

CPD profile

- 1.1 Full name:** ODP (Clinical practice)
1.2 Profession: Operating Department Practitioner
1.3 Registration number: ODPXXXX

2. Summary of recent work/practice:

I work in a busy National Health Service (NHS) Trust which has a theatre suite of eight operating theatres. As a registered operating department practitioner (ODP) I work across all of the theatres in the department and therefore contribute to the perioperative care of patients in all age groups, from children to older adults, and seven different surgical specialities (these include: general surgery, vascular surgery, ear, nose and throat surgery (ENT), orthopaedic and trauma surgery, urology surgery, and gynaecology surgery).

I work full-time and am allocated to a 'home' theatre which undertakes general surgery day cases, ENT and one emergency session for general surgery each week. Internal rotation every six months ensures I experience the full range of specialities, but also as a member of the on-call team I undertake a wide range of surgical emergencies in general, vascular, orthopaedic and ENT on a regular basis. Out of hours obstetric anaesthetic practice is also covered by my role as part of the on-call team.

My primary role is being part of the recovery and anaesthetic team. However, I am able to team with a buddy in my theatre who swaps roles when possible to allow me to maintain my scrub skills by facilitating my scrubbing for appropriate day case surgical lists. In recovery I regularly care for patients who have undergone all types of complexity in surgery – day cases to radical surgery of many hours duration. This ensures constant skills of airway management and care of the haemodynamically compromised patient.

In anaesthetics I am involved with adults, children and older adults on a regular basis and again across all spectrums of simple to complex anaesthetic care. The on-call commitments allow regular practice in emergency situations where airway management skills are essential. More recently I have started to support student nurses and ODPs from the university in their practice placements. This really makes me revisit my practice to ensure I am a good role model for students. In order to best carry out this role I have commenced the mentorship preparation course at the university which sends us students on placement.

338 words
(maximum 500 words)

3. Personal Statement

My CPD activity has been continuous over the last two-year period, and primarily consisted of activities within my normal work role. The following statements are presented under the separate standards with section 4 providing a summary of supporting evidence from my portfolio.

Standard 1: Maintain a continuous, up to date and accurate record of CPD activity

I keep an electronic file of all my activities, which contribute to the development of my knowledge and skills to practice. On a regular basis I review the file and produce a hard copy to put into my portfolio and update the contents list. (evidence 1).

Standard 2: Demonstrate that CPD activities are a mixture of learning activities relevant to current or future practice

I have undertaken a range of CPD activities, for example mandatory training (evidence 3) is via taught lectures from Trust representatives or the theatre training manager. This results in a certificate of attendance which I routinely write a short reflection on to demonstrate how the knowledge supports my role, having been taught to do this in my pre-registration course it is now a habit to do so. In the last eighteen months I have attended annual updates for fire, basic life support, infection control and manual handling. Prior to the infection control update this year a new protocol regarding the use of anti-bacterial hand rub has been implemented across the hospital. In theatres we do not always hear about general practices so this was a good example of updating my practice.

I undertake a number of informal activities such as reading books and journals, since needing to meet the CPD requirements I have started writing an annotated bibliography of the reading I do, which helps to focus my subject areas. I recognised from doing this that I was reading a lot about supporting learners in practice and this helped me to decide that a mentorship course would be an appropriate direction for some more formal education.

I also have a number of attendance certificates from attending conferences or study days, for each of these I write a short reflection to demonstrate what I learnt, or the networking opportunities I had (evidence 4 and 9).

Standard 3 and 4: Seek to ensure that CPD has contributed to the quality of practice and service delivery; Seek to ensure CPD benefits the service user

These standards are difficult to separate as some of the areas of CPD which I have to undertake, such as mandatory training (evidence 3) is to meet the service needs (identifying ‘service delivery’ as my employer in this context) as with their requirement for ensuring all staff are updated. However, this also ensures that my ‘normal’ work is undertaken using up-to-date information and being more effective in my working routine. I keep a log of my practice, just a simple format in a small diary (evidence 8), this demonstrates how I work in a variety of clinical settings and regularly practice in anaesthetics, scrubbing and recovery care. This also acts as a prompt for reflective accounts of specific experiences, which I have learnt from. It is evidence to my team leaders of the scope of my competence and helps the team in planning the right skill mix.

