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| HKCPN-01 (1)      **Hong Kong College of**  **Perioperative Nursing**  **Pre Membership Log Book**  **Part II** |



**Hong Kong College of Perioperative Nursing**

Name of Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ordinary Membership no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Fellowship no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fellowship no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fellowship no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Name of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Institute /Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training period: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Introduction**

This training log book aims to record clinical training required in professional education for peri-operative nurses who acquire with advanced skills and are specialized in case coordination and optimization management.

1. **Mission**

To promote excellence in peri-operative nursing and health care in Hong Kong through regulating specialist nursing practice and education.

1. **Objectives**

* To provide trainee to record his/her training, clinical experience and achievement in details
* To guide the trainee to equip themselves with competent knowledge & skills in perioperative setting
* To equip the trainee with critical thinking to develop the care plan and prioritize perioperative nursing according to the assessment data of patients’ intricate health conditions, and eventually evaluate the health progress against expected outcomes and review care plans.
* To nurture the trainee with specialized skills to conduct either Perioperative case coordination or Preoperative nurse anaesthesia assessment
* To equip the trainees competency on a critical awareness of knowledge issues in the field and at the interface between different fields and multidisciplinary surgical members and have a responsibility for developing and changing practice and/or services
* To develop the trainees’ attributes for fellow member requirement

1. **Entry for Post Basic Perioperative Nursing Training Program**

The aim of post basic Perioperative Nursing Training is to prepare a registered nurse who is demonstrated competency towards clinical management and acquired with basic knowledge & skills in preoperative assessment, intraoperative intervention & post op care & follow up.

* Being an Ordinary Member of the HKAN and College of Hong Kong Perioperative Nursing
* Accumulated 5 years of Experience working experience in perioperative setting
* Possess clinical experience in two of any subspecialties including 1) General Surgery; 2) O&T Surgery; 3) O&G Surgery; 4) ENT Surgery; 5) Ophthalmic Surgery; 6) Vascular Surgery; 7) Neurosurgery; 8) Paediatric Surgery; 9) Head & Neck Surgery / Plastic & Reconstruction Surgery; 10) Robotic & Endolap surgery; 11) Anaesthesia

**5. Clinical Practice and Assessment**

5.1 Trainee is required to complete **250 hours of Guided Clinical Practice at** clinical practice site recognized by Hong Kong College of Perioperative Nursing. The performance of each candidate will be assessed on her/his selected clinical attachment for which he/she has registered. The assessment may be in the form of continuous assessment. The assessment will be conducted by logged cases that are practiced intraoperatively & during post Anaesthesia care.

5.2 **Level of Competence**

To assist trainers in achieving their competencies, a five- level model of competence is used. The level of competence ranges from observation (1) to independent practice (5).

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| Level 1 | Observer | Observe the clinical activity |
| Level 2 | Practice under assistance | Performs the clinical activity under assistance |
| Level 3 | Practice under direct supervision | Performs the clinical activity under direct supervision |
| Level 4 | Practice under indirect supervision | Performs the clinical activity under indirect supervision |
| Level 5 | Independent practice | Performs the clinical activity independently |

5.3 **The trainee is required to attain 20 records of cases for intraoperative care and/or post anaesthesia care as below:**

* Attain 5 ultra- major operations records for clinical activities in one of any subspecialties or PACU care. The trainees are required to at least practice under indirect supervision (Level 4) in perioperative activities: (scrubbing & circulating the case, monitoring the patients). (Fill in 7.2 & 7.3 Logged case record)

* Attain 10 major operations records for clinical activities in one of any subspecialties or PACU care. The trainee are required to practice independently (Level 5). (scrubbing & circulating the case, monitoring the patients). (Fill in 7.2 & 7.3 Logged case record)
* Attain 5 major operation records for perioperative care management in two of any subspecialties. The trainee are required to practice independently (Level 5). (scrubbing & circulating the case, monitoring the patients). (Fill in 7.2 & 7.3 Logged case record)

