



An exploration of Operating Department Practice students' experiences of placement support during their first perioperative clinical placement



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ABSTRACT

Background: National and International research shows student anxiety and stress levels are high during times of clinical practice, especially during initial placement allocations. Current literature stresses the importance of preparing students for clinical placements but it is not clear what information students require to adequately prepare them. This study explored Operating Department Practice students' experiences during their first placement.

Methods: A focus group approach was used to explore the experiences of Operating Department Practice students immediately following their first clinical placements. Following pilot study work a small focus group study was conducted. Data were analysed thematically providing a large amount of in-depth rich data.

Findings: Three main themes were identified; information, placement and learning experience. Students highlighted inconsistencies in their mentoring, exacerbated by inaccurate information provided by the university. Students felt confused as a result.

Conclusion: It was found important for students to feel welcomed and supported by the mentoring processes in order to foster a sense of belonging. Information given by the university should be accurate and effective. This can only be achieved by closer collaboration between the university and practice providers.

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Introduction

Operating Department Practitioners (ODPs) are allied health professionals trained specifically in all aspects of perioperative care. They are recruited directly and often have no previous healthcare experience. In England, Scotland and Wales ODPs provide high standards of patient care and skilled support during all aspects of peri-operative care. Theatre nurses have to learn perioperative care once qualified and usually then only undertake one or two of the three perioperative areas which are anaesthetics, surgery and post-anaesthetic (recovery) care. ODP students have to become basically competent in all three perioperative areas in order to successfully achieve their degree or diploma qualification. ODP students spend 60% of their two/three year training working in operating theatres, unlike nursing students who spend up to a maximum of 8 weeks of

their three year training in operating theatres. Once ODPs are qualified and nurses have gained their extra training and/or qualifications they carry out the same roles, have the same responsibilities within those roles, have the same job descriptions and work to the same pay bands.

In the study the student ODPs were at the beginning of a three year BSc (Hons) degree in Operating Department Practice. In Great Britain, except Northern Ireland, the training is undertaken as either a two year diploma or a three year degree qualification, although the whole profession is moving towards a three year, degree based qualification.

Staffing in operating theaters in Britain has been a long standing problem which instigated two Government reports, the *Lewin Report (1970)* and *Bevan (1989)*, which both recognised that the nursing profession was unable to provide staff in sufficient numbers to staff the operating theatres adequately. Operating Department Assistants (ODA) were recruited from the 1970s, however, in the 1990s the name was changed to Operating Department Practitioners and the role changed from a mostly

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technical role working in anaesthetics with some surgical training to a more holistic, caring role encompassing all three perioperative areas. This was followed by registration of the profession in 2004. However, having two different professions undertaking exactly the same roles can lead to friction (Hinton, 2009; Williams, 2009) and this can be especially daunting for ODP students being taught and assessed by nurses as well as ODPs and for nurse students being taught and assessed by ODP mentors.

Difficulty in recruiting nurses to work in operating theatres is not restricted to Britain and is documented in the international literature (Australian Health Workforce Advisory Committee, 2006 (Australia), Castelluccio, 2012; Messina et al., 2011 (United States of America), van Beuzekom and Boer, 2006 (Denmark), Wade, 2012 (Canada), Wilson, 2014 (Jamaica)). All the above countries employ a variety of perioperative staff including operating room technicians (Canada, Jamaica & Denmark), surgical technologists (America) and operating theatre technicians (Australia). In Britain the opportunities for ODPs within the perioperative environment are equivalent to that of theatre nurses. Registered ODPs are gradually being offered employment abroad and according to the AHWAC (2006) report into perioperative staffing, many ODPs are working as anaesthetic technicians in Australian hospitals.

The study explored the relationship between the mentor and the student with regards to the ODP students' understanding of the mentorship and support processes. Working in operating theatres, worldwide can be very challenging for all members of staff (Castelluccio, 2012; Okoli, 2010; Ralph et al., 2013; Steevenson, 2006) including students. However, students are more vulnerable because of their lack of experience of the clinical setting (Hinton, 2009). It is therefore imperative that students and mentors develop effective working relationships that have as their cornerstone trust and respect.

