of mutual growth and development.
- To ensure that practical education is arranged in relation to the professional level of the programme and the student
- To make certain that the student is given guidance in clinical practice and guidance related to the experiences and reactions of this practice.
- To ensure that the student is assessed in accordance with the programme assessment criteria.
- Organising and co-ordinating student learning activities in practice.

The responsibilities of the clinical mentor are:

- Supervising students in learning situations and providing them with constructive feedback on their achievements.
- Setting and monitoring achievement of realistic learning objectives.
- Assessing total performance – including skills, attitudes and behaviours.
- Providing evidence as required by programme providers of student achievement or lack of achievement.

- Liaising with others (e.g. mentors/assessors, practice facilitators, practice educators, personal tutors, programme leaders) to provide feedback, identify any concerns about the student's performance and agree action as appropriate.
- Provide evidence regarding decisions made about achievement of proficiency at the end of a programme/module.

The responsibilities of the clinical areas

Theatre management has the responsibility to arrange the practice experience in such a way that the students can:

- Contribute to the collaboration between student, academic educator, mentor and practitioners in clinical work, and to make this collaboration a source of mutual growth and development.
- Undertake regular clinical audits together with the programme providers to ensure the clinical environment supports the development of all the appropriate clinical skills and knowledge.
- Arrange practical education in relation to the professional level of the programme and the student.
- Receive guidance in clinical practice.
- Be cognisant of the opportunities, limitations and the learning opportunities available within the remit of their clinical area
- Be assessed in accordance with the programme assessment criteria.
- Contact the academic educator/mentor for any problems in the practice or other things that affect the student's educational situation.

Guidance in practice

Guidance in practice involves the performance of perioperative functions, ensures that the education is planned and has a clear objective, and that the students receive systematic direction and assessment.

1. Assessment and guidance are to be of help to the student both in the day-to-day work, and in the general development towards becoming a professional perioperative nurse.
2. Assessment and guidance are to be the means of achieving both professional and personal growth.
3. Assessment and guidance are to contribute to the awareness of the student's strengths and areas for development.

The student also has the responsibility to take initiatives to seek guidance, and to pursue a broad range of relevant practice situations. Students should be encouraged to reflect upon their practical learning experiences throughout the programme; this allows the student to identify action plans to support their on-going development. Critical incidents experienced in the clinical area often form the basis of many student reflections however it is important that students are encouraged to explore their learning from a range of different situations including those where practice has been particularly effective.

Forms of practice assessment

The educational forms of assessment should have the following aims:

1. To give the students information about the educational progression and their own progress.
2. To reassure society and the patients that the students have the qualifications for clinical perioperative practice.
3. To facilitate constructive evaluation, which will, in addition to other factors, be a basis for developing and enhancing the programme.

Assessment of the students' knowledge may be achieved through a variety of forms including examinations, objective structured clinical examinations (OSCEs), assessments for theoretical knowledge, and oral and written evaluation of the student's progress and skill in practice.

Assessment/ Evaluation of practical skill - individually orientated assessment

Assessment is a part of the daily guidance of the student in practice. In each practice period the mentor is responsible for the student's assessment, which may include other registered members of the multidisciplinary team. The student also has a responsibility for performing of individual assessments. Assessment is performed corresponding to the written objectives within the functional area, and in correspondence to the student's stated aim (objective).

When assessing, it must be taken into consideration that professional practice happens in practical situations. It is therefore required that the persons who undertake assessment and understand the different aspects, such as:

- Requirements of the educational programme and of the student
- Hallmarks of professionally justifiable perioperative practice
- The student's actual qualifications
- Personal aptitude
- Functional level
- Progression of the education.

The education also stresses self-assessment, so that the student increases the skill of assessing him/herself and others constructively within the clinical environment.

The mentor is responsible for the completing the student's assessment at the scheduled times of the programme, however the student is also expected to take initiative for organising assessment.

Practice should be assessed as passed or fail and the record of assessment is completed within the practice assessment document(s).

In addition to the formal assessment for each practice period, the student is assessed continuously and provided with formative feedback, so that they are always aware as to how they are progressing in relation to the objectives of the practice period.

8: Glossary

Accountability – is the aspect of responsibility involving an explanation for events.

