



## **College of Operating Department Practitioners**

### **Bachelor of Science (Hons) in Operating Department Practice**

- **England, Northern Ireland and Wales**

### **Bachelor of Science in Operating Department Practice**

- **Scotland**

## **Curriculum Document**

SEPTEMBER 2018

## **Foreword**

I am delighted to present the revised BSc (Hons) Operating Department Practice Curriculum for implementation from September 2019. This curriculum is the result of a rigorous review process that included a wide consultation, which for the first time actively sought feedback from the multiprofessional team and AHP colleagues, in addition to the feedback from ODPs working in both academia and clinical practice. This curriculum reflects the many professional changes since the publication of the first degree curriculum in 2011 and as such includes a more explicit focus on holistic patient care, patient safety and the development of non-technical skills. The clinical proficiencies have been revised and updated to recognise the increasing diversity of ODP practice and will therefore enable graduates to maximise the wide range of career opportunities available.

I would like to thank Mike Donnellon as Chair of the Education and Standards Committee for leading this curriculum review and all those who contributed to the review process.

Hannah Abbott  
President, CODP

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## **1. Introduction to the College and History of the Profession**

The College of Operating Department Practitioners was founded in 1945 as The Institute of Operating Theatre Technicians. The Institute was founded to represent and lead the professional development of non-nurse operating theatre staff, at that time commonly known as anaesthetic technicians and theatre attendants. In 1970 the then Department of Health and Social Security published *The Organisation and Staffing of Operating Departments*; this created a new career structure, the professional title of Operating Department Assistant (ODA) and national training and examination standards, the City and Guilds 752 for Hospital Operating Department Assistants. It was not until 1977 that the then Executive Council for the Institute agreed the title should change and adopted the title British Association of Operating Department Assistants. Subsequently in 1989 The NHS Management Executive report *The Management and Utilisation of Operating Departments* recommended a scheme of regulation for ODAs and stated that ODAs should be considered equally with theatre nurses for all perioperative roles up to and including that of theatre manager.

Between 2000-2002 the profession formally adopted the title Operating Department Practitioner (ODP) and the Diploma in Higher Education (Dip HE) in Operating Department Practice became the primary qualification to join the profession. Also in 2000 the NHS Executive issued guidance, *The Employment of Operating Department Practitioners (ODPs) in the NHS*. As well as requiring NHS ODPs to belong to the then voluntary register held by the Association of Operating Department Practitioners, the document also clarified the role of the ODP in the administration of controlled drugs and the limited circumstances under which an ODP could have custody for the purpose of administration. In 2004 The Health Professions (Operating Department Practice and Miscellaneous Amendments) Order led to the statutory regulation of ODPs by the Health Professions Council (HPC). The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007 then authorised ODPs to possess and supply Schedule 2-5 controlled drugs in certain hospital settings namely theatres, wards and departments (for the purposes of administration to a patient in accordance with the direction of a prescriber).

In 2004, Operating Department Practitioners were the first additional professional group to be included in the then newly formed Health Professions Council, the overarching regulatory body for the allied health professions. Professional regulation has not been exempt from change and the powers of the now Health and Care Professions Council are now far more extensive with continued emphasis on the use of occupational standards, benchmark statements, standards of proficiency and standards of education and training, and continuing professional

development (CPD). Collectively, the above standards inform the development of a practitioner who is fit for purpose, fit for practice and fit for award.

A further significant event in the development of the ODP profession occurred in April 2017 when ODPs came under the remit of the Chief Allied Health Professions Officer for England and as such were recognised as Allied Health Professionals (AHPs). This new representation will enable wider professional engagement and shared working initiatives for ODPs, NHS England and the other AHPs.

The profession has developed and increased its pre-registration core knowledge and skills to ensure the practitioners are prepared and competent for practice. There has been a new BSc/BSc (Hons) curriculum available since 2011, this evolution from the Dip HE programme the College believes reflects changing service needs and the required core knowledge base for the profession; and includes current health led requirements such as human factors training and more detailed pharmacology content with an emphasis on pharmacokinetics and pharmacodynamics. Patient safety has always been core but has been made more explicit within the new curriculum along with a clear focus on the creation of a practitioner who will engage with career-long learning. The development of this curriculum has been driven by clinical need in response to skill mix issues, advances in medical technology and changing educational / professional priorities. The dynamic nature of care delivery and the requirements of clinical governance in the modern NHS and healthcare settings necessitate reflective ODPs who need to develop a robust evidence base to inform their practice. Education in the Higher Educational Institution (HEI) setting also promotes a team approach to learning, which reflects the nature of multiprofessional clinical practice.

## **2. Clarity of Roles within the Curriculum**

The role of the professional body, the College of Operating Department Practitioners, is to:

- Be the learned society which has developed the body of knowledge
- Promote the profession
- Set professional practice standards at both threshold and beyond regulation
- Develop the curriculum framework
- Continue to develop the CPD framework for the profession

The role of the Health and Care Professions Council (2018) is to:

- Regulate registrants in order to protect the public
- Act as the professional regulator and maintain the professional register

- Set and maintain standards for the approval of the programme, as identified in the current Standards of Education and Training
- Set standards for entry at a threshold level
- Ensure Fitness for Practice, as laid down in the current HCPC Standards of Proficiency: Operating Department Practitioners and the Standards of Conduct, Performance and Ethics
- Set standards for continuing professional development (CPD)
- Audit registrants' individual CPD activity

The role of the Quality Assurance Agency (2018) is to:

- Set and monitor the standards of UK higher education including the development of the UK Quality Code for Higher Education
- Publish benchmark statements to help institutions design, deliver and review academic programmes in order to show what graduates might reasonably be expected to know, do and understand at the end of their studies

The role of the Office for Students (2018) is to:

- Help students to enter, succeed and progress in higher education
- Ensure students receive information and guidance on what and where to study
- Protect students' interest in order that they get value for money when experiencing the full benefits of higher education in exchange for the effort, time and money they invest

## **2.1 Rationale for the Curriculum Review**

This revised edition of the BSc (Hons) in Operating Department Practice curriculum has been prepared to reflect the key changes and influences in health care and higher education since publication of the 2011 document. In developing this 2018 curriculum, the following key publications have been considered:

- Influences in relation to patient safety including the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013), the Berwick Report (2013), the Morecambe Bay Investigation Report (2015) and the publication of the National Safety Standards for Invasive Procedures (NatSSiPS) (2016).
- The HCPC revised the Standards of Education and Training (2017), the Standards of Proficiency ODP (2014) and the Standards of Conduct, Performance and Ethics (2016). The Perioperative Care Collaborative (PCC) have also revised the Position Statement Surgical First Assistant (2018).

- The Royal College of Surgeons published the Surgical Care Team Guidance Framework (2018) and the Association of Anaesthetist of Great Britain and Ireland (AAGBI) published the UK National Core Competencies for Post-anaesthesia Care (2013).
- Key influences in the recruitment of students have been the introduction of Health Education England Values Based Recruitment (VBR) (2014), the introduction of the Health Education Funding Reforms between 2015 - 2017, the introduction of degree apprenticeships (2016), changes to the UCAS Tariff Points (2017) and changes to the GCSE Numerical Grading Scale (2017).

The revised curriculum document also reflects the key elements of contemporary operating department practice education, for example the increased use of human factors, non-technical skills and simulation. All proficiencies have been reviewed to reflect contemporary practice and where necessary, to make more explicit.

### **3. The BSc (Hons) in Operating Department Practice Curriculum**

#### **3.1 Programme design Principles and Philosophy**

Berwick (2013) emphasises that patient safety is the keystone of quality patient care, this pre-registration curriculum therefore prioritises patient safety in developing highly skilled, knowledgeable and flexible Operating Department Practitioners (ODPs). This pre-registration curriculum is also designed to facilitate the preparation of students, not only for demanding clinical practice immediately upon qualification, but also for continuing their learning beyond registration and for promoting continuous improvement in care delivery. The educational philosophy of BSc (Hons) in Operating Department Practice programmes is that students should be enabled to become autonomous, self-directed learners capable of delivering evidence based, individualised, high quality, safe and compassionate patient care.

