

Module Code TBC

Diploma of Higher Education  
&  
Bachelor of Science (Honours)

Operating Department Practice

Practice Assessment Document

Year 1

<b>Student Name:</b>	<b>Student Number :</b>
<b>Personal Tutor Name:</b>	<b>Cohort:</b>

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## **Introduction:**

The purpose of this assessment document is to provide a continuous record of an ODP students learning and achievement in practice. Student performance in the clinical environment is central to their ability to be fit for purpose and practice and this is assessed throughout the programme.

The professional requirements for the Diploma in Higher Education(College of Operating Department Practitioners (CODP), 2006) and Bachelor of Science (Hons) in Operating Department Practice (CODP, 2011) mean that students will pass through a number of clinical placement areas to develop essential areas of skill and knowledge to support their professional practice. The learning outcomes in the ODP programme reflect these requirements.

The clinical expertise and commitment of mentors ensures that students receive quality learning experiences; and it is a vital role in producing future practitioners who are fit for practice and able to meet the Health and Care Professions Council (HCPC) Standards of Proficiency for Operating Department Practitioners (2014). The standard for mentor qualifications is set out in the CODP (2009) Qualifications Framework for Mentors Supporting Learners in Practice (Appendix 1). Mentors may often be the first person to identify an underachieving student, and support and guidance should this be the case can be found at Appendix 2 & 3. This ensures students receive prompt and timely advice and support.

A Placement Co-ordinator is responsible for overseeing the student's placement allocations and experience in the area, and liaising with clinical managers and staff. They also have a remit to monitor quality of the placement and support the maintenance of the live Mentor Register which is held by the Trust. In addition Link Tutors are available on every site to assist with any student or mentor queries; details of their responsibilities are can be found at Appendix 4.

The Placement Co-ordinator for the Dip HE & BSc (Hons) ODP programme is:

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or

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Please do contact Paul should you have any questions or queries about the practice assessment process or experience.

## **Practice Assessment:**

The purpose of practice assessment is to allow students to develop the skills and clinical competence required to meet the Standards of Proficiency (HCPC, 2014) and become a safe, autonomous practitioner. Each assessment contributes to the student's personal professional portfolio development and is presented at the end of each stage of the programme as evidence of competence.

During their clinical practice placements, the students will have 'supernumerary status'. This means that, throughout their programme of study, they are a part of the care team and included on the duty rota, but extra to the allocated staff complement. This status allows the ODP student to take full advantage of all the learning opportunities available to them, to ensure they develop and consolidate their learning and skills.

Students are required to pass all assessed elements during their practice experience which constitutes a minimum of 60% of the Programme. If a student does not achieve one or more practice objectives by the final submission date, this must be recorded as 'Not Achieved'. Students only have two opportunities to pass the end of year summative assessment. The assessment is divided into two elements; those that relate directly to the demonstration of skills at the appropriate levels and those related to the professional development of the student.

### What is the role of the Mentor/ Associate Mentor?

A Mentor or Associate Mentor is a registered professional who is responsible for the co-ordination, management and development of the student whilst on placement. They will:

1. Supervise, support and guide students during their clinical placement, assisting the student to integrate into the clinical team.
2. Facilitate student learning, and helping the student to make links between theory and practice
3. Apply approved assessment procedures and provide feedback on student performance.

A key function of mentorship in the clinical practice setting is to protect the patient against incompetent, dishonest and/or dangerous students and other healthcare practitioners (CODP, 2009). Therefore, mentors make the **final** decision whether the student is safe in practice and meet the professional standards of conduct, performance and ethics.

Mentors also play a key role in ensuring that students practice within acceptable clinical practice boundaries; particularly in Year 1 when students are inexperienced and are encountering new and varied scenarios. If students step outside these boundaries, irrespective of reason, they will be held accountable and may be subject to disciplinary procedures. These boundaries are shown in Table 1:

**Table 1: Practice boundaries for Student ODPs**

Anaesthetic Practice
<p><b>Checking of drugs:</b> The College of Operating Department Practitioners Standard of Good Practice Guidance in Relation to Controlled Drugs (2007) states "CDs should be checked by two registered practitioners, one being the person who has taken responsibility for holding the keys. Student ODPs may participate in this activity, under the direct supervision of two registered members of staff, and all three should sign the CD register.</p>
<p><b>Issue of CD's:</b> Student ODP's must always issue and account for any drugs which they remove from the CD cupboard under the <b>direct</b> supervision of two registered members of staff, or one registered member and a medical practitioner, and all three should sign the CD register.</p>
<p><b>Preparation of drugs:</b> In accordance with other professional groups the drawing up of drugs by anyone other than the person who is to administer it is not acceptable practice. Students ODP's</p>

**must never** prepare anaesthetic drugs; this is the sole responsibility of the anaesthetist present (unless there is a local policy in place which permits **registered** staff to do so).

Student ODP's are **not** permitted to draw up any other drugs that they are not going to administer these. However, in an emergency situation where the safety of the patient is compromised, a decision to allow a student to draw up drugs will be at the discretion of the professional practitioner or administrator of the drug.

**Administration of drugs:** Students **must not** administer any INTRAVENOUS medication or operate any infusion devices. To gain experience, students can assist in the preparation of IV infusions when not connected to the patient, and check and observe administration of an intravenous drug, as long as this is undertaken under the **direct** supervision of a competent mentor and is consistent with the host placement guidelines.

**Extended Role:** All other functions of the anaesthetic room may be carried out by the Student ODP in Year 1 and 2 apart from those which are an extended role for registered staff.

**Only Year 3 Student ODPs** on the BSc (Hons) pathway are permitted to cannulate or insert Supraglottic airways, and only then following the appropriate preparation at University and at the discretion of the supervising practitioner and under their direct observation.

### **Surgical Practice**

**Surgical Assistance: Only Year 3 Student ODPs** on the BSc (Hons) pathway are permitted to act in the Surgical First Assistant role, and following the appropriate preparation at University and only then at the discretion of the supervising practitioner and under their direct observation.

This is supported by the Royal College of Surgeons (RCS, 2011) and the Peri-Operative Care Collaborative (PCC, 2012) which identifies that recognised additional validated training and development post-registration must be undertaken to be able to undertake this role safely and effectively. There are points of law to consider also; the person acting as the first assistant will be held to the standard of care expected of medical staff. More information about acceptable activities can be found at Appendix 5.

We do recognise that on some sites local negotiations and agreements have enabled registered staff to undertake the role of the Advanced Practitioner without undertaking recognised training and liability issues have been addressed. This does not apply to the student ODP's **at any time**.

**Emergencies:** It is recognised that where a student is scrubbed 'solo' if an emergency does occur and patient care is compromised, in the patient's best interests the student may have to act outside of their scope of practice, however a registered member of staff must scrub and take over any of the roles defined as being those of an Advanced Practitioner or Surgical Assistant.

### **PACU Practice**

**Drug Administration:** In the PACU/Recovery Room Student ODPs may prepare and administer under the supervision of two registered members of staff all drugs which are administered via the intramuscular, subcutaneous, sublingual, rectal, inhalational and oral routes. All three must sign the relevant documentation.

The student should also have the opportunity to assist with the preparation of PCA and Epidural devices; **always** under the supervision of two registered practitioners. This will be also dictated by local policy; however, **students MUST NOT administer any INTRAVENOUS OR EPIDURAL medication or operate any infusion devices.**

**All other duties are carried out at the discretion of the mentor/supervisor of practice and should be appropriate to the level of training, practice requirements, capability and experience of the student.**

**NB.** In the absence of the student's practice mentor they are expected to ensure that another appropriately qualified practitioner is available to support the student. Practitioners should be able to teach and assess the student against the practice objectives, document the outcome, and provide feedback to both the mentor and to the student.

