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FORMATION PERIOPERATOIRE INTERPROFESSIONNELLE MONDIALE : UNE DISCUSSION REALISTE

Auteur : Paul R. Ward a suivi sa formation comme praticien de service chirurgical à Londres pendant les années 80, a travaillé en Australie, est retourné à Londres en 1989 et a déménagé au pays de Galles en 1990 pour travailler au sein du Service nationale de la santé du Royaume-Uni.

En 1996, Paul a assumé le rôle de directeur adjoint du service de pratique chirurgicale à la University of Wales College of Medicine, maintenant Cardiff University, où il a fourni une contribution extraordinaire au développement du service et au portfolio de compétences offertes. Ce faisant, il a aussi contribué grandement à la profession du praticien de service chirurgical et au développement de la formation périopératoire en général.

À la grande tristesse de tous, Paul est décédé le 22 juillet 2007, à l'âge de 39, en raison de complications suivant une procédure chirurgicale habituelle.

Cet article est basé sur une portion d'un discours présenté lors de la Conférence nationale de l'AIISOC en 2007.

RESUME

Dans bon nombre de pays, plusieurs rôles distincts en salle d'opération ont été bien définis, et les responsabilités assumées par des personnes pratiquant une variété de professions. Chacune de ces professions a tendance à former ses praticiens dans un milieu presque complètement isolé des autres professions périopératoires et de ses homologues dans d'autres pays.

Imaginez, car il s'agit d'une réalité actuellement imaginaire, les bienfaits éventuels pour le personnel et pour les patients du partage d'expériences cliniques et de formation entre pays ainsi qu'entre personnel infirmier et non infirmier au sein d'équipes périopératoires. Si un

tel niveau de partage existait, la communauté périopératoire globale entière en profiterait.

Le transfert de pratiques cliniques et de formation entre pays, toutefois, exige une stratégie bien pensée. Plusieurs disciplines pédagogiques et professionnelles ont mené des recherches sur comment transférer et partager de meilleures pratiques entre des systèmes établis et ceux qui ne font que commencer à instaurer des pratiques semblables. La pratique périopératoire nécessite un effectif de chercheurs ayant analysé les difficultés intrinsèques du transfert et du partage entre pays. Il est essentiel de déterminer quelles informations devraient être partagées pour le bien des patients, lesquelles seraient abordables et quelle méthode de partage conviendrait le mieux à une stratégie globale mondiale de pratique périopératoire.

L'objectif du présent article est de se servir du récent exemple d'une méthode de formation périopératoire multi-professionnelle adoptée par des infirmières et infirmiers périopératoires dans le but de brosser le portrait d'une possibilité de pratique future. Le point de mire de cette discussion est de stimuler plus de discussion et de recherches efficaces qui, si elles sont bien menées, pourraient encourager la coopération entre professions et entre pays dans le domaine périopératoire, et ce, dans le monde entier.

Nota : Dans le contexte de cet article, le rôle périopératoire comprend plusieurs rôles réglementés de soins directs du patient, à part celui du médecin, dans un milieu périopératoire.

GLOBAL INTERPROFESSIONAL PERIOPERATIVE EDUCATION: DISCUSSING THE REALITY

Author: Paul R. Ward trained as an Operating Department Practitioner in London during the 1980s, worked in Australia for a time, before returning to London in 1989 and moving to Wales, to work in the UK National Health Service (NHS), in 1990.

GLOBAL EDUCATION(cont.)

In 1996, Paul became Deputy Director of the Department of Operating Department Practice, University of Wales College of Medicine – now Cardiff University - where he made an outstanding contribution to the development of the department and the portfolio of qualifications offered. In doing so he also made a significant contribution to the Operating Department Practitioner profession and to the development of perioperative education more broadly.

Sadly, and at the tragically young age of 39, Paul died on 22nd July 2007 as a result of complications following routine surgery. He is sorely missed by all who knew him.

This article is based on a portion of a presentation given at the 2007 ORNAC National Conference.

ABSTRACT

Many countries of the world have outlined clearly defined and distinct roles, for the perioperative environment, that are played by various individuals from a range of professions. Each of these professions tends to educate its practitioners in an environment that is almost completely isolated from the other perioperative professions and from its peers in other countries.