In the main, many programmes will be delivered over three years on a full-time basis. However, the College welcomes and encourages HEI's to explore alternative modes of delivery including pre-registration Masters, degree apprenticeships and part-time routes however these must still be informed by the philosophy that underpins the curriculum and meet the proficiencies.

Programme design should place emphasis on students acquiring graduate attributes which enable them to continually develop their understanding of a complex body of clinical knowledge and practice, in addition to non-technical skills acquisition. Although recognising

the need to give programme providers some flexibility in being able to respond to local priorities, programme design should be based on the following key educational and professional principles:

- Students should be encouraged to develop a clear professional identity as aspirant Operating Department Practitioners, within both their specialised and wider communities of practice.
- Students are acknowledged and enabled to become active participants in the learning process with due consideration given to their involvement and contribution to that process in all learning environments.
- Programmes should enable translation and application of philosophies of care, personal and professional values and standards to practice and care delivery.
- Students will develop the professional knowledge and personal qualities required for autonomy in their professional practice, the exercise of personal responsibility, and be enabled to apply decision-making skills to complex clinical circumstances. This will be underpinned by studies of legal, ethical and professional aspects of operating department practice.
- Emphasis should be placed on the integration of theory and practice; one cannot be viewed in isolation from the other. Students must be supported in developing knowledge and skills through practice-based learning and enabled to evaluate, reflect and develop this learning in the HEI environment.
- Students should be enabled to select and evaluate contemporary evidence to critically analyse, develop reasoned arguments to underpin their problem-solving, to challenge assumptions and to communicate this effectively; this will be applied across their professional career.
- Students will engage in interprofessional learning both in the theoretical and clinical setting; enabling them to learn with, from and about other health and social care professionals. This collaboration allows students to see knowledge and care from multiple perspectives in order to improve clinical care delivery, engage in multidisciplinary team working, understand diverse roles and become aware of other professions' responsibilities.
- Reflection, self-awareness and personal resilience should be seen as key elements of professional development.
- Students should be encouraged to take a global perspective on health, to better understand the communities in which they work, and the drivers for healthcare policies and to optimise relationships.



### **3.2 Patient Safety**

Patient safety – the avoidance of unintended or unexpected harm to people during the provision of health care (NHS Improvement 2018) is a fundamental feature of operating department practice. As a registrant with the Health and Care Professions Council, Operating Department Practitioners must be able to practise safely and effectively within their scope of practice. An emphasis on patient safety is evident throughout the proficiencies within this curriculum with particular relevance to:

- The importance of human factors in patient safety
- Non-technical skills
- Promotion of a patient centred approach to care
- Being an effective team player
- Learning from errors to prevent harm, in an open, blame-free culture
- Understanding and managing clinical risk
- Infection prevention and control
- Patient safety during invasive procedures
- Improving medication safety

These topics also reflect those identified within the World Health Organisation Patient Safety Curriculum Guide: Multi-professional Edition (2011).

### **3.3 Award Titles**

Programmes that achieve the College of Operating Department Practitioners endorsement must have the title 'Bachelor of Science with Honours in Operating Department Practice' or 'Bachelor of Science with Honours Operating Department Practice'. The exception to this would be for programmes endorsed in Scotland where 'Bachelor of Science in Operating Department Practice' is the equivalent programme, when mapped to the QAA framework for England, Northern Ireland and Welsh awards.

No interim or aegrotat award including the words Operating Department Practice / Practitioner are permitted as this is a protected title in law. It should also be clear to students, in all communication and documents, that any interim or aegrotat award will not confer eligibility to apply to the HCPC for registration as an Operating Department Practitioner.

### **3.4 Approval and Endorsement of BSc (Hons) in Operating Department Practice Programmes**

The College of Operating Department Practitioners works closely with a number of national organisations including the HCPC, NHS England, Health Education England, public bodies,

key stakeholders and its membership to ensure that its curriculum remains fit for purpose and continues to meet the needs of patients, service users and employers. By using this curriculum to underpin all aspects of programme design and review in association with Higher Education benchmarks and quality assurance processes, high quality programmes can develop graduates who are fit for purpose, fit for practice and fit for award within a clear professional framework. The College of Operating Department Practitioners has developed an endorsement process for Higher Education Institutes which provides explicit evidence of their pre-registration programmes commitment to meeting the professional standards within this curriculum. The benefits of having a BSc (Hons) in Operating Department Practice programme endorsed by the College are as follows:

- Greater assurance of currency, relevance, philosophy and educational level
- Confirms that the College's quality and standards criteria have been met in full
- Adds value to the HEI's portfolio
- Market differentiation - course endorsed by the professional body for ODPs
- Be able to request the involvement and advice of the professional body
- All endorsed courses receive the College logo to use on all course related material

It is of note that College endorsement of a programme applies specifically to the programme and not individuals who participate in it. Endorsement does not, therefore, imply that participants who complete it are competent to practice; this is a matter for the HEI and the regulator.

When arranging an endorsement review of a programme, the College expects that:

1. Requests are made 6 months prior to the date of programme approval / validation / accreditation event so that appropriate arrangements can be made for representation.
2. In certain circumstances e.g. course re-approval, a paper endorsement may be undertaken, following discussion with the College.
3. The endorsement fee payment is agreed and College Visitor named; any conflicts of interest declared.
4. Documentation must be sent out a minimum of 8 weeks prior to the event to allow a full consideration of its contents. This must include full, up-to-date information on the programme being considered and response deadlines if appropriate.
5. Documentation includes appropriate information on the institution's approval / validation / accreditation procedures.

Following an endorsement, HEI's can expect:

1. Written feedback
2. Confirmation of decision which may include recommendations and / or conditions
3. Endorsement confirmed once any conditions have been met. At this point, the official logo will be provided for use on course / marketing materials.

### **3.5 Programme Admissions**

When considering entry requirements and admissions processes for a BSc (Hons) in Operating Department Practice programme, the College recommends the following minimum criteria for entry to the programme:

- 5 GCSE's at grades A-C or 4-9, to include Mathematics, English and a Physical Science
- 112 UCAS points, which should typically include one physical science
- Evidence of recent study or engagement in personal or professional development activity
- Ability to meet the occupational health requirements of the programme, which must meet those specified by the Department of Health for health workers involved in exposure prone procedures and the HCPC
- Gain clearance from enhanced Disclosure and Barring Service or enhanced disclosure from Disclosure Scotland checks
- If applying as a candidate for whom English is a second language the applicant should hold an overall IELTS of at least 7.0 with no element below 6.5 upon enrolment

The approach to Accreditation of Prior Experience and Learning (APEL) is embedded in Higher Education Institutes and alternative qualifications and equivalencies should be clearly identified and / or considered on a case by case basis in accordance with the recruiting HEI APEL policy.

It is highly recommended that requests for transfers into BSc (Hons) in Operating Department Practice programmes from ODP students from other HEI's and / or other programmes are scrutinised in line with the HEI policy, and references should be sought from either the relevant Programme Lead or Personal Tutor.

When considering entry criteria it is suggested that explicit provision is made for step-on points for Assistant Practitioners / Nursing Associates who wish to access Operating Department Practice programmes. However, whilst prior experience is valuable, unless this can be

measured and mapped against the proficiencies, it cannot be validated. Clear documented evidence would need to be provided by the applicant in line with HEI policy.