## **Practice Assessment**

### **1. Clinical Skills & Practice Assessment**

This is a **pass/fail** assessment based on direct observation and questioning by or discussions with the mentor that satisfactorily demonstrate the students underpinning knowledge relating to and consistent clinical demonstration of the skill. There are three Skills and Practice Assessments, one for each discrete speciality area of the ODP role.

Students can be assessed on their clinical skills at any point during Year 1; however, mentors should be confident that this is a consistent performance by the student before giving a '**Pass**'. There is no need to re-assess skills/practice that has already been achieved in subsequent placements. **However** students must continuously demonstrate their knowledge and skills, and any concerns about a student who has been previously signed as competent should be raised using the advice in Appendix 3.

If students have not achieved an element by the end of Year 1 this should be clearly marked as a '**Fail**' by the mentor

### **2. Interpersonal and Professional Development Assessment**

This is assessed by the mentor in each of the discrete areas of practice over the course of the year. The assessment headings are:

- Professional Development
- Professional Relationships
- Professional Practice

Students will arrive in their placements having completed a SCOT analysis to inform initial discussions with their mentor and help identify learning needs and opportunities for the placement. After a short period, **maximum 2 weeks**, an initial assessment will be performed against the practice objectives using performance indicators, shown in Table 2, to gauge current student performance and identify areas for further development.

**Table 2: Performance Measures**

Each assessed learning outcome is assessed by the mentor rating the student against the following:

<b>'B' Beginner:</b>
<ul style="list-style-type: none"><li>• Limited or no experience of the situations in which they are expected to perform.</li><li>• Need detailed instructions to guide their performance</li><li>• Focus on getting individual tasks done</li><li>• May not recognize underlying problems of the patient</li><li>• Need support to relate relevant theory to their practice</li></ul>
<b>'D' Developing Learner:</b>
<ul style="list-style-type: none"><li>• Developing acceptable performance under supervision</li><li>• Using their clinical experiences to develop flexibility in practice</li><li>• Beginning to assess effectiveness of care delivery</li><li>• Beginning to involve patients in their care where appropriate</li><li>• Beginning to relate evidence to their practice</li></ul>
<b>'C' Competent:</b>
<ul style="list-style-type: none"><li>• Performs routine activities in an integrated, organised and efficient way, with minimal prompting</li><li>• Able to assess, plan and implement routine care with minimal guidance</li><li>• Evaluates personal contribution and effectiveness of care delivery</li><li>• Beginning to problem solve and make appropriate decisions</li><li>• Actively involves patients in their care where appropriate</li><li>• Can discuss and provide evidence based rationale to support their practice</li></ul>

*Adapted from Glaser (1990)*

Around the middle of the placement a further 'mid-point' assessment should be made to monitor student progress and achievement; again areas for further development should be identified.

Within the **last 2 weeks** of the placement a final assessment will be undertaken to monitor on-going progress and identify achievements. If students are signed as competent in any element during Placement A, there is no need to re-assess this in Placement B/C.

**However** students must continuously demonstrate their knowledge and skills, and any concerns about a student who has been previously signed as competent should be raised using the advice in Appendix 3.

The final assessment should take place **during the last 2 weeks** of the last speciality placement of the year. Once the final assessment has been completed the mentor should complete the final progress review and give a performance **rating** based on their assessment of the **students overall performance** during the final placement. Guidance for this can be seen in Table 3.



**Table 3: Guidance for rating student practice performance:**

Rating	Criteria
Outstanding	<ul style="list-style-type: none"> <li>• Displays clinical skills and initiative well above expectations for this stage of the course.</li> <li>• There are no significant areas of weakness.</li> <li>• Incorporates evidence of consistently safe and highest standards of practice.</li> <li>• Outstanding comprehension of contemporary issues.</li> <li>• Excellent application of research to practice</li> </ul>
Excellent	<ul style="list-style-type: none"> <li>• Achieving a standard of practice above expectations for this stage of the programme.</li> <li>• Is able to identify limitations and address these</li> <li>• Incorporates evidence of consistently safe and best standards of practice</li> <li>• Using the evidence effectively to support practice</li> </ul>
Very Good	<ul style="list-style-type: none"> <li>• Generally achieving very high standards of practice for this stage of the programme.</li> <li>• Is able to identify learning needs and take positive steps to address these</li> <li>• Safe and evidence based practice consistently demonstrated</li> <li>• Linking the evidence base to practice</li> </ul>
Good	<ul style="list-style-type: none"> <li>• Achieving the expected level for this stage of the programme, but does sometimes exceed this.</li> <li>• Working with others to identify and address areas of weakness</li> <li>• Consistently safe practice demonstrated with good reference to the evidence base</li> </ul>
Satisfactory	<ul style="list-style-type: none"> <li>• Meeting expectations in practice.</li> <li>• Requires support to identify and address areas of weakness</li> <li>• Safe practice demonstrated</li> <li>• Some reference to evidence base</li> </ul>
Unsatisfactory	<ul style="list-style-type: none"> <li>• Not meeting expectations consistently.</li> <li>• Needs direct supervision at all times to ensure safe practice</li> <li>• Poor understanding of practice issues</li> <li>• Limited ability to link practice to the evidence base</li> </ul>
Clear failure to achieve	<ul style="list-style-type: none"> <li>• Significant weaknesses in knowledge base and requires a high level support to identify learning needs</li> <li>• Poor understanding of practice issues.</li> <li>• Evidence of unsafe practice.</li> <li>• Does not utilise the evidence base</li> </ul>

## **General Advice for Student and Mentors:**

### **Absence from Practice**

Birmingham City University has a policy for managing both negotiated and unforeseen student absences from the programme.

Students are responsible for notifying the Clinical/Placement Area and University of any absence via the online reporting system <https://icity.bcu.ac.uk/hels/Health/Student-Absence-Reporting/Forms-and-Guidance> and by notifying the clinical placement as soon as possible. **NB.** Late notification i.e. more than one hour after the start of the shift in question may still result in 'absence' being recorded.

If a student is absent without notifying the clinical placement area the mentor should notify their line manager and the University and ensure the student's absence is recorded on the student's timesheet.

If the student's level of attendance becomes a cause for concern or the student fails to respond to feedback regarding the need for notification, the Link Lecturer should be informed as it is vital the student understands this element of professional behaviour; and disciplinary procedures may be considered. Poor attendance may also affect bursary payments (where applicable).

### **Shift Patterns & Timesheets**

Students are supernumerary whilst on clinical placement. This means that the student must not be counted as part of the placement area's staffing establishment, however the student is expected to fully participate as part of the team, and are expected to follow their mentors shift patterns; however with the practice focus in Year 1 on the adult, elective patient, wherever possible shift patterns should reflect this.

Students are required to complete and submit timesheets to ensure students meet the programme practice hour requirements, and are reviewed regularly by the Programme Team. Mentors should check the forms for accuracy before signing these timesheets.

### **Clinical Incidents**

There may be an occasion when a student is a witness to an incident in the clinical area. However, the student **must not** be asked to complete any legal statement without seeking advice from the University. The student may give their name and address to the trust or police for documentation purposes in the interim however.

### **Accidents in the clinical area**

It is important that Birmingham City University is aware of any accident involving a student in the clinical area. This is so appropriate on-going monitoring and adjustments can be made if required and full information is available if there are long-term consequences of injury.

