



Barna Education Statement

2025, JNH - Review Date : 2027

Barna's statement on education seeks to promote an effective and supportive training and education environment through a process that is fair, equitable and accessible with the goal of ensuring patient safety through theoretical and clinical competency of healthcare staff working in specialist areas such as Anaesthetic Nurse/Operating Department Practitioners (ODP) and the Post Anaesthetic Care Unit (PACU). The ultimate aim is to provide safe, quality care to patients by appropriately trained staff.

Purpose

A guide for practitioners new to anaesthetics and PACU, and educators in peri anaesthesia. Barna recognises the complexities of balancing clinical training within staff shortages and patient needs, however, it is widely recognised that a lack of positive support and mentoring for new starters has a negative impact on retention (Marufu et al 2021). Through a structured process of supervision and assessment, an education team will ensure consistency in learning skills, knowledge, and competency (NHSE 2023). Ensuring all practitioners, both ODP and nurses have the skills to provide safe quality care to patients as autonomous practitioners (COPD 2021; NMC 2023; RCN 2021; NHSE2023),

- Clinically
- Theoretically
- Professionally, and
- Collaboratively,

from novice to expert (Benner 1984) (Appendix 1). Utilising critical thinking and reflection while acknowledging the 4 Pillars Pathway (RCN 2023) (Appendix 2), with appropriate specialist skills training (AAGBI, 2013).

Though many documents refer to the skills required as an anaesthetic nurse practitioner/ODP and PACU nurse/practitioner, BARNa acknowledges that RCN statement – 'The RCN has confirmed this position, stating that "registered nurses work within specialties across all fields and levels within health and social care" (2023).'

The theatre area is a specialist area comprising Anaesthetics, Scrub and PACU. Within that specialist area, the skills required will range from the newly defined levels (RCN 2023),

Enhanced – Enhanced level nursing describes a level that can only be delivered by registered nurses who have gained additional post-registration education and experiential learning in a relevant subject area.

This level is differentiated from other levels by a registered nurse's expertise in applying specific knowledge and skills to a designated area, such as a client group, skill set or in an organisational context.

Nurses working at the enhanced level should know how to manage discrete activities in complex, challenging and changing situations, seeking further guidance when needed.

Advanced –Advanced level nursing is a level delivered by registered nurses with substantial experience and expertise.
The advanced level is differentiated from other levels by a registered nurse’s expertise in applying highly developed theoretical and practical knowledge to complex, unpredictable, and sometimes unfamiliar situations. This involves use of critical thinking, high-level decision making and exercising professional judgement.

Consultant-Consultant level nursing describes a level of nursing delivered by registered nurses who have progressed from an advanced level within their field or specialty. It is differentiated from other levels by a registered nurse’s expertise and credibility; strategic and enabling leadership; learning, developing, and improving across the system; research and innovation as an embedded researcher; and underpinning consultancy as the foundations of putting expertise in place to sustain quality.

The nature of skills required in anaesthetics and PACU determine the minimum requirement to be the enhanced level (RCN 2024).

Scope

The scope of this document includes,

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| Newly qualified nurses | Working in PACU |
| Newly qualified ODP’s | Working in anaesthetics and/or PACU |
| Newly qualified anaesthetic nurse | Qualified and experienced nurse who has undertaken the anaesthetic course enabling them to work as an anaesthetic assistant |
| Experienced practitioners new to the speciality, e.g. Ward, ICU, Research, Community | Working in PACU |
| PACU experienced practitioners new to the organisation | Working in PACU |
| Experienced ODP’s | Working in anaesthetics and/or PACU |
| Nursing Associates | Experienced and new to working in PACU |
| Band 3 Support Staff | Experienced and new to working in PACU |

It is important to recognise previous knowledge and experiences of all individuals and understand individual learning styles to enable a positive learning experience.

Operating Department Practitioner (ODP) – College of Operating Department Practitioners, provide advice on education in practise for pre-registration ODP’s. (COPD 2021).

