My Experience Of Working Without My Assigned Mentor During My First Clinical Placement In The Operating Theatre

Introduction

I am going to write about my experience of working without my assigned mentor during my first clinical placement in the operating theatre (scrub side). I will be using Gibbs' model of reflection to help me structure my essay by breaking it down into stages: description, feelings, evaluation, analysis, conclusion and action plan.

Description

The topic of this reflective piece relates to my experience of not having a mentor while on clinical practice placement. I was told at university that, as soon as I get to my placement area, I would meet my mentor to start my clinical practice journey. However, I was not offered the opportunity to meet with my mentor when I first arrived on placement. I had no contact from the mentor until I made an effort to identify the person and introduced myself. I discovered that my mentor is an Operating Department Practitioner (ODP), and works on the anaesthetic side and at the recovery unit, whereas I was placed scrub side. In addition to that, my assigned mentor usually works in operating theatres other than the one I was assigned to. As a result, we did not get the chance to be in the same theatre during the entire placement time. I did not get any formal introduction to my mentor nor any other staff members in my theatre. My mentor usually signed off my competencies and reviews based on the information she gathered about my progress from other colleagues where I was on placement, and from me during our brief meetings. A few days after I started my placement, I raised the issue to my link lecturer. HCPC (2018) state that student's complaints must be taken seriously and addressed accordingly. Even though my link lecturer was very understanding of the problem, there was nothing much they could do about it and she advised me to ask other staff ODPs if they are happy to mentor me in a daily basis.

Feelings

The lack of a mentor made me feel like I was abandoned in no man's land. Since I was very new to the hospital environment, particularly to the operating theatres, everything seemed extremely overwhelming as there are many things to learn in a very short period of time. I did not know where to start. I was extremely disappointed and shocked after I learned that my mentor neither worked on the scrub side nor in my theatre. As a result, for the first few days, I was struggling to know where to start, what to do, how to do it, and what not to do. I believe this made my experience very uncomfortable until I started convincing myself to ignore the deficit and focus on the available opportunities. I am very grateful for the wonderful support and encouragement I got from the staff who were extremely helpful and showed me sympathy, especially after they understood that this was my first time in the operating theatre. The staff in my clinical placement made my experience much easier than I ever expected.

Evaluation

A mentor's role is to lay down a good foundation for students on placement. I believe my experience would have been much better if I had been assigned a mentor who worked in the location I was placed, at least for the first few days. Though HCPC (2018) insists that there must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning, my placement area lacks the required number of qualified mentors for student ODPs on clinical practice. I wasted some valuable time trying to figure out how to adjust to the operating theatre environment and the team. Teatheredge (2010) state that practice-based educators and mentors have a crucial role to play in terms of supporting, encouraging and teaching students on clinical practice placements in order to help them become confident and competent in their practice.

Even though I was struggling to adjust, the staff members in my placement area were extremely helpful and supportive, as some of them had gone through the same situation themselves. A few weeks into the placement, I started feeling more comfortable and settled as I got more opportunities to back scrub for some of the surgical procedures in my theatre. The problem was that the newly qualified staff ODPs were reluctant to let me back scrub with them as they were still learning themselves. As a result, on those days I end up learning little or nothing new, which felt like a waste of time and left me frustrated.

Analysis

Callaghan (2011) believes operating theatre is unfamiliar territory for someone who is new to that environment and may be considered strange and uninviting. However, it is a great place for new students in clinical practice placements learning in perioperative settings. Meyer et al. (2016) also believe operating theatre is a great place where students are offered the chance to develop the basic skills needed in order to care for the patients in perioperative settings. However, Hinton (2009) suggests that students need continuous support and encouragement from staff members hence perioperative environment can be scary and uncomfortable for them. Dunbar and Carter (2017) argue especially students who came from academic learning to practice learning needs to have a sense of belongingness in order to achieve personal and professional development. Often operating theatres are highly demanding and highly stressful environments where all multidisciplinary staff members have to work effectively in order to deliver a quality patient care (Kaldheim & Slettebo, 2016, Collin et al., 2010). In addition, Gilmour (2010) believes usually operating theatres are known for very heavy workloads and highly demanding requirements in order to use time and resources more effectively. As a result, teaching and learning processes might become ineffective if the mentors have other responsibilities to do. Moreover, Hinton (2009) thinks new students could be highly affected negatively as they are not used to that kind of environment and new to the clinical settings in general.