Anaesthetic Practice - The anaesthetic nurse will work with the anaesthetist in all aspects of the planning, delivery and maintenance of the patients' anaesthetic care. During the anaesthetic phase the anaesthetic nurse, for example will work in collaboration with the anaesthetist to maintain the patients' airway, whilst constantly monitoring and observing the patient's physical and physiological responses to the anaesthetic and surgery. This requires the attainment of a high level of skills, underpinning knowledge and experience to care for patients undergoing a variety of procedures. These procedures will extend over a wide range of patient dependency and they could be major, intermediate or minor procedures and range from dire emergencies to elective surgery, covering all age groups.

Benchmark – A standard by which activity can be judged or measured.

Circulating Practice - A circulating nurse is part of the multi-disciplinary team who circulates in the operating room to monitor the procedure. He or she acts as a patient advocate, ensuring that the conditions in the operating room remain safe and sterile. Circulating nurses also perform a wide variety of other tasks, which range from helping to set up the operating room for surgery to filling out paperwork which pertains to the surgery. This role requires a very fine attention to detail, and a lot of stamina, as circulating nurses must be present and active throughout a surgery. In an operating theatre, there are two areas: the sterile operating field, and the non-sterile area. During the surgery, the goal is to keep the operating field totally sterile for patient safety. Circulating nurses monitor the sterile field, informing operating room staff when something might compromise the sterility. They also connect the people in the sterile field with the non-sterile area. For example, a circulating nurse can open an autoclaved package so that someone in the operating field can access the sterile tool inside.

Clinical Emergency – A serious clinical situation or occurrence that happens unexpectedly and demands immediate attention and treatment.

Emotional Intelligence – the ability to identify, regulate and manage your own emotions and the emotions of others and apply them to tasks and problem solving.

Human Factors – refers to the organisational, environmental and job related factors, human and individual characteristics which influence behaviour at work that can affect the health and safety of yourself and others.

Multidisciplinary Team – A multidisciplinary team is different healthcare professionals working together to treat patients during their surgical interventions. No one discipline can work in isolation within the perioperative environment.

Life Long Learning (LLL) – is the continuous process of learning and development, incorporating CPD, that must be followed throughout professional careers.

Non-technical Skills – Cognitive, social and personal individual skills that together with technical expertise contribute to the safe and effective multi-disciplinary team working in the perioperative environment.

Operating Department Practitioner – a HCPC registered health professional who undertakes two/three years' pre-registration education to enable them to practice in all areas of the perioperative environment and is able to assess, plan and deliver high quality, safe and effective patient care. The ODP skill set is increasingly recognised as transferrable to other clinical areas for example critical care and emergency department.

Patient Centred Care – Patient centred means respecting the patient's desire for information and for sharing decision making and responding appropriately. The patient is the focus of professional action.

Post-Anaesthetic Practice - The role of the post-anaesthetic (recovery) nurse involves caring for patients individually following surgery. The responsibilities of the recovery nurse are varied and demanding. The Post-Anaesthetic nurse is allocated many patients during their shift, with differing, diverse conditions requiring expertise, knowledge, skills and competence.

Quality Assurance Agency (QAA) – An independent body set up to safeguard and enhance the quality of provision and standard of awards in UK Higher Education Institutes. It reviews the quality of academic standards and of teaching and learning in each subject area, in both academic and clinical settings.

Reflective Practice – The process of analysing and evaluating perceptions, understanding and assumptions to develop new learning and understand its application to practice.

Scrub Practice – A scrub nurse shares the responsibility for maintaining patient safety during the surgical phase of the operation. They ensure the environment is optimum for surgery, all surgical equipment and supplementary supplies are present and correct. They assist the surgeon during surgery by providing the instruments, swabs and sundries in a timely manner and in the correct order required. They must anticipate the surgical needs of the team. Post-operatively they will ensure safe handover of the patient to the post-anaesthetic nurse or ODP and that all documentation is accurate and present.

Student centred learning – Learning design that places an important emphasis on students taking responsibility for their own learning and being an active participant in those processes. Student attitudes and positive behaviours encourage mutual respect for others as partners' in learning. There is diversity of approaches to facilitate student support and progression.

Surgical First Assistant - According to the PCC (2012) Position Statement, the surgical first assistant provides surgical support in positioning, prepping and draping, retraction, haemostasis, catheterisation, and other intraoperative technical functions that help the surgeon carry out a safe operation with optimal results for the patient. The first assistant to the surgeon during the operation does so under the direction and supervision of that surgeon and in accordance with hospital policy and appropriate laws and regulations.