Education Team

An education team must be established and support new practitioners. The Education team must be supported with resources and dedicated time to be effective (NHSE 2023).

The education team must have an understanding of

- teaching styles,
- learning environments and
- multi systems of teaching,

thus, ensuring a positive experience required to enable the acquisition of relevant specialist knowledge and competency of specific skills. Learners must be encouraged to be proactive and take responsibility for their knowledge and skills learning (NMC 2023).

A mentoring/coaching/buddy system should be available to all newly recruited practitioners. This support can be practitioners outside the immediate area of work.

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| <p>Practice Supervisor (Practice Supervisor-COPD)</p> | <ul style="list-style-type: none"> ● Registered health and social care professionals, including registered nursing associates and ‘level 2’ or ‘enrolled’ nurses – they too may all perform the role of practice supervisor. ● Must have the appropriate specialist knowledge and competency for the clinical area. ● Must be supported to deliver education and training in practise. ● Work closely with Practise Educators and Practice assessors to confirm learner proficiency in required skills and knowledge, support progression pathway. <p>Skills of the Practise Supervisor</p> <ol style="list-style-type: none"> 1. Delegation 2. Teaching 3. Facilitating 4. Advocating 5. supporting 6. timely feedback |
| <p>Practice Assessor (Practice Educator-COPD)</p> | <ul style="list-style-type: none"> ● registered nurse (including level 2 or enrolled nurses), midwife, nursing associate. ● specialist practice qualification. ● ‘Equivalent experience for the student’s field of practice,’ we mean that the assessor’s work-based experience or qualifications must help them to understand and assess what the student is aiming to achieve in their field of practice, for the time they are assigned to them. ● assess trainees’/students’ overall performance, within their scope of practise and work closely with practice supervisors and academic assessors. |
| <p>Education Lead/ Coordinator (Lead Practice Educator-COPD)</p> | <ul style="list-style-type: none"> ● Registered practitioner with significant experience in clinical and AEI/HEI education and training ● clinically based in the operating department ● implements the education and training programme in the clinical area. ● audits training and education for quality assurance ● organises learner placements to appropriate areas maximising exposure to required skills. |

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| | <ul style="list-style-type: none"> • allocation of Practice Educators • organises workplace teaching and training. • Liase with department manager, unit managers • a link with the /AEIHEI, as well as acting to support both Practice Educators and learners. |
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Source: NMC 2018; NMC 2023; COPD 2021

Clinical Educator (CE)

The education team should also have an embedded Clinical Educator to facilitate clinical competency supporting the transfer of theoretical knowledge to clinical skills. The CE's role should have a minimum split of 50% clinical and 50% non-clinical.

The role of the CE: to liase with the department manager and education lead

- to support learners in the clinical setting through supervision
- develop department education programmes with an inclusive culture.
- escalate concerns and be active in supporting learners in difficulty.
- take part in mentor allocation, updates, and audit.

The team will also comprise a collaboration of practise development practitioners from associated specialities, e.g. respiratory, cardiology; Simulation trainers, anaesthetic , etc.

Framework

Barret 2019, study showed that new starters needed both formal and informal support to transition into an autonomous practitioner.

| Formal Learning Support | Informal Learning Support |
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| <ul style="list-style-type: none"> • Preceptorship • Mentoring • Induction • Orientation • Simulation | <ul style="list-style-type: none"> •Supportive organisational culture • Being accepted by team/peers • Effective communication within and across organisation • Access to and availability of informal support (peers, friends, the wider MDT) |

Barret 2019

The newly qualified preceptor programme (NMC 2020) states that learning time should be protected in their 12 months of qualified practise with a formal preceptor period of 4 months which may vary according to individual need. Therefore, a newly qualified practitioner employed into a specialist area such as PACU should also require protected support during the initial 12 months. Practice educators/ supervisors should also liase with preceptors in assessing the individuals progress and learning needs.

