

# Multiprofessional Capability Framework in Perioperative Care

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This multi-professional capability framework in Perioperative Care was developed by the [Centre for Perioperative Care](#) in collaboration with a wealth of subject matter experts, patients and stakeholders. [A list of contributors can be found at the end of the document.](#)

The purpose of this framework is two-fold: firstly, to describe the capabilities required for a practitioner to demonstrate their ability to manage and enable the holistic care of a person as they consider, prepare for and recover from surgery; and secondly, to develop senior

evidence-based understanding of the whole perioperative service in order to help plan, manage and develop perioperative care services.



Figure 1: CPOC Infographic: what is perioperative care?

## 1. INTRODUCTION AND BACKGROUND

### ***The Perioperative Care Team***

Perioperative care is the multidisciplinary, individualised, integrated care of patients, from the moment surgery is contemplated through to their optimal outcome. The perioperative care team (POCT) includes regulated professionals: doctors, pharmacists, nurses and allied health professionals and other staff working with patients, family members or carers. The POCT perform risk and needs assessment; co-ordinates preoperative health optimisation and works with surgical, theatre and postoperative care teams to support a patient's recovery from surgery.

### ***The need for a multiprofessional framework in perioperative care***

At present, there is no nationally consistent training pathway for practitioners in perioperative care. Components of perioperative services are often delivered by professionals working within defined roles in local NHS Trusts e.g. preoperative assessment nursing, daycase surgery, admission teams, theatre recovery staff, or postoperative rehabilitation, but these disparate roles rarely translate to a true multiprofessional service offering joined-up care across the patient's journey. The Centre for Perioperative Care is promoting new models of perioperative care, delivered by a workforce trained to meet the increasing demands on surgical services. The increased complexity of patients presenting for surgery, requiring optimisation, facilitation of shared decision-making and specialist postoperative care and rehabilitation requires specialist skillsets at enhanced and advanced levels. This perioperative capability framework

specifies the knowledge, skills and behaviours required to manage and deliver perioperative care benefitting patients, healthcare professionals, and the systems in which they work.

## SCOPE OF THE FRAMEWORK

This framework describes clinical capabilities for nursing and allied healthcare professionals (AHPs) working with people who are considering, preparing for or recovering from surgery:

- interpreting early health screening
- performing a comprehensive preoperative assessment and examine as necessary
- synthesise information including test results and use clinical reasoning to formulate a shared management plan before surgery
- postoperative care, supporting patients recovering from surgery

This work can be conducted at different parts of the patient journey, in different healthcare environments, working within multidisciplinary teams and practitioners may come from various registered healthcare professional backgrounds including:

- Nurses
- Pharmacists
- Operating Department Practitioners
- Occupational Therapists
- Physiotherapists
- Dietitians

Other practitioners may use elements of this capability framework to develop and enhance their existing roles, subject to their own regulatory specifications. For the purposes of this framework we are using the following definition of capability:

The attributes (skills, knowledge and behaviours) which people bring to the workplace. This includes the ability to be competent and beyond this, to manage change, be flexible, deal with situations, which may be unpredictable and continue to improve performance.<sup>1</sup>

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<sup>1</sup> O'Connell J, Gardner G, Coyer F. Beyond competencies: using a capability framework in developing practice standards for advanced practice nursing. J Adv Nurs. 2014 Dec;70(12):2728-35

## 2. LEVELS OF PRACTICE: ENHANCED AND ADVANCED

### Four Pillars of Nursing



Figure 2: [the four pillars of nursing practice underpinning practice at enhanced and advanced level. Reference rcn.org.uk/Levels-of-nursing](https://www.rcn.org.uk/Levels-of-nursing) These pillars can apply to Allied Healthcare Professionals

### **Enhanced practice**

Enhanced practice (EP) within the regulated healthcare workforce covers experienced, graduate professional workforce delivering most of the clinical activity. This is a highly valued, broad and essential level of practice within the workforce for whom training and development is vital to build safe and effective services, workforce productivity and staff retention.

The enhanced practice workforce has many job titles and roles across many different regulated professions. They undertake post-registration education relevant to their profession, area of practice and role. Although they can work across different settings, they will often have a skillset and depth of knowledge related to a specific sphere of practice. Enhanced practice can be a precursor to advanced practice, or a role in itself offering patients a consistent, highly valued level of expertise.

### **Advanced practice**

Advanced practice is a level of practice for statutory regulated healthcare professionals delivering clinical activity beyond the level of enhanced practice. Advanced practitioners apply skillsets that may have traditionally been the remit of other disciplines, including medicine, so they can offer flexibility and consistency to employers as well as improving the

care and experience of patients. Advanced Practice is defined as 'a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.' [\*Multi-professional framework for advanced clinical practice in England. NHS, 2017.\*](#)

Advanced level capabilities reflect level 7 descriptors to support and make clear the expectation that people working at this level are required to operate at master's level i.e., to have the ability to make sound judgements in the absence of full information and to manage varying levels of risk when there is complexity and uncertainty.

This capability framework acknowledges that the training pathway towards advanced practice is different for each individual. Practitioners will demonstrate their capabilities in different ways, depending upon the nature and scope of their role and professional background.

	<b>Enhanced Clinical Practice</b>	<b>Advanced Clinical Practice</b>
<b>Definition</b>	a level within the healthcare workforce that covers <b>experienced registered professionals</b> who have moved beyond novice/competent but are not yet working at the level of advanced practice.	A level of practice of graduate professional workforce delivering clinical activity, who have moved beyond novice/competent, and the level of enhanced practice characterised by a high degree of autonomy and complex decision making
<b>Scope</b>	Enhanced practitioners deliver the majority of clinical activity within their own sphere of practice	Advanced practitioners enable the safe and effective sharing of skills across traditional professional boundaries
<b>Education and Training</b>	Enhanced practitioners typically undergo post-registration education relevant to their profession, area of practice, and role	Advanced practitioner education is at Level 7 / master's level, to develop expertise in clinical decision-making, leadership, and autonomous practice
<b>Complexity and Uncertainty</b>	Enhanced practice manages elements of complexity and uncertainty in clinical care but is positioned before advanced practice in terms of managing these autonomously	Advanced practitioners exercise autonomy and decision-making in a context of complexity, uncertainty, and varying risk.
<b>Job Titles and Roles</b>	Enhanced practitioners use various job titles and work	Advanced practitioners hold specific titles (e.g.,

	across different settings (secondary, community, primary, and social care).	advanced clinical practitioner, advanced critical care practitioner) and work in diverse clinical contexts
<b>Depth of Knowledge</b>	Enhanced practitioners often have a skillset and depth of knowledge related to their professional background.	Advanced practitioners have an expanded knowledge base and expertise beyond their initial professional training and including acquiring managerial and educational knowledge and skills
<b>Career Pathway</b>	Enhanced practice can serve as a <b>precursor to advanced practice</b> or a valuable workplace destination in itself.	Advanced practice offers a clear career pathway for those seeking to practice at an advanced level. Some advanced practitioners work at senior level in a predominantly clinical role, others have a leadership role or significant teaching commitments.

Table 1: Enhanced and Advanced Practice Table summary

## 4. SYNERGY WITH THE ADVANCED CLINICAL PRACTICE (ACP) FRAMEWORK

A capability framework is focussed and describes the knowledge, skills and professional behaviours tailored to a role, in this case the extended capabilities specific to clinical practice in perioperative care. The table below illustrates Domains A to F articulate the specific enhanced perioperative clinical practice capabilities which when completed across the entire patient perioperative journey could be regarded as achieving advanced level.

Pillars of the ACP Framework	Domains of Perioperative Capabilities Framework
<b>1. Clinical Practice</b>	Domain A. Preoperative Assessment Domain B. Preoperative Planning Domain C. Optimisation and Prehabilitation Domain D. Theatre Care Domain E. Postoperative Care Domain F. Rehabilitation and Discharge
<b>2. Leadership and</b>	<u>Examples in Perioperative Care</u>

<b>Management</b>	Optimising perioperative processes, empowering patients and ensuring good team-working with clinical and administrative staff
<b>3. Education</b>	Leading workplace-based education
<b>4. Research</b>	Networking and collaborating in perioperative research

Table 2: How this Multiprofessional Capability Framework in Perioperative Care maps to the pillars of the Advanced Clinical Practice Framework, including Domains A-F across clinical practice.

It is anticipated that perioperative practitioners develop enhanced capabilities by applying elements of the capability framework across all four pillars. For example a practitioner working at enhanced level may undertake work in Domain A: preoperative assessment without necessarily gaining the capabilities to manage a patient journey across an entire perioperative episode inclusive of all domains A - F.

**This framework focuses on the pillar of clinical practice.** Perioperative care practitioners work with administrative and managerial staff as well as clinical staff. Practitioners training in perioperative care should develop the pillar of leadership and management to understand administrative, communication and information systems, including booking and coding systems, and how these impact on patients, staff and working efficiency. Creating streamlined pathways requires working across professional groups and contributes to sustainability. All practitioners should understand their own and others' impact on the wellbeing and workload of other staff. Every staff member should be treated with respect. A practitioner working at advanced level should have some skills in human resource management.

## 5. WHO IS THIS FRAMEWORK FOR?

### **Service commissioners**

The framework enables commissioners of services to specify minimum standards for clinical employment/placement; it sets out clear expectations about clinical practice levels delivered by statutory regulated practitioners working in perioperative care.

The capabilities support the development and flexible planning of the perioperative workforce to meet local population needs, recognising the value of perioperative care services in streamlining complex and disparate surgical care pathways.

### **Service providers**

The framework enables managers to provide assurance that perioperative practitioners meet these capabilities or have a development plan to do so. This underpins the continuing professional development to keep practice up to date, ensure patient safety and optimise the clinical effectiveness of these roles.

A further aspiration is to support service transformation with healthcare organisations using this framework to review their perioperative services, practitioner roles and responsibilities.

### ***Education and training providers***

The framework helps those who design and deliver training to focus on the capabilities that learners should demonstrate, to guide educational content.

Education providers can use the framework to enhance patient and public involvement in curriculum design, and the delivery of perioperative training programmes, including how they articulate their intended learning outcomes. This will ensure that their learning and development provision contributes to practitioners acquiring and demonstrating the full range of patient-centred knowledge, behaviours and skills.

This capability framework will encourage the delivery of education and training, focussing on key capabilities with an inter-professional context. In so doing, it should help prevent unnecessary duplication in education and training delivery and strengthen skill mix and team working.

### ***Practitioners – people and teams***

The framework sets out expectations for regulated practitioners about the requirements of effective and safe roles. It can be used to review and recognise how capabilities are shared across multiprofessional teams and to conduct formal or informal appraisal and training needs analysis, comparing current skills and knowledge with required skills and knowledge. The framework also provides a structure for career progression and professional development in evolving perioperative services.

Practitioners may have different starting points, due to their background, clinical training and scope of practice - most practitioners are already likely to meet some of the capabilities but may need to develop confidence and orientate themselves to working in different clinical areas of perioperative care with different clinical teams in order to optimise patient experience and outcomes.

### ***Service users and the public***



The framework can be used by service users and the public to understand the benefits of good perioperative care and to plan effectively for their own current and future care when preparing for and recovering from surgery. In particular, the framework highlights that people should make informed choices about their care and support and be assured that services are delivered safely and effectively in partnership with trained healthcare practitioners.

## 6. ABOUT THE FRAMEWORK

The framework begins with the principles and values that underpin all the capabilities, based on the four pillars of practice, with specialist capabilities in perioperative care set out under domains A-F. These six domains reflect the stages of a patient's journey in perioperative care.

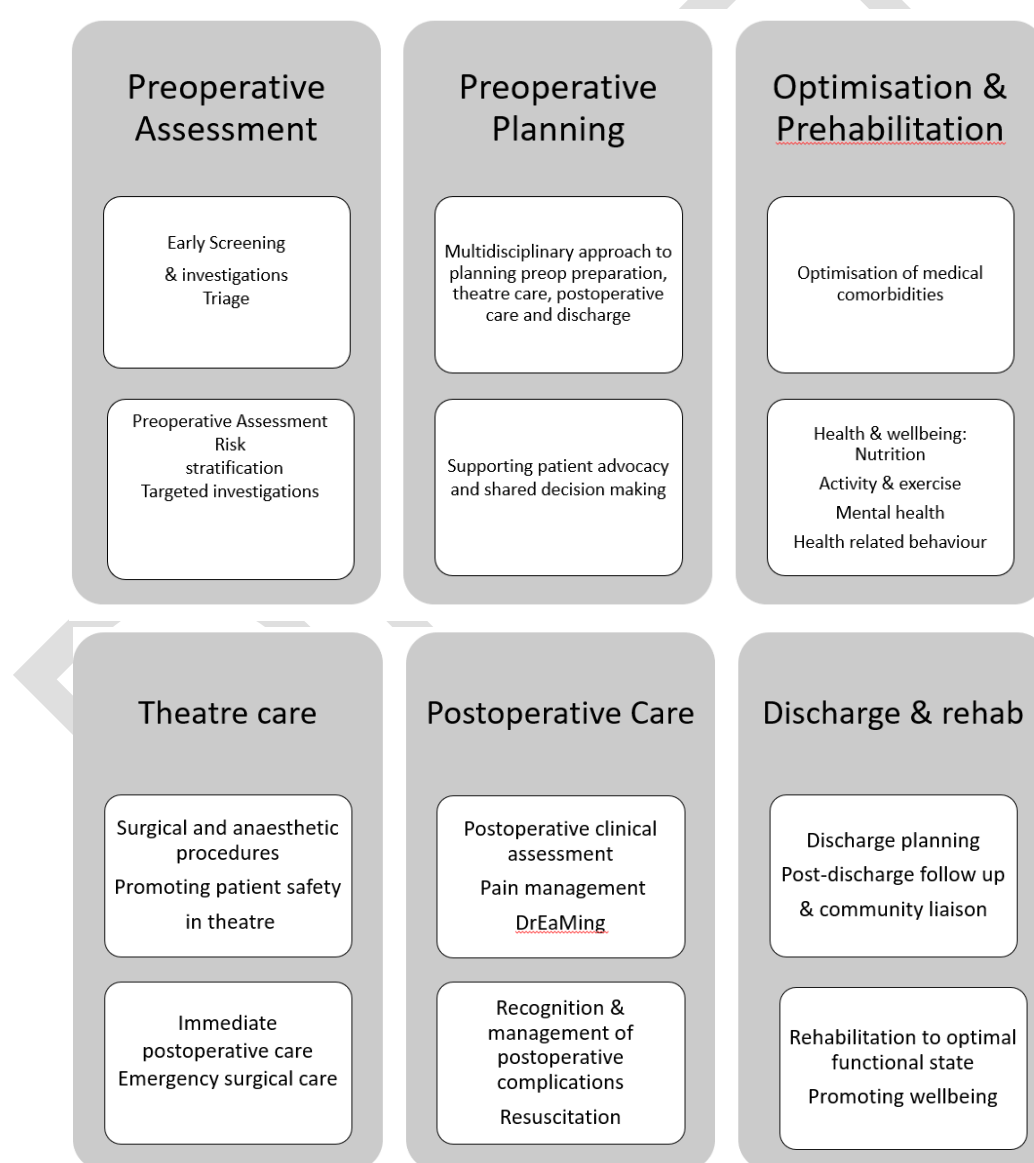


Figure 3: Patient pathway domains

Within the six perioperative specialist domains are capabilities which are numbered for ease of reference (below). **This does not indicate a prescribed pathway, process or hierarchy and many of these capabilities can be demonstrated at different points in the patient's perioperative journey.** Full coverage of all capabilities is most likely to be achieved by multi-disciplinary team working, which may change as roles develop and new roles emerge.

The capabilities are all underpinned by the clinical knowledge, skills and behaviours required to promote health and address wellbeing needs whilst clinically managing the care of people considering, preparing for and recovering from surgery.

	Capability in Practice
<b>ACROSS ALL DOMAINS</b>	Functions as a registered professional within healthcare organisational and management systems and understands strategic developments in perioperative practice within their workplace and the wider healthcare system
<b>DOMAIN A</b> <b>Preoperative Assessment</b>	1. Undertakes a preoperative assessment and utilises critical thinking to identify patients who would benefit from further investigation and assessment 2. Assesses risks of surgery and anaesthesia using screening tools, and utilises critical thinking to identify patients who may benefit from specialist expertise 3. Identifies the need for and undertakes appropriate preoperative investigations within scope of practice
<b>DOMAIN B</b> <b>Preoperative Planning</b>	4. Works collaboratively as a member of the multidisciplinary team, including in the assessment and management of complex clinical, safeguarding, ethical and legal issues relating to perioperative patient care 5. Selects and uses communication skills to enable shared decision-making, while maintaining appropriate situational awareness, displaying professional behaviour, and exercising professional judgement
<b>DOMAIN C</b> <b>Optimisation and Prehabilitation</b>	6. Works in collaboration with patients, the perioperative care team and specialists to optimise the management of long-term medical conditions using clinical assessment, diagnostics, and interventions, in preparation for surgery 7. Works with patients to optimise modifiable health-related behaviours in preparing for surgery. Flexibly and creatively applies knowledge of prehabilitation. Liaises with primary care to identify and refer to community-based health programmes, services and interventions to improve preoperative health and reduce health inequalities
<b>DOMAIN D</b>	8. Critically applies knowledge of surgical and

<b>Theatre care</b>	anaesthetic technique to liaise with theatre teams in planning surgery
	9. Applies knowledge and skills to help safely manage surgical patients in theatre
<b>DOMAIN E</b> <b>Postoperative care</b>	10. Manages surgical patients in postoperative care and acute surgical ward environments. Encourages timely return of functional status with emphasis on pain management, oral intake and mobilisation (DrEaMing)
	11. Is able to recognise postoperative complications using critical assessment and interpretation of clinical signs. Initiates management of the acutely deteriorating surgical patient and delivers resuscitation, whilst escalating care to appropriate specialists
<b>DOMAIN F</b> <b>Discharge and Rehabilitation</b>	12. Supports patients recovering from surgery and co-ordinates hospital discharge. Works within a multi-professional team, including the planning and management of discharge in complex, dynamic situations.
	13. Flexibly and creatively applies knowledge of rehabilitation to help patients. Liaises with hospital and community services in partnership with patients to optimise health and recovery following surgery, including emergency surgery.

Table 3: Capabilities in practice for six Domains (A – F) of clinical practice.

## 7. DESCRIPTORS OF CAPABILITIES IN PRACTICE

Each capability in practice (CiP) is linked to a set of descriptors which are intended to provide the minimum level of knowledge, skill and behaviour which should be demonstrated by practitioners. These descriptors are not exhaustive but are intended to help learners and trainers recognise capabilities that should be demonstrated for safe practice. There will be examples outside of this list that could provide equally valid evidence of performance.

### Clinical Perioperative CiPs

**Functions within healthcare organisational and management systems and understands strategic developments in perioperative practice within their workplace and the wider healthcare system**

#### Descriptors

- a) Delivers perioperative care in the context of potentially challenging environments, different models of perioperative care delivery, innovation and evolving technology

- b) Understands healthcare management structures and administrative processes in order to streamline care and support patients as they navigate the perioperative journey
- c) Performs perioperative risk assessment and interventions at different stages of the patient's journey often at the earliest opportunity, to support evidence-based decisions on clinical care for patients undergoing surgery
- d) Can work within a wider health and care team to provide clinical care to an older and more diverse population understanding the barriers experienced by people with mental health needs and diverse cultural, social and belief systems
- e) Identifies the differences between various perioperative care pathways eg enhanced recovery pathways, high-risk anaesthetic services and older patient specific perioperative care and can deliver a perioperative care plan based on these
- f) Uses communication skills to liaise with and understand the roles and responsibilities of other members of the perioperative team, general practitioners, primary and secondary care providers and the voluntary sector in delivering perioperative care
- g) Participates in clinical audits and research projects and supports the development and updating of practice protocols/guidelines and procedures, with awareness of national and local guidelines, where these exist

## **Domain A: Preoperative Assessment**

### **1. Undertakes a preoperative assessment and utilises critical thinking to identify patients who would benefit from further investigation and assessment**

#### Descriptors

- a) Is able to interpret screening tools to be used early in the perioperative process to identify and triage high-risk patients, ensuring they access targeted, specialist perioperative care
- b) Takes a collaborative, person-centred medical and psycho-social history, recognising individuals from diverse cultural, social and belief systems
- c) Performs a physical examination of the patients airway, identifying where difficulties in perioperative airway management may arise
- d) Performs a physical examination of the cardiorespiratory system, when appropriate to do so, including clinical observations, auscultation of the chest, blood pressure, respiratory and pulse rate measurement
- e) Uses frailty screening tools and can apply components of comprehensive geriatric assessment (CGA), to assess, diagnose and manage medical complexity and facilitate

shared decision-making through addressing uncertainty and expectations of individual older surgical patients

- f) Works within the perioperative team to devise and implement a plan for investigation, escalation to other health professionals, and management of surgical patients, seeking timely engagement with other colleagues
- g) Communicates clinical reasoning with patients and those important to them and works with them to help reach decisions

## **2. Applies perioperative risk stratification tools, and utilises critical thinking to identify patients who may benefit from specialist expertise**

### Descriptors

- a) Articulates and applies a critical understanding of the principles of risk assessment, including early triage of high-risk patients and uses validated risk stratification tools for surgical patients to ensure that they are referred for timely specialist advice.
- b) Co-ordinates early interventions where there are opportunities to modify medical and health-behaviour related factors using patient-centred information; motivational interviewing techniques and signposting to community and hospital-based resources
- c) Performs, synthesises and communicates accurate general perioperative risk assessments and accurately categorises patients based on co-morbidity and surgery profile: e.g. ASA-PS, SORT, NSQIP
- d) Performs, synthesises and communicates accurate assessment of functional status utilising clinical history and screening tools e.g. Duke Activity Status Index
- e) Performs accurate risk assessments related to specific conditions and perioperative outcomes:
  - Cardiac Risk e.g. Revised Cardiac Risk Index
  - Respiratory e.g. ARISCAT
  - Frailty e.g. Clinical Frailty Scale
  - Cognitive screening e.g. 4AT, 6CIT
  - Venous Thromboembolism
  - Nutrition Screening e.g. MUST
  - Obstructive Sleep Apnoea e.g. STOP-BANG
  - Alcohol Use Disorders e.g. AUDIT-C

- f) Understands how multimorbidity and frailty influence perioperative management and postoperative outcomes to support clinical management of the older surgical patient
- g) Discusses predictive factors for the onset of common postoperative complications such as postoperative pain, nausea and vomiting
- h) Refers patients identified as being at higher risk for input from specialists e.g. single organ specialists and geriatric medicine / dementia services

### **3. Identifies the need for and undertakes appropriate preoperative investigations within scope of practice**

#### Descriptors

- a) Uses clinical reasoning skills to select, manage, interpret and respond to appropriate investigations in a timely manner
- b) Demonstrates awareness of national guidance for preoperative investigations and uses critical thinking to make informed decisions on targeted testing
- c) Can synthesise the outcome of perioperative investigations, including blood tests, resting electrocardiography, echocardiography and urinalysis
- d) Recognises objective assessments of functional capacity, such as the 6-Minute Walk Test, Incremental Shuttle Walk Test or Sit To Stand in 1 minute, and has knowledge of cardiopulmonary exercise testing and how to give general advice to patients on increasing their exercise and activity levels.
- e) Has up to date knowledge of the tools and investigations available to assess cognition and dementia, recognising their limitations and evidence base

## **Domain B: Preoperative planning**

### **4. Works collaboratively as a member of the multidisciplinary team, including in the assessment and management of complex clinical, safeguarding, ethical and legal issues relating to perioperative patient care**

#### Descriptors

- a) Applies team-working skills appropriately, including effectively managing complex and dynamic situations
- b) Role models safe and effective handover, ensuring continuity of patient care and accurate information sharing

- c) Facilitates shared decision making using validated tools, to support person-centred care and formulate perioperative plans for patients (addressing physical, psychological and social considerations), which may include treatment escalation planning and advanced care planning, working collaboratively with other professionals to manage its delivery
- d) Recognises the interface between different specialties along the perioperative pathway and has a knowledge of other local perioperative services to facilitate transdisciplinary working and streamline the patient's perioperative journey (e.g. daycase / enhanced recovery / high risk anaesthetic / elderly medicine/ cancer services)
- e) Communicates with older patients and those important to them and works with them to assess frailty, functional status and cognition
- f) Takes a holistic approach towards completion of Comprehensive Geriatric Assessment (CGA), referring to specialists as necessary
- g) Recognises and applies appropriate adjustments required for people living with learning difficulties and cognitive impairment including knowledge of the law and best practice regarding capacity, consent and best interest decision-making
- h) Demonstrates the ability to advocate for and supports access to appropriate perioperative care for patients with a disability who may face additional barriers
- i) Recognises religious or cultural requirements throughout the perioperative journey, appropriately utilises patient advocates to support patients and those close to them
- j) Discusses how indirect discrimination can impact patient care
- k) Critically reflects on their ability to work within a multi-disciplinary team and uses this reflective process to identify developments needs and seek out opportunities to address these

**5. Selects and uses communication skills to enable shared decision-making, while maintaining appropriate situational awareness, displaying professional behaviour, and exercising professional judgement**

Descriptors

- a) Selects and uses a range of communication skills and recognised shared decision-making tools to explore patients' priorities and values, to support shared decision-making in the planning of treatment in dynamic and complex situations
- b) Selects and uses a range of strategies to overcome communication barriers such as cognitive change, diversity, learning disability and sensory impairment

- c) Clearly communicates preoperative instructions, such as fasting and medication times
- d) Supports patient decision-making in balancing disease-specific treatment with personalised care and specific support needs, whilst sensitively managing expectations and addressing the emotional needs of the patient and those important to them in complex situations including treatment escalation and advanced care planning
- e) Recognises and applies communication skills, including active listening and communicating sensitive information
- f) Supports interdisciplinary communication to support shared decision-making and share information across clinical teams

## **Domain C: Optimisation and Prehabilitation**

### **6. Works in collaboration with patients, the perioperative care team and specialists to optimise the management of long-term medical conditions using clinical assessment, diagnostics, and interventions, in preparation for surgery**

#### Descriptors

- a) Identifies when comorbidities may be improved through medical optimisation, and appropriately escalates to specialist practitioners
- b) Demonstrates critical understanding of the principles of therapeutics, polypharmacy, de-prescribing, optimal prescribing, adverse and toxic medication effects, and medication burden (particularly in older people), with specific reference to local and national guidelines pertaining to perioperative medication management
- c) Demonstrates effective communication skills when advising patients about medications in preparation for surgery
- d) Identifies common medical and surgical co-morbidities, which can start with early perioperative screening, and supports relevant perioperative care planning:
  - o Diabetes
  - o Cardiovascular disease including implantable devices
  - o Respiratory disease
  - o Chronic kidney disease
  - o Anaemia and coagulation disorders
  - o Obesity and metabolic disorders
  - o Cancer and side effects of cancer treatments
  - o Complex pain management



- e) Applies expertise in working with older people, families and carers to devise and explain interventions aimed at addressing modifiable and reversible presentations

**7. Works with patients to optimise modifiable health-related behaviours in preparing for surgery. Flexibly and creatively applies knowledge of prehabilitation. Liaises with primary care to identify and refer to community-based health programmes, services and interventions to improve preoperative health and reduce health inequalities**

Descriptors

- a) Performs health and wellbeing assessments, which can start with early screening, to identify when health and wellbeing may be improved for common health-related behaviours:
  - o Smoking cessation
  - o Identify and managing excess alcohol consumption
  - o Identify and managing recreational substance use
  - o Improving and increasing physical activity levels
  - o Undertaking structured exercise training to enhance specific elements of physical fitness
  - o Optimising sleep quality
  - o Nutrition and weight management
  - o Managing anxiety and promoting good mental health
- b) Is aware of the 'teachable moment' and takes the opportunity to positively impact on health-related behaviours using motivational interviewing techniques to deliver brief interventions and appropriate person-centred advice
- c) Confidently signposts patients to hospital, community-based and digital resources in order to support health-related behaviour change
- d) Recognises the opportunity to offer targeted or advanced support for health improvement in patients at higher risk of experiencing health inequalities. For example: patients from marginalised groups in society or people living in an area of deprivation
- e) Is able to discuss with the patient ways of practical preparation for surgery – planning life after surgery, including how to dress, eat and wash, and considering practical advice such as preparing food or moving furniture.

**Domain D: Theatre care**

**8. Critically applies knowledge of surgical and anaesthetic technique to liaise with theatre teams in planning surgery**

Descriptors

- a) Recognises the potential impact of different types of surgical and anaesthetic techniques on preoperative, intraoperative and postoperative care requirements and the implications of these on patient outcome and experience
- b) Applies criteria for both daycase and more complex surgery, to plan for theatre care, enhanced recovery and postoperative critical care where appropriate
- c) Demonstrates knowledge of theatre care within own scope of practice, and applies this knowledge to recognise when to liaise with theatre teams and management including specialist theatre practitioners in complex situations
- d) Applies critical appraisal of clinical scenarios and patient-related outcomes to facilitate interdisciplinary communication when planning theatre care

**9. Applies knowledge and skills to help safely manage surgical patients in the immediate postoperative period**

Descriptors

- a) Has sufficient knowledge of airway anatomy and of anaesthetic and surgical techniques to describe management the patient's airway following surgery
- b) Assesses and manages the respiratory function of patients (taking into consideration acute and chronic comorbidities that put patients at risk of postoperative hypoxia) deploying the suitable equipment to support respiration in the postoperative period.
- c) Helps assess and manage the cardiovascular system of patients following surgery, identifying common comorbidities that may lead to hyper- or hypotension perioperatively and devising optimisation of circulation postoperatively based on interpretation of cardiovascular monitoring and IV fluids
- d) Critically evaluates how older surgical patients are at increased risk of adverse postoperative outcomes and collaboratively plans for postoperative management of the older surgical patient
- e) Recognises and initiates management of postoperative delirium and neurocognitive disorders
- f) Understands the physiology of nausea and vomiting and of how they can be managed in the postoperative period

- g) Recognises the clinical features of disturbances of homeostasis including thermoregulation; electrolyte imbalance; hypoglycaemia; hyperglycaemia and acute kidney dysfunction in the postoperative period
- h) Applies understanding of pain, pain severity and pain medication in adherence to guidelines on assessment, documentation, and treatment of pain
- i) Understands the use of safe regional anaesthesia as an intervention for pain, and recognises contra-indications, complications and benefits of regional analgesia
- j) Demonstrate knowledge of the criteria for discharge from the immediate post-operative care areas
- k) Provides safe and effective handover from the immediate post-operative period, ensuring continuity of patient care and engages with prompt and accurate information sharing
- l) Understands and helps co-ordinate the logistics and clinical support required to transfer an acutely unwell patient to a higher level of care / place of safety
- m) Identifies issues specific to surgery that may require attention, including bleeding, drainage or leakage (into drains or dressing, nerve dysfunction, circulatory disturbance, compartment syndrome or instability of a limb or digit)

## **Domain E: Postoperative care**

### **10. Manages surgical patients in postoperative care and acute surgical ward environments. Encourages timely return of functional status with emphasis on pain management, oral intake, mobilisation (DrEaMing)**

#### Descriptors

- a) Applies knowledge to care for patients in the postoperative period depending on the surgical speciality and their sphere of practice, demonstrating teamwork in both communicating with patients and colleagues
- b) Performs clinical assessment and critically interprets multidisciplinary handover documents, observation charts, clinical signs, investigations, specialist assessments and patient and family experiences in patients recovering from anaesthesia and surgery
- c) Employs regulation, protocols and best practice to manage and deliver bedspace safety, bedside patient care, medicines management and administration, infection control and prevention in patients recovering from surgery
- d) Critically discusses the evidence-based management of acute pain for postoperative patients, including those with an addiction; chronic pain and/or opioid tolerance.

- e) Understands and applies the indications, contraindications, side effects, risks and monitoring requirements for patients receiving regional nerve blocks, patient-controlled analgesia (PCA), continuous opioid infusion or intermittent administration of opioids for acute pain management
- f) Effectively communicates risk of postoperative complications to surgical teams in advance to proactively mitigate risk e.g. relaxed visiting times for patients with dementia / increased risk of delirium, or risk of compartment syndrome
- g) Promotes a positive patient experience, relating both to psychological wellbeing and visiting in the postoperative period with emphasis on drinking, eating, mobilising, sleep and performing self-care where possible (DrEaMing)
- h) Considers, addresses and leads multidisciplinary interventions to minimise barriers to mobilisation and independent care
- i) Recognises and provides postoperative care in accordance with relevant enhanced recovery and daycase pathways
- j) Describes perioperative indications for a higher levels of postoperative care (patient, anaesthetic and surgical factors) and can co-ordinate discharge from these areas

**11. Is able to recognise postoperative complications using critical assessment and interpretation of clinical signs and investigations. Initiates management of the acutely deteriorating surgical patient and delivers resuscitation, whilst escalating care to appropriate specialists**

Descriptors

- a) Promptly identifies the deteriorating surgical patient using synthesis of clinical skills, vital sign observations and investigations
- b) Uses critical reasoning skills and knowledge of guidelines to select, manage and interpret appropriate investigations in the deteriorating patient a timely manner
- c) Recognises and initiates timely clinical management of common and important postoperative complications, escalating to perioperative experts and other specialists when required
  - o Major adverse cardiovascular events
  - o Postoperative Pulmonary Complications
  - o Post-operative bleeding and coagulopathies
  - o Delirium and other causes of altered mental state following surgery
  - o Infection, including wound and surgical site infection, and sepsis (all causes)
  - o Intra-operative positioning complications
  - o Venous Thromboembolism

- Acute kidney injury
  - Allergic reactions and anaphylaxis
  - Complications related to regional analgesic techniques
  - Drug toxicity
  - Complications related to the surgery, eg bleeding, ileus, nerve damage, dislocation, failure of a repair, etc.
- d) Recalls, and acts in accordance with, professional, ethical and legal guidance in relation to cardiopulmonary resuscitation (CPR)
  - e) Utilises communication skills to participate sensitively and effectively in conversations relating to advance care planning, including treatment escalation planning and decisions to not attempt cardiopulmonary resuscitation, and involves patients and those important to them, as appropriate.
  - f) Adapts to the needs and preferences of the older surgical patient in response to acute deterioration, identifying those who may have limited reversibility of their condition, whilst sensitively approaching further discussions regarding palliative and / or end-of-life care
  - g) Helps identify when restorative or curative treatment may not be appropriate and facilitates discussions between the multidisciplinary team, including palliative care alongside patients and those important to them
  - h) Judges challenges and risks in the safe transfer of critically ill patients, demonstrating the ability to prepare for a safe transfer, for safe monitoring, for maintaining dignity during transfer and for an appropriate safe handover
  - i) Epitomises the reflective practitioner, critically reflecting on adverse events, debriefing and engaging with others as needed, to identify learning needs and supporting an appropriate plan to address these

## **Domain F: Discharge and Rehabilitation**

**12. Encourages and supports patients recovering from surgery and co-ordinates hospital discharge. Works within a multi-professional team, including the planning and management of discharge in complex, dynamic situations**

### Descriptors

- a) Develops and applies practitioner-led discharge criteria for day-case surgery, postoperative in-patient wards and enhanced care areas

- b) Demonstrates knowledge of selection criteria for day-case surgical patients and applies these when managing and advising patients on discharge from day-case environment
- c) Applies team-working skills appropriately, including influencing, negotiating, reassessing priorities and supporting the management of postoperative discharge in complex, dynamic situations
- d) Applies patient-centred care, including shared decision-making to help formulate an individualised discharge plan for patients (addressing physical, social and psychological needs) and works collaboratively with other professionals to manage and co-ordinate its delivery
- e) Facilitates cross-sector and interdisciplinary working when supporting older adults to discharge to their preferred place of care, through co-ordination with external agencies and services in hospital, community and other care settings
- f) Provides safe and effective handover, ensuring continuity of patient care and engages with prompt and accurate information sharing

**13. Flexibly and creatively applies knowledge of rehabilitation. Liaises with hospital and community services in partnership with patients to optimise health and recovery following surgery**

Descriptors

- a) Communicates the importance of maintaining or improving health-related behaviours in the longer term, and helps patients develop appropriate goals and plans to facilitate optimal functional outcome following surgery
- b) Works with patients and people close to them, alongside healthcare professionals throughout the perioperative journey, to plan safe discharge and community-based rehabilitation including home assessments, provision of mobilisation aids supported by postoperative digital and written resources
- c) Works with patients and those close to them, within the multidisciplinary team to devise a rehabilitation plan for postoperative patients requiring complex rehabilitation in order for complex patients to achieve an optimal functional outcome
- d) Understands the differences between Full Weight Bearing, Partial Weight Bearing and Non-Weight Bearing including for upper limbs if walking aids are required. Is able to advise on appropriate means of transfer (to/from bed, chair and toilet) and mobilisation.
- e) Has awareness of general community-based and digital healthcare resources and signposts patients to relevant support after discharge following surgery

Although Domains have been described sequentially A – F, practitioners will be able to use