Surgical Patient – Patient needing surgical intervention, including all those needing local, regional or general anaesthesia.

The Code - published by the Nursing and Midwifery Council represents the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK

9: Appendices

These clinical competencies have been reproduced from the CODP (2011) curriculum with permission of CODP.

9.1: APPENDIX A:

General Perioperative Practice Principles Clinical Statements:

Utilises current evidence and guidance to provide an optimum environment for the care and treatment of the perioperative patient.

Aim: To be a safe, competent perioperative nurse for elective, non-scheduled, and unanticipated complex, emergency procedures for a diverse range of patients.

Interventions:

1. Promotes an awareness of, and evaluates practice in the context of, Health and Safety requirements.
2. Manages the environment in accordance with appropriate 'theatre etiquette'
3. Actively seeks out and evaluates current evidence and guidance that may impact on the provision of care for patients within the nurses' sphere of practice
4. Accepts responsibility and promotes accountability, whilst simultaneously acknowledging the limitations of their professional competence
5. Promotes and maintains confidentiality.
6. Promotes and applies the principles of informed consent
7. Adheres to the professional and regulatory codes of practice and conduct for Perioperative Nurses

8. Applies ethical principles to all aspects of the provision of patient care within the nurses' sphere of practice
9. Manages environmental and resource factors to meet individual patient needs
10. Understands and contributes to clinical governance and the process of risk management and audit
11. Understands and demonstrates the process and procedure for accurate critical incident reporting
12. Recognises unacceptable behaviours, such as bullying, harassment and discrimination, and initiates appropriate actions
13. Demonstrates the understanding and ability to manage the progress of the operating list
14. Demonstrates a comprehensive understanding of the principles relating to the design of operating departments and related areas
15. Complies with local and national guidance in relation to decontamination, tracking and traceability of medical devices
16. Promotes and applies measures designed to prevent or control infection
17. Demonstrates a comprehensive understanding of the sources, transmission routes and methods of destruction of pathological organisms
18. Promotes and applies the principles of asepsis and aseptic technique
19. Demonstrates a detailed understanding of clinical investigations encountered within the nurse's sphere of practice
20. Contributes and responds constructively to change
21. Identifies and manages conflicts and challenging behaviours
22. Manages and prioritises workload effectively within the multidisciplinary team
23. Promotes and applies the principles of good communication
24. Promotes and applies a non-discriminatory approach to practice
25. Demonstrates an awareness of moral and ethical dilemmas in healthcare and applies appropriate solutions to complex problems
26. Promotes high quality care for patients by providing accurate and concise verbal or written information related to their care and treatment
27. Assesses the evidence base using research and literature databases and other electronic information resources

28. Promotes the use of appropriate patient information systems and perioperative records (electronic where available), to assure patient safety
29. Understands the delivery of healthcare within the UK and the structure and responsibilities of healthcare organisations
30. Understands the role of external agencies in directing and influencing clinical practice

(EORNA, 2012; College of Operating Department Practitioners, 2011)

NB: The majority of the above listed competencies are taken from the national College of Operating Department Practitioners (CODP, 2011) pre-registration BSc Operating Department Practice curriculum reproduced with permission from CODP.

9.2: APPENDIX B:

Perioperative Surgical Scrub/Circulating Practice Clinical Statements:

Demonstrates proficiency in the role of perioperative nurse within the surgical role:

Aim: To be a safe, competent scrub and circulating nurse for elective, non-scheduled, and unanticipated complex, emergency procedures for a diverse range of patients.

- Safely demonstrates the skills required when undertaking circulating and surgical scrub roles for a variety of surgical specialities.
- Demonstrates knowledge and skills in managing the surgical environment
- Demonstrates accountability, responsibility and autonomous practice whilst working within their role limitations.