When considering additional programme specific recruitment requirements e.g. interviews, situational judgement tests or aptitude testing, the College recommends that the following principles are embedded in any process:

- Knowledge of the profession and demands of the role
- Knowledge of patient care delivery in the perioperative setting
- Effective communication and interpersonal skills
- NHS Values and behaviours
- NHS Constitution

All entry requirements must be made explicit on programme marketing materials and should be regularly reviewed in conjunction with recruitment, attainment and attrition data to ensure that the entry criteria are sufficient to recruit students with the potential to successfully complete the programme.

### **3.6 Programme Management and Resources**

It is a College expectation that Programme Leads will be Operating Department Practitioners. While there should be an Operating Department Practitioner as the Programme Lead, in exceptional circumstances alternative suitably qualified and experienced registrants from other professions may be considered. Should this be the case, there must be a named professional lead who is an Operating Department Practitioner.

Programme or professional leads should:

- Hold a Masters Degree
- Actively engage in research and / or contribute to professional body of knowledge via publication
- Engage with the CODP Clinical and University Educators Forum as an invited member
- Provide a positive professional role model for students / staff
- Promote professional values and behaviours, commensurate with those laid out in the NHS Constitution and by the HCPC
- Maintain current HCPC registration or equivalent if not an ODP

## 4. Teaching Learning and Assessment

### 4.1 Approach to Learning and Teaching

Pre-registration programmes must ensure that students are able to demonstrate compassionate, safe, evidence-based and effective patient care, across the core areas of practice, at point of successful completion of the award. Programmes must also enable graduates to develop the professional knowledge, skills and attributes required to continue their education and development throughout their careers. The approach to learning and teaching developed and employed in pre-registration programmes for ODPs is fundamental in determining how well students are prepared for professional practice and for their careers in this dynamic and evolving profession.

The approach to learning and teaching employed by pre-registration programmes is at the discretion of the Higher Education Institution. Innovative approaches are encouraged but the overall strategy must be based on a sound pedagogical rationale and a number of fundamental concepts:

- The approach to learning and teaching must facilitate the development of high-level cognitive skills and enable undergraduate ODP students to develop analytical techniques and problem-solving skills. This enables and encourages students to enhance practice by evaluating evidence, challenging assumptions and creating effective arguments; thereby demonstrating the qualities required for effective decision making and the exercise of professional judgement and responsibility in complex and often unpredictable circumstances.
- Programmes must be designed with a focus on the student learning experiences; which must be thoroughly planned, structured, managed and coordinated.
- Personal Development Planning must be embedded throughout the programme. It is essential to support students to reflect upon and develop their professional practice, so this behaviour is sustained in a way that meets the requirements of post-registration practice and CPD.
- Programmes should utilise information technology to support student learning; through online or blended approaches to support their engagement with practice technologies and to provide alternative learning opportunities.
- Programmes must enable students to fulfil the requirements of this curriculum framework. Consequently, undergraduate programmes must be delivered over a minimum of **three** academic years, with students undertaking **50%** of the total programme hours in clinical practice settings. The rationale for this is that in order to deliver the complex knowledge base and develop the clinical reasoning skills of

students, alongside the acquisition of practice skills, students require equal exposure to theoretical and clinical experiences.

- The knowledge, skills and attributes fundamental to operating department practice are acquired from the critical application of all learning within the educational experience. The learning and teaching approach, therefore, relates not only to learning and teaching within the HEI, but also that occurring in the clinical environment. It is essential that the learning available and achieved in each of these settings is valued equally.
- The Service User and Carer voice must be considered and integrated wherever possible in programme design, delivery and evaluation.
- Learning and teaching approaches must actively emphasise and encourage the integration of theory and practice, and recognise and fully embrace the symbiotic relationship of the two aspects. The approach utilised must encourage students to recognise the need for transfer of knowledge and skills between different professional settings and situations.
- To ensure effective learning experiences in the clinical environment, it is essential that clinical partners and HEI's work collaboratively to ensure robust mechanisms for student support. This support should include the availability of a **Practice Educator** or **Clinical Supervisor** to advise and co-ordinate the work of mentors, to ensure appropriate support across a range of practice settings and to liaise with the host HEI (CODP, 2009).
- The competing tensions of service delivery and provision of a high quality learning environment mean that flexible approaches to clinical experiences may be required; however the focus should be on equity of student experience. Skills laboratories and simulation facilities provide valuable opportunities to enhance skills acquisition, and may be utilised to enhance clinical practice experience.
- The programme must embed opportunities for students to experience the full spectrum of professional practice; for example placements with preoperative assessment, outpatient department, acute and chronic pain services, perioperative management teams, educational teams, surgical wards, medical imaging departments, critical care, emergency departments.
- All stakeholders have a role in developing opportunities, supporting and monitoring the effectiveness and quality of placement areas, and in ensuring that adequate resources are available to facilitate the development of clinical experience and skills.
- The student must always be supervised, supported and assessed by an appropriately experienced registrant.

## **4.2 Approach to Assessment of Learning**

The approach to student assessment employed by pre-registration programmes is at the discretion of the Higher Education Institution. Interesting, inclusive and innovative approaches are actively encouraged; but the overall approach must be based on sound pedagogical rationale, constructively aligned to learning outcomes and the following key principles:

- The interrelationship of theory and practice should remain an integral component of the assessment process therefore students will undertake practice and academic assessment to demonstrate their achievement.
- Opportunities should exist for meaningful and supportive formative assessment.
- Many other skills beyond psychomotor competencies are acquired during clinical experience, including attitudes, values and professional socialisation and these should be considered in practice assessments.
- Students should be offered the opportunity to engage in activities that provide a focus for personal research, reading, analysis and application of evidence based practice. This learning provides scope for development of skills of discrimination, judgement and presentation.
- The certification of achievement, or benchmark of progress and development, is a direct measurement of proficiency and abilities.
- Reflective learning, using structured models, will allow students to demonstrate their learning by reflecting on their learning experiences and development needs; and enabling them to consider and demonstrate their learning over time.

## **4.3 The Simulated Perioperative Environment as a concept for Learning and Assessment**

Simulation has been used for education in a range of professions, most extensively in the aviation field, and since the 1980s, has been used in the medical and dental professions. Simulation has been employed both in initial training programmes and in the continuous development and maintenance of knowledge and skills of qualified individuals from a diverse range of professions. Simulation Based Education (SBE) offers the opportunity to practice or rehearse a wide range of skills, and particularly those required for rarely encountered emergency or clinical conditions, to ensure that threshold standards are attained and retained. SBE is increasingly important in the education of healthcare students and is supported by national bodies such as the Department of Health (2011) and the Association for Simulated Practice in Healthcare (ASPiH) (2017). The term 'simulation' includes high and low fidelity simulators, Virtual Reality (VR), part task trainers, contextually appropriate environments and equipment and role play.

We would encourage the HEI and the clinical placement providers to decide where simulation can effectively be used to support the student's learning and assessment. The exact nature and use of simulation is likely to differ between clinical placements depending on staff availability, types of patients / surgery / anaesthesia and the experience of the student. Simulation should be considered as complementing traditional teaching methods and clinical practice, not as a replacement for these. It must be recognised that the clinical learning opportunities will vary based on the available operating lists and individual patient, simulation can therefore be used to supplement placement and offer parity in clinical learning opportunities for all students. SBE can be particularly useful for rare clinical scenarios or those cases when students may not be able to fully participate due to the safety and care needs of the patient.

CODP recognises that learners have differing needs and as such does not specify the amount of time that students should be involved in simulation activities. The emphasis must be on the quality of the simulation content regardless of the type of simulation used and not the time spent doing it. Furthermore, it would not be appropriate to use simulation as a method for teaching and assessing aspects of clinical learning where real experience is available. Simulation could however, be used to support the students' learning in a safe environment prior to undertaking clinical activity, be used to de-brief students where experiential learning has presented challenges for the learner, or where guaranteed safe, objective experience is not available.

CODP would encourage that any use of SBE is planned, designed, objective, replicable and appropriate. We would encourage educators to follow a standard design incorporating any of the standards for simulation based education. Furthermore, where SBE is formally included into Higher Education learning it should be acknowledged in course documentation.

