**From Healthcare Assistant to Student Operating Department Practitioner** –**are you ready for the challenge?

Keywords**

Operating Department Practice; Challenges; Education; Transition; Socialisation; Learning; Role Confusion; Knowledge Gap;  **Abstract**

This article will explore some of the barriers and challenges that a healthcare assistant (HCA) may encounter while on their journey to becoming a student operating department practitioner (ODP). Working as an HCA is often assumed to give individuals an advantage when considering a move up the healthcare career ladder; however, this may not always be the case. There are a number of unique challenges that prospective students must consider and overcome in order to successfully negotiate the transition to theatre healthcare professional.

**Introduction**

Healthcare assistants (HCAs) play a significant role in providing frontline care and although they now perform many roles that were previously the domain of nurses and doctors, many HCAs still feel undervalued in their role (Glasper, 2013). In this article, we explore the potential that many HCAs have to pursue registration as an operating department practitioner (ODP), a profession where they can build upon their previous experience and skills. We will explore some of the pitfalls that prospective students must navigate along their journey.

**What is an operating department practitioner (ODP)?**

ODPs are a group of allied health professionals registered with the Health and Care Professions Council (HCPC), who deliver patient-centred care as part of the multidisciplinary team, predominantly in the operating theatre. ODPs possess specialised skills and knowledge in three related but distinct areas: anaesthetics, surgery and recovery. The nature of the role means ODPs work very closely with both anaesthetists and surgeons to offer specialist anaesthetic and surgical assistance in a dynamic critical care environment.

The professional body for operating department practitioners prescribes the curriculum for qualification as a 3-year degree programme, although some institutions do offer access to the profession through a 2-year diploma in higher education (College of Operating Department Practitioners, 2011). The programme requires that at least 50% of the 3-year programme be spent in practice placements, in active operating departments, with the remaining time made up of academic study. While most ODPs work exclusively in theatre departments, the specialist skills and knowledge held by qualified ODPs has led to them taking on a number of similar roles outside of the operating theatres, working in diverse areas such as accident and emergency departments, intensive care units and pre-assessment.

**Are there any advantages to working as an HCA before becoming a student ODP?**

Working as an HCA before commencing on an ODP course can offer a number of unique initial advantages. These include: an awareness of the physical demands of working in healthcare; experience of engaging with service users; taking and recording observations; familiarity with paperwork; working inter-professionally, and encountering and managing working with those who are unwell. It is becoming increasingly recognised that working as an HCA can function as a helpful stepping stone into many other healthcare professions (Fearnley, 2014).

However, these initial advantages will vary substantially, depending on the setting in which the HCA had previously been working. As ODPs are predominantly placed in the operating theatre, an HCA with previous theatre experience will have a number of other advantages beyond the generalised ones summarised above. These might include an awareness of specialised equipment only used in the operating department, and a better grasp of the role of an ODP and other members of the multidisciplinary team. This awareness also allows potential students to experience the nature of acute care and the challenges that this can bring: multiply injured patients, acutely ill patients, obstetric emergencies and working with neonates, children, adults and the elderly.

HCAs employed in other healthcare arenas do not necessarily have any awareness that operating department practice is a potential career option for them. One obvious benefit of working as an HCA in theatre is that you can get first-hand experience of the ODP role, which is strongly correlated with choosing to pursue a career as an ODP (Wordsworth, 2015). The ODP pathway offers many of the advantages that HCAs often perceive only nursing offers: university education, professional registration, higher pay and a clear career trajectory. However, this information is not readily available to those HCAs who work outside of the operating department, unless they attend hospital career days or have colleagues who work in the field.

These are some of the advantages that might encourage an HCA to begin their journey to becoming an ODP. At the same time, previous experience as an HCA may also present some unique barriers that they must overcome, which may not arise for other new students from differing backgrounds.

**Professional socialisation and ‘re-socialisation’**

A key part of the educational progression for any student pursuing registration as a healthcare professional is the socialisation process. Socialisation describes the process by which someone adopts and internalises the values, behaviours, knowledge, social skills and identity of their new profession (de Swardt et al, 2017). It can be thought of as the journey that a student takes towards becoming a healthcare professional and learning to become part of that group (Higgs, 2013).

This process can be challenging for any student, but particularly for those who have worked in the healthcare setting as HCAs, because it will require being ‘re-socialised’ into a new role and identity. Many HCAs would have already experienced a degree of socialisation in their previous role, and will need to acquire the necessary knowledge and skills to form a new individual and group identity in line with the roles, responsibilities and expectations of an ODP. This prior healthcare knowledge may contribute to confusion for students about their future role and identity (Brennan and McSherry, 2007). In other words, the individual will have to recognise that some previously held values and attributes will no longer be appropriate in the new role.