*Suggested activities for Perioperative care management*

*You are required to take references but not limited to the following:*

1. ***Preoperative patient assessment and identify patient problems***
2. *0btain comprehensive health status of patients*
3. *interpret results of blood investigation and imaging examination*
4. *address specific problems for planning of intraoperative intervention*
5. *provide emotional support and specific care/advice regarding surgery to patients and their relative*
6. *demonstrate effective communication skills to enhance establish a caring relationship with the patient and significant others.*
7. *identify risks likely happened intraoperatively and do preventive measures*
8. *prepare appropriately the OT environment/ instruments/ endoscopes/consumables/equipment for surgery*
9. *address specific consideration for surgical and anaesthesia needs in various kind of operations*
10. *Other, please specific*
11. ***Intraoperative continuity of care***
12. *physiologically monitor the client during surgery*
13. *provide emotional support and specific care/advice to patients*
14. *ensure the principles of infection control & microbiology are applied to activities within the OT environment*
15. *provide instruments, equipment and supplies based on client needs*
16. *implement care for prevention of physical injuries of patients*
17. *administer drugs and solutions & blood as prescribed*
18. *identify risks likely happened intraoperatively and do preventive measures*
19. *implement a physical and psychological environment which promotes safety & privacy & comfort for patients.*
20. *address specific consideration for surgical and anaesthesia needs in various kind of operations*
21. *response promptly to critical situation happened intraoperatively*
22. *other, please specify*
23. ***Post operative care & follow up***
24. *physiologically monitor the client after surgery*
25. *provide emotional support and specific care/advice to patients*
26. *implement care for prevention of physical injuries of patients*
27. *administer drugs and solutions & blood as prescribed*
28. *identify risks likely happened postoperatively and do preventive measures*
29. *implement a physical and psychological environment which promotes safety & privacy & comfort for patients.*
30. *provide specific postoperative care for surgical and anaesthesia needs in various kind of operations*
31. *response promptly to critical situation happened postoperatively*
32. *other, please specify* 
    1. **Perioperative case coordination** OR **Preoperative Nurse Anaesthesia Assessment**

**5.4.1 Perioperative case coordination:**

* Attain 5 operations records (At least 2 Ultramajor operations) for perioperative case coordination in two of any subspecialties

The trainees are required to at least practice independently (Level 5) in perioperative activities:

1. Demonstrate proficient skills in complex patient care management
2. Do Better coordination of resources (instrument/equipment/consumables) utilized for case optimization
3. Coordinate the perioperative care activities effectively with surgeon and anesthesiologist to ensure the timely delivery of care,

equipment, instruments, pharmaceuticals and implants to clients.

1. Act as in charge of the case involved to optimize the patient well and make sure a smooth clinical operation
2. Act as a resource agent to determine an outcome-driven plan for individual patients in perioperative care.
3. Facilitate the planning and management of budget, stocks and equipment to meet service needs.
4. Change Practice by innovative methods
5. Well utilize technology/informatics system to facilitate perioperative care
6. Proactively advocate for patient safety
7. Functions effectively under urgent and stressful situations
8. Critically evaluate patient conditions during perioperative phases
9. Others, please specify

* All learning activities have to be well documented in a logbook
* A summary of case coordination activity (s) and reflective learning must be recorded and submitted. Description of each case selected at least in 200 words (**use separate sheet**).
* **\*Description of Perioperative case coordination activity (s)**

Include but not limited to:

* Profile of client
* Specific Surgical and anaesthetic concern in care process
* Specific considerations and plan for continuity of care
* Specific advanced clinical skills applied in care process
* Functions to coordinate the care activities with team
* Practice by innovative mindset and method
* Plan & utilize effectively resources
* Provide consultation
* Response the eventful situation promptly and appropriately
* Risk /outcome evaluation

#Reflective learning:

* Reflect on the care experience;
* Identify your strength and weakness during care process
* Draw the learning points in the experience

**5.4.2 Preoperative Nurse Anaesthesia Assessment**

- Attain 5 records of Preoperative nurse anaesthesia assessment

The trainees are required to at least practice independently (Level 5) in activities:

1. Do patient screening for suitability to be assessed in Perioperative Care Nurse Clinic
2. Conduct Nurse -led/assisted pre-anaesthesia assessment services & patient optimization
3. Provide patients with pre-anaesthetic/preoperative Instruction, Education and Counseling
4. Apply principles of self-efficacy/empowerment in promoting patient engagement in surgery
5. Design and execute management plan for continuity of care
6. Make accurate documentation
7. Monitor and evaluate patient data base for post-operatively follow up & referral

* All learning activities have to be well documented in a logbook
* A summary of logged cases must be recorded and submitted. Description of each case selected at least in 200 words (**use separate sheet**)

**- \*Description of Preoperative Nurse Anaesthesia Assessment**

**Include but not limited to:**

**Profile of client**

* Reflect the comprehensiveness of assessing the client
* Reflect the understanding of the client’s background information, needs and concerns
* Link the relationship of the information and the care

**Surgical and anaesthetic concern**

* Show the understanding of the surgical and anaesthetic plan as well as problems
* Reflect a good linkage between the surgery and anaesthesia and the client in study

**Specific considerations and plan for continuity of care**

* Give logical presentation and the interlink of the investigation / assessment problems identified, planning and nursing intervention
* Show the specification and individuality of client care

**Risk evaluation**

* Identify the potential risk of the surgical and anaesthetic procedure in relation to its nature and client’s condition
* Analyses the risk evaluation indicators if require
* Reflect the personal experience or responses of client to the treatment and care process