Interventions:

1. Promotes the rights and wellbeing of the patient in surgical care settings and enhances the communication link between theatre, patient and ward
2. Effectively manages and documents information relating to the care of the patient on handover from the ward staff on entry to the operating department
3. Demonstrates a detailed knowledge and understanding of normal human anatomy and physiology, including normal physiological parameters for all vital systems, across the lifespan
4. Safely prepares and assists with appropriate positioning of the patient for surgical interventions
5. Develops clinical skills in line with the role of the scrub and circulating practice
6. Establishes and maintains the integrity of sterile fields
7. Maintains an accurate status of identified accountable items
8. Prepares and utilises surgical equipment and medical devices in accordance with manufacturers' instructions, national guidelines and local policies, including as appropriate:

- a. Diathermy
 - b. Pneumatic compression Devices
 - c. Tourniquet equipment
9. Demonstrates safe and skilled support to the surgical team and works effectively as part of the surgical team
 10. Promotes and applies statutory, national and local guidance relating to surgical care
 11. Prepares and maintains a safe and appropriate surgical environment for a diverse range of patients, acknowledging and implementing appropriate risk management strategies
 12. Recognises and responds appropriately to the development of specific adverse surgical conditions or emergencies
 13. Urinary catheterisation (male and female)
 14. Organises skin preparation prior to surgery, including tissue viability assessment, and draping
 15. Receives and handles surgical instruments relevant to area of working,
 16. Use of and maintenance of specialised surgical equipment relevant to area of working
 17. Cutting of superficial sutures and ties
 18. Cleansing of wound site and application of dressings
 19. Effectively manages and documents information relating to the care of the patient to facilitate the safe transfer and handover to the post anaesthetic care unit
 20. Undertakes any further specific surgical training and development as required for service needs e.g. Surgical first Assistant

(EORNA, 2012; PCC, 2012; CODP, 2011)

NB: The majority of the above listed competencies are taken from the national College of Operating Department Practitioners (CODP, 2011) pre-registration BSc Operating Department Practice curriculum and reproduced with permission from CODP.

9.3: APPENDIX C:

Perioperative Anaesthetic Practice Clinical Statements:

Demonstrates proficiency in the role of perioperative nurse within the anaesthetic role:

Aim: To be a safe, competent anaesthetic nurse for elective, non-scheduled, and unanticipated complex, emergency procedures for a diverse range of patients.

- Safely demonstrates the skills required when undertaking the role of the anaesthetic nurse
- Demonstrates a holistic approach to the assessment, planning, implementation and evaluation of care for a diverse range of patients undergoing a range of procedures, including complex, non-scheduled and clinical emergencies
- Demonstrates skill in the management of a diverse range of patients' airways, respiration and circulation; this must include the care of children, obstetric patients and patients undergoing shared airway procedures

Interventions:

1. Prepares and maintains a safe and appropriate environment for a variety of patients, acknowledging and implementing appropriate risk management strategies
2. Promotes the rights and wellbeing of the patient in anaesthetic care
3. Promotes and implements local and national guidelines for anaesthetic, care, including those relating to infection prevention and control
4. Is proactive and, where appropriate, demonstrates clinical leadership in the functioning of multi-disciplinary teams within anaesthesia, care
5. Safely prepares and utilises anaesthetic equipment in accordance with national and local guidelines
6. Correctly identifies patients and their individual care needs at the handover of care from other health professionals. To include:
 - a. Knowledge and understanding of pre-operative investigations
 - b. Pre-operative assessment
 - c. Enhanced recovery

- d. Co-morbidities
 - e. Fasting regimes
 - f. Understanding of ASA grading
7. Undertakes initial assessment and, where appropriate, treatment of patients in anaesthetic care as part of the multi-disciplinary team;
 - a. ABCDE approach to assessment
 - b. Principles of triage
 - c. Participation and management of the WHO Checklist
 - d. Triad of anaesthesia
 8. Demonstrates a detailed knowledge and understanding of normal human anatomy and physiology, including normal physiological parameters for all vital systems, across the lifespan
 9. Undertakes the pre-operative checks when admitting a patient to the theatre environment
 10. Manages any deviations in the routine/daily safety function checks in line with local policy and national legislation and the AAGBI guidelines.
 - a. Anaesthetic machines
 - b. Monitors
 - c. Fluid warmers
 Including as appropriate:
 - d. Diathermy
 - e. Pneumatic compression Devices
 - f. Tourniquet equipment
 11. Identifies any deviations and acts accordingly when preparing equipment and working with the anaesthetist for the administration of regional anaesthesia e.g.
 - a) Spinal
 - b) Epidural
 - c) Combined spinal/epidural
 - d) Regional blocks
 12. Participates/Manages the World Health Organisation (WHO) Safer Surgery checklist as required

