NEWLY QUALIFIED NURSES

Why I chose to go into perioperative practice

The demanding environment of theatre nursing offers endless learning opportunities.

After graduating from Coventry University in September 2015, I worked in critical care before deciding to pursue a career in perioperative practice. I was lucky enough to get a placement in theatres as a nursing student and found it an exciting and diverse environment. But walking into theatre for the first time as a newly qualified nurse was nerve-wracking and I knew I had a lot to learn.

Perioperative practice concerns the preoperative, anaesthetic, surgical and recovery phases (see box, page 68). Specialist theatre staff known as operating department practitioners (ODPs) study for a minimum of two years, whereas most nursing students have limited experience of working in theatres during their training.

Preceptorship

A robust preceptorship programme is therefore vital in ensuring newly qualified nurses gain the skills, knowledge and experience needed to work in this highly specialised area.

My orientation programme, which lasted nine months, enabled me to learn the basics of perioperative practice. This included the different instruments used during surgery, the relevant policies and procedures I needed to be aware of and the etiquette of the operating theatre. I also gained experience of scrub nursing and managing a patient’s airway.

By Oliver Stone

a theatre nurse at George Eliot Hospital NHS Trust in Nuneaton, Warwickshire
Starting my role in day surgery enabled me to learn about a range of surgical specialties. I also acted as a patient advocate, assisted the team in setting up for procedures, helped with patient transfer and positioning and managed surgical specimens. During my preceptorship period, I had regular meetings with one of the practice development team, who reviewed my competencies and advised me in my new role. My current manager, who was my practice facilitator during this time, gave me some valuable advice.

Her ‘open door’ policy meant I never felt afraid to ask questions or raise concerns about my abilities, and she continues to be a vital source of help and support.

Effective communication between all members of the team is vital in surgery, with communication failures often cited as the causes of errors and poor patient outcomes. My day begins at a morning huddle at 8am with the whole theatre department, where any issues can be raised. We then have a ‘team brief’ with the staff who will be involved in an operation where we discuss the patient, equipment requirements and anticipated complications. At the end of the operating list for that day, a debrief is held to discuss what went well and what could be improved.

The perioperative environment is fraught with hazards, both for patients and staff. Electric shock, burns, exposure to blood-borne pathogens and toxic substances are very real risks in theatre. In recent years, the risks to the surgical team associated with diathermy plume (also known as surgical smoke) have also been highlighted.

As a newly qualified nurse, quickly becoming aware of these risks and how to reduce them is imperative. Things can go wrong very quickly in theatre, which is a scary prospect, especially during your preceptorship period. One vital safety precaution now used in theatres is the World Health Organization’s (WHO) surgical safety checklist, which aims to decrease errors and adverse events and improve teamwork and communication during surgery.

What is perioperative practice?

Perioperative care refers to the preoperative, intraoperative and postoperative periods of care.

At the preoperative stage, a baseline assessment is undertaken to determine the patient’s levels of health and fitness and past medical history. Advice and instructions, such as fasting prior to a general anaesthetic, are given.

Intraoperative care begins with the induction of anaesthesia, the riskiest part of the perioperative journey. Operating department practitioners (ODPs) and specially trained nurses assist anaesthesiologists throughout the operation. They also act as scrub practitioners during surgery, ensuring the patient’s safety. This includes the safe handling of surgical instruments and maintaining a sterile environment.

The postoperative period involves caring holistically for the patient after their operation to promote healing and deal with any complications, such as airway problems, nausea, vomiting and pain.

Tips for students and new nurses

- Be enthusiastic and ask lots of questions
- Read as much as you can about perioperative practice and research the different surgical specialties
- Ask the practice facilitators in theatres for advice. See if you can gain experience in theatre during placements and take every opportunity that comes your way
- There are lots of egos in theatre, so have confidence in your abilities. This will help you advocate for your patients
- Have a supportive network of friends and colleagues and coping mechanisms for when times get tough
- Don’t touch anything if you don’t know what it is!

But it hasn’t been without its challenges. Working in theatres as a newly qualified nurse means learning a lot in a very short space of time. This can lead to mental block or even breakdown, and there have been times where I have felt incompetent and wanted to quit. But these feelings started to dissipate as my knowledge and skills increased. I read lots of textbooks and researched each surgical specialty, and the more experience I gained, the more competent I became.

I have developed strong working relationships with surgeons, anaesthesiologists, nurses, ODPs and support workers, and now feel valued as a member of the team with a tight knit community of friends I can rely on.

Working in perioperative practice can reap many rewards. I would recommend this specialty as a career to anyone wanting an endless source of learning opportunities and exciting career progression.