Students should complete the Local Trust accident reporting process, and submit a copy of the incident report to their Personal Tutor. If they are injured in any way while on Trust premises, they should be treated in the first instance by the Trust Occupational Health or Emergency Department. At a later date they will be seen by the University Occupational Health Facility if required.

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## **Anaesthetic Practice Assessment**

**SCOT Analysis performed prior to commencing Anaesthetic Placement A**

<b>Strengths</b>	<b>Opportunities</b>
<b>Challenges</b>	<b>Threats</b>
<b>Student comments:</b>	
<b>Placement Mentor initials:</b>	<b>Date:</b>

**SCOT Analysis performed prior to commencing Anaesthetic Placement B**

<b>Strengths</b>	<b>Opportunities</b>
<b>Challenges</b>	<b>Threats</b>
<b>Student comments:</b>	
<b>Placement Mentor initials:</b>	<b>Date:</b>

**SCOT Analysis performed prior to commencing Anaesthetic Placement C (If required)**

<b>Strengths</b>	<b>Opportunities</b>
<b>Challenges</b>	<b>Threats</b>
<b>Student comments:</b>	
<b>Placement Mentor initials:</b>	<b>Date:</b>

**Record of Mentor Discussions**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Record of Mentor Discussions**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

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### Clinical Skills & Practice Assessment (Anaesthetics):

Students can be assessed on their clinical skills at any point during Year 1; however, mentors should be confident that this is a consistent performance by the student before giving a 'Pass'.

There is no need to re-assess skills/practice that has already been achieved in subsequent placements. **However** students must continuously demonstrate their knowledge and skills, and any concerns about a student who has been previously signed as competent should be raised using the advice in Appendix 3.

If students have not achieved an element by the end of Year 1 this should be clearly marked as a 'Fail' by the mentor.

	Pass/ Fail	Mentor Initials	Date
Is appropriately dressed as per uniform policy & bare below the elbows			
Checks anaesthetic room cleaned as local policy prior to beginning preparation for the day's activity			
Checks, stocks and prepares the anaesthetic room for the elective patient in accordance with local guidelines or policy			
Checks the anaesthetic machine in accordance with AAGBI guidelines, identify issues and knows how to report these			
Checks and can demonstrate filling of vaporisers, and identify issues and knows how to report these			
Checks medical gas supplies, including suction equipment, can identify issues and knows how to report these			
Can correctly identify and utilise appropriate anaesthetic circuits used in the placement area; ensures HME filters are utilised.			
Can change soda lime crystals in canister using PPE and dispose of safely			
Can check operating table and attachments, identify issues and report these			
Can check and prepare physiological monitoring equipment and selects the appropriate size (where appropriate) for patient e.g. BP cuffs, SpO2 probes			

	Pass/ Fail	Mentor Initials	Date
Is able to select equipment and prepare for peripheral cannulation			
Is able to select equipment and prepare for IV crystalloid/colloid infusions under supervision			
Is able to select equipment for IV Blood/Blood product transfusion			
Is able to select and prepare the appropriate equipment for the sedated patient			
Is able to select, check and prepare the appropriate equipment for laryngeal mask or other supraglottic airway insertion			
Is able to select, check and prepare the appropriate equipment for endotracheal intubation			
Ensures that equipment identified during pre-list brief is checked and available e.g. Forced Air warming devices, Anti-embolic equipment			
Can identify location of BNF, local policy in relation to the storage and issue of drugs and IV drug administration policy			
Correctly identifies location of the CD cupboard, emergency drugs, pharmacy cupboards			
Can identify storage areas for temperature and/or light sensitive drugs			
Utilises the operating list and appropriate questioning to identify potential patient care issues.			
Assists with individualised patient care assessment: <ul style="list-style-type: none"> <li>• Under the direct supervision of the registered practitioner assists with skin integrity assessments</li> <li>• Prepares patient for VTE prophylaxis in accordance with local and national policies and guidelines</li> <li>• Completes patient care assessments regarding inadvertent hypothermia and prepare appropriate equipment e.g. forced air warming device</li> <li>• Protection of bony prominences and nerves</li> <li>• Safe application of a diathermy pad and protection from contact with metal</li> </ul>			

	Pass/ Fail	Mentor Initials	Date
Receives patients in a welcoming professional manner and always introduces themselves as a Student ODP			
Confirms patient identity appropriately and confirms preferred form of address			
Performs any additional checks required by local policy prior to WHO sign-in e.g. confirmation of side or marking against consent form			
Participates in WHO sign-in process and can ensure that correct documentation has been completed for the patient episode			
Ensures explanation is given and verbal consent is obtained prior to application of monitoring equipment			
Ensures patient dignity and comfort is maintained			
Assists the anaesthetist with peripheral cannulation and complies with Health and Safety requirements for this			
Assists the anaesthetist with Laryngeal Mask intubation			
Assists the anaesthetist with Endotracheal intubation			
Assists the anaesthetist insert an Oro-pharyngeal airway in the sedated patient			
Safely prepares for transfer of the patient and assists with positioning the patient for non-complex surgical interventions.			
Assists the anaesthetist with the maintenance of anaesthesia as appropriate			
Prepares any additional equipment required for reversal of anaesthesia			
Assists the anaesthetist with the reversal of anaesthesia			
Participates in the safe transfer of patients back to trolley/bed			

	Pass/ Fail	Mentor Initials	Date
Ensures all documentation, including drug records, are completed appropriately			
Disposes of all contaminated equipment appropriately			
All portable equipment used is decontaminated, labelled and returned to its storage area			
Ensures adherence to local Infection Control measures			
All equipment belonging to theatre is cleaned and labelled as per policy (unless being used for next case)			
All single use equipment is disposed of according to local policy			

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## Placement A:

<b>Professional Development</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Demonstrates personal accountability and applies this in their role as an Operating Department Practitioner.	B / D / C	B / D / C	B / D / C
Supports and promotes clinical effectiveness by applying an evidence based approach to Operating Department Practice.	B / D / C	B / D / C	B / D / C
Demonstrates and promotes professional, ethical and legal approaches to Operating Department Practice	B / D / C	B / D / C	B / D / C
Identifies the professional and legal requirements in relation to confidentiality of the patient and information	B / D / C	B / D / C	B / D / C
Understands the role of the members of the multi-disciplinary team (MDT) and the overall management structure of the department	B / D / C	B / D / C	B / D / C
Critically evaluates and reflects on care provided and own professional actions.	B / D / C	B / D / C	B / D / C
Discusses the importance of acknowledging limitations within practice	B / D / C	B / D / C	B / D / C
<b>Professional Relationships</b>			
Applies appropriate communication skills in order to promote clinically effective perioperative patient care.	B / D / C	B / D / C	B / D / C
Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team	B / D / C	B / D / C	B / D / C
Uses effective communication skills to plan patient care in conjunction with the inter-professional team	B / D / C	B / D / C	B / D / C
Respects and promotes the rights of patients	B / D / C	B / D / C	B / D / C
Is sensitive to cultural and social factors when providing care to patients	B / D / C	B / D / C	B / D / C
Communicates effectively with patients at an appropriate level	B / D / C	B / D / C	B / D / C