One can only, currently, imagine the potential benefits to be gained from the sharing of educational and clinical experience between countries and between nursing and non-nursing perioperative team members, for both patient and the entire perioperative team. If such a level of sharing existed then the entire global perioperative community would benefit.

The transfer of education and clinical practice, however, between countries needs careful thought. Many educational and professional disciplines have conducted research into ways of transferring/borrowing good practice between established systems and those just commencing similar practices. Perioperative practice needs a similar research base that has explored the dilemmas of transfer and borrowing between countries. It is important to determine what

information should be shared, in the best interest of the patients, what sharing is affordable, and what method of sharing will fit in to an overall, global, strategy for perioperative practice.

This paper seeks to use a recent example of multi-professional perioperative learning undertaken by Advanced Scrub Practitioners to provide a possible first glance in to the “crystal ball” of future practice. The aim of the discussion is to stimulate further discussion and effective research that, if carried out correctly, will seek to encourage interprofessional and international co-operation between perioperative professionals worldwide.

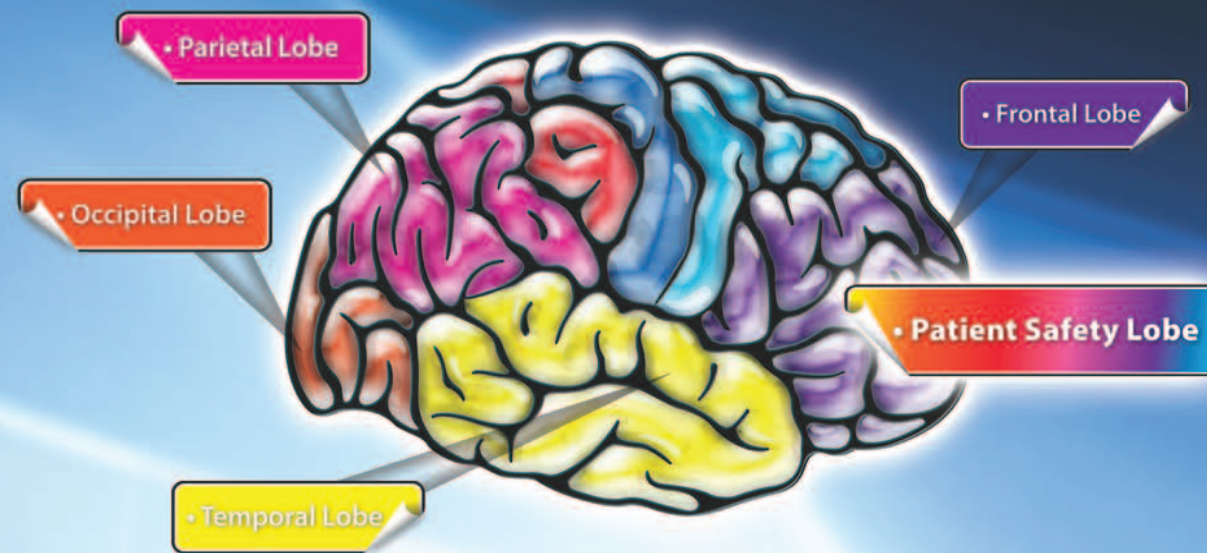
NB: For the purpose of this article the Perioperative Role comprises many of the regulated direct patient care, non-physician roles in the perioperative environment

Introduction

Students of perioperative education attend education institutions, or operating theatre seminars, on a daily basis throughout the world. Scrub skills are taught, observed and practiced by students in a variety of settings the world over.

The improvement of existing practices, using an evidence-based and reflective process, is ongoing in UK operating theatres, Canadian operating rooms and US clinics. Imagine for a moment that new developments in ‘good practice’ were being discussed by, and demonstrated to, students of perioperative practice in Victoria, Canada, Cardiff, Wales, Denver, USA, and Jerusalem, Israel, simultaneously through the use of modern technology. What if the training picture was expanded to envision theatre nursing students learning instrumentation alongside medical students and Operating Department Practitioners. Or perhaps midwives and oral surgeons learning, together, about the principles of infection control. Is such a vision just ideological dreaming or is it a future reality?

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This paper will seek to open up the discussion of the very real possibility of future global perioperative education that may someday be available not only to students in Toronto but also those in Tonga, Trinidad and Tanzania.

