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See one, do one, teach one: Advanced perioperative nursing practice in Australia

The phrase 'see one, do one, teach one' is often used in perioperative nursing, particularly in relation to the acquisition of advanced practice skills. The phrase reflects a method of clinical teaching in which we observe a skill, perform the skill on our own, and then teach others how to perform that skill. Historically, this was the way that perioperative nurses learnt and passed on all manner of advanced skills. This pragmatic approach to training was suitable for the time but in this age of clinical governance, with the emphasis on patient safety, it is no longer deemed appropriate. Unfortunately, nursing has struggled to develop appropriate methods for passing on our advanced skills which means we run the risk of losing them as our senior nurses retire.

The Nursing and Midwifery Board of Australia (NMBA) are reviewing the definition of advanced nursing practice but currently they describe it as 'a continuum along which nurses develop their professional knowledge, judgement and skills to a higher level of capability'. Nurses practising at an advanced level are said to be operating at 'top of license' meaning they are practising at the boundaries of the scope of practice of the registered nurse. Advanced nursing practice should not be confused with the nurse practitioner role which is governed by separate regulatory requirements. In my opinion, the profession has done a very good job of delineating the role of nurse practitioner and describing the educational and professional requirements that define it. We have not done as good a job at clearly articulating this process for the registered nurse.

Perhaps the exception to this in perioperative nursing is the Perioperative Nurse Surgical Assistant (PNSA). I'm sure that the leaders of this specialty would acknowledge

that the establishment of the role in Australia has been challenging but nevertheless it is still a very good example of a structured approach for developing and maintaining advanced practice in perioperative nursing. The PNSA is a specific role but it is important to note that advanced perioperative nursing practice does not necessarily need to be defined by a role. Advanced nursing practice is a level of practice that can be achieved by any nurse if the appropriate conditions are met. The challenge is to clearly articulate what these conditions are and how they might best be met.

The NMBA does not regulate specialty and advanced nursing practice in Australia and has instead chosen to leave it to the profession¹. In response, some Australian nursing colleges have instigated certification to ensure members have the necessary qualifications, skills, expertise and experience to practice as a specialist nurse. This certification signifies the person is a specialist nurse but it is not necessarily evidence of proficiency in

advanced practice skills. For example, being a Certified Perioperative Nurse (CNOR) in the USA does not automatically authorise the person to perform advanced nursing skills. Certification may be beneficial for recognising specialty practice but it still needs to be accompanied by a process for credentialing advanced practice.

Identifying the scope of practice of a nurse working at an advanced level is one of the major challenges of defining advanced practice². The NMBA defines scope of practice as 'the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform'. For the individual, their scope of practice is further moderated by 'the context in which they practise, the health needs of their patients, their level of competence and confidence and the policy requirements of the service provider'³. Clearly, from these definitions, scope of practice is not set but is something that must be assessed on a case-by-case basis.

Discussions about the scope of advanced nursing practice are sometimes conflated with efforts to extend the practice of registered nurses. Extended practice for registered nurses and advanced nursing practice are sometimes used interchangeably but are actually two different concepts⁴. As described above, advanced nursing practice is within the currently accepted scope of the specialty – albeit at the

boundaries – while extended practice includes expertise beyond that currently recognised by the nursing profession. An example of extended practice is the introduction of the registered nurse endoscopist role in a number of Australian states in response to increasing demand for endoscopy services.

The NMBA does provide some guidance for organisations that wish to introduce or formalise advanced nursing practice. The NMBA Nursing Practice Decision Flowchart³ helps organisations decide if a practice can be performed by a registered nurse in a specific setting and context. There are six key questions that should be considered before introducing advanced nursing practice:

1. Can the activity legally be performed by a nurse?
2. Do the professional standards support the performance of the activity?
3. Has a risk assessment found any risks indicating a nurse shouldn't perform the activity?
4. Has consultation and planning been conducted with all relevant stakeholders?
5. Is the organisation prepared to support the nurse in performing the activity?
6. Does the nurse have the education, authorisation, experience, capacity, competence and confidence to safely perform the activity?

These six requirements are not an insurmountable barrier to the introduction of advanced nursing practice but they are a challenge, particularly for the individual dedicated nurse wishing to provide advanced care or for the smaller departments with limited resources. I know that some health services and some states are much more advanced than others when it comes to advanced nursing practice. If your department has a good example, then I encourage you to share it here in the journal or present it at the next national conference. As a specialty, we have an opportunity to work together to facilitate advanced perioperative nursing practice.

References

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