<b>Professional Practice</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Provides an optimum environment for the care and treatment of the patient by identification and assessment of their individual needs.	B / D / C	B / D / C	B / D / C
Uses the environmental and resource tools available to meet patient needs	B / D / C	B / D / C	B / D / C
Plans and delivers evidence based, individualised care to patients with the appropriate level of support.	B / D / C	B / D / C	B / D / C
Can identify common procedures of the clinical speciality and can articulate the rationale for anaesthetic interventions	B / D / C	B / D / C	B / D / C
Relates theoretical knowledge of human anatomy and physiology to individual patient care in anaesthesia	B / D / C	B / D / C	B / D / C
Shows awareness of local protocols that contribute to patient and staff safety and well being	B / D / C	B / D / C	B / D / C
Consistently demonstrates practice that reflects local protocol	B / D / C	B / D / C	B / D / C
Is able to discuss the rationale for protocols and is starting to apply evidence base to this	B / D / C	B / D / C	B / D / C
Comments on overall student progress, achievement and further development needs:			
Any feedback or comments received from patients, carers and other members of the MDT about this student? Please record			
<b>Placement Mentor's signature</b>	<b>Student's signature</b>		<b>Date</b>

## Placement B:

<b>Professional Development</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Demonstrates personal accountability and applies this in their role as an Operating Department Practitioner.	B / D / C	B / D / C	B / D / C
Supports and promotes clinical effectiveness by applying an evidence based approach to Operating Department Practice.	B / D / C	B / D / C	B / D / C
Demonstrates and promotes professional, ethical and legal approaches to Operating Department Practice	B / D / C	B / D / C	B / D / C
Identifies the professional and legal requirements in relation to confidentiality of the patient and information	B / D / C	B / D / C	B / D / C
Understands the role of the members of the multi-disciplinary team (MDT) and the overall management structure of the department	B / D / C	B / D / C	B / D / C
Critically evaluates and reflects on care provided and own professional actions.	B / D / C	B / D / C	B / D / C
Discusses the importance of acknowledging limitations within practice	B / D / C	B / D / C	B / D / C
<b>Professional Relationships</b>			
Applies appropriate communication skills in order to promote clinically effective perioperative patient care.	B / D / C	B / D / C	B / D / C
Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team	B / D / C	B / D / C	B / D / C
Uses effective communication skills to plan patient care in conjunction with the inter-professional team	B / D / C	B / D / C	B / D / C
Respects and promotes the rights of patients	B / D / C	B / D / C	B / D / C
Is sensitive to cultural and social factors when providing care to patients	B / D / C	B / D / C	B / D / C
Communicates effectively with patients at an appropriate level	B / D / C	B / D / C	B / D / C

<b>Professional Practice</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Provides an optimum environment for the care and treatment of the patient by identification and assessment of their individual needs.	B / D / C	B / D / C	B / D / C
Uses the environmental and resource tools available to meet patient needs	B / D / C	B / D / C	B / D / C
Plans and delivers evidence based, individualised care to patients with the appropriate level of support.	B / D / C	B / D / C	B / D / C
Can identify common procedures of the clinical speciality and can articulate the rationale for anaesthetic interventions	B / D / C	B / D / C	B / D / C
Relates theoretical knowledge of human anatomy and physiology to individual patient care in anaesthesia	B / D / C	B / D / C	B / D / C
Shows awareness of local protocols that contribute to patient and staff safety and well being	B / D / C	B / D / C	B / D / C
Consistently demonstrates practice that reflects local protocol	B / D / C	B / D / C	B / D / C
Is able to discuss the rationale for protocols and is starting to apply evidence base to this	B / D / C	B / D / C	B / D / C
Comments on overall student progress, achievement and further development needs:			
Any feedback or comments received from patients, carers and other members of the MDT about this student? Please record			
<b>Placement Mentor's signature</b>	<b>Student's signature</b>		<b>Date</b>



**Placement C (if required):**

<b>Professional Development</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Demonstrates personal accountability and applies this in their role as an Operating Department Practitioner.	B / D / C	B / D / C	B / D / C
Supports and promotes clinical effectiveness by applying an evidence based approach to Operating Department Practice.	B / D / C	B / D / C	B / D / C
Demonstrates and promotes professional, ethical and legal approaches to Operating Department Practice	B / D / C	B / D / C	B / D / C
Identifies the professional and legal requirements in relation to confidentiality of the patient and information	B / D / C	B / D / C	B / D / C
Understands the role of the members of the multi-disciplinary team (MDT) and the overall management structure of the department	B / D / C	B / D / C	B / D / C
Critically evaluates and reflects on care provided and own professional actions.	B / D / C	B / D / C	B / D / C
Discusses the importance of acknowledging limitations within practice	B / D / C	B / D / C	B / D / C
<b>Professional Relationships</b>			
Applies appropriate communication skills in order to promote clinically effective perioperative patient care.	B / D / C	B / D / C	B / D / C
Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team	B / D / C	B / D / C	B / D / C
Uses effective communication skills to plan patient care in conjunction with the inter-professional team	B / D / C	B / D / C	B / D / C
Respects and promotes the rights of patients	B / D / C	B / D / C	B / D / C
Is sensitive to cultural and social factors when providing care to patients	B / D / C	B / D / C	B / D / C
Communicates effectively with patients at an appropriate level	B / D / C	B / D / C	B / D / C

<b>Professional Practice</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Provides an optimum environment for the care and treatment of the patient by identification and assessment of their individual needs.	B / D / C	B / D / C	B / D / C
Uses the environmental and resource tools available to meet patient needs	B / D / C	B / D / C	B / D / C
Plans and delivers evidence based, individualised care to patients with the appropriate level of support.	B / D / C	B / D / C	B / D / C
Can identify common procedures of the clinical speciality and can articulate the rationale for anaesthetic interventions	B / D / C	B / D / C	B / D / C
Relates theoretical knowledge of human anatomy and physiology to individual patient care in anaesthesia	B / D / C	B / D / C	B / D / C
Shows awareness of local protocols that contribute to patient and staff safety and well being	B / D / C	B / D / C	B / D / C
Consistently demonstrates practice that reflects local protocol	B / D / C	B / D / C	B / D / C
Is able to discuss the rationale for protocols and is starting to apply evidence base to this	B / D / C	B / D / C	B / D / C
Comments on overall student progress, achievement and further development needs:			
Any feedback or comments received from patients, carers and other members of the MDT about this student? Please record			
<b>Placement Mentor's signature</b>	<b>Student's signature</b>		<b>Date</b>

## Final Placement Student Progress Review

<b>Main points of discussion / observed development against the expected level of knowledge and practice for their stage in the programme.</b>			
<b>HCPC Standards of conduct, performance and ethics (2012) Statement</b> This student has consistently demonstrated high standards of behaviour in keeping with their duties as a prospective registrant.			
<b>Overall student performance rating:</b> <p style="text-align: center;"><b>Outstanding/ Excellent/ Very Good/ Good/ Satisfactory/ Unsatisfactory/ Clear failure to achieve</b></p>			
<b>Future skills, practice and knowledge development plan:</b>			
<b>Achieved/Not Achieved</b>	Placement Mentor's signature	Student's signature	Date

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**Surgical Practice Assessment**

**SCOT Analysis performed prior to commencing Surgery Placement A**

<b>Strengths</b>	<b>Opportunities</b>
<b>Challenges</b>	<b>Threats</b>
<b>Student comments:</b>	
<b>Placement Mentor initials:</b>	<b>Date:</b>

**SCOT Analysis performed prior to commencing Surgery Placement B**

**Strengths**

**Opportunities**

**Challenges**

**Threats**

**Student comments:**

**Placement Mentor initials:**

**Date:**

**SCOT Analysis performed prior to commencing Surgery Placement C (if required)**

<b>Strengths</b>	<b>Opportunities</b>
<b>Challenges</b>	<b>Threats</b>
<b>Student comments:</b>	
<b>Placement Mentor initials:</b>	<b>Date:</b>



**Record of Mentor Discussions**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

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**Record of Mentor Discussions**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

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### Clinical Skills & Practice Assessment (Surgery):

Students can be assessed on their clinical skills at any point during Year 1; however, mentors should be confident that this is a consistent performance by the student before giving a 'Pass'.

