DipHE & BSc (Hons) Operating Department Practice Studies

Teeside University
Robert Hughes  Snr Lecturer
Programme Team

• Programme leader John Morley (RGN)
• Lecturers –
  – Robert Hughes (RGN)
  – Tricia Richardson (RGN)
  – Peter Brown (ODP)
• Practice Placement Educators
NHS TRUSTS

• County Durham & Darlington NHS Foundation Trust
  – Bishop Auckland/Durham and DMH
• North Tees and Hartlepool NHS Foundation Trust
• South Tees Hospitals NHS Foundation trust
• Sunderland Royal
• Harrogate and District NHS Foundation Trust
• Private hospitals
PROGRAMME AIMS

• To become eligible to enter the Register of HCPC;
• To have a Professional perspective in relation to self and others;
• To respond to changes within the context of professional practice;
• To develop cognitive skills and clinical practice in the context of research, critical awareness and reflection.
PROGRAMME DETAILS

• ONE INTAKE - SEPTEMBER

• Over 36 STUDENTS IN 2017

• STUDENTS BASED AT VARIOUS TRUSTS

• EARLY EXPOSURE TO PRACTICE - 4 weeks
Dip HE Year 1

- Anatomy and Physiology for ODP (20 credits)
- Legal, ethical and professional Concepts in the Operating Department (20)
- Foundations of Perioperative care (20)
- Clinical Practice 1 for Operating Department Practice (60)
Dip HE Year 2

- Utilising Evidence for Practice (20 credits)
- Developing Perioperative Care (20)
- Pharmacology for ODP (20)
- Clinical Practice 2 in Operating Department Practice (60)
Practice Module

• Aims to facilitate the development of theatre skills and integration of theory and practice.

• Students move through three stages
  – Observation
  – Participant Observer
  – Fully Participant (Supervised)

• Students should not move from one to another until
  – They feel confident enough to progress
  – Practice mentor is satisfied that the student understands the theory underpinning the skill and the principles of safe practice.
### Perioperative Practice Year 1 for ODP  (60)

**Module Leader:** Pete Brown

The student will develop the knowledge and skills to actively participate in the patient care associated with theatre interventions linked to portfolio competencies.

### Legal, Ethical and Professional Concepts in Perioperative Care  (20)

**Module Leader:** Robert Hughes

This module aims to provide an interesting and stimulating opportunity for ODP students to consider the professional, ethical and legal concepts which underpin professional practice in the operating department.

### Anatomy and Physiology for Perioperative Care  (20)

**Module Leader:** John Morley

This module aims to enable students to explore relevant topics in anatomy and physiology for operating department practice. This will inform the student's practice in relation to the assessment and care of patients in the perioperative environment.

### Foundations of Perioperative Care  (20)

**Module Leader:** John Morley

The module aims to introduce the student to the foundation knowledge for perioperative practice with an emphasis on reducing the risks of infection in the operating department.
# BSc (Hons) - YEAR 2

<table>
<thead>
<tr>
<th>Title</th>
<th>Module Leader</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Perioperative Practice Year 2 for ODP (60)</strong></td>
<td>Tricia Richardson</td>
<td>Following on from Perioperative Practice Year 1 for ODP, this module further develops the knowledge and skills. The student will develop the knowledge and skills to actively participate in the patient care associated with theatre interventions linked to a portfolio of competencies.</td>
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<tr>
<td><strong>Perioperative Pharmacology (20)</strong></td>
<td>Robert Hughes</td>
<td>This module aims to develop the student Operating Department Practitioner's (ODP) understanding of pharmacology, specifically drug groups used for patients undergoing operative procedures.</td>
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<tr>
<td><strong>Clinical Decision Making in the Perioperative Environment (20)</strong></td>
<td>John Morley</td>
<td>This module aims to develop the student's ability to apply, relate and critically analyse evidence-based knowledge that underpins current perioperative practice.</td>
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<tr>
<td><strong>Perioperative Evidence Appraisal (20)</strong></td>
<td>Peter Raby</td>
<td>During this module, students will develop their knowledge and understanding of the concept of evidence-based practice and the quantitative and qualitative research methodologies that underpin evidence-based practice.</td>
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## Perioperative Practice Year 3 for ODP (40)

**Module Leader:** Tricia Richardson

The student will develop the knowledge and skills to actively participate in leading patient care and developing an understanding of advanced theatre care, associated with theatre interventions linked to a portfolio of competencies.

## Professional Development for Operating Department Practitioners (40)

**Module Leader:** John Morley

The aims of this module are to enable students to identify and apply strategies that promote and encourage the concept of lifelong learning and to prepare students for effective engagement with continuing professional development as they enter the professional workforce.

## Continuous Development in Perioperative Care (40)

**Module Leader:** John Franklin

This is a student-negotiated independent learning module and is the equivalent of a dissertation.