13. Demonstrates a comprehensive and evidence based understanding of the pharmacokinetic and pharmacodynamic effects of drugs encountered within the perioperative nurses' sphere of practice. To include:
 - a. Indications and contraindications for use
 - b. Complications and side effects
 - c. Interactions, especially in relation to normal and altered physiology
14. Promotes best practice in and manages the safe positioning of patients for clinical procedures
15. Provides informed, safe and timely support in a variety of situations, including the complex and unpredictable, for anaesthetists and other healthcare professionals working within anaesthetic critical care
16. Demonstrates proficiency in the use of anaesthetic and associated equipment. To include:
 - a. Anaesthetic machines and ventilators
 - b. Medical Gas pipelines and cylinders
 - c. Circuits
 - d. Airway adjuncts
 - e. Pain management equipment
 - f. TIVA anaesthetic
 - g. Pacemaker
17. Demonstrates proficiency in airway management in patients. To include;
 - a. Techniques for providing assisted respiration for a broad range of patients
 - b. Basic airway manoeuvres and insertion of oropharyngeal, nasopharyngeal and laryngeal mask airways
 - c. Pharyngeal and endo-bronchial suctioning
 - d. Comprehensive understanding of the principles relating to endotracheal intubation and tracheostomy, including the management of the difficult airway and the use of associated techniques and equipment. To include:
 - e. Difficult intubation trolley
 - f. Fiberoptic intubation
 - g. Cricothyroidotomy
 - h. Rapid sequence intubation
 - i. Recognition, and understanding of the management, of the potential and actual problems that occur during induction, maintenance and reversal of anaesthesia

- j. Principles and techniques of oxygen therapy
 - k. Selection and preparation of equipment for supporting respiration
 - l. Care of the ventilated patient including requirements for monitoring, nerve stimulation, sedation weaning etc
18. Monitors and interprets the patient's vital signs, using both invasive and non-invasive techniques
- a. Demonstrates understanding of the equipment and techniques utilised in non-invasive and invasive monitoring techniques
19. Demonstrates an understanding of the assessment and short-term treatment of critical illness
- a. Demonstrates understanding of treatment methodologies for a range of acute and chronic cardiovascular conditions (to include management use of anti-arrhythmic drugs, inotropes, vasopressors, fluid resuscitation of electrolyte imbalance, anti-hypertensive's etc)
20. Monitors and evaluates the patient's fluid balance, in accordance with national and local guidelines:
- a. Insertion and care of urinary catheters (male and female)
 - b. Monitor urine output and perform urinalysis; interpret results and undertake interventions (including referral) as appropriate
 - c. Principles and practice of renal replacement therapy
21. Demonstrates the safe preparation and administration of intravenous fluids (including blood products), in accordance with national and local guidelines:
- a. Demonstrates understanding of the principles and practice of vascular access
 - b. Demonstrates proficiency in the preparation and administration of intravenous fluid therapy, including calculations of infusion rates using manual and automated devices
 - c. Safely and effectively perform peripheral venous cannulation
 - d. Has a comprehensive understanding of the principles and practice of autologous blood transfusion.
22. Undertakes anaesthetic specific training and development as required for service needs.

(EORNA, 2012; CODP, 2011; NHS, 2011)

NB: The majority of the above listed competencies are taken from the national College of Operating Department Practitioners (CODP, 2011) pre-registration BSc Operating Department Practice curriculum reproduced with permission from CODP.

9.4: APPENDIX D:

Perioperative Post-Anaesthetic Practice Clinical Statements:

Demonstrates proficiency in the role of perioperative nurse within the post-anaesthetic role:

Aim: To be a safe, competent post-anaesthetic (recovery) nurse for elective, non-scheduled, and unanticipated complex, emergency procedures for a diverse range of patients.

- Safely demonstrates the skills and knowledge required when undertaking the role of the post-anaesthetic (recovery) nurse
- Demonstrates skills in managing the care of the patient in PACU and other areas of critical care
- Demonstrates skills in medicines management; to include drug administration, the recognition and appropriate treatment of any complications or side effects

Interventions:

1. Prepares and maintains a safe and appropriate environment for a variety of patients, acknowledging and implementing appropriate risk management strategies
2. Promotes the rights and wellbeing of the patient in post-anaesthesia care
3. Demonstrates a detailed knowledge and understanding of normal human anatomy and physiology, including normal physiological parameters for all vital systems, across the lifespan
4. Promotes and implements local and national guidelines for post-anaesthesia care, including those relating to infection prevention and control
5. Is proactive and where appropriate, demonstrates clinical leadership in the functioning of multi-disciplinary teams
6. Safely prepares and utilises anaesthetic equipment in accordance with national and local guidelines
7. Manages any deviations in the routine/daily safety function checks in line with local policy and national legislation
8. Correctly identifies patients and their individual care needs at the handover of care from other health professionals
9. Undertakes initial assessment and, where appropriate, treatment of patients in post-anaesthesia care as part of the multi-disciplinary team;
10. ABCDE approach to assessment