There is no need to re-assess skills/practice that has already been achieved in subsequent placements. **However** students must continuously demonstrate their knowledge and skills, and any concerns about a student who has been previously signed as competent should be raised using the advice in Appendix 3.

If students have not achieved an element by the end of Year 1 this should be clearly marked as a 'Fail' by the mentor.

	Pass/ Fail	Mentor Initials	Date
Is appropriately dressed as per uniform policy & bare below the elbows			
Check theatre cleaned as local policy prior to beginning preparation for the day's activity			
Check all equipment routinely kept in theatre for cleanliness and decontamination stickers			
Checks main operating light and satellite system to ensure fully functional			
Checks wall panel for Temperature, relative humidity and where appropriate plant settings			
Check dressing trolley to ensure adequately stocked and tops up with appropriate stock levels if required			
Check diathermy machine if required safely and according to manufacturer's instructions and local policies			
Checks suction equipment according to manufacturer's instructions and local policy			
Checks list and participates in team discussion to ensure that equipment required for the first case is identified			
Completes Swab Board for the First Patient; including name, hospital number, date of birth and allergies			

	Pass/ Fail	Mentor Initials	Date
Locates and checks according to manufacturer's guidelines and local policies supplementary equipment required e.g. tourniquets			
Able to identify instruments needed for common procedures in placement speciality and uses Kardex appropriately			
Able to locate and transport sets effectively			
Can describe the common range of procedures performed			
Is aware of process to follow should equipment not be readily available			
Understands the term "sterile field" and recognises its importance in the intra-operative period			
Is able to correctly check, open & present packs to the scrubbed practitioner maintaining sterility at all time			
Can identify actions to be taken if the sterile field becomes compromised			
Can dispose of waste in line with local and national policies and guidelines e.g. Safe disposal of sharps, Clinical waste, Domestic waste, Cytotoxic drugs			
Ensures theatre and equipment is cleaned between cases as per policy; using the correct solutions.			
At the end of the case ensures that swab board is wiped clean			
All portable equipment used is decontaminated, labelled and returned to its storage area			
All equipment belonging to theatre is cleaned and labelled as per policy (unless being used for next case).			
All single use equipment is disposed of according to local policy			
At the end of the working day removes furniture from theatre in readiness for floor cleaning			

	Pass/ Fail	Mentor Initials	Date
Can perform appropriate scrub technique as per local policy			
Can don surgical gown and gloves, plus any additional PPE, as per local policy			
Can discuss factors influencing the double glove technique			
Can identify the key principles behind the scrub, gown and glove techniques used			
Is able to identify actions to take should PPE become contaminated			
Safely and maintaining sterility can lay-up the surgical trolley for common procedures within the surgical speciality placement area			
Can count and record instruments, needles, swabs and other supplementary items with the circulator as per policy			
Is aware of their scope of practice in surgical skin preparation			
Identifies patient and checks consent form and other relevant information			
Treats patient with respect, care and dignity			
Identifies operative site as per local policy			
Selects skin preparation according to policy and assists the surgeon to prepare the skin			
Assists surgeon to drape the surgical area safely and effectively			
Has a safe technique of managing clean and dirty instruments on trolleys			
Can safely provide and receive surgeons instruments ensuring integrity of the sterile field is not compromised			
Can safely provide and receive sharps as policy ensuring integrity of the sterile field is not compromised and sharps are handled strictly as policy.			

	Pass/ Fail	Mentor Initials	Date
Can receive additional sterile items without compromise of the surgical field			
Can anticipate surgeons needs in common procedures in the surgical speciality			
When issues with instruments, surgical team or sterile field are identified action is immediately taken			
Can carry out swab & instrument counts at appropriate times and clearly inform the surgical team of results			
Can identify correct action to be taken if sharps/swab count wrong			
Applies dressings, drain, stoma bags etc. safely ensuring skin integrity is not compromised			
Demonstrates a clear understanding of the legal and policy requirements relating to the care of human tissue and clinical specimens.			
Ensures clinical specimens are handled and processed in accordance with local and national policies			
Records information accurately as appropriate			
Removes drapes carefully ensuring skin integrity, patient dignity and safety is preserved.			
Safely disposes of used sets, instruments and sharps as policy			
Completes records accurately in accordance with local guidelines			
Transfers patient safely and communicates all relevant information			
Under direct supervision demonstrates the ability to perform the 'Timeout' & 'Sign Out' stage of the WHO Surgical Safety Checklist			
Demonstrates an understanding of materials management e.g. stock rotation, supply chain and asset registers			
Demonstrates the ability to implement measures designed to control infection including decontamination, sterilisation, disinfection and traceability			

	Pass/ Fail	Mentor Initials	Date
<p>Assists with individualised patient care assessments:</p> <ul style="list-style-type: none"> <li>• Under the direct supervision of the registered practitioner assists with skin integrity assessments</li> <li>• Prepares patient for VTE prophylaxis in accordance with local and national policies and guidelines</li> <li>• Completes patient care assessments regarding inadvertent hypothermia and prepare appropriate equipment e.g. forced air warming device</li> <li>• Protection of bony prominences and nerves</li> <li>• Safe application of a diathermy pad and protection from contact with metal</li> </ul>			

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## Placement A:

<b>Professional Development</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Demonstrates personal accountability and applies this in their role as an Operating Department Practitioner.	B / D / C	B / D / C	B / D / C
Supports and promotes clinical effectiveness by applying an evidence based approach to Operating Department Practice.	B / D / C	B / D / C	B / D / C
Demonstrates and promotes professional, ethical and legal approaches to Operating Department Practice	B / D / C	B / D / C	B / D / C
Identifies the professional and legal requirements in relation to confidentiality of the patient and information	B / D / C	B / D / C	B / D / C
Understands the role of the members of the multi-disciplinary team (MDT) and the overall management structure of the department	B / D / C	B / D / C	B / D / C
Critically evaluates and reflects on care provided and own professional actions.	B / D / C	B / D / C	B / D / C
<b>Professional Relationships</b>			
Applies appropriate communication skills in order to promote clinically effective perioperative patient care.	B / D / C	B / D / C	B / D / C
Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team	B / D / C	B / D / C	B / D / C
Uses effective communication skills to plan patient care in conjunction with the inter-professional team	B / D / C	B / D / C	B / D / C
Respects and promotes the rights of patients	B / D / C	B / D / C	B / D / C
Is sensitive to cultural and social factors when providing care to patients	B / D / C	B / D / C	B / D / C
Communicates effectively with patients at an appropriate level	B / D / C	B / D / C	B / D / C



<b>Clinical Practice</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Provides an optimum environment for the care and treatment of the perioperative patient by identification and assessment of the individual needs of patients.	B / D / C	B / D / C	B / D / C
Uses the environmental and resources tools available to meet patient needs	B / D / C	B / D / C	B / D / C
Plans and delivers evidence based, individualised care to patients with the appropriate level of support.	B / D / C	B / D / C	B / D / C
Can identify common procedures in the clinical speciality and can articulate the disease causation and rationale for surgical interventions	B / D / C	B / D / C	B / D / C
Relates theoretical knowledge of human anatomy and physiology to individual patient care	B / D / C	B / D / C	B / D / C
Shows awareness of local protocols that contribute to patient and staff safety and well being	B / D / C	B / D / C	B / D / C
Consistently demonstrates practice that reflects local protocol	B / D / C	B / D / C	B / D / C
Is able to discuss the rationale for protocols and is starting to apply evidence base to this	B / D / C	B / D / C	B / D / C
Comments on overall student progress, achievement and further development needs:			
Any feedback or comments received from patients, carers and other members of the MDT about this student? Please record			
<b>Placement Mentor's signature</b>	<b>Student's signature</b>		<b>Date</b>