Currently within the researcher's Institution a variety of approaches are used to give students' information on the assessment documentation and the mentor support processes. That is a variety of lecturers, second & third year students and Clinical Skills Facilitators (CSFs) maybe involved. Clinical Skills Facilitators are responsible for organising students' training and education within each separate Trust Hospital where one of their main tasks is to allocate a mentor to each student. An advantage of giving the information in this way is that experiences and some solutions can be shared. However, there has been no effective evaluation to say the current system of disseminating pre-placement information is effective. In line with other student populations analysis of the literature demonstrates that ODP students are now recruited from a variety of academic and social backgrounds and age groups. As with other healthcare students there is a need for them to become familiarised with both the practice and classroom environments (Andrew et al., 2009; Manning et al., 2009). Analysis of ODP student evaluations of their clinical placements at the institution where the study was conducted has shown it is apparent that university staff and their placement supervisors do not always understand the students' perceptions or interpretations of the information given them. It is not clear however, what information students require to prepare and support them effectively for the mentoring process and experiences in clinical practice. In the study the clinical experiences of a group of first year Operating Department Practitioner (ODP) students were investigated, in order to determine the information, knowledge and support the students require to best prepare them for clinical practice.

Literature review

Operating Department Practitioner students share many commonalities with nursing students but whilst there is a body of

literature that explores the experiences of student nurses a search of the literature demonstrated a comparable lack of information that looks specifically at ODP students. As a result the majority of studies, both national and international in this review relate to nursing studies. Whilst this is an acknowledged limitation of the literature review conducted it is however, felt that there are many similarities between the two student groups and the review undertaken still gives relevance and context to the present study.

A number of nursing studies have discussed the importance of preparing students adequately for their clinical placements (Andrew et al., 2009; Manning et al., 2009; Mulholland et al., 2008; Pryjmachuk et al., 2009; Watson et al., 2009). Andrew et al. (2009), Jimenez et al. (2009) and Manning et al. (2009) agree that clinical practice placements are found by students to be highly stressful areas in which to work and learn. Learning in the practice area can be particularly challenging for students coping with the reality of complex and sometimes difficult clinical situations (Andrew et al., 2009) such as dealing with death and disability and other emergency situations which can leave students feeling 'frightened, powerless, unsafe and inadequate' (Manning et al., 2009:177). Students have to make sense of and understand clinical practice, whilst at the same time fulfilling the expectations of the clinical environment (Andrew et al., 2009; Manning et al., 2009). In addition students also have to deal on a regular basis with frequently facing new clinical situations, constant change of placement allocations and lack of knowledge and skills (Jimenez et al., 2009; Watson et al., 2009; Li et al., 2011). Jimenez et al. (2009) also highlight that stress and anxiety levels have been found to be higher during initial placement allocations when the students are at their most vulnerable.

According to Tomietto et al. (2014:1) for nursing students a supportive practice learning environment has 'a pivotal role in enhancing clinical competences of nursing students'. Therefore, the importance of maintaining robust student support mechanisms, including effective pastoral care, generating realistic expectations, and close monitoring by link tutors both in practice and in higher education institutions is crucial (Quality Assurance Agency for Higher Education, 2011). Manning et al. (2009) agree especially in view of the diverse student group characteristics and differing needs a high level of individual support, encouragement and motivation is required especially in the first year so that their transition from novice students to knowledgeable, articulate, autonomous professionals is as seamless as possible. In addition it has been found, that a student nurses' initial exposure to the clinical placement is crucial to their motivation to complete the programme (Andrews et al., 2008). The Department of Health (DH) (2006) in their report on managing attrition also emphasise the importance of building good relationships between mentors and mentees.

A constant change of placement allocations which may be a feature of healthcare education can be particularly stressful for students because as described by Levett-Jones and Lathlean (2008) students from whatever healthcare discipline need to feel they belong and are accepted and not feel isolated and alone. Students need a supportive learning environment where they are encouraged to ask questions instead of being made to conform to routines (Levett-Jones and Lathlean, 2008). Working in operating theatres can be very challenging for all members of staff (Castelluccio, 2012; Okoli, 2010; Ralph et al., 2013; Steevenson, 2006) it is therefore imperative that students and mentors develop effective working relationships that build on trust and respect.

Gilmour et al. (2007) found that professional mentoring processes require organisational expertise and commitment as both students and mentors need to be effectively prepared for their roles. McNair et al. (2007:423) also discusses the importance of

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