Each student will be allocated an individual Project Supervisor and this supervisor will guide the student throughout the project. Whilst the aim will be the encourage students to be more independent and self-managed; students will have access to the support of their supervisor throughout the module. Student-centred learning and teaching strategies will be utilised to facilitate continuous improvement in their area of practice topic.
PROGRAMME TEAM

• RESPONSIBLE FOR;

  – MARKETING THE PROGRAMME
  – RECRUITMENT AND SELECTION OF STUDENTS
  – CURRICULUM DESIGN AND PLANNING
  – PROGRAMME DELIVERY
  – QUALITY ASSURANCE
  – MENTOR AND PPE SUPPORT AND TRAINING
PPE – Practice Placement Educator

• The PPE is responsible for;
  – supporting you to generate the correct evidence that demonstrates knowledge and practical skills.
  – providing placements suitable to learning, working in partnership with other healthcare workers.
  – assigning individual workplace mentors.
  – supporting mentors.
  – providing individual tutorial support.
MENTORS

• It is the responsibility of the mentors to provide you with a suitable learning environment by;
  – one to one discussions with student.
  – discussions with the PPE and Programme Team.
  – identifying opportunities for competency achievement.
  – making arrangements for reviewing progress
MENTORS - Qualifications required

• Credited Mentor/Assessor training

• Relevant theatre experience of at least 1 year

• Associate Mentor – 6 months experience.

• Mentor training updates every 2 years
Mentor Characteristics

• Accessible, welcoming, facilitative personal style
• Ability to work in partnership
• Acts at all times in a friendly, professional manner, which shows respect and fairness to others
• Has undertaken mentor preparation in relation to the pre-registration course and specific to education and training of health care professionals
• Knowledgeable and skilled in relation to own practice within the peri-operative environment
• Willing to facilitate opportunities for the student to gain experience, meet their personal learning goals and achieve desirable earning outcomes
Student’s Role

• Your student’s role is to;
  – identify opportunities to meet competencies in discussion with the mentor
  – arrange personal tutorials
  – request formal assessment
  – identify suitable ways to meet your own developmental needs.
12 Week Review of 1\textsuperscript{st} Yr BSc

- In week 12 there will be a formative assessment of selected competency based skills. This will take the form of a discussion with the PPE and academic tutor.

- The basis of this formative assessment is relevant to ensure safe practice. The competencies require a basic knowledge and understanding that is essential along with a demonstration of safe practice.
The Dip HE student can

1. Discuss personal and professional accountability in relation to the role of the student ODP
2. Discuss how you would demonstrate a supportive and caring approach whilst maintaining dignity, privacy and respect for patients, colleagues and carers.
3. Identify how confidentiality relates to patient care.
4. Discuss the importance of routine Baseline observations and their relevance to patient care.
5. Identify and discuss an aspect of Health and Safety that relates to practice in the operating department.
6. Give a brief explanation of how the following relate to operating theatre care
   – Hygiene needs / Elimination needs / Comfort needs
   – Nutritional needs / Spiritual needs / Cultural needs
   – Intellectual needs / Psychological needs / Sexuality

• Comments on the student’s performance and ability to demonstrate safe practice.
PRACTICE MODULES SUMMATIVE ASSESSMENT

• Achievement of practice competencies and submission of appropriate portfolio evidence at the end of each year.
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<tbody>
<tr>
<td>Witnessed</td>
<td>Assimilated</td>
<td>Supervised</td>
<td>Proficient</td>
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**SIGN OFF**

<table>
<thead>
<tr>
<th>SIGN WHEN STUDENTS SEE IT BEING DONE AND EXPLAINED</th>
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<tbody>
<tr>
<td>Observe or witness the competency element – it is considered good practice that the student will have had the opportunity to observe the procedure prior to being supervised.</td>
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<tr>
<td>SIGN WHEN STUDENTS DEMONSTRATE THEY UNDERSTAND</td>
</tr>
<tr>
<td>Understands the underpinning knowledge associated with each element of the competency</td>
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<tr>
<td>SIGN WHEN STUDENTS DO &amp; EXPLAIN</td>
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<td>Practice under supervision to demonstrate understanding &amp; skill</td>
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<tr>
<td>SIGN WHEN THEY KNOW AND CAN DO COMPETENTLY</td>
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<tr>
<td>Competent in both knowledge and skill elements of the Competency.</td>
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Appraisal Forms

• Students and mentors will complete the online appraisal forms at designated points of the student’s placements.

• These forms are the ODP students learning contracts and action plans.

• They identify the student’s needs and learning requirements during each placement and allow both student and mentor to action plan how they will be met.