## Placement B:

<b>Professional Development</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Demonstrates personal accountability and applies this in their role as an Operating Department Practitioner.	B / D / C	B / D / C	B / D / C
Supports and promotes clinical effectiveness by applying an evidence based approach to Operating Department Practice.	B / D / C	B / D / C	B / D / C
Demonstrates and promotes professional, ethical and legal approaches to Operating Department Practice	B / D / C	B / D / C	B / D / C
Identifies the professional and legal requirements in relation to confidentiality of the patient and information	B / D / C	B / D / C	B / D / C
Understands the role of the members of the multi-disciplinary team (MDT) and the overall management structure of the department	B / D / C	B / D / C	B / D / C
Critically evaluates and reflects on care provided and own professional actions.	B / D / C	B / D / C	B / D / C
<b>Professional Relationships</b>			
Applies appropriate communication skills in order to promote clinically effective perioperative patient care.	B / D / C	B / D / C	B / D / C
Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team	B / D / C	B / D / C	B / D / C
Uses effective communication skills to plan patient care in conjunction with the inter-professional team	B / D / C	B / D / C	B / D / C
Respects and promotes the rights of patients	B / D / C	B / D / C	B / D / C
Is sensitive to cultural and social factors when providing care to patients	B / D / C	B / D / C	B / D / C
Communicates effectively with patients at an appropriate level	B / D / C	B / D / C	B / D / C

<b>Clinical Practice</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Provides an optimum environment for the care and treatment of the perioperative patient by identification and assessment of the individual needs of patients.	B / D / C	B / D / C	B / D / C
Uses the environmental and resources tools available to meet patient needs	B / D / C	B / D / C	B / D / C
Plans and delivers evidence based, individualised care to patients with the appropriate level of support.	B / D / C	B / D / C	B / D / C
Can identify common procedures in the clinical speciality and can articulate the disease causation and rationale for surgical interventions	B / D / C	B / D / C	B / D / C
Relates theoretical knowledge of human anatomy and physiology to individual patient care	B / D / C	B / D / C	B / D / C
Shows awareness of local protocols that contribute to patient and staff safety and well being	B / D / C	B / D / C	B / D / C
Consistently demonstrates practice that reflects local protocol	B / D / C	B / D / C	B / D / C
Is able to discuss the rationale for protocols and is starting to apply evidence base to this	B / D / C	B / D / C	B / D / C
Comments on overall student progress, achievement and further development needs:			
Any feedback or comments received from patients, carers and other members of the MDT about this student? Please record			
<b>Placement Mentor's signature</b>	<b>Student's signature</b>		<b>Date</b>

**Placement C (if required):**

<b>Professional Development</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Demonstrates personal accountability and applies this in their role as an Operating Department Practitioner.	B / D / C	B / D / C	B / D / C
Supports and promotes clinical effectiveness by applying an evidence based approach to Operating Department Practice.	B / D / C	B / D / C	B / D / C
Demonstrates and promotes professional, ethical and legal approaches to Operating Department Practice	B / D / C	B / D / C	B / D / C
Identifies the professional and legal requirements in relation to confidentiality of the patient and information	B / D / C	B / D / C	B / D / C
Understands the role of the members of the multi-disciplinary team (MDT) and the overall management structure of the department	B / D / C	B / D / C	B / D / C
Critically evaluates and reflects on care provided and own professional actions.	B / D / C	B / D / C	B / D / C
<b>Professional Relationships</b>			
Applies appropriate communication skills in order to promote clinically effective perioperative patient care.	B / D / C	B / D / C	B / D / C
Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team	B / D / C	B / D / C	B / D / C
Uses effective communication skills to plan patient care in conjunction with the inter-professional team	B / D / C	B / D / C	B / D / C
Respects and promotes the rights of patients	B / D / C	B / D / C	B / D / C
Is sensitive to cultural and social factors when providing care to patients	B / D / C	B / D / C	B / D / C
Communicates effectively with patients at an appropriate level	B / D / C	B / D / C	B / D / C

<b>Clinical Practice</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Provides an optimum environment for the care and treatment of the perioperative patient by identification and assessment of the individual needs of patients.	B / D / C	B / D / C	B / D / C
Uses the environmental and resources tools available to meet patient needs	B / D / C	B / D / C	B / D / C
Plans and delivers evidence based, individualised care to patients with the appropriate level of support.	B / D / C	B / D / C	B / D / C
Can identify common procedures in the clinical speciality and can articulate the disease causation and rationale for surgical interventions	B / D / C	B / D / C	B / D / C
Relates theoretical knowledge of human anatomy and physiology to individual patient care	B / D / C	B / D / C	B / D / C
Shows awareness of local protocols that contribute to patient and staff safety and well being	B / D / C	B / D / C	B / D / C
Consistently demonstrates practice that reflects local protocol	B / D / C	B / D / C	B / D / C
Is able to discuss the rationale for protocols and is starting to apply evidence base to this	B / D / C	B / D / C	B / D / C
Comments on overall student progress, achievement and further development needs:			
Any feedback or comments received from patients, carers and other members of the MDT about this student? Please record			
<b>Placement Mentor's signature</b>	<b>Student's signature</b>		<b>Date</b>

## Final Placement Student Progress Review

<b>Main points of discussion / observed development against the expected level of knowledge and practice for their stage in the programme.</b>			
<b>HCPC Standards of conduct, performance and ethics (2012) Statement</b> This student has consistently demonstrated high standards of behaviour in keeping with their duties as a prospective registrant.			
<b>Overall student performance rating:</b> <p style="text-align: center;"><b>Outstanding/ Excellent/ Very Good/ Good/ Satisfactory/ Unsatisfactory/ Clear failure to achieve</b></p>			
<b>Future skills, practice and knowledge development plan:</b>			
<b>Achieved/Not Achieved</b>	Placement Mentor's signature	Student's signature	Date

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**Post-Anaesthetic Care Practice Assessment**

**SCOT Analysis performed prior to commencing PACU Placement**

<b>Strengths</b>	<b>Opportunities</b>
<b>Challenges</b>	<b>Threats</b>
<b>Student comments:</b>	
<b>Placement Mentor initials:</b>	<b>Date:</b>

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**Record of Mentor Discussions**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

**Summary:**

**Student signature:**

**Date:**

**Mentor signature:**

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### Clinical Skills & Practice Assessment (PACU):

Students can be assessed on their clinical skills at any point during the placement; however, mentors should be confident that this is a consistent performance by the student before giving a 'Pass'. **However** students must continuously demonstrate their knowledge and skills, and any concerns about a student who has been previously signed as competent should be raised using the advice in Appendix 3.

If students have not achieved an element by the end of Year 1 this should be clearly marked as a 'Fail' by the mentor.