## **5. Practice Placements**

### **5.1 Identifying suitable Practice Placement Opportunities**

In order to equip the students with the necessary knowledge and skills required for their practice at the point of graduation, students should acquire experience in a range of clinical specialities; in anaesthetic, surgical and post-anaesthetic care practice. It is recognised that students will not be able to gain experience in every clinical speciality and a flexible approach may be required to develop essential skills; for example, ear nose and throat, maxillofacial



and upper gastrointestinal placements permit experience of the shared airway; ear nose and throat and orthopaedic placements permit experience of paediatrics.

Placements should also reflect the changes in technologies, surgical advances and the expanding role and recognition of the ODPs skill and knowledge; including those outside of the traditional operating theatre setting e.g. interventional radiography. Other clinical areas where the student will gain valuable experience at some stage of the programme include preoperative assessment clinics, critical care units, emergency departments, medical imaging departments, and surgical wards.

## **5.2 Supporting the Learner in the Clinical Setting**

All those supporting the learner should have attended a specific HEI preparation session to develop a thorough understanding of the programme of study. To ensure that students have a positive learning experience within their clinical placement, Mentors should:

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

Students must be supervised at all times by a registered practitioner 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 every two years. For advice on suitable preparation methods and expectations of those supervising in practice, please utilise the Standards, recommendations and guidance for mentors and practice placements (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 HEI.

Quality monitoring processes for clinical placements areas should be managed by the HEI, this should include formal mechanisms of audit and student placement evaluation. If for any

reason the clinical placement area is unable to maintain the quality of clinical placements, the HEI must be notified by the Practice Educator / Clinical Supervisor and an appropriate action plan developed.

## **6. Proficiencies for the BSc (Hons) in Operating Department**

### **Practice**

#### **6.1 Introduction**

These proficiencies fulfil the requirements for the BSc (Hons) in Operating Department Practice, BSc in Operating Department Practice Scotland, and the QAA Benchmark Statements. The proficiencies in this document specify a minimum standard. The format adopted enables Higher Education Institutions to explicitly map their programme outcomes to the above benchmarks and the requirements of the Health and Care Professions Council Standards of Proficiency: Operating Department Practitioners, Standards of Education and Training and Standards of Conduct, Performance and Ethics.

#### **6.2 Academic Level and Progression**

Inherent within these proficiencies is the acknowledgement that ODP students must be able to demonstrate a measure of progression that is indicative of the development in knowledge and understanding, as well as the acquisition of professional skills. In order to initiate this process, the proficiencies must be considered in relation to the Quality Assurance Agency Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) (2014) and the Scottish Credit and Qualifications Framework (SCQF) (2017).

Accordingly, the final exit award for this curriculum is set at FHEQ level 6 and SCQF level 9. It should be recognised that progression can be distinguished by the autonomy of the learner and the level of responsibility expected of the student. Moreover, programme leads should familiarise themselves with the generic level descriptors and ensure that students are given the opportunities to develop through the appropriate academic levels, in alignment with the interpretation of content and application in the context of Operating Department Practice.

#### **6.3 Operating Department Practitioner Proficiencies**

##### **A. PROFESSIONAL AUTONOMY, ACCOUNTABILITY and GOVERNANCE**

##### **A.1 Demonstrates personal accountability for and evaluates their own Continuing Professional Development**

1.1 Evaluates own limitations in relation to professional practice

- 1.2 Demonstrates personal accountability for ensuring own clinical proficiency
- 1.3 Critically analyses and manages own personal development plan
- 1.4 Maintains an evaluative portfolio of professional learning
- 1.5 Engages with appropriate personal and professional development resources
- 1.6 Demonstrates commitment to professional development to enhance proficiency to practice
- 1.7 Uses reflection on and in practice, to appraise and evaluate the effectiveness of care
- 1.8 Embraces the concept of lifelong learning, developing and applying new skills and knowledge relevant to changing technology, practice and patterns of healthcare

**A.2 Demonstrates personal and professional accountability and applies this in their role as an Operating Department Practitioner**

- 2.1 Promotes health and safety, and evaluates practice in the context of health and safety requirements
- 2.2 Reports any concerns about the safety or well-being of the patient promptly and appropriately
- 2.3 Applies protocols to ensure the safety and well-being of patients and staff
- 2.4 Uses equipment appropriately and effectively to reduce risk of harm
- 2.5 Promotes an evidence based approach to practice which minimises the risk of harm to patients, staff carers and others
- 2.6 Interacts effectively with the multidisciplinary team and maintains the confidentiality of information
- 2.7 Accepts responsibility and promotes accountability, whilst simultaneously acknowledging the limitations of their professional proficiency

**A.3 Monitors, reflects on and evaluates the quality in Operating Department Practice and contributes to quality assurance processes**

- 3.1 Applies and evaluates quality assurance mechanisms in order to monitor and enhance the quality of practice
- 3.2 Participates in the collection and interpretation of clinical data
- 3.3 Promotes the importance of quality and audit processes
- 3.4 Engages with the processes of clinical audit and quality improvement initiatives

**A.4 Supports and promotes clinical effectiveness by applying an evidence based approach to Operating Department Practice**

- 4.1 Demonstrates a detailed knowledge and understanding of the research process

- 4.2 As part of the multidisciplinary team, discusses and promotes the application of evidence based practice
- 4.3 Critically evaluates practice to support high quality of care
- 4.4 Critically evaluates research and other evidence that may support high quality of care
- 4.5 Demonstrates a detailed knowledge and understanding of the principles and practice of research ethics

**A.5 Evaluates and effectively manages risks and hazards associated with the patient and the perioperative environment**

- 5.1 Applies risk management principles associated with perioperative practice
- 5.2 Demonstrates the safe management of clinical, non-clinical waste in accordance with national and local guidelines
- 5.3 Evaluates risks to the patient, staff and others
- 5.4 Recognises and challenges unacceptable behaviours, such as bullying, harassment and discrimination, and initiates appropriate actions
- 5.5 Promotes and maintains health, safety and security in the workplace
- 5.6 Understands and contributes to clinical governance and the process of risk management and audit
- 5.7 Understands and demonstrates the process and procedure of root cause analysis and the requirement for accurate critical incident reporting
- 5.8 Appreciates the importance of learning from errors to prevent harm
- 5.9 Creates and maintains environments, which promote the health, safety and well-being of patients, carers and staff

**A.6 Demonstrates and promotes professional, ethical and legally sound approaches to Operating Department Practice**

- 6.1 Demonstrates openness, honesty and trustworthiness in relation to their own personal and professional behaviour and in the occurrence of any untoward incident that harmed or had the potential to harm the patient
- 6.2 Ensures all relevant documentation is completed correctly in accordance with national and local guidelines
- 6.3 Promotes and maintains confidentiality
- 6.4 Implements and complies with legislative frameworks and organisational policy
- 6.5 Promotes and applies the principles of informed consent
- 6.6 Adheres to the professional and regulatory codes of practice and conduct for Operating Department Practitioners

- 6.7 Understands the legal responsibilities, ethical and professional responsibilities of practice
- 6.8 Appreciates the significance of professional self-regulation
- 6.9 Demonstrates an awareness of moral and ethical dilemmas in healthcare and applies appropriate solutions to complex problems
- 6.10 Respects and cares for patients to promote and maintain their dignity and rights
- 6.11 Promotes and applies a non-discriminatory approach to practice.

