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Meeting the Health Professions Council's standards of proficiency: a student's experience

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A core component of healthcare courses involves reflective learning. This article discusses a student's learning experience while undertaking the diploma in operating department practice. Core skills development is important in facilitating the learning process, and can be identified through reflective practice. Reflecting on individual learning experiences can support students in meeting the Health Professions Council's (HPC) standards of proficiency.

Introduction

A core-learning component of the diploma course has been reflective learning, of which critical thinking forms an important part (Wilding 2008). Glaze (2002) concluded in her study that learning to reflect is a transitional process involving awareness, engagement, change and time. Sufficient time, along with strong mentor support in clinical practice is required in order for the student to develop into a reflective practitioner. The course comprised of both practical and theoretical learning, and the theory/practice gap will be considered during this reflection.

Gibbs' model of reflection will be used (Figure 1). Gibbs' reflective cycle allows a structured frame-work in order to explore and analyse any given experience (Jasper 2003). The six stage structured framework of Gibbs' reflective cycle will be used to structure the essay, explore the experiences at both university and my practice placement, and to evaluate the learning process as a whole.

The course involved a number of unique learning experiences. These learning experiences, or significant learning points, help to develop the student into a competent health professional, as evaluated against the HPC Standards of

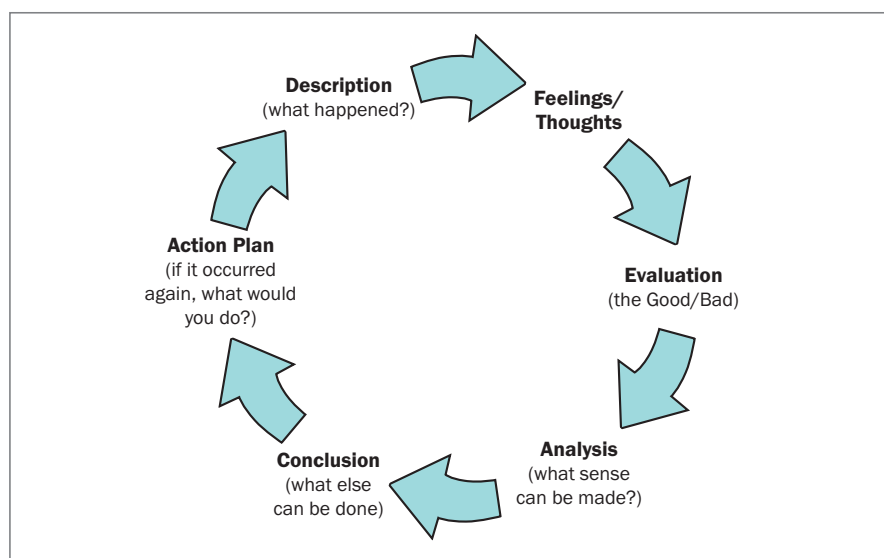


Figure 1 Gibbs (1988) model of reflection

Proficiency (HPC 2004). Key experiences will be considered and discussed during this essay. These significant learning experiences will be used to evaluate the learning process undertaken towards registration as an operating department practitioner (ODP), and will show how the HPC standards of proficiency have been met.

Events

The course started with a four-month block of academic study based at the university. This allowed time to settle into the course academically and to build a theoretical foundation. It is necessary that students understand the importance of using theory to underpin clinical practice (Ousey & Gallagher 2007). This first block of academic study allowed me to gain →

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knowledge of key concepts of the biological, physical, social, psychological and clinical sciences (HPC 2004). This is a requirement of the HPC.

Following the completion of the fundamental and professional skills module, we began the first ODP specific module of the course: the surgical environment module. The academic block of study preceding our practice placement included group work, called enquiry based learning (EBL). This was my first experience of group work on the course and it proved to be more frustrating than I had imagined, due to varying levels of motivation.

This experience taught me the need for individual roles within group work in order to establish a team, as explained by Saltman et al (2007). The EBL process requires students to demonstrate research and collating skills utilising a self-directed approach (Boutabba & Brown 2007). I learned to research, gather, and analyse information using a logical and systematic approach. As the group leader it was necessary for me to solve problems encountered by the group. These are all key skills required by the HPC (HPC 2004).

Towards the end of the first year I was offered the opportunity to assist with the transfer of a neurological patient from my practice placement to a specialist neurological centre. This was my first experience of the ODP role outside of the theatre department, and allowed me the opportunity to work with health professionals from another trust. I gained a greater understanding of professional relationships and the fundamentals of the multi-disciplinary team facilitated through sound communication skills (HPC 2004). Effective communication is considered to improve medical outcomes and patient satisfaction (Harms et al 2004).