11. Provides informed, safe and timely support in a variety of situations, including the complex and unpredictable, for post-anaesthesia care and other healthcare professionals working within critical care
12. Demonstrates proficiency in airway management in post-operative and critically ill patients. To include;
 - a. Techniques for providing assisted respiration for a broad range of patients
 - b. Basic airway manoeuvres and insertion of oropharyngeal, nasopharyngeal and laryngeal mask airways
 - c. Pharyngeal and endo-bronchial suctioning
 - d. Comprehensive understanding of the principles relating to endotracheal intubation and tracheostomy, including the management of the difficult airway and the use of associated techniques and equipment
 - e. Recognition and understanding of the management, of the potential and actual problems that occur during induction, maintenance and reversal of anaesthesia
 - f. Principles and techniques of oxygen therapy
 - g. Selection and preparation of equipment for supporting respiration
13. Monitors and interprets the patient's vital signs, using both invasive and non-invasive techniques
 - a. Demonstrates understanding of the equipment and techniques utilised in non-invasive and invasive monitoring techniques
14. Demonstrates an understanding of the assessment and short-term treatment of critical illness
 - a. Demonstrates understanding of treatment methodologies for a range of acute and chronic cardiovascular conditions (to include management use of anti-arrhythmic drugs, inotropes, vasopressors, fluid resuscitation of electrolyte imbalance, anti-hypertensive's etc)
15. Monitors and evaluates the patient's fluid balance, in accordance with national and local guidelines:
 - a. Insertion and care of urinary catheters (male and female)
 - b. Monitor urine output and perform urinalysis; interpret results and undertake interventions (including referral) as appropriate
 - c. Principles and practice of renal replacement therapy
16. Demonstrates the safe preparation and administration of intravenous fluids (including blood products), in accordance with national and local guidelines:
 - a. Demonstrates understanding of the principles and practice of vascular access

- b. Demonstrates proficiency in the preparation and administration of intravenous fluid therapy, including calculations of infusion rates using manual and automated devices
 - c. Safely and effectively perform peripheral venous cannulation
 - d. Has a comprehensive understanding of the principles and practice of autologous blood transfusion.
17. Monitors and assesses the patient's pain status, administering prescribed pain relief as appropriate, in accordance with national and local guidelines
18. Recognises and responds appropriately to adverse patient conditions or emergencies in post-anaesthesia and with critical care patients.
19. Demonstrates a comprehensive and evidence based understanding of the pharmacokinetic and pharmacodynamic effects of drugs encountered within the perioperative nurse's sphere of practice. To include:
- a. Indications and contraindications for use
 - b. Complications and side effects
 - c. Interactions, especially in relation to normal and altered physiology
20. Monitors the effects of prescribed medication and take appropriate action where necessary, in accordance with national and local guidelines
21. Monitors and manages the patient's wounds, drains and supports
22. Contributes to the emotional and psychological support of patients and relatives in post-anaesthesia and critical care
23. Ethical and legal issues associated with resuscitation and end of life care
- a. Organ donation
 - b. Manages and records information relating to the care of the patient
24. Applies specified discharge criteria prior to handing over the care of the patient to other healthcare professionals
25. Communicates effectively with professionals in other healthcare settings to facilitate the safe transfer of patients between locations.
26. Undertakes post-anaesthetic specific training and development as required for service needs.

(EORNA, 2012; College of Operating Department Practitioners, 2011; NHS, 2011)

NB: The majority of the above listed competencies are taken from the national College of Operating Department Practitioners (CODP, 2011) pre-registration BSc Operating Department Practice curriculum reproduced with permission from CODP.

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Member Organisations:

Association of Independent Healthcare Organisations: www.aiho.org.uk

Association for Perioperative Practice: www.afpp.org.uk

British Association of Day Surgery: www.daysurgeryuk.net

British Anaesthetic and Recovery Nurses Association: www.barna.co.uk

College of Operating Department Practitioners: www.codp.org.uk

Royal College of Nursing: www.rcn.org.uk