#### **A.7 Demonstrates leadership and the ability to manage their own workload and that of the team**

- 7.1 Applies appropriate leadership skills and techniques in the management of people and resources
- 7.2 Contributes and responds constructively to change
- 7.3 Adapts to and demonstrates problem solving skills in complex and unpredictable situations
- 7.4 Evaluates and justifies clinical decisions relating to care provided to the patient
- 7.5 Critically evaluates own role within personal sphere of responsibility
- 7.6 Promotes the application of an evidence-based approach to care delivery
- 7.7 Critically evaluates and manages the variations in available resources
- 7.8 Identifies and manages conflicts and challenging behaviours
- 7.9 Demonstrates the capability to act autonomously and collaboratively, within multidisciplinary care teams
- 7.10 Manages and prioritises workload effectively within the multidisciplinary team

### **B. PROFESSIONAL RELATIONSHIPS**

#### **B.1 Applies appropriate communication skills in order to promote effective perioperative patient care**

- 1.1 Promotes and applies the principles of effective communication
- 1.2 Participates in the briefing and debriefing of perioperative teams and use of surgical safety checklists to include sign in, time out and sign out
- 1.3 Manages the communication of relevant information to the appropriate member of the perioperative team
- 1.4 Promotes high quality care for patients by providing accurate and concise verbal or written information related to their care and treatment
- 1.5 Arranges effective formal and informal channels of communication within and outside the perioperative team

- 1.6 Formulates plans to enhance the quality of care
- 1.7 Assess the evidence base using research and literature databases and other electronic information resources
- 1.8 Promotes the use of appropriate patient information systems and perioperative records to assure patient safety
- 1.9 Understands the delivery of healthcare within the UK and structure and responsibilities of healthcare organisations
- 1.10 Understands the role of external agencies in directing and influencing clinical practice

**B.2. Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team**

- 2.1 Maintains relationships through the use of appropriate communication and interpersonal skills
- 2.2 Demonstrates self-awareness and understands how own behaviours effect the perioperative team
- 2.3 Uses interpersonal skills to optimise patient and professional relationships
- 2.4 Adapts communication strategies appropriately when dealing with individual patients and carers
- 2.5 Uses verbal and non-verbal communication skills to develop a rapport with patients and carers
- 2.6 Recognises anxiety and stress in patients, carers and others, and responds appropriately
- 2.7 Demonstrates the values and behaviours of compassion in practice when dealing with patients

**B.3 Promotes a multidisciplinary approach to practice**

- 3.1 Contributes effectively to multidisciplinary approaches to healthcare, in both clinical and academic settings
- 3.2 Promotes and applies the principles of effective team working
- 3.3 Collaborates with professional and support staff, delegating care appropriately
- 3.4 Promotes the ODP role within multidisciplinary care teams
- 3.5 Appraises current knowledge and works collaboratively with the multidisciplinary team to improve care provision

## **C. OPERATING DEPARTMENT PRACTICE**

### **C.1 Utilises best evidence and guidance to provide an optimum environment for the care and treatment of the perioperative patient**

- 1.1 Searches effectively for and evaluates current evidence and guidance that may impact on the provision of care for patients within the practitioner's sphere of practice
- 1.2 Demonstrates application of the ethical principles to the planning and provision of patient care
- 1.3 Manages environmental and resource factors to meet individual patient needs
- 1.4 Demonstrates the understanding and ability to manage the progress of the operating list
- 1.5 Demonstrates a comprehensive understanding of the principles relating to the design of operating departments and related areas
- 1.6 Complies with local and national guidance in relation to decontamination, tracking and traceability of medical devices
- 1.7 Promotes and applies measures designed to prevent or control infection
- 1.8 Demonstrates a comprehensive understanding of the sources, transmission routes and methods of destruction of pathological organisms
- 1.9 Promotes and applies the principles of asepsis and aseptic technique
- 1.10 Demonstrates proficiency in the selection of equipment and materials for a broad range of routine and non-routine procedures
- 1.11 Demonstrates a detailed understanding of clinical investigations encountered within the practitioner's sphere of practice
- 1.12 Interprets the findings of a variety of clinical investigations and applies these to the planning and delivery of individualised patient care
- 1.13 Demonstrates a clear understanding of the legal and policy requirements relating to the care and handling of human tissue and clinical specimens

### **C.2 Identifies and assesses individual needs of patients**

- 2.1 Promotes patient's autonomy and dignity during assessment of clinical needs
- 2.2 Applies a detailed knowledge and understanding of social and psychological principles to individualised patient care
- 2.3 Demonstrates comprehensive knowledge and understanding of normal human anatomy and physiology, including normal physiological parameters for all vital systems, across the lifespan

- 2.4 Identifies changes to physiological systems brought about by disease and trauma processes and adapts care appropriately
- 2.5 Accurately collects and records relevant patient information from a variety of sources, including the patient's own account, results from clinical investigations, near patient tests and previous clinical documentation
- 2.6 Uses appropriate physiological measurement techniques, and identifies the limitations and potential failings of any of these techniques
- 2.7 Demonstrates a systematic approach to the physical and psychological assessment of individual patients in elective and emergency situations. To include:
- Airway patency, to include: Pre-existing conditions, anatomical abnormalities and clinical procedures that may potentiate airway difficulties; factors associated with difficult endotracheal intubation; Mallampati grading; classification and recognition of airway obstruction; patency of artificial airways
  - Respiratory function, to include assessment of rate, depth, symmetry, rhythm, breath sounds and peak flows; blood-gas and acid-base analysis; identification of common pre-existing medical conditions and physiological factors that may affect respiration; recognition of potentially life-threatening respiratory conditions
  - Cardiovascular function, to include assessment of perfusion, blood pressure, pulses; common cardiac arrhythmias; fluid and electrolyte balance; commonly encountered haematological and biochemical values; classifications of shock; pre-existing and acute conditions that may affect perfusion
  - Neurological function, to include: assessment of psychological and emotional needs, sensory and motor function, pupil size, levels of consciousness (AVPU, GCS); care of peripheral nerves during positioning for clinical interventions
  - Integumentary system, to include: assessment of skin integrity and pressure care, nutritional status, maintenance of normothermia and adequate perfusion
  - Physiological and behavioural responses to pain
  - Physiological and behavioural responses to stress and anxiety
  - Renal function, to include: monitoring of urine output and urinalysis
- 2.8 Analyses of information gathered from a variety of sources to contribute to problem solving and clinical decision making within the practitioner's sphere of practice



- 2.9 Interprets and evaluates information gathered from assessment activities, and exercises clinical judgement in initiating further treatment or investigations, or referring to other professionals as appropriate

### **C.3. Plans and delivers evidence based, individualised care to patients**

- 3.1 Promote patients' autonomy and dignity during clinical interventions
- 3.2 Recognises and responds appropriately to emotional needs of patients
- 3.3 Applies clinical skills in a competent, safe and timely manner
- 3.4 Exercises professional knowledge and judgement in the continuing assessment of patient needs in order to prioritise actions
- 3.5 Involves patients, family, carers and other members of the multidisciplinary team in the formulation of plans of care, wherever possible or appropriate
- 3.6 Evaluates wounds and applies principles of wound management
- 3.7 Exercises clinical judgement in the assessment and management of pain for patients within the practitioner's sphere of practice
- 3.8 Administers medication to patients in a timely and safe manner, in accordance with legislation, national and local policies, procedures and protocols
- 3.9 Demonstrates sound clinical judgement in the positioning of patients in order to prevent musculoskeletal or nerve damage and to promote optimum tissue perfusion
- 3.10 Identifies changes in the patient's physiological condition and initiates appropriate action to restore homeostasis
- 3.11 Applies knowledge of human anatomy and physiology during clinical procedures
- 3.12 Identifies and initiates appropriate management for clinical emergencies
- 3.13 Critically evaluates the effects of interventions in individual patients' care

### **C.4 Evaluates and reflects on care provided and own professional actions**

- 4.1 Utilises an evidence-based approach to inform practice and enhance the quality of patient care
- 4.2 Demonstrates professional autonomy in ensuring practices and clinical judgments are consistent with the best available evidence.
- 4.3 Promotes a culture in which the safety and well being of service users are paramount
- 4.4 Identifies and makes appropriate responses to situations in which the quality of care might be compromised