In addition, due to their specific interior design and settings, various surgical lists and rules, and special requirements of surgeons and procedures undertaken, operating theatres are unwelcoming for any newcomers including students on their first clinical placements (Findik et al., 2015). However, the operating theatres may still offer various opportunities for students on placement in terms of professional communication skill development between multidisciplinary staff, patients, operating theatre environment and also types of equipment and procedures

(Durning and Artino, 2011). Bezemer et al. (2015) also believe good multidisciplinary teamwork and communication among various staff members as well as students in the operating theatre is crucial to maintaining patient safety and delivery of quality care. According to Kaldheim & Slettebo (2016), various studies show that multidisciplinary cooperation and communication in the operating theatre can be difficult to maintain for various reasons. Furthermore, these difficulties amongst multidisciplinary professionals in the perioperative environment happen to be problematic and a blocking stone for interprofessional work and learning activities to be effective (Collin et al., 2010). However, as Bleakley et al. (2012) state even though maintaining effective learning conditions is difficult to get, some current interventions have gained positive outcomes. According to HCPC (2018) standard of education and training, universities and other education providing institutions must have a good system for regulating and ensuring the high standards of practice-based learning for their students. In addition ‘practice-based learning must take place in an environment that is safe and supportive for learners and service users' (HCPC, 2018).

According to Hinton (2016), several global research shows anxiousness and stressfulness are common conditions amongst students during times of clinical practice, especially during their initial placement allocations. McAvoy and Waite (2019) suggest during these periods of learning it is extremely important for student ODPs to involve with the rest of the team working in the operating theatres in order to adapt to the new environment as soon as possible. Gilmour et al. (2013) added, being accepted by the team in the theatre would make the students feel more comfortable and can have a positive impact on learning in clinical placements. McAvoy and Waite (2019) recommended placement areas must ensure that students are feel welcomed, supported, included, involved, challenged and valued. Hinton (2016) also added practice educators and mentors needs to make sure students must feel they belong and are accepted and not feel isolated and alone. According to Harvey (2012) many students in clinical placements, especially in the operating theatres felt that they were left alone wondering with no clue for what to do for too long and felt like ‘a spare part', not working with their mentors sufficiently in a regular basis as a result working in ways which were not relevant to their practice as ODPs. HCPC (2018) insists that practice-based learning must ensure practice educators and mentors must be arranged beforehand to support the wellbeing and learning requirements of learners in the operating theatres at all times. Unfortunately, according to research by Meyer et al. (2016) although some students found their experience in theatre very valuable, due to the lack of regular mentorship most student ODPs pointed out that there was a lack of opportunities to engage in experiences that contributed to their learning. The research by Hinton (2016) suggests that both practice educators and mentors need to work more collaboratively to ensure better integration and realistic expectations from both students and mentors.

Some research indicates that the clinical practice based learning part of ODP training programs were more stressful than the academic parts (Blomberg et al., 2014). According to Findik et al., (2015) the main reasons for stressfulness during clinical practice differ amongst students. Chan et al., (2009) discuss the lack of previous work experience in clinical settings as well as knowledge and skills are some of the most significant causes of stress for ODP students in placement. Findik et al. (2015) also discuss some of the most common causes for stress in students during their clinical practice as, fear of making mistakes, emergency situations, high expectations and learning on real patients. Learning in the practice area especially in the operating theatres can be particularly challenging for students coping with the reality of complex and sometimes difficult situations such as dealing with the death of a patient and disability and

other emergency situations (Andrew et al., 2009). However, Manning et al., (2009) suggest the exposure of students to various experiences in the theatre including situations which might trigger emotional responses would help them understand clinical situations and make sense of experience. Therefore, Ajorpaz et al. (2016) suggest policies and guidelines need to be available to help students overcome emotional and psychological challenges that might have a significant impact on their education and later in their career.