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| Newly qualified nurses | <ul style="list-style-type: none"> • Corporate Induction • Theatre Induction • Clinical Skills and knowledge must be assessed during PACU induction and supernumerary period. <ol style="list-style-type: none"> 1. Initial meeting – discuss PACU specific support and pathway to autonomy; set objectives. |
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| | <p>Subsequent meetings – to be agreed with practise educator/supervisor to review progress and objectives, highlight any needs for support.</p> <ol style="list-style-type: none"> 2. All meetings and formal training must be protected time. 3. Progress meetings will be agreed dependant on the needs of the individual practitioner. 4. direct and indirect supervision determined by the education team support and assessment. <ul style="list-style-type: none"> ● Complete specialist PACU competencies, e.g. Part One – Core Competencies within 6 weeks; Part Two – advanced competencies within 6 months; Part Three – local specific competencies. <p>Skills and theory competencies from either Parts can be assessed dependant on exposure.</p> <ul style="list-style-type: none"> ● Support preceptor programme. ● Actively engage in learning and training appropriate to PACU, e.g. PACU specific course. |
| Newly qualified ODP's | <ul style="list-style-type: none"> ● Corporate Induction ● Theatre Induction ● Clinical Skills and knowledge must be assessed during anaesthetic, PACU induction and supernumerary period. <ol style="list-style-type: none"> 1. Initial meeting – discuss PACU specific support and pathway to autonomy; set objectives. <p>Subsequent meetings – to be agreed with practise educator/supervisor to review progress and objectives, highlight any needs for support.</p> <ol style="list-style-type: none"> 2. All meetings and formal training must be protected time. 3. Progress meetings will be agreed dependant on the needs of the individual practitioner. 4. direct and indirect supervision determined by the education team support and assessment. ● Complete specialist anaesthetic and PACU competencies, e.g. Core Competencies within 6 weeks; Advanced and local specific competencies withing 6 months. <p>Skills and theory competencies from either Parts can be assessed dependant on exposure.</p> <ul style="list-style-type: none"> ● Support preceptor programme. ● Actively engage in learning and training appropriate to anaesthetics and PACU. |
| Registered practitioner, experienced, new to PACU | <ul style="list-style-type: none"> ● Theatre Induction ● Clinical Skills and knowledge must be assessed during PACU induction and supernumerary period. <ol style="list-style-type: none"> 1. Initial meeting -Discuss Pacu specific support; review previous experience for transferable skills. |

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| | <ol style="list-style-type: none"> 2. All meetings and training must be protected time. 3. Progress meetings will be agreed dependant on the needs of the practitioner. 4. Direct and indirect supervision will be determined by the education team and assessment. <ul style="list-style-type: none"> ● Evidence of complete transferable competencies Complete specialist PACU competencies – Part One, Core Competencies within 6 weeks; Part Two, Advanced Competencies within 6 months; Part Three – local specific competencies. Skills and theory competencies from either Parts can be assessed dependant on exposure and transferable skills. ● Actively engage in learning and training appropriate to PACU |
| Registered practitioner, PACU experience, new to organisation | <ul style="list-style-type: none"> ● Corporate Induction ● Theatre induction ● PACU induction – Initial meeting, assess experience, PACU skills and speciality exposure to determine individual training needs and support. ● Clinical Skills and knowledge must be assessed during supernumerary period. ● Length of supernumerary period(direct and indirect) will be managed by the education team. ● Evidence of complete transferable specialist competencies ● Complete unit competencies, Parts 1,2,and 3 ● Discuss further learning needs |
| Experienced ODP's, new to organisation | <ul style="list-style-type: none"> ● Corporate Induction ● Theatre induction ● Anaesthetics and PACU induction – Initial meeting, assess experience, skills, and speciality exposure to determine individual training needs and support. ● Clinical Skills and knowledge must be assessed during supernumerary period. ● Length of supernumerary period(direct and indirect) will be managed by the education team. ● Evidence of complete transferable specialist competencies ● Complete unit competencies, organisational Anaesthetic competencies, and Parts 1,2,and 3, PACU ● Discuss further learning needs |
| Newly qualified anaesthetic nurse | <ul style="list-style-type: none"> ● Registered nurse with significant PACU or Scrub experience. ● Completed Anaesthetic course. ● Any anaesthetic Nurse Practitioner, on completion of the Anaesthetic course must, |