### **C.5. Applies knowledge of pharmacology within operating department practice**

- 5.1 Demonstrates a comprehensive and evidence based understanding of the pharmacokinetic and pharmacodynamic effects of drugs encountered within the practitioner's sphere of practice. To include:
- Indications and contraindications for use
  - Complications and side effects
  - Interactions, especially in relation to normal and altered physiology
- 5.2 Demonstrates knowledge and application of statutory, national and local requirements for the ordering, storage, checking and administration of medicines
- 5.3 Accurately calculates drug dosages
- 5.4 Demonstrates proficiency in the preparation of prescribed medications prior to administration to patients
- 5.5 Safely and effectively administers prescribed medications using a variety of approved techniques in accordance with national and local policy and regulation
- 5.6 Monitors the effects of drugs on patients and takes appropriate and prompt action in the event of adverse reactions
- 5.7 Accurately completes documentation relating to the administration of medicines
- 5.8 Critically evaluates techniques for the management of acute and chronic pain and post-operative nausea and vomiting, and applies findings to the care of individual patients

### **C.6. Demonstrates proficiency and safe practice in the use of medical devices within the practitioner's sphere of practice**

- 6.1 Promotes and applies good practice in the introduction and use of medical devices; to include:
- Participation in equipment training requirements and maintenance of personal training records
  - Statutory and professional guidance, especially with regard to the participation of patients in clinical trials and product evaluations
  - Recognition of the relevance and importance of equipment design in order to reduce the incidence of errors adversely affecting patient safety
  - Compliance with the principles of product liability and the role and responsibilities of manufacturers in facilitating the safe use of devices
  - Ensuring that appropriate records and tracking systems are maintained at all times

- Exercising professional judgement in supervising the performance and correct use of medical devices in accordance with regulations, local policies and manufacturer's recommendations
- 6.2 Demonstrates proficiency in the selection, preparation and, where necessary, calibration of a variety of medical devices (including invasive monitoring)
- 6.3 Utilises medical devices to measure and record patient's' physiological parameters within the practitioner's sphere of practice

### **C7. Demonstrates proficiency in the anaesthetic role of the ODP**

- At Level 4 the focus is on developing safe and effective transferable practice under direct supervision, for example; checking the anaesthetic room and selecting and preparing equipment, participating in surgical safety checklists (Sign In). Students should be able to contribute to the team caring for the patient undergoing elective procedures.
- At Level 5 it is expected that students will experience increasing complexity in the cases they are exposed to, and that they should be developing their ability to plan care for patients undergoing procedures. Students should be working towards independently managing the anaesthetic environment; requiring more indirect supervision and support. They should consistently demonstrate safe and effective practice, seeking support appropriately and demonstrating a patient focus.
- At Level 6 students should be able to effectively assess, plan, implement and evaluate care for a diverse range of patients, including complex, non-scheduled and emergency cases.
- It is expected at the end of Level 6 that students will have been exposed to a wide range of patient presentations, during their programmes; this must include paediatric, shared airway, dual life and emergency procedures.

7.1 Utilises an evidence based approach to the anaesthetic care of the patient

7.2 Demonstrates safe and skilled support for the anaesthetist and works effectively as part of the anaesthetic team

7.3 Contributes to the team effectively through demonstration of professional practice, behaviours and communication skills

7.4 Promotes the rights and wellbeing of the patient undergoing anaesthesia

7.5 Contributes to the emotional and psychological support of patients and others in the anaesthetic role. To include:

- 7.5.1 Ethical and legal issues associated with resuscitation and end of life care
- 7.5.2 Organ donation
- 7.6 Demonstrates understanding of the equipment and approaches utilised in non-invasive and invasive monitoring techniques
- 7.7 Prepares and maintains a safe and appropriate environment for a variety of patients acknowledging and implementing appropriate risk management strategies
- 7.8 Safely prepares and utilises anaesthetic, post anaesthetic and critical care equipment in accordance with national and local guidelines
- 7.9 Promotes and implements local and national guidelines for anaesthetic care, including those relating to infection prevention and control
- 7.10 Correctly identifies patients and their individual care needs at the handover of care from other health professionals
- 7.11 Recognises and understands the non-technical skills associated with anaesthetic practice including situational awareness, communication and teamwork, and task management
- 7.12 Undertakes initial assessment and, where appropriate, treatment of patients in anaesthesia, post-anaesthesia and critical care as part of the multi-disciplinary team;
  - 7.12.1 ABCDE approach to assessment
  - 7.12.2 Principles of triage
- 7.13 Monitors and interprets the patient's vital signs, using both invasive and non-invasive techniques. To include;
  - 7.13.1 Demonstrates understanding of the equipment and techniques utilised in non-invasive and invasive monitoring techniques
  - 7.13.2 Demonstrates understanding of the equipment and techniques utilised in depth of anaesthesia monitoring
  - 7.13.3 Demonstrates understanding of the equipment and techniques utilised in the monitoring of neuromuscular blockade
- 7.14 Demonstrates proficiency in airway management in anaesthetic, post anaesthetic and critically ill patients. To include;
  - 17.14.1 Techniques for providing assisted respiration for a broad range of patients
  - 7.14.2 Basic airway manoeuvres (head tilt / chin lift / jaw thrust) and insertion of oropharyngeal, nasopharyngeal and first / second generation supraglottic airway devices

- 7.14.3 Performs bag and mask ventilation
- 7.14.4 Pharyngeal and endo-bronchial suctioning
- 7.14.5 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 as identified within the Difficult Airway Society Guidelines (2015)
- 7.14.6 Recognition and understanding of the management of potential and actual problems that occur during induction, maintenance and reversal of anaesthesia
- 7.14.7 Principles and techniques of oxygen therapy and oxygen therapy equipment including use of nebulisers
- 7.15 Demonstrates the safe preparation and administration of intravenous fluids (including blood products), in accordance with national and local guidelines:
  - 7.15.1 Demonstrates understanding of the principles and practice of vascular access
  - 7.15.2 Demonstrates proficiency in the preparation and administration of intravenous fluid therapy, including calculations of infusion rates using manual and automated devices
  - 7.15.3 Safely and effectively perform peripheral venous cannulation
  - 7.15.4 Demonstrates a detailed understanding and application of the principles of the administration of blood and blood products
  - 7.15.5 Demonstrates a detailed understanding of the principles and practice of cell salvage and autologous transfusion
  - 7.15.6 Monitors and responds to the effects of infusions, including blood and blood products
- 7.16 Manages and records information relating to the care of the patient
- 7.17 Promotes best practice in and, where appropriate, manages the safe positioning of patients for clinical procedures and identifies and utilises effective strategies to minimise risk
- 7.18 Demonstrate an understanding of the assessment and short-term treatment of critical illness
- 7.19 Demonstrates understanding of treatment methodologies for a range of acute and chronic cardiovascular conditions (to include management and use of antiarrhythmic's, inotropes, vasopressors, fluid resuscitation of electrolyte imbalance, anti-hypertensive's etc)

- 7.20 Provides informed, safe and timely support in a variety of situations, including the complex and unpredictable, for anaesthetists and other healthcare professionals working within anaesthesia and critical care
- 7.21 Is proactive and, where appropriate, demonstrates clinical leadership in the functioning of multi-disciplinary teams within the anaesthetic role
- 7.22 Recognises and responds appropriately to adverse patient conditions or emergencies in anaesthetic and critical care
- 7.23 Communicates effectively (including use of SBAR) with professionals in other healthcare settings to facilitate the safe transfer of patients between locations

### **C.8 Demonstrate proficiency in the surgical role of the ODP**

- At Level 4 the focus is on developing safe and effective transferable practice under direct supervision. For example, generic circulating skills and fundamental surgical skills; gowning, gloving, aseptic technique, preparation of instrument trolleys, maintaining the sterile field, safe disposal of contaminated items. Students should be able to contribute to the team caring for the patient undergoing elective procedures. Students should also participate in the surgical safety checklist (Time Out and Sign Out).
- At Level 5 it is expected that students will experience increasing complexity in the cases they are exposed to, and that they should be developing their ability to plan and deliver care for patients undergoing diverse procedures. Students should be working towards independently managing the surgical environment; requiring more indirect supervision and support. They should consistently demonstrate safe and effective practice, seeking support appropriately and demonstrating a patient focus.
- At Level 6 students should be able to effectively assess, plan, implement and evaluate care for a diverse range of patient's, including complex, non-scheduled and emergency cases undergoing surgical procedures. It is expected that they will also demonstrate proficiency in enhanced surgical skills, commensurate with a Surgical First Assistant; demonstrating the responsibility and autonomy inherent in this role. Students should lead the Team Brief and be able to interpret information gained from that process to plan equipment and care strategies and also lead the surgical Time Out and Sign Out processes in order to plan and monitor care intervention resulting from the processes.