A failure in the socialisation process has been suggested as a potential source of poor retention in a number of different healthcare professions and so it is vital that students are able to effectively transition from their role as an HCA (Professional Standards Authority, 2016). All students will need to adopt the professional values associated with the ODP role, but most of them will simultaneously have to ‘unlearn’ the group identity from a previous healthcare role. It is imperative that students with previous healthcare backgrounds appreciate the significant distinctions between their new and their previous roles and are able to use their previous experience and knowledge to serve them in the process.

**Potential role confusion**

The potential for role confusion among students who have worked as HCAs in the operating theatre is not insignificant. For example, during the first year of the ODP course, there exists some overlap between the two roles. One significant similarity is the role of the circulating practitioner, which is a role that an HCA working in the operating theatre can perform.

The circulating practitioner role includes assisting the scrub practitioner by sourcing equipment and consumables, assisting the positioning of the patient and preparing and moving equipment in the operating theatre (Rawling, 2012). This may be seen as an advantage at some points during the first year of ODP training. However, this may contribute to a student's inability to distinguish between the demands of them as a student ODP and the previous demands of them as an HCA. Role confusion has been identified as a problem for the transition of socialisation of students for a number of professional groups (Brennan and McSherry, 2007).

A further problem that arises out of this confusion is the potential for students to revert to the comfort of their previous role. Because of the overlap alluded to above, an ODP student may be tempted to return to a role that they are comfortable and confident in; especially if they have previously worked in theatre. Brennan and McSherry (2007) observed a similar effect within nursing courses, with HCAs who were struggling with the challenges of being a student nurse reverting to their previous support staff roles. All learning requires change of some kind, which is sometimes painful, and new students with prior experience in the healthcare setting may need additional encouragement from the practice mentors to step outside of their comfort zones (Johnson, 2015).

Sometimes, ODP students are placed in operating departments where they have previously worked as HCAs. There are both strengths and weaknesses to this exercise. One obvious benefit is that the student will already know the layout of the department, the culture, and many of the staff that they will be working closely with. One weakness might be the struggle to be treated as a student (requiring teaching), having previously been recognised as a member of staff who can be left to work autonomously, and this can affect the student's ability to learn and develop within their new role.

As the student moves through the course, the potential for role confusion should subside as the expectations of the student ODP increase and move towards scrubbing independently for a range of surgical procedures.

**Skills and knowledge gap**

The ODP curriculum, like any other professional degree, has a demanding academic component that helps ensure that practice is supported by the best evidence. Because of the generic nature of the Care Certificate competencies, what may be considered as acceptable practice can often vary between health and social care providers. Even then, the Care Certificate is not a statutory requirement and so it is up to individual health and social care providers to decide whether they will implement it or not (Johnson and Buzzi, 2016).

Working as an HCA prior to training as an ODP is also no guarantee that the knowledge that is believed to underpin routine practices is actually supported by a reliable evidence base. Being able to perform a task in practice does not always guarantee that the person performing it understands the rationale to the degree expected of students training to be registered healthcare professionals. So there is the challenge for HCAs embarking on the academic journey that they may need to challenge some of the deep-rooted assumptions they have about what is done and why. This is not to say that this is always the case, only that it can be.

Nevertheless, students with experience as an HCA are often looked upon by other students as sources of insight during the early stages of the course by those with no healthcare experience themselves (Brennan and McSherry, 2007). In the authors' experience, students completely new to the theatre environment find those with previous experience a great source of information and support. In some instances, it even makes those who have come from non-healthcare backgrounds feel that they are not progressing as quickly as their HCA colleagues. However, after the first few weeks of practice learning, this difference becomes much less evident, and the level of expertise evens out across the cohort.

**Conclusion**

Education should empower people so that they possess the skills and knowledge to provide safe and effective care for their patients. The move from being an HCA to being a student ODP can be challenging, and there may be a number of unique barriers to overcome that do not impact on students arriving from different routes and backgrounds. Nevertheless, initial advantages that accompany the transition from HCA to student ODP make them well placed to succeed in their educational and professional journey.

**Key Points**

Working as an HCA can be a good foundation towards an ODP qualification

The ODP qualification offers many advantages, including: a university education, professional registration, structured career development and higher pay

Students with experience as an HCA can be looked upon as sources of information and support by other students

There are some initial advantages to working as an HCA in the operating department prior to becoming a student ODP

Try to encourage yourself to step outside of your comfort zone and not let yourself be defined by your previous role

**Reflective questions for your continuing professional development**

What can an HCA bring to the position of operating department practitioner?

Would barriers might you face? Discuss with a colleague.

How might you as an HCA ‘re-socialise’ yourself to fully take on an entirely new role?

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