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| | <ol style="list-style-type: none"> 1. Initial Meeting to assess individual support and training needs. 2. A supernumerary period of induction to all areas, direct or indirect supervision is determined by the education team and the specific needs of the practitioner. 3. Local skills and theory competencies must be completed |
| Registered Nursing Associate Band 4 - PACU | <ul style="list-style-type: none"> ● Theatre induction ● Clinical Skills and knowledge must be assessed during induction and supernumerary period. ● complete NA unit competencies, within the NMC scope of practise. ● Discuss further learning needs |
| Support Staff, Band 3 - PACU | <ul style="list-style-type: none"> ● Theatre induction ● Clinical Skills and knowledge must be assessed during induction and supernumerary period. ● Completed Care certificate prior to completion of Band 3 unit competencies ● Discuss further learning needs |

PACU Induction

Direct Supervision during initial 4-week period, progressing to indirect supervision within the initial 6-week period. Supervision may revert from indirect to direct dependant on the individual practitioners needs either within the 6week period and/or the 6-month period.

Supervisors/ education team must be aware of and have a process for supporting any practitioner in difficulty. Recognise when a practitioner is in difficulty and/or is a difficult practitioner and is able to initiate a support process sensitively.

Part One – Core competencies, aim to complete in 6-week period. Timeframe may be extended dependant on the practitioner needs, the education team, and needs of the unit.

Local, 'Introduction to PACU' course should be attended during this period.

Part Two – Advanced competencies should be completed within a 6-month period. Timeframe may be extended dependant on the practitioner needs, the education team, and needs of the unit.

Part Three – Local specific competencies, surgical/procedural specialities to be completed within 12 months.

Additional Training.

- BLS
- ILS
- PBLIS
- PILS
- ALS
- PALS

Accredited PACU course should be available when all competencies completed, following one year experience in PACU for newly qualified practitioners and practitioners new to speciality.

ODP induction

This must reflect the process for all newly qualified practitioners and new staff to the organisation. Local competencies must be completed, and supernumerary status during corporate and local induction.

Supernumerary

The learner should not be counted as part of the workforce and should be allocated to a registered nurse/ educator with competent and confident specialist PACU skills. Ideally this should be a named person and should work with this individual as much as possible, however, there is positivity in learning from different disciplines in healthcare.

Supervision

Practise and professional supervision are an ongoing provision for both practise (clinical), psychological, and professional support that should be in place for every new starter.

Along with clinical support/mentoring, the education team should ensure the learner has access to a 'buddy' programme which focus on everyday pastoral and professional support.

Learner in Difficulty

The education team must have the skills to recognise a learner in difficulty. This is defined as an individual that requires extra support to complete the required competency, whether knowledge or clinical skills. Early identification and intervention are important to ensure learner engagement in the support process.

Signs and symptoms that may indicate additional support may be required:

- The 'Disappearing Act'
- Low work rate
- 'Ward Rage'
- Rigidity
- 'Bypass Syndrome'
- Career Problems

(Paice 2006 in NHS HEE 2018).

Levels of Concern

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| Low | Managed in the ward, department or practice and is considered to not be serious, e.g. <ul style="list-style-type: none">•non-attendance – training, education•poor timekeeping•unavailable on occasions when required•incomplete competency completion•some gaps in knowledge or skills•reported non-clinical skills gaps•occasional miscommunication |
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| Intermediate | A persistent and a continued concern requiring it to be escalated, e.g. <ul style="list-style-type: none"> •repeated failure to complete work-based assessments •repeated non-compliance in team working or professionalism •individual needs requiring specialist help •repeated poor timekeeping |
| High | significant and persistent in nature. Can result in the involvement of the regulatory body, e.g. <ul style="list-style-type: none"> •involvement in serious untoward incident(s) •repeated complaints from patients, relatives, or healthcare professionals •serious disciplinary issues •poor performance in the workplace, clinically, managerially, or interpersonally. <ul style="list-style-type: none"> •failure to engage in educational process •unpredictable behaviour or issues around bullying or harassment •adverse progress review outcomes |