During the second year I gained six weeks experience in the post anaesthetic care unit (PACU). I would consider my entire placement in the PACU as a significant learning experience as it was so different from the previous practice modules. I was assigned a mentor and quickly gained experience in advanced airway

management and caring for high dependency unit (HDU) patients. It was during this placement that I became more aware of the HPC standards of professional autonomy and accountability.

The role that the ODP plays in recovering patients after an anaesthetic is clearly a more autonomous role, due to the absence of direct supervision and instruction from a registered doctor. The HPC requires registrants to know their limits and when it is appropriate to seek advice (HPC 2004). It was necessary on several occasions during this module to consult the anaesthetist regarding prescriptions for the management of pain and nausea and vomiting.

As suggested by Wiseman (2007) in her critical analysis of healthcare accountability, new roles such as the ODP role require the registrant to be held accountable for educational, ethical and legal issues and to ensure that they practice within the defined role. The PACU placement furthered my understanding in this regard.

How I felt

When I started the course I was more confident of my academic ability than my practical ability. This was largely due to my inexperience in healthcare and having recently completed the access to higher education course. However I was still slightly unsure of my academic ability for the course. The first significant indication of my academic ability on the course was the results of the diagnostic assignment for the fundamental and professional skills module. I achieved a higher mark than I had anticipated and this boosted my confidence.

Our cohort was encouraged to make contact with our practice placements in order to familiarise ourselves with the department and to meet our mentors. This proved at a later stage to be a valuable experience. I found starting the first practice module to be less unnerving and stressful than I had anticipated. Following my day visit to the department in October 2006, I became quite frustrated that I was not in practice, and felt that I would have

found it easier to put the lectures into context had I been able to visit my practice placement more frequently. I also felt that, due to the emphasis of theory underpinning practice during the entire course, more frequent visits to my practice placement would have helped to clear some confusion regarding the concept of a practice portfolio.

I did feel that I was unable to concentrate past forty-five minutes in almost any given lecture and was then reliant upon taking notes and bullet points for the remainder of time. Following the lecture I would then investigate and direct my own studies from the bullet points. As this approach developed during the course I became less aware of it. However I felt very comfortable with this approach and this increased my academic knowledge considerably.

The expectations on a second year student became evident after completing the principles of anaesthesia module. More was expected of us in terms of practice ability and this was measured against the academic knowledge we had learnt in the second year. I was unprepared for this sudden increase in expectations, but felt that I coped well with it.

I feel that the supervised practice module allowed me to measure my ability and allowed my confidence in practice to grow. This view is supported by students who have participated in a supervised practice module. Doley and Roberts (2005) presented results of an evaluation concerning a programme which involved the implementation of a supervised practice module. The intention of the module was to allow students to consolidate their learning and to prepare them for qualification. The students expressed a gain in confidence during the module, a view supported by all mentors involved in the programme (Doley & Roberts 2005).

One of my concerns on the course was developing the ability to reflect on my experiences effectively enough to learn from these experiences. Fortunately the following experience proved to be a significant learning experience, developing my insight with regard to reflection.

Other people's behaviour on the course allowed me a great understanding of my own behaviour and feelings

Evaluation

A large amount of my time over the Christmas break was spent researching areas for discussion in the surgical environment essay. This essay considered the aspects of theatre design and construction and the impact on infection control in an operating department. Staff attitudes and discipline were also considered in regard to the impact that they may have on the effectiveness of the design and in controlling infection. This proved to be an invaluable experience as I was quickly able to relate the theory I had learnt to my experiences in practice, once starting the practice component of the module. Much has been written about the theory-practice gap. Although some of the theory put into practice during this module was read months in advance, I was never aware of experiencing a theory-practice gap. What I was aware of was my inexperience in practice, which could be described as the converse, a practice-theory gap. Larsen et al (2002) sees no such gap, in either direction, and considers theoretical and practical knowledge in their own individual rights. The HPC considers theory an important part of registration as an ODP (HPC 2004).

I was somewhat unsure of reflection until a particular experience in the orthopaedic anaesthetic room with an agency ODP. The ODP was unfamiliar with my practice and ability and continually interjected. A critical incident occurred where one of the patient's teeth was dislodged while the anaesthetist intubated the patient. I was swiftly moved out of the way by the ODP, and I was not offered a learning experience that I felt I was more than capable of coping with. As a result most learning experiences available that day were over shadowed by my mentor's dominance. I left my practice placement that evening not having had a very good day and with a reduced level of confidence. I learned very little that day, however I did learn to avoid working with that mentor, as I was largely a 'passenger' for the day.