The role of a mentor is crucial according to Christiansen and Bell (2010) and Hinton (2009) in developing the knowledge and skills required to equip, guide and encourage students during their clinical practice as well as to prepare for their professional careers. CODP (2009) recommended mentors should work with the students especially on the first few days in any clinical placement area in order to make them settled and feel comfortable. This is also an appropriate time to lay down plans for assessment dates and learning opportunities available for that placement as well as undergoing appropriate induction of the placement area. According to Callaghan (2011), it also believed that the role of mentors in clinical practice based learning is critical in facilitating effective learning and modeling quality care. Furthermore, mentors guide the students to further evidence-based material hence showing relevance and adding value to their knowledge and skills progression (CODP, 2009). In order for the professional mentoring processes to be effective and achieve its objectives both parties involved, the mentor and mentee need to be fully prepared and engaged for their roles and responsibilities (Hinton, 2016). In addition, Hinton (2016) believe the role of effective organisation and management is also extremely important in order to facilitate the teaching and learning process in clinical practice placements. Hinton (2009) thinks placement areas need to promote an environment where various individual needs and abilities of their students are met in order to facilitate an experience conducive to learning. As stated by CODP (2009) mentor's lack of contact time with students, ineffective method undertaken during mentoring activities is considered as a common issue in the mentoring relationship which could negatively affect the placement outcomes. Hinton (2009) also underscore the importance of the first contact between the student and the mentor by stating, the initial meeting between mentor and student, within the first few days of allocation, is extremely important.

The research by Ajorpaz et al., (2016) acknowledged the effectiveness of mentorship role on the clinical competence of an operating theatre student. Therefore, it is highly crucial to ensure there are enough resources and appropriate preparation has been taken for the practice-based learning in order to accommodate student prior to any placement allocation (Jokelainen et al., 2011). Hinton (2016) also believe clinical placement areas and education providers are responsible for organising student training and education which includes mainly the responsibility of allocating mentor to each student beforehand. Mentors should be aware that students are at high risk of stress especially during their first clinical practice and may have increased need of support and comfort as this might have a lasting consequence on the student's outcomes of the placement (Findik et al., 2015). The support should especially be available during the first weeks into placement until the student feels comfortable and settled.

Conclusion

Operating theatres are a place where various professionals come together to help deliver effective patient-centered care and make a difference in every patient's life. Even though the surgical unit in my placement area is very organised and highly professional in delivering quality

care to its patients, I believe it lacks the capacity to provide a one to one approach of mentorship for students on clinical placement even though CODP (2009) stressed placement areas ‘must be fully prepared to accept students'. Lacking a mentor, as in my case, could make students clueless and confused especially if the learning environment is new to them. For students in clinical practice, particularly in operating theatres where the stakes are higher, one to one mentoring is crucial to ensure the quality of education and care. It is understandable that an allocated mentor might not always be available with the mentee due to various reasons. However, most theatre practitioners I came across during my first six weeks on the scrub side were capable of mentoring students like me. Given the crucial role of a mentor and the detrimental impact of not having one, it would be better to have one of them assigned to me as a regular mentor than having someone else whom I never get the chance to work with at all.

Action plan

As I will be going back to my placement area in a few weeks time for the third clinical placement to work on the anaesthetic side, I plan to make more effort in order to work with my mentor. As my mentor usually works on the anaesthetic side I will request for some adjustments to be made if possible so that I can be with her. Also as I will be doing scrub again for two more weeks, I plan to improve the following competencies stated in my university's practice assessment document (PAD) such as; 2a: Professional communication, 2b: Effective relationships, multidisciplinary teamwork + leadership, 3f: Prevention and control of infection, 3j: Medical devices, and 3m: Proficiency within surgical environments. I will be continually improving on these competencies throughout my study and career as a qualified ODP.

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