- At the end of Level 6 it is anticipated that students will have been exposed to a wide range of patient presentations, during their programmes; this must include paediatric, shared airway, dual life and emergency procedures

8.1 Utilises an evidence based approach to the care of the patient undergoing surgical interventions. This to include;

8.1.1 Measures taken to prevent inadvertent hypothermia in the intraoperative phase

8.1.2 Measures taken to reduce risk of venous thromboembolism (mechanical and pharmacological) in the intraoperative phase

8.1.3 Measures taken to reduce risks of pressure sores in the intraoperative phase

8.1.4 Measures taken to prevent surgical site infections in the intraoperative phase

8.1.5 Measures taken to prevent retention of foreign bodies following surgical intervention

8.1.6 Rationale for antibiotic prophylaxis prior to skin incision or tourniquet inflation

8.2 Contributes to the team effectively through demonstration of professional practice, behaviours and communication skills

8.3 Promotes the rights and wellbeing of the patient and others in surgical care settings and enhances the communication link between theatre, patient and ward

8.4 Recognises and understands the non-technical skills associated with surgical practice including situational awareness, communication and teamwork, and task management

8.5 Safely and effectively prepares the environment and selects equipment for surgical procedures

8.6 Safely prepares and assists with appropriate positioning of the patient for surgical interventions

8.7 Develops clinical skills in line with the role of the scrub and circulating ODP

8.8 Establishes and maintains the integrity of sterile fields

8.9 Maintains an accurate status of identified accountable items in accordance with local and national guidelines

8.10 Prepares and utilises surgical equipment and medical devices in accordance with manufacturers' instructions, national guidelines and local policies

8.11 Demonstrates safe and skilled support for the surgeon and works effectively as part of the surgical team

8.12 Support the surgical team with administration of intraoperative pharmacological agents

- 8.13 Support the surgical team in the management of prosthesis and implants
- 8.14 Promotes and applies statutory, national and local guidance relating to surgical care
- 8.15 Prepares and maintains a safe and appropriate surgical environment for a diverse range of patients, acknowledging and implementing appropriate risk management strategies
- 8.16 Develops enhanced clinical skills in line with the role of the scrub and circulating ODP. To include:
  - 8.16.1 Urinary catheterisation (male and female)
  - 8.16.2 Skin preparation prior to surgery, including tissue viability assessment, and draping
  - 8.16.3 Receives and handles surgical instruments relevant to area of working, this may include for example: camera holding for minimal invasive access surgery
  - 8.16.4 Use of and maintenance of specialised surgical equipment relevant to area of working
  - 8.16.5 Skin and tissue retraction including handling of tissue and manipulation of organs for exposure or access
  - 8.16.6 Cutting of sutures and ties
  - 8.16.7 Use of suction and assist with haemostasis in order to secure and maintain a clear operating field
  - 8.16.8 Assistance with wound closure and application of dressings
- 8.17 Recognises and responds appropriately to the development of adverse surgical conditions or emergencies
- 8.18 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

### **C.9 Demonstrate proficiency in the post-anaesthetic care role of the ODP**

- At Level 4 the focus is on developing safe and effective transferable practice under direct supervision. For example, preparation of the environment, application of monitoring and recording of vital signs, assessments and care delivery. Students should contribute to the care of patients undergoing elective procedures, patient assessment and management including the use of systemic assessment tools.
- At Level 5 it is expected that students will experience increasing complexity in the care of patients in the post anaesthetic case setting, and that they should be



developing their ability to plan and deliver care for patients undergoing diverse procedures using a range of systematic assessment tools. Students should be working towards independently managing patient care, including appropriate prescribed drug administration and monitoring; requiring increasingly indirect supervision and support. They should consistently demonstrate safe and effective practice, seeking support appropriately and demonstrating a patient focus.

- At Level 6 students should be able to effectively and systematically assess, plan, implement and evaluate holistic care for a diverse range of patients, including complex, non-scheduled and emergency cases. They should be developing resuscitation and critical care skills and be increasingly proficient in independent management of care, including a deep understanding of the pharmacotherapeutics utilized; demonstrating the responsibility and autonomy inherent in this role.
- At the end of Level 6 it is anticipated that students will have been exposed to a wide range of patient presentations, during their programmes; this must include paediatric, shared airway, dual life and emergency procedures.

9.1 Utilises an evidence based approach to the care of the patient within the post-anaesthetic phase of their care

9.2 Promotes the rights and wellbeing of the patient, and carers, in the post-anaesthetic care setting

9.3 Promotes and implements local and national guidelines for post-anaesthetic care, including those relating to infection prevention and control

9.4 Contributes to the team effectively through demonstration of professional practice, behaviours and communication skills

9.5 Safely and effectively prepares the environment and selects specialist equipment for effective care delivery

9.6 Understands the clinical indications, location, preparation, and labelling of drugs relevant to the post-anaesthetic and critical care settings.

9.7 Correctly identifies patients and their individual care needs at the handover of care from other health professionals

9.8 Undertakes initial assessment using a systematic approach and, where appropriate, initiates treatment of patients in post-anaesthetic and critical care as part of the multi-disciplinary team

9.9 Monitors, interprets and records the patient's vital signs, using both invasive and non-invasive techniques

- 9.10 Understands physiological consequences of surgery and anaesthesia.
- 9.11 Can apply knowledge of the effects of anaesthetic pharmacology and surgery to patient care
- 9.12 Recognises patients with pre-existing disease and identifies the effects of surgery and anaesthesia on care delivery.
- 9.13 Can assess consciousness levels in the postoperative patient, using a systematic approach e.g. Glasgow Coma Scale (GCS), AVPU scores, Ramsay and Aldrete and take appropriate action/s
- 9.14 Can identify factors impacting on consciousness levels, and initiates appropriate actions, including pharmacotherapeutics
- 9.15 Demonstrates proficiency in airway management in anaesthetic, post anaesthetic and critically ill patients. To include:
  - 9.15.1 Techniques for providing assisted respiration for a broad range of patients
  - 9.15.2 Basic airway manoeuvres and insertion / removal of oropharyngeal, nasopharyngeal and first / second generation supraglottic airway devices
  - 9.15.3 Pharyngeal and endo-bronchial suctioning
  - 9.15.4 Comprehensive understanding of the principles relating to endotracheal intubation and tracheostomy, including the management of the difficult airway, implications for post-anaesthetic care and the use of associated techniques and equipment
  - 9.15.5 Principles and techniques of oxygen therapy and oxygen therapy equipment including use of nebulisers
  - 9.15.6 Understands the indications for and principles of nebulised drug administration.
  - 9.15.7 Demonstrates knowledge of pharmacology of nebulised drugs and practice of delivery.
  - 9.15.8 Demonstrates knowledge and understanding of the selection and preparation of equipment for supporting respiration; to include; NIV, CPAP, BiPAP, IPPV
  - 9.15.9 Understand the indications for short-term postoperative ventilation in the post-anaesthetic care unit
  - 9.15.10 Understands care of the ventilated patient including requirements for monitoring, sedation weaning etc.
- 9.16 Has sound understanding of recognition and management of potential and actual airway, breathing and circulation problems that occur during in the immediate post-operative period