Background to Perioperative Education in the UK and Beyond

Surgical practice, as seen in the perioperative setting of the UK, is provided by teams of highly specialised and trained professionals. The perioperative role is carried out by both Operating Department Practitioners and Theatre Nurses. Both groups are required to hold professional registration and are regulated in order to ensure public protection. The adherence to regulations and standards is clearly a responsibility associated with both roles.

The Operating Department Practitioner is trained to undertake all perioperative roles, including assisting the anaesthetist and surgeon, helping patients recover from anaesthesia, and fulfilling teaching and management roles.

The Theatre Nurse, who is initially equipped with general nursing training, usually steps into a surgical, anaesthetic or post-anaesthesia care role and thereby gains experience and/or qualifications in that specific area of practice.

Often Operating Department Practitioners and Theatre Nurses will have the same job description, be on the same pay scale and be eligible for promotion into similar perioperative posts. In recent years clinical roles such as Advanced Scrub Practitioner, Surgical Care Practitioner and Anaesthesia Practitioner have provided an extension to skills development and delivery.^{1,2,3} This has resulted in some theatre nurses or operating department practitioners now acting as First Assistant, working as a part of the wider surgical team, undertaking surgical intervention under the supervision of the operating surgeon, and delivering anaesthesia as a part of the anaesthetic team.⁴

The workplace picture described above is not, however, repeated throughout the world. Whilst the distinct professions of Operating Department Practitioners and Theatre Nurses are now working far more collaboratively than ever before in the UK, the professional boundaries are still very clearly defined in other so-called western nations.

Furthermore, in many developing countries surgeons still work alone or aided only by unskilled support workers. Many countries of the world have poor or inadequate standards of practice and regulation of perioperative practitioners. However, in our current environment of increasing globalisation, other countries are able to learn about the model of collaboration and those in countries with inadequate practices and resources are still able to learn about the need to, and how to, improve their standards.

Sharing Practice

Recognizing that information about best practices needs to be shared worldwide is just a first step. Simply transferring a practice from one country to another may not be the answer. Certainly evidence from other disciplines has shown that ‘context’, among a host of other cultural considerations, matters.⁵

Research needs to be conducted and published on the subject of the international transfer of perioperative practice and the effectiveness of various models. Individuals in established and long-standing roles have only started to consider what elements constitute the essential experiences and practical skills necessary for safe and competent perioperative practice. In order to encourage this shift toward worldwide practice, some perioperative nursing groups have joined together to form the International Federation of Perioperative Nursing (IFPN). IFPN uses its resources to provide basic training, access to instructional materials and assessment of need through visits to developing countries.⁶ Yet even IFPN has not yet ‘crossed the divide’ to begin working collaboratively with perioperative professionals who are not nurses.

Despite a growing interest in extending perioperative nursing practice support to nations in need, the profession is still holding back from sharing of practice with other professions that work in their own operating rooms! Surely it would be to the benefit of patients, education providers, tax payers, and so forth, if the body of knowledge and the skills and experience of all perioperative professionals was used for the common good.

Advanced Scrub Practitioner Example

In February 2007 the Perioperative Care Collaborative published guidelines (available at www.proprius.org.uk) for the role of the Advanced Scrub Practitioner, with many aspects of the role formerly falling under the title of ‘First Assistant’. In addition, the National Association of Assistants in Surgical Practice developed, in 2006, a ‘toolkit’ resource pack for potential applicants to use, in-house, to develop the role. It includes information on education, legal aspects, role development, job descriptions, and more. Following these developments, Cardiff University established formal university programs to support the role.⁷

The UK Government views the development of existing practitioners and the diversification of scope of practice as beneficial. The government’s ‘lifelong learning’ and ‘continuing professional development’ initiatives are just a couple of the many drivers for change.^{8,9}

Increasingly practitioners undertaking advanced roles, that have evolved or extended naturally over time, only have in-house experience to provide competence. However, employers prefer experience to be based on an initial formal qualification, that has been kept up-to-date, rather than experience alone.