It was only after some considerable thought and reflection that I was able to make sense of the situation. I have not had many

experiences that have allowed this degree of understanding after reflection. Being able to identify my mentor's confidence in my own skills was a large step forward for me, as it meant that I was able to truly evaluate my performance, without being confused by the actions of my mentor. This made me realise that learning experiences in practice would vary in quality and has allowed me a greater understanding of the learning process that I was experiencing. I also understood how the mentorship I was receiving impacted on my own learning and confidence in practice.

As my experience on the course increased, so did my motivation and ability to foresee future events and plan ahead accordingly. This, to me became a very important part of the ODP role. It is only from consideration of past experiences that we are able to perform mental time travel into the future. This is thought to be a unique human ability and it allows us to mentally generate future events and prepare for them (Suddendorf & Busby 2005). The ability to mentally travel in time, a key concept of organisational skills which I had developed in previous roles during my retail career, was one I developed quickly. As such, I often felt adequately prepared for cases which enhanced my confidence.

Analysis

The analysis of my time on the course will be considered in terms of my academic, professional and ethical development. A significant learning point in my ethical development occurred in the endoscopy department during the second year. The endoscopy sister gained informed consent from the patient prior to the procedure. Informed consent allows the patient to play a decisive role in the decision-making process regarding their care, and is based on the ethical concept of patient autonomy (Tay 2005). However following the administration of midazolam the patient informed me that they did not understand the procedure, or what was going to happen to them. ODPs are accountable for ensuring that, wherever possible, the patient's autonomy and right to be a part of the decision making process in their care is upheld (HPC 2004).

This particular experience required me to act in the best interests of the patient. The patient had confided in me, and I was required to act in an advocacy role for the patient, to ensure that the patient received a good and safe standard of practice and that I was carrying out my duties in a professional and ethical manner (HPC 2007).

A major step in my academic development came with the publication of one of my essays in the Technic journal, during my second year. This allowed me to evaluate my academic ability and knowledge against other qualified practitioners. I also started to view this as my first steps of continued professional development. The effort and motivation required in order to have this essay published is in itself clear evidence of my self-motivation towards my development of becoming a qualified ODP.

The introduction of the HPC standards of proficiency by the university into the learning outcomes of the modules had a profound effect on my professional development. This occurred during the apply evidence to perioperative practice module. The module allowed me to link theory to practice far more easily and to identify the learning that was taking place in practice and to relate this directly to the HPC standards required to register as an ODP. This was an important step in my development and allowed me easily to evaluate my learning experiences working towards registration. It also increased my understanding of theory/practice learning, when reflecting on events like the EBL. It was clear to see how these events are linked directly to HPC requirements.

Other people's behaviour on the course allowed me a great understanding of my own behaviour and feelings, as did the actions of various other groups. I also developed a greater understanding of the learning experiences I was exposed to. The agency ODP in orthopaedics, the sister in endoscopy and my experiences with group work all moulded my behaviour and attitude leading to episodes of significant learning. This view regarding behaviour is supported during a discussion on peer supervision groups (Burton & Launer 2003). ➔

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Reflective conclusions

The use of reflection during, and at the end of the course, has allowed insight into a number of experiences and has provided an in-depth analysis of not only my learning but also my conduct as a student and, in the future, a qualified ODP.

The course has developed my practice skills, along with skills that can be transferred into a countless number of other roles. One such skill is critical thinking. Critical thinking, utilised within healthcare, is the use of experience and knowledge to evaluate evidence in order to make judgements about patient care. It is considered, by some, as essential to the practice of nursing (Shirrell 2008). The development of these skills during the course has been important in facilitating the learning process. Without the development of key skills, values and core professional practice skills, the development of an ODP would not take place.

I have been provided with a very good grounding for developing my practice and knowledge, with regard to the role of an ODP. I have considered both the academic and practical aspects of my learning and shown relationships between the two. I have also demonstrated a link between my feelings, largely confidence, and both my academic and practical learning. The introduction of the HPC standards of proficiency facilitated a clearer understanding of linking the academic and practical learning and provided a set of goals, or outcomes, to work towards. It is these standards set by the HPC that ODPs are measured against, standards I believe I have considered during this reflection, and met.

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