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Conflicts of Interest Statement:

Associate Professor Brigid Gillespie discloses that she is a member of the AORN Journal Editorial Board and Global Perspectives column coordinator.

Working in Partnership with Stakeholders to Develop a Postgraduate Perioperative

Course: An Australian Perspective

INTRODUCTION

According to the most recent published nursing Australian workforce data, in 2011, there were 19,483 perioperative nurses practising across day surgery, pre-operative care, intra-operative care, and postoperative care unit (PARU) environments.¹ Models of care vary across Australian states and territories in terms of nurse-to-technician ratios; however, Registered and Licensed are at present, predominantly employed. In Australia, there are 39 universities which cater for up to 1,046, 788 students, and of these, 813,698 students are domestic.² Of those universities that offer nursing degree (Baccalaureate) and Masters (postgraduate) level courses, only 12 were identified to offer postgraduate courses in perioperative nursing. Arguably, the number of universities that offer postgraduate perioperative programs across Australia would seem sparse. Yet, the balance between supply and demand is always likely to be delicately poised—clearly, there has to be a state (provincial) or nation-wide need to introduce a new course offering.

The need for such a course was identified by the senior nurse stakeholders of a large university hospital, located in southeast Queensland, Australia. The newly constructed Gold Coast University Hospital (GCUH) was commissioned in September 2013. This 500 bed state-of-the-art facility is co-located with Griffith University, a leading Australian tertiary education provider. The Perioperative Services Unit at the GCUH has 20 commissioned operating rooms although at present only 12 are in use. Initial meetings to form a strategic working party were held with the hospital's Director and Assistant of Nursing (DON, ADON)

Education, Griffith University's Deputy Head of School, Learning and Teaching, School of Nursing and Midwifery, and Associate Professor Brigid Gillespie, academic and perioperative nurse researcher. As part of these preliminary meetings, discussion of developing two other specialist courses for inclusion in the Griffith University's postgraduate program strand was also tabled.

BENCH MARKING AND FEASIBILITY

An essential precursor to developing a postgraduate course was to bench mark existing courses offered across Australia and use this as a 'baseline' of what was already available. Interestingly, the perioperative courses offered varied in terms of the number of subjects or modules covered. Of the 12 postgraduate perioperative courses identified across Australia, the majority had a specialty-focus on clinical skills and knowledge, enabling nurses to function at an advanced clinical level across the major areas of perioperative practice (i.e., circulating, instrument, anesthetic, postoperative recovery unit roles). All courses were offered to Registered Nurses (RNs) studying in both distance and on campus (in person) modes. To qualify for course entry, students (RNs) had to be registered with the Nursing and Midwifery Board of Australia, and currently practising in the perioperative specialty. Thus, for entry into these courses, students required knowledge and skills beyond the novice or advanced beginner levels.

In developing a 'new' postgraduate perioperative course, the challenge to create one that was innovative, original and responsive to contemporary practice issues had to be tempered with the needs of the target audience, and feasibility around time / budget / resource

constraints and course-delivery options. Across Australia, the perioperative services offered by hospitals varied greatly in relation to caseload and specialty focus. For instance, some hospitals specialised in cardiac services while others offered maternity and obstetric care, therefore service requirements and the clinical skills of the nurses working in these facilities were likely to be different. Compared with other eastern seaboard states of New South Wales and Victoria, these differences in Queensland are often more pronounced. In rural and remote areas, distances to the nearest regional hospital are vast, and most specialist surgical services tend to be located on the eastern seaboard. The abovementioned factors were considered, particularly as it was envisaged that future perioperative course offerings would be in distance mode, on line across all Australian states and territories.

CONSULTATION WITH PERIOPERATIVE NURSE STAKEHOLDERS

A working party was formed to discuss the development of the perioperative course and involved key hospital and university stakeholders to identify key focus areas in the context of the service needs of the GCUH health district. Key stakeholders included the hospital's DON and ADON, and at the clinical level two Perioperative Nurse Educators (PNEs), and several specialist Clinical Nurses, and Brigid Gillespie from Griffith University. Prior to the formation of this working party, the GCUH Perioperative Services Unit had opened a new service in cardiac surgery, with two surgeons performing up to up to seven operations per week. The introduction of new perioperative services influenced the priorities of care both in terms of the development of advanced clinical skills, and higher order clinical problem-solving and decision making abilities.

At a broader level, there was stakeholder consultation with senior perioperative clinicians, and nurse leaders and academics across Queensland health services districts, and other hospitals and universities across Australia. Feedback from this stakeholder group centred on ensuring that the course was 'comparable' to other university level perioperative courses offered across Australia in relation to coverage of relevant professional issues and emerging trends in patient care.

COURSE INTEGRATION WITH OTHER COURSES IN THE MASTER OF NURSING PROGRAM AT GRIFFITH UNIVERSITY

In developing the perioperative course, it was important to ensure that it was able to seamlessly integrate into the larger Master program. While the content of the course was unique to the context and specialty of perioperative practice, the following points were considered:

- Alignment with other Master courses in the program in relation to a higher level focus in the learning objectives;
- Parity in level of difficulty in assessment items; and,
- Level of the course reflects the standards of accreditation outlined by the Australian Qualifications Network in terms of relative complexity and depth of achievement.³

The AQF levels criteria are an indication of the relative complexity and / or depth of achievement and the autonomy required to demonstrate that achievement.

It was also important to minimise overlap of content with other acute care courses (e.g., issues around professional practice, critical thinking). Therefore, benchmarking of the course also occurred alongside other Master level courses in the Griffith program. Within the School of Nursing and Midwifery at Griffith University, Master degrees are offered by distance (off campus) and on campus modes. Nested within a larger program, the Perioperative course is offered together with a suit of courses under the Acute Care strand of the Master program. This program structure encompasses current national and international trends for postgraduate nursing programs to develop nursing competence, skills and knowledge in assessment, planning, implementation, diagnosis and evaluation of care from a specialist capacity.⁴ The Acute Care program is designed to meet the core skill requirements for advanced nursing practice and allows the opportunity for professional competencies as developed by the specialist groups to be used to assess the competence and commitment of students.

CONCLUSION

The perioperative course, *Complex Perioperative Practice* was developed over five months with the input of 15 stakeholders. The end product is a course that focuses on topical issues around care of the deteriorating patient, providing quality care, environmental awareness, clinical leadership and knowledge translation. The course is currently being delivered in blended mode using on line resources (i.e., pre-recorded lectures, webinars), and on campus seminars. Evaluation of the course will occur at the end of 2014, and modifications made based on student feedback. While there will inevitably be some revisions to the

course, involving stakeholders in development has enabled ownership of, and investment in, the process and deliverable outcomes.

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