

# Bridging The Gap

## Development of the Cardiac Support Practitioner

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# What is driving the need to change?

- Staff working differently means more capacity
- Initiative to expand service provision
- A well skilled workforce is key to service delivery success
- Gaps in skill shortages and role redesign
- Recruitment and retention issues

# How is this beneficial to the individual ?

- Provides a career pathway
- Sense of direction
- Personal development
- Valued
- Rewarded

# Role Design

1. The core purpose : what we want the person to achieve, the main functions of the role.
2. Challenges in the post : team and people issues, technical and practical difficulties, organisational change.
3. Tasks and activities : clearly identified tasks and activities with identifiable outputs.

# Role Design

5. Competencies required.
6. Education : identify education required for post either as a pre-requisite or to be provided once in post.

# Identified skills and tasks

Preparation of anaesthetic room.

- prepare environment and equipment

Collecting and receiving patients for theatre.

- pre op check/handover from ward staff etc.

Establish vital signs monitoring.

- observations
- assist venous cannulation

# Identified skills and tasks

Transfer patients into theatre.

- positioning of patient.

- preparation prior to surgery.

Scrub for procedure .

- scrub, gowning and gloving.

- aseptic technique.

- preparing instruments for cases.

# Registered Practitioner

Delegates task to CSP but must be sure CSP has the skill knowledge and training to perform

# Registered practitioner

Acts on the information given by the CSP



# CSP

Accepts the task must be sure that he/she has the training and knowledge



# CSP

Performs the task. According to training Policies and procedures



# CSP

Completes the task safely and competently recording outcomes if required



# CSP

Reports to registered practitioner that the task is completed.

NMC – States that registered nurses can delegate care to a unregistered carer if the carer is competent to carry out the Task. Education, training and assessment of the carer is given along with further support ‘as necessary’ and received Periodically.

The registered practitioner is not accountable for the unregistered carers actions, but is accountable for the decision to delegate care to the unregistered carer.

# Career pathway for cardiac theatres health support workers

## New Starter

During the first six months in post the HCA will have:

- A period of supernumerary status
- Period of mentorship
- Mandatory study sessions
- Competency based assessment of practice

After a minimum of six months in post a professional development review (PDR) will be undertaken by the manager whereby career progression will be discussed

- Continue in the current post – maintaining and developing practice required for the role

Or

- Progress and undertake NVQ ODS level 2 during the following twelve months

Yearly PDRs for all staff will be available, for those completing NVQ

further career progression will be available

- Continue in the current post with NVQ qualification

Or

- Progress and undertake further training and competencies to lead to specialised role – Cardiac Support Practitioner

# Candidates selected for training



Tim Robins-White

Commenced NVQ Jan 05 completed Sept 05

Sept 05 start Theatre competencies complete Mar 06



Janice Bolin

Commence NVQ Feb 05 completed Jan 06.

Feb 06 start Theatre competencies complete July 06



Paul Wood

Commence NVQ Sept 05, expected to complete May 06

June 06 plan to start Theatre competencies complete Nov 06

# Educational Program

- Movement and handling in the peri-op environment
- Infection control/Decontamination & sterilisation
- Confidentiality Pt records/Handling specimens
- Latex allergy/Consent/Monitoring pts
- Maintaining materials & equipment/Supplies
- Self development/Post anaesthetic care
- Emergency situations/Receive store transmit records
- Diversity/Portfolio building
- Health & safety/Risk management
- Communication/Circulating duties
- Pt position/Prepare a theatre for use identifying hazards

# Ensuring competence

Monitor Performance / Reassessment of skills

- Personal reflective account
- Peer review
- Supervision with senior member of staff

Yearly Updates







Staff Meetings  
Communication

Support  
Workers

Clinical  
Governance  
Risk  
Management

Support equipment  
and materials list in  
annex



In conclusion

Development of the Cardiac Support Practitioner

role has given the individuals more rewarding

jobs, but from an organisation point of view

more effective jobs as well.