• Both student and mentor are also given the opportunity to evaluate the student’s performance and placement in a final discussion at the end of each placement.
Sickness and Absence Policy

• It is your responsibility to ensure that you keep full records attendance in the workplace & keep a copy of their timesheet on the practice e-portfolio.

• If the total amount of absence exceeds 15 days during the 2 year programme, they may have to make that time up at the end.

What the student should do if they are absent.

• Inform Student Records before 10.00am and clinical placements before the start of the shift
• Absence for 4 days or more - provide a self-certificate sick note.
• Absence for more than 7 days - should provide a Doctors certificate.
• Students should provide originals of sick notes to the University Student Records and provide copies to their work placement.
• When they return, they MUST inform Student Records, tutor and PPE that they have returned.
Supervise, support and guide students during their clinical placement, a key feature of which will be assisting the integration of the student into the clinical team. This is crucial in the early stages of the mentor/mentee relationship which sets the tone for the remainder of the placement. ‘If students lack clarity regarding the mentor and student relationship or the method of supervision, they can feel that they are left “hanging around waiting to be noticed” . . . ‘(West 2007, p.17)

Facilitate student learning which will involve helping the student to make links between theory and practice.

Apply approved assessment procedures and provide feedback on student performance.
Levels of Supervision

• the level of supervision required will depend upon a number of factors that may include the:
  – purpose of supervision
  – previous practice experience, qualifications, skills, and attributes of the student
• level of risk associated with the purpose of supervision
• policies of the organisation
• requirements of the relevant legislation e.g. Drugs, and Controlled Substances legislation
Direct or Indirect

• DIRECT
  – The mentor takes direct and principal responsibility/accountability for care provided (e.g. assessment and/or treatment of individual surgical patients)
  – The mentor must be physically present observing at all times when the ODP student is providing clinical care
  – The student must consult with the mentor about the perioperative care before delivering that care.
Direct or Indirect

• INDIRECT
  – The Mentor and Student ODP share the responsibility/accountability for individual patients.

  – The mentor and the learner are in the same place i.e. recovery/theatre but the mentor is not directly working alongside the learner. The mentor is however; physically available to the learner should it be necessary.

  – The mentor is required to observe the whole of the student's interaction with patients at least in line of sight. Actual proximity will be a matter of judgement for the Mentor, depending on the task being undertaken and the experience of the student.
Indirect

• In every case, an appropriately qualified member of staff should be directly available to provide immediate assistance.

• This member of staff will make an agreement with the student regarding the level of supervision dependent on the complexity of the procedure, the clinical circumstances and the experience of the student.

• Some procedures will require the physical presence of the Mentor alongside the student and others, where the student is deemed sufficiently skilled; the Mentor may supervise from an appropriate distance.

• At all times the student must be able to call on the Mentor should a problem arise.

• In each case, regardless of the level of supervision, the responsibility for the conduct of the procedure remains with the appropriately qualified member of staff or delegated member of the team.
The Menu

- Cloning ODP’s
- Professional in the making!
- Looking at the Code
- ‘What if the student is’ Top tips
- Failing Students
- Mentoring Issues
- Learning Contract/Appraisal interview and documentation
- Question and Answers
Cloning ODP’s

- **Purpose** – Individualised learning program
- **Process**
  - Some learn best alone, some learn best in groups
  - Variation is necessary – learning styles
- **Pacing**
  - Students learn at different speeds
  - Faster than average – student gets frustrated, bored
  - Slower than average – student needs more time
- **Placement**
  - Different areas may need more time than others
  - Students may be more interested in one area than another
What if?

• The student is;
  – Quarrelsome / complaining
  – A know it all / unaware of limits
  – Talkative / Persistent questioner
  – Shy / fearful
  – Uncooperative / uninterested
Failing to Fail!

- Mentors are unwilling to put pen to paper regarding concerns
  - What are the consequences of
- Mentors do not always deal with things early enough
  - Leave for someone else
  - Room for improvement
- Too concerned with consequences of failing a student
- Giving the benefit of the doubt with borderline students
  - Mentors Newsletter, Kathleen Duffy, University of Nottingham
What is a Learning Contract/Appraisal?

- Identify and Agree the Achievable
  - learning needs/objectives/evidence/competencies

- What should it include?
  - Competencies/Comments/Concerns

- When? – *stating the obvious*
  - Initial – the first week
  - Intermediate – half way
  - Final – the last week
Discuss the overall outcome of the students placement.
Have the learning objectives been achieved?
Comment on the students observed strengths and weaknesses.
Comment on general professionalism.
Positive strokes

Mentor/Student signatures, Date, Students Comments.
Mentor Support Site
For all programme documents/info and links

https://sohsc.tees.ac.uk/sites/practicesupport/index.cfm/

Or Click the link on the School of Health home page
The ODP programme team wish to thank you all for your valuable support.

Any questions?