The need to recognize and value the learning process that the students had already been involved in is essential. As Leathwood and O’Connell¹⁰ suggest, under “the new Labour government there has been an elision from ‘student’ to ‘learner’, with learners constructed

as active consumers of educational services, taking responsibility for their own learning as independent, autonomous and self directed individuals.” As a result of national initiatives, such as the development foundation of the Surgical Care Practitioner role, the Welsh Assembly Government followed the Department of Health’s lead and undertook, in 2003, ‘The Review of Health and Social Care in Wales’. The result was the commissioning, in 2004, of the Operating Department Practice, Cardiff University, in order to establish a programme for Surgical Care Practitioners.^{2,11,12,13} One of the specific recommendations of the review in Wales was that:

“Specifically, Wales needs to be more innovative in developing some of the new professional roles being planned elsewhere in the UK and beyond... Piloting new ways of working will be important.”¹² (p. 74).

Whilst Wanless is right in the need for flexibility of modern staff within the UK National Health Service, it is also important to support the changing educational models, required to deliver redirection and re-training, while they are being developed. The university programme, developed to provide the theory and practice required for competent practice, was welcomed when developed at Cardiff University. The programme was advertised to perioperative practitioners, regardless of professional background, as an opportunity to improve current practice and achieve academic recognition through completion of the certified programme.

All available places were filled for the first running of the programme in 2006. The first group comprised Operating Department Practitioners, Theatre Nurses and Midwives (in the UK many midwives have opportunity to scrub in for caesarean sections and related obstetric cases). The mixture of backgrounds brought a richness of experience to the programme that enhanced debate and group discussion. It also brought with it challenges in terms of teaching to varying levels of experience. Such challenges should not, however, detract from interprofessional

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GLOBAL EDUCATION(cont.)

education, but rather should encourage new developments by curriculum designers.

Designing a curriculum to meet such student needs, and to be in line with the Wanless Report, can be challenging. There is an ever present, subtle, market force pressure upon providers of higher education to remain competitive in terms of programmes offered, the quality of the teaching and learning, the ease of international transfer, and the financial viability of the provision. Naidoo suggests that:

“the ability to compete successfully in the world context has come to be seen to rely on the production of higher value-added products and services, which are in turn dependant on knowledge, especially scientific and technological knowledge, and on continual innovation. In this context, higher education has been positioned as a crucial site for the production, dissemination and transfer of economically productive knowledge, innovation and technology...”¹⁴ (p.249)

In describing the changing influences, on curriculum development, in higher education, Knight et al note that, in the case being considered:

“Working to promote professional learning both in higher education and in the health care professions, she (Tait) has championed action learning approaches and advocated ‘appreciative enquiry’.”¹⁵ (p. 320)

In the areas of healthcare teaching and management it is extremely difficult to provide collaborative learning while balancing the needs of students, quality assurance reviews, curriculum requirements, learning styles, and the maintenance of professional competence. Adding in the dimension of international sharing is the next challenge to be faced.

Conclusion and Next Steps

The transfer of practice from between countries and within professions needs careful thought.

Careful consideration must be given to the international transfer of practice and research into an effective model of perioperative practice that encompasses the experiences associated with that practice. If practice is to be shared worldwide, it requires a strong understanding of exactly what needs to be shared for the benefit of the patient, what is affordable, and what fits with the overall strategy of perioperative practice. The next stage is a cultural understanding so that everyone is prepared for the effects of transferring practice from one country to another and so that the ‘good practice’ is effectively adopted. Finally, the take-up of the practice must be driven locally and not imposed by an external group or country.

Global comparisons and sharing of information are currently happening. The internet has allowed for the access to a country's perioperative standards by people from around the world. As a result, there exists the risk that wrong practices can also be adopted via the internet.

There is a professional responsibility on every discipline and profession to develop a body of knowledge. Once such a body of knowledge has been developed, then should it not be available for the entire world to share? The International Federation of Perioperative Nurses⁶ (p. 1) has the aim of “actively promoting perioperative nursing globally...” and expanding upon the need “to work towards globally improving patient care...” To do this responsibly and ethically requires a correct approach.

Shah considers the general increase in research across cultures stresses the need to “communicate meaningfully across these divides”¹⁶(p. 549). This “... demands an understanding of the indigenous culture, its values, beliefs, customs and way of life, all of which interact.”¹⁷ (p. 30.) If carried out correctly it will encourage interprofessional and international co-operation between perioperative professionals worldwide.

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