- 9.17 Applies knowledge of cardiovascular physiology to manage cardiopulmonary circulation
- 9.18 Recognises arrhythmias and initiates prompt and appropriate action
- 9.19 Recognises shock, and can identify the principles of management
- 9.20 Assesses neuromuscular function accurately; including dermatomes and levels of neuroaxial block
- 9.21 Monitors, evaluates and records the patient's fluid balance, in accordance with national and local guidelines. To include:
- Management and care of urinary catheters (male and female)
  - Monitors urine output and perform urinalysis; interpret results and undertake interventions (including referral) as appropriate
  - Understands the principles of bladder scanning
  - Principles and practice of renal replacement therapy
  - Management of Nasogastric tubes and drains
- 9.22 Demonstrates the safe preparation, management and recording of intravenous fluid administration, in accordance with national and local guidelines. To include:
- Understands the pharmacological and therapeutic indications for crystalloid, colloid, blood and blood product administration; including adverse reactions.
  - Safely and effectively perform peripheral venous cannulation if appropriate
  - Calculations of infusion rates using manual and automated devices
  - Demonstrates a detailed understanding of the principles and practice of autologous transfusion
  - Monitors and responds to the effects of infusions, including blood and blood products
- 9.23 Demonstrates understanding of treatment methodologies for a range of acute and chronic cardiovascular conditions. To include:
- Antiarrhythmic's
  - Inotropes
  - Vasopressors
  - Fluid expanders
  - Resuscitation of electrolyte imbalance
  - Anti-hypertensive's
- 9.24 Demonstrates understanding of specialty specific complications, side effects and principles of management
- 9.25 Recognises and responds appropriately to adverse patient conditions or emergencies in post-anaesthetic and critical care settings

9.26 Demonstrates intermediate life support skills

9.27 Demonstrates an understanding of the assessment and short-term treatment of critical illness

9.28 Assesses and manages post-operative pain; to include

- Physiology and pathophysiology of pain
- Analgesic techniques; including PCA, PCEA
- Indications for, administration, monitoring, side effects, and complications of:
  - Neuro-axial and peripheral nerve blocks
  - Opioids
  - Paracetamol
  - NSAIDS
  - Local analgesia

9.29 Assesses and manages post-operative nausea and vomiting (PONV). To include

- Physiology and pathophysiology of PONV
- Risk-reduction strategies, including prophylaxis
- Indications for, administration, monitoring, side effects, and complications of anti-emetics

9.30 Monitors, manages and records tissue viability, wounds and dressings and can identify complications and initiates appropriate action/s

9.31 Monitors the effects of prescribed medication and takes appropriate actions where necessary, in accordance with national and local guidelines

9.32 Applies specified discharge criteria prior to handing over the care of the patient to other healthcare professionals

9.33 Communicates effectively (including use of SBAR) with professionals in other healthcare settings to facilitate the safe transfer of patients between locations

9.34 Develops clinical skills in line with the role of the ODP working in post-anaesthetic and critical care

## Glossary

**Accreditation of Prior Learning (APL), Accreditation of Prior Experiential Learning (APEL)** – A general term used for the award of credit on the basis of demonstrated learning that has occurred at some time in the past.

**Allied Health Professionals (AHP)** – A collective group of health care professions distinct from medics, nurses and midwives. Operating Department Practitioners are one of the 14 professions within the group.

**ANTS-AP** – Anaesthetic Non-Technical Skills for Anaesthetic Practitioners.

**ASA** – American Society of Anesthesiologists.

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

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

**Blended Learning** – A method of educating that uses e-learning techniques, such as online delivery through the web, discussion boards and email, combined with traditional face to face lectures, seminars, and tutorials.

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

**College of Operating Department Practitioners (CODP)** – The professional body for Operating Department Practitioners. Responsible for leading and representing the profession, curriculum development, standard setting and scope of practice.

**Continuing Professional Development (CPD)** – A range of learning activities through which health and care professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely and effectively within their evolving scope of practice.

**CUE Forum** – Clinical and Universities Educators Forum.

**Difficult Airway Society (DAS)** – A UK-based medical specialist society formed to further management of the airway of patients by anaesthetists and other critical care practitioners.

**Ethics** – The values that guide a person's behaviour or judgement.

**Fit to Practice** – Having the skills, knowledge, character and health to practise their profession safely and effectively.

**Formative Assessment** – Assessment that is part of the learning process that provides constructive feedback to the learner; which allows students to improve their quality of work.

**Graduate** – Someone who has attained a bachelors or higher degree.

**Health and Care Professions Council (HCPC)** – The Regulator set up to protect the public. Maintains a register of health and care professionals who meet the HCPC standards for training, professional skills, behaviour and health.

**Higher Education Institutes (HEI)** – A United Kingdom university or higher education corporation.

**Honours Degree** – A bachelors degree with honours, covering greater depth than a general or ordinary BA or BSc degree.

**Human Factors** – Encompasses all those factors that can influence people and their behaviour. In a work context, human factors are the environmental, organisational and job factors, and individual characteristics which influence behaviour at work.

**Interprofessional Education/Learning (IPE/L)** – Interprofessional education occurs when two or more professions learn with, from and about each other, in order to improve collaboration and the quality of practice.

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

**National Safety Standards for Invasive Procedures (NatSSIPs)** – Developed in response to the recommendations of the Surgical Never Events Taskforce report, NatSSIPs are a high-level framework of national standards for operating department practice that allow local

providers to develop and maintain their own more detailed standardised local operating procedures.

**National Student Survey (NSS)** – Aimed at final year undergraduates, the NSS gathers students' opinions on the quality of their course. The purpose of this is to contribute to public accountability, help inform the choices of prospective students and provide data that assists HEI's in enhancing the student experience.

**Non-Technical Skills** – Social, cognitive and personal skills that may influence job performance. These skills are situational awareness, decision-making, communication, teamwork, leadership, managing stress and coping with fatigue.

**Office for Students** – Regulates English higher education providers on behalf of all students.

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

**Perioperative Care Collaborative (PCC)** – Comprised of professional organisations and associations representing perioperative practitioners across the National Health Service, Independent Healthcare Organisations and academia. The collaborative debates and discusses contemporary key issues that impact on perioperative patient care together with promoting best practice and guidance.

**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.

**Service User** – Anyone who uses or is affected by the services of a practitioner, for example patients or clients.

**Scope of Practice** – A description of the areas in which a practitioner has the knowledge, skills and experience necessary to practise safely and effectively. Defines what a practitioner can do and also the boundaries of what they cannot do.

**SFA** – Surgical First Assistant.

**Simulation Based Learning (SBE)** – Simulation based medical education is defined as any educational activity that utilizes simulation aides to replicate clinical scenarios.

**SPLINTS** – Scrub Practitioners' list of Intraoperative Non-Technical Skills

**Standards of Education and Training** – The Standards of Education and Training (SETs) are the standards against which the Health and Care Professions Council (HCPC) will assess whether a graduate from an educational programme will meet the HCPC Standards of Proficiency.

**Standard of Conduct, Performance and Ethics** – This is a statement of standards which HCPC registrants must read and agree to abide by in order to remain on the register.

**Standards of Proficiency (SoP)** – The HCPC Standards of Proficiency are the standards which every registrant must meet in order to become registered, and must continue to meet in order to maintain their registration.

**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.

**Summative Assessment** – The process of evaluating learning at the conclusion of a module or programme of study. Summative assessments include standardised tests delivered by examination.

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



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