Why nursing students need an allocation to operating theatres

Student placements in operating theatres are being discontinued in some hospitals. Here, the author explores the reasons for this and highlights what nursing students can achieve during a placement in theatre.

Date of acceptance: August 18 1998.


With the advent of Project 2000, schools of nursing were forced to reconcile providing an extended theoretical curriculum with reduced time for clinical placements. In an attempt to resolve this problem, many schools of nursing decided that nursing students would no longer be allocated to the operating theatre.

Curriculum planners believed that the emphasis of nurse training should be moved away from disease and the hospital setting and towards disease prevention and caring in the community. The report from the Heathrow Debate (Bradley and Burns 1993) supported this shift in emphasis and set targets for the year 2002. The authors suggested a change in focus of nursing to health promotion and education, in preference to the traditional disease-driven model. Theatre nursing, which is in essence about caring for the patient through illness by the process of surgical intervention and healing, contradicts this health-driven focus (Fox 1995).

On this basis, no longer allocating nursing students to a placement in the operating theatre may seem reasonable because the perception is that patients are continually unconscious and not participating in their own care. A placement to theatre is not beneficial, therefore, as the nurse education curriculum advocates that prevention is better than cure.

However, how can nurses who look after patients following surgery teach patients about the physical effects of this intervention? Attempts to maintain the allocation of nursing students to operating theatres have been hampered by perceptions of what theatre nurses do, rather than knowledge of what they actually do. This has been compounded by the image that theatre nursing is highly technical and the student would simply be used as ‘a pair of hands’. Therefore, some schools of nursing feel that follow-through visits are sufficient, although anecdotal evidence suggests that many students do not carry these out.

WHAT DO THEATRE NURSES DO?

When asking nurses what they think theatre nurses do, the common responses are that they ‘help the surgeon’ or ‘pass instruments’. While these are facets of the theatre nurse’s role, they represent only a small proportion of it. It may come as a surprise to many nurses that theatre nurses carry out exactly the same tasks and functions as any other nurse. To put this more clearly, it is necessary to think about nurses’ duties and roles when they are based on a ward. Theatre nursing evolved from ward nursing, and all theatre nurses have been trained by working on the wards. Even though care in the operating theatre is delivered in a different way to that on the ward, the nursing principles remain constant.

Nurses may think that they spend a significant amount of time carrying out practical activities, such as patient observations or wound care. In the process they also talk to patients and their relatives. Nurses may be required to assist medical staff, for example, when putting in a central line or carrying out a ward round. Theatre nurses perform exactly the same duties; there is nothing different about them. The only distinction is the emphasis placed on the different duties and activities carried out, and the way things are done.

For example, theatre nurses have a role that means they assist medical colleagues on a one-to-one basis for longer periods of time than would be the case on a ward. Many see theatre nurses as having little communication with patients. However, communication is essential in the anaesthetic and post-anaesthesia (recovery) rooms. It should also be remembered that many surgical procedures can now be carried out under local or regional anaesthesia, which means that the patient is conscious throughout the surgical procedure. Therefore, theatre nurses must have excellent communication skills to help them to establish a trusting relationship with such patients in a very short space of time, and be able to offer support to distressed relatives.

In addition to working in the operating theatre, there are nurses who work in anaesthetics and post-anaesthesia care areas — often with operating department practitioners (ODPs) who are specially trained for work in theatres. In larger hospitals, theatre nurses tend to work in just one or two care areas due to the specialist knowledge and skills needed to function competently in each area. In smaller units, it is not unusual for the theatre nurses to be multiskilled and work across all specialties.
THE BENEFITS OF THEATRE PLACEMENTS

Boxes 1-3 show sets of objectives that focus on practical skills that could be reasonably experienced during a four-week allocation to the operating theatre. These objectives are by no means exhaustive, but serve as an indication of the breadth of relevant nursing experience that is available in operating theatres. In examining the lists, it is worth considering the following questions honestly:

- Would undertaking these skills and/or gaining this knowledge be useful to me and my patients?
- Is it true that I have never undertaken these skills?
- Do I feel that I need more practice at these skills?

Answering ‘Yes’ to any of these questions suggests that the operating department can offer valuable experience. It is also worth considering the type of practical knowledge which can be gained by undertaking a placement in an operating theatre department. For example, if patients are particularly hirsute, a small rectangular area may be shaved from the top of their thigh or buttocks. Would you as a ward nurse be able to explain to a patient in the post-operative period that this had occurred because a diathermy machine had been used?

Take another scenario of a patient who has gone to theatre wearing paper underwear and has come back to the ward with one side ripped apart. How would the ward nurse explain this to the patient, particularly if the site of the operation is on another part of the body entirely? Again, it results from the placement of the diathermy plate, and because the patient is unconscious at the time of placement it is often necessary to rip one side of the underwear to allow correct placement. Some units use adhesive plates or leg straps to facilitate the application of the plate to the patient’s leg, although shaving will still need to be carried out.

These are just two of many examples that could be used to illustrate the importance of a placement for nursing students in the operating theatre, and how it can affect the information nurses give to patients in the pre- and postoperative periods.

CONCLUSION

Although a placement in the operating theatre is not part of the nursing students’ curriculum in some schools of nursing, nurses should not pass up the opportunity to visit either as part of their elective allocation or as a patient follow through visit. It will certainly improve their knowledge and basic nursing skills which, in turn, will enhance the care given to patients.

REFERENCES

Barker M (1996) Should there be a nursing presence in the operating theatre? British Journal of Nursing 5, 18, 1134-1137.