**#Reflective learning:**

* Reflect on the care experience;
* Identify your strength and weakness during care process
* Draw the learning points in the experience

**6. Clinical Attachment Centers**

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| Clinical Institute | Unit | Name of Trainer(s) / Mentor | Date of Clinical Attachment | |
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**7 Clinical Assessment Record**

* 1. **Record of Perioperative Clinical Management**

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| --- | --- | --- | --- | --- |
| **Working location/OTs** | **Subspecialty** | **Period** | **No of weeks** | **Signed by Mentor** |
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* 1. **Logged case of intraoperative activity** (separate sheet for details if require)

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| **Case No** | **Date** | **Specialty / Magnitude of operation** | **Name of Operation / intraoperative activity (s) involved** | **Level of**  **Competence** | **Signed by Trainer** | **Signed by Mentor** |
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| **Case No** | **Date** | **Specialty / Magnitude of operation** | **Name of Operation / intraoperative activity (s) involved** | **Level of Competence** | **Signed by Trainer** | **Signed by Mentor** |
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| **Case No** | **Date** | **Specialty / Magnitude of operation** | **Name of Operation / intraoperative activity (s) involved** | **Level of Competence** | **Signed by Trainer** | **Signed by Mentor** |
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* 1. **Logged case of post anaesthesia care (separate sheet for details if require)**

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| **Case No** | **Date** | **Specialty / Magnitude of operation** | **Name of Operation / Post anaesthesia care involved** | **Level of Competence** | **Signed by Trainer** | **Signed by Mentor** |
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**8 . Clinical Attachment Evaluation**

Trainees are expected to take the responsibility for own professional development. They are required to evaluate their own strengths, weakness and identity areas of improvement.

Mentors provide trainees with guidance on their practice and evaluation of their progress

**Evaluation Sheet A :** Periodical Evaluation Record (To be completed by Trainer /Mentor and Trainee)

**(1)**

Clinical Institute : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward / Unit / Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1st Evaluation**

Trainer / Mentor

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Trainee

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Signature of Mentor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(2)**

Clinical Institute : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward / Unit / Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Evaluation**

Trainer / Mentor

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Trainee

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Signature of Mentor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation Sheet B:** Summary Evaluation Record

(To be completed by Nurse Supervisor - NO / APN / WM / NS / DOM / NC before transfer to other clinical Department or upon completion of training program)

Ward : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Date | Trainee's Feedback | Name and Signature  of Trainee |
|  |  |  |

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| --- | --- | --- |
| Date | Supervisor's Feedback | Name, rank and Signature  of Supervisor |
|  |  |  |

**Countersigned by DOM / Unit Head** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Signature)

**Date**  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Reflective Account Form**

You must use this form to record the written reflective accounts on your clinical practicum of training program that you would complete. You are advised to state your practice related feedback/or event/experience in your practice and how this relates to the domain competency of HKAN for advanced nursing practice in Perioperative Nursing.

Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user and colleague.

|  |  |
| --- | --- |
| **Reflective Account** | |
| **Name of Trainee:** |  |
| **Associate Member No/Ordinary Member No:** |  |
| **Module Perioperative Nursing Training Program**: | Post basic Perioperative Nursing Training |
| **Period of Training:** |  |
| **Site(s) of Training:** |  |
| **What did you learn from this training program and/or feedback and/or event or experience in your practice during this training period?** | |
| **How did you change or improve your practice as a result?** | |
| **How did you validate your practice by empirical evidence?** | |
| **How do you feel yourself achieving competency defined in competency framework for advanced nursing practice in Perioperative care?** | |

**Reflective Discussion Form**

You must use this form to record your reflective discussion with the mentor you had chosen. You are required to discuss at least one reflective account when upon the completion of training program. During your discussion you should not discuss patients, service users or colleague in a way that could identify them unless they expressly agree.

**To be completed by the trainee**

|  |  |
| --- | --- |
| **Name of Trainee:** |  |
| **Module Perioperative Nursing Training Program**: Post basic Perioperative Nursing Training/Specialized Perioperative Nursing Training/ Pre Fellowship Training |  |

**To be completed by the mentor whom you had the discussion**

|  |  |
| --- | --- |
| **Name of Mentor:** |  |
| **Fellow Member No:** |  |
| **Email address:** |  |
| **Contact number:** |  |
| **Date of Discussion:** |  |
| **Short summary of discussion:** |  |
| **I have discussed the written reflective account with the named trainee as part of a reflective discussion**  **I agree to be contacted by the HKCPON to** **provide further information if necessary for verification purpose** | **Signature:** |
| **Date:** |

**Statement of Accuracy**

I declare that the information contained in the Log Book covering the period

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is a valid and accurate record of my training experiences.

Signature of Trainee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Block Letter : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_