	Pass/ Fail	Mentor Initials	Date
Is appropriately dressed as per uniform policy & bare below the elbows			
Can check PACU temperature, humidity, lighting, ventilation systems where appropriate, can identify potential issues and knows how to report these			
Checks, stocks & prepares the recovery bay in accordance with local/national guidelines or policy			
Checks O2 and suction equipment, can identify potential issues and knows how to report these			
Checks emergency airway management equipment and can simulate its use.			
Checks and locate stocks for the emergency trolley & defibrillator, can identify potential issues and knows how to report these			
Can locate local copies of the BNF and local policies for drug management			
Correctly identifies CD cupboard, emergency drugs and pharmacy cupboards			
Correctly identifies storage areas for temperature or light sensitive drugs			
Receives patients and colleagues in a welcoming professional manner			
Participates in receiving patient hand over from surgical and anaesthetic staff and confirms patient identity and individual care needs.			
Can perform an initial basic AVPU/ABC patient assessment under supervision			

	Pass/ Fail	Mentor Initials	Date
Assists with individualised patient care assessments as per Local Policy			
Demonstrate understanding of the equipment and techniques utilised in non-invasive monitoring techniques <ul style="list-style-type: none"> <li>• Pulse</li> <li>• Colour</li> <li>• Temperature</li> <li>• NIBP</li> <li>• ECG</li> <li>• Pulse Oximeter</li> <li>• Emotional and psychological nonverbal indicators</li> </ul>			
Receives patients and colleagues in a welcoming professional manner			
Participates in receiving patient hand over from surgical and anaesthetic staff and confirms patient identity and individual care needs.			
Can perform an initial basic AVPU/ABC patient assessment under supervision			
Assists with individualised holistic patient care assessments as per Local Policy			
Monitors the patient's vital signs, using non-invasive techniques			
Demonstrates proficiency in chin lift and jaw thrust manoeuvres			
Demonstrates proficiency in the management and removal of artificial airways, to include OPAs and LMAs			
Administers effective oxygen therapy in accordance to prescription and/or Local Policies.			
Undertakes accurate patient pain assessments in accordance with Local Policy			
Ensures patients physical comfort needs are met; to include mouth care			

	Pass/ Fail	Mentor Initials	Date
Utilises safe and appropriate handling methods to facilitate optimal patient positioning.			
Acts with respect and dignity towards all patients and their carers, and communicates appropriately with them.			
Ensures all documentation, including drug records, are completed appropriately			
Disposes of all contaminated equipment appropriately			
All portable equipment used is decontaminated, labelled and returned to its storage area			
Ensures adherence to local Infection Control measures			
Applies discharge criteria prior to handing over the care of the patient in accordance with local policy			
Communicates effectively with other professionals to facilitate the safe transfer of patients.			

## Assessment 1:

<b>Professional Autonomy and Accountability</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Demonstrates personal accountability and applies this in their role as an Operating Department Practitioner.	B / D / C	B / D / C	B / D / C
Supports and promotes clinical effectiveness by applying an evidence based approach to Operating Department Practice.	B / D / C	B / D / C	B / D / C
Demonstrates and promotes professional, ethical and legal approaches to Operating Department Practice	B / D / C	B / D / C	B / D / C
Identifies the professional and legal requirements in relation to confidentiality of the patient and information	B / D / C	B / D / C	B / D / C
Understands the role of the members of the multi-disciplinary team (MDT) and the overall management structure of the department	B / D / C	B / D / C	B / D / C
Critically evaluates and reflects on care provided and own professional actions.	B / D / C	B / D / C	B / D / C
<b>Professional Relationships</b>			
Applies appropriate communication skills in order to promote clinically effective perioperative patient care.	B / D / C	B / D / C	B / D / C
Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team	B / D / C	B / D / C	B / D / C
Uses effective communication skills to plan patient care in conjunction with the inter-professional team	B / D / C	B / D / C	B / D / C
Respects and promotes the rights of patients	B / D / C	B / D / C	B / D / C
Is sensitive to cultural and social factors when providing care to patients	B / D / C	B / D / C	B / D / C
Communicates effectively with patients at an appropriate level	B / D / C	B / D / C	B / D / C

<b>Clinical Practice</b>	<b>Initial Assessment</b>	<b>Midpoint Assessment</b>	<b>Final Assessment</b>
Provides an optimum environment for the care and treatment of the perioperative patient by identification and assessment of the individual needs of patients.	B / D / C	B / D / C	B / D / C
Uses the environmental and resources tools available to meet patient needs	B / D / C	B / D / C	B / D / C
Plans and delivers evidence based, individualised care to patients with the appropriate level of support.	B / D / C	B / D / C	B / D / C
Can identify common complications within the post-anaesthetic care setting and demonstrates understanding of the causes of these	B / D / C	B / D / C	B / D / C
Relates theoretical knowledge of human anatomy and physiology to individual patient care	B / D / C	B / D / C	B / D / C
Shows awareness of local protocols that contribute to patient and staff safety and well being	B / D / C	B / D / C	B / D / C
Consistently demonstrates practice that reflects local protocol	B / D / C	B / D / C	B / D / C
Is able to discuss the rationale for protocols and is starting to apply evidence base to this	B / D / C	B / D / C	B / D / C
Comments on overall student progress, achievement and further development needs:			
Any feedback or comments received from patients, carers and other members of the MDT about this student? Please record			
<b>Placement Mentor's signature</b>	<b>Student's signature</b>		<b>Date</b>

## Final Placement Student Progress Review

<b>Main points of discussion / observed development against the expected level of knowledge and practice for their stage in the programme.</b>			
<b>HCPC Standards of conduct, performance and ethics (2012) Statement</b> This student has consistently demonstrated high standards of behaviour in keeping with their duties as a prospective registrant.			
<b>Overall student performance rating:</b> <p style="text-align: center;"><b>Outstanding/ Excellent/ Very Good/ Good/ Satisfactory/ Unsatisfactory/ Clear failure to achieve</b></p>			
<b>Future skills, practice and knowledge development plan:</b>			
<b>Achieved/Not Achieved</b>	Placement Mentor's signature	Student's signature	Date

## College of Operating Department Practitioners Qualifications Framework for Mentors Supporting Learners in Practice (2009)

### Associate Mentor:

- Supports students in clinical placement
- Provides formative feedback
- Completes formative assessment documentation
- Must demonstrate competence in the area of assessment
- Implements local hospital policy.
- Familiar with the HPC Standards of Conduct, Performance and Ethics (HPC 2008).
- Registered practitioner with a minimum of six months post-qualification experience
- Attendance at a specific local HEI preparation session
- Completes the cycle of Mentor development every two years as a minimum
- Implements evidence-based practice
- Can provide evidence of CPD

### Mentor

*In addition to the above:*

- Performs summative assessment
- Must demonstrate competence in the area of assessment
- Must implement HEI assessment regulations and hospital policy.
- Mentors two ODP students within a two-year time period to remain on the 'live' register.

*In addition to the above, holds or is working towards (to be completed within a two-year time period)) at least **one** of the following:*

- Mentorship qualification at level 6 (or above)
- Post Graduate Certificate in Education
- Post-graduate award in healthcare education
- Holds a level 5 Placement Mentorship / Cert Ed qualification and has completed one or more level 6 modules

### Practice Educator / Clinical Supervisor (PE/CS)

*In addition to above:*

- Has overall responsibility for students in placements
- Organises workplace teaching sessions
- Placement organisation and Mentor allocation
- Holds current Mentor data and provides regular updates to the HEI
- Attends ODP education meetings.

*In addition to above:*

- Has a minimum of three years post-registration experience
- Possesses a relevant first degree or enrolled on a programme, working towards a relevant first degree.



**Action Plan – Initial Discussion**

To be completed when the student requires **additional** support to achieve the required level of performance.

1. What aspect of this assessment is the student not achieving and what do they need to do to achieve the required level of performance?	
2. What activities and actions does the student need to undertake to achieve the points at 1? What resources or support does the student need?	
3. Identify a target date for review and completion:	
Mentor name and signature:	Date:
Student name and signature:	Date:

**Action Plan – On-going progress review**

<b>Evidence the student has provided to show progress and achievement? Please highlight areas of progress and identify further improvements if required</b>	
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:

**Action Plan – Initial Discussion**

To be completed when the student requires **additional** support to achieve the required level of performance.