Adapted from NHS Health Education England. Managing Trainee in Difficulty Policy, 2018

Support Process

Supporting a learner in difficulty must be,

- Fair
- Within a reasonable timeframe
- Specific
- Achievable

The process must be agreed with the learner, including,

- Reasonable adjustments must be considered to support the learner achieve the agreed objectives.
- Duration of support
Must be discussed with the learner, practise supervisor and practise assessor. Duration of support should be within a 3-month timeframe or agreed local timeframes.
- Type of supervision
Direct or Indirect
- Method of assessments
Objectives must be SMART, Specific, Measurable, Achievable, Relevant and Timely
- Supervisor feedback and learner feedback
The supervisor must conduct meetings at agreed periods to provide constructive feedback to the trainee on objectives and assessments. The trainee should also be able to provide feedback on self-performance related to the objectives and assessments.
- The assessor must collaborate with supervisors and Education Lead/ coordinator in determining if the trainee requires further support.

Should the learner be unable to achieve the knowledge or skill required, the education team must escalate using the organisation HR policy.

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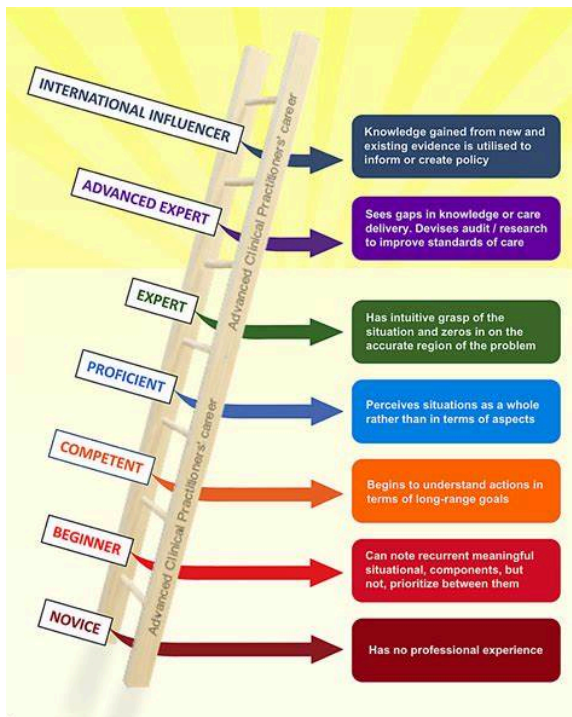
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Appendix 1



The Derby model: 7 levels of practice advancement. BJN 2021

Appendix 2



Clinical

The clinical pillar includes the knowledge, skills, and behaviours and nursing proficiencies needed to ensure high quality care is provided that is safe, effective, and person-centred.

Research

The research pillar includes the knowledge, skills, and behaviours and nursing proficiencies needed to lead and deliver research, as well as source and use high-quality evidence to inform practice, education activities and improve services.

Education

The education pillar includes the knowledge, skills, and behaviours and nursing proficiencies needed to enable reflective practice, on-going self-development, and effective learning in the workplace.

Leadership

The leadership pillar includes the knowledge, skills, and behaviours and nursing proficiencies needed to work effectively in a team, lead in the manner appropriate to their level within the career framework and fulfil management responsibilities (if applicable).

The four pillars

The four pillars of nursing — clinical practice, education, research, and leadership — have often been illustrated as separate pillars with no visual articulation between one another. This has led to perceptions that nurses will always only be using one pillar at a time within their job. It may also insinuate that some of the pillars are less important or unnecessary for distinct roles (RCN).