The updating in surgical practice has been of benefit to my patients, for example, during a recent on-call I was involved with the care of a patient who had a vascular disease which made cannulation only possible via a surgical cut-down. I had never experienced this before and it utilised my recent skills in scrubbing to ensure I gave assistance to the anaesthetist and ensured the best possible outcome for the patient by being able to facilitate this quickly and efficiently with due regard to aseptic technique (evidence 10).

I have been supervised in practice to become proficient with laparoscopic instrumentation (evidence 10.3), in addition to the invaluable work-based experience and teaching I have also attended a laparoscopic study day (evidence 4.3) and undertaken a workshop session at my Professional Body Conference (evidence 9.2). The study day was particularly useful for learning more about a technique which is increasing to so many specialities. It has increased my knowledge in relation to normal and altered physiology, and this helps when recovering patients from surgery and I now understand more about the effects on physiology from the gas pressure during surgery, and why these patients are much more predisposed to post operative nausea and vomiting. I have produced a simple A – Z guide of laparoscopic instruments and associated equipment. This includes a trouble shooting guide for dealing with trocars and scopes, and a short guide to accountability in relation to checking of screws and ports. This was aimed at students in the department, but has proved to be valuable for all the staff, as feedback to the staff meeting has demonstrated (evidence 6).

In my role as an ODP I mentor students in theatre placement, so they are in effect another ‘service user’. To support the development of my role and enable the development of my practice in mentorship I am undertaking a formal programme of mentorship preparation at university (evidence 5). Since starting this course I have changed my practice in student support considerably and the feedback from students at the end of their placement supports this. I now ensure that I find out exactly what the students needs to achieve whilst in the placement, rather than just teaching and supporting them through whatever is going on in my

theatre on a given day. For example, a student in their final few months was allocated to me for three weeks, but the only outcome they still needed to achieve was invasive monitoring. The experience available to them in my theatre would not have enabled the student to achieve this, although I have no doubt they would have gained from the experience on offer; the student fed back to the University how her ability to achieve was through the recognition of the mentor (me), to change the allocation to meet her individual needs. Since undertaking the mentorship course it gave me the confidence to approach one of my colleagues to take on the student for some sessions in the 3 weeks to ensure the student had the necessary experience.

The benefits are evidenced by looking back at some previous student feedback (evidence 6) I can see comments about not being able to achieve outcomes despite the fact that they enjoyed the placement and felt very well supported. Whilst it is good to have offered a good placement to a student that they enjoyed and learnt from it is not enough if the experience is not appropriate.

Total words: 1112
(Maximum 1500 words)

4. Summary of evidence from portfolio

Evidence number	Brief description of evidence	Number of pages/ description of evidence format	CPD standards this evidence relates to
1	Contents list	1 page	Standards 1 and 2
2	Curriculum vitae	3 pages	Standard 2
3	Records of mandatory training: 3.1 manual handling 3.2 BLS 3.3 Fire 3.4 Infection control	2 x 2 pages 2 x 2 pages 2 x 2 pages 2 x 2 pages	Standards 3 and 4
4	In-house study days 4.1 Valley lab diathermy 4.2 Agenda for change 4.3 Laparoscopic instrumentation 4.4 Violence at work	1 x 2 pages 1 x 2 pages 1 x 2 pages 1 x 2 pages	Standards 3 and 4
5	Mentorship programme - Outcomes - Course content and timetable	Handbook	Standards 3 and 4
6	Student feedback (Anonymous) Staff meeting feedback (item 4.3)	3 x 1 page 1 X 1 page	Standards 3 and 4
7	List of journals/books read	Annotated bibliography 9 pages	Standards 3 and 4
8	Practice log book	2 small pocket diaries	Standards 3 and 4
9	Attendance certificates 9.1 AODP Conference 9.2 AODP Conference	2 x 1 pages	Standards 3 and 4
10	Reflective accounts 10.1 clinical practice 10.2 teaching session	Reflective account of specific learning situations	Standards 2, 3 and 4