1. What aspect of this assessment is the student not achieving and what do they need to do to achieve the required level of performance?	
DRAFT	
2. What activities and actions does the student need to undertake to achieve the points at 1? What resources or support does the student need?	
DRAFT	
3. Identify a target date for review and completion:	
Mentor name and signature:	Date:
Student name and signature:	Date:

**Action Plan – On-going progress review**

<b>Evidence the student has provided to show progress and achievement? Please highlight areas of progress and identify further improvements if required</b>	
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:

**Action Plan – Initial Discussion**

To be completed when the student requires **additional** support to achieve the required level of performance.

1. What aspect of this assessment is the student not achieving and what do they need to do to achieve the required level of performance?	
DRAFT	
2. What activities and actions does the student need to undertake to achieve the points at 1? What resources or support does the student need?	
DRAFT	
3. Identify a target date for review and completion:	
Mentor name and signature:	Date:
Student name and signature:	Date:

**Action Plan – On-going progress review**

<b>Evidence the student has provided to show progress and achievement? Please highlight areas of progress and identify further improvements if required</b>	
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:
Mentor name and signature:	Date:
Student name and signature:	Date:

## Mentor Cause for Concern

The purpose of this form is to make certain that both the student and university staff are aware of any issue or concern which cannot be resolved by action plans developed between the student and mentor at the earliest possible stage. This allows an action plan to be put in place, appropriate support to be offered and ensures that communication and monitoring channels are clear.

Whilst a 'wait and see' approach may be more comfortable, it is much better to report any cause for concern earlier rather than later, as this ensures that concerns are addressed and interventions put in place. This form should be completed where there is:

- **Lack of clinical progress**  
If a student is considered to be in danger of failing to achieve the required practice objectives **or** if the mentor considers the students practice to be unsafe **or** the students clinical practice is not at the level expected at the stage of the programme (regardless of previous achievements)
- **Lack of Professionalism**  
If a student does not meet the professional behaviour and/or attitude requirements of an ODP student e.g. poor time-keeping/attendance, breach of confidentiality, lack of self-awareness impacting on patient/staff relationships, unable or unwilling to accept professional criticism.
- **Concern about the student's well being**  
If the student shows signs of ill health, difficulties in coping with stress etc. displaying behaviours that are not normally attributed to them.
- **ANY concerns about patient safety**

Best practice would be to complete this form during or after discussion with the student. If this is not the case, **please** ensure that the Personal Tutor is made aware of this. Once you have completed the initial section of the form then please e-mail to the student's Personal Tutor whose name is on the front of this document.

You can expect to be contacted promptly by the appropriate Personal Tutor, if this does not happen please contact the Programme Director.

<b>Name of Student</b>	
<b>Name of Mentor</b>	
<b>Mentor contact e-mail and telephone details</b>	<b>Email:</b>
<b>Mentor contact e-mail and telephone details</b>	<b>Telephone No.:</b>
<b>Name of Personal Tutor</b>	
<b>Approximate date issue/concern first raised and/or discussed with student</b>	

<b>What is the nature of your concern?</b>
<b>What evidence is there to support this (e.g. dates/times if appropriate, names of witnesses)?</b>
<b>Any actions already taken (e.g. discussed with student, discussed with Clinical Educator, Learning Contract amended, monitoring in place)?</b>

<b>Date of review</b>			
<b>Agreed Action Plan and/or Personal Targets</b>			
<b>Mentor Signature</b>		<b>Date:</b>	
<b>Personal Tutor Signature</b>		<b>Date:</b>	
<p>I have discussed the above concerns with my Mentor and Personal Tutor and understand and agree the action plan and/or targets above.</p> <p>I acknowledge that these have been put in place to support and enable me to effectively address the concerns raised and progress towards meeting my clinical practice objectives.</p>			
<b>Student's signature</b>		<b>Date:</b>	
<b>Date of next Action Plan review</b>			

*An electronic copy of this form is available on request from the Placement Co-ordinator*



## Link Tutor Role and Responsibilities

### 1. Communication & Contact

This involves:

- Facilitating communication between the University and placement providers regarding programme matters.
- Maintaining a regular dialogue with the placement provider (via personal visits, correspondence or phone as deemed appropriate)
- Liaising with other staff within the University where appropriate, in order to foster and maintain links.
- An initial visit to meet the programme team and students and to assess the placement provider facilities and a minimum of 1 visit per academic term
- Contact maintained through a mixture of personal visits, phone calls and e-mails.

### 2. Monitoring:

This involves:

- Monitoring student progress and providing support where required to students, mentors and placement managers
- Monitoring inter-assessor consistency and providing support where required.
- Arranging for the completion of the educational audit for that clinical area; working with practice partners to ensure quality and standards are maintained and enhanced where possible.
- Ensuring that effective consultation and feedback mechanisms exist between placement partners, University staff and students
- Contributing to the Annual Programme Report, and other internal/external programme reviews
- Providing reports to the Department following visits to the partner organisation.

### 3. Overview of the assessment process:

This involves:

- Ensuring that appropriate moderation mechanisms are in place to protect standards.
- Monitor standards for the programme and the assessment outcomes achieved by students.
- Liaising with placement providers whilst aiming to ensure evidence is available for moderation procedures ensuring inter-assessor consistency.
- Advising practice partners on Fitness for Practice Panels where appropriate and preparing referrals to student governance.

### 4. Development and enhancement:

This involves:

- Communicating relevant national/local influences on ODP education, including the academic and quality assurance frameworks.
- Updating mentors and placement managers about programme development/changes and assessment processes.
- Supporting placement staff to identify CPD opportunities.

Perioperative Care Collaborative Position Statement (2012)

Table 1

Roles and Responsibilities	Scrub Practitioner	Surgical First Assistant
Enhancing the communication link between theatre, patient and ward, including preoperative assessment and postoperative care evaluation	✓	✓
Involved in the team completion of the Surgical Safety Checklist for all surgical interventions as part of the 'Five Steps to Safer Surgery' – brief; sign in; time out - or equivalent process used throughout the countries of the UK	✓	✓
Assisting with patient positioning, including tissue viability assessment	✓	✓
Skin preparation prior to surgery	✓	✓
Draping as required	✓	✓
Application of dressings as required	✓	✓
Male urethral catheterisation, providing training has been undertaken and evidence of competency can be demonstrated	✓	✓
Use and maintenance of specialised surgical equipment relevant to area of working	✓	✓
Assist in the transfer of patient to postoperative/ anaesthetic care unit	✓	✓
Cutting of superficial sutures, e.g. skin sutures	✓	✓
Superficial skin and tissue retraction	✓	✓
Assistance with superficial wound closure	✓	✓
Cutting of deep sutures and ligatures under direct supervision of the operating surgeon		✓
Nerve and deep tissue retraction (NB – retractors should not be placed by the SFA but by the operating surgeon)		✓
Handling of tissue and manipulation of organs for exposure or access		✓
Assisting with haemostasis in order to secure and maintain a clear operating field including indirect application of surgical diathermy by the surgeon <sub>1</sub>		✓
Use of suction as guided by the operating surgeon		✓
Camera manipulation for minimal invasive access surgery		✓
Assistance with wound closure		✓

<http://www.afpp.org.uk/filegrab/1sfa-position-statement-november2102-l-.pdf?ref=1576>

(Accessed 5/4/15)

## References:

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Glaser R (1990), Towards new models for assessment, *International Journal of Educational Research*, 14(5)

Health & Care Professions Council (2012), *Standards of Conduct, Performance and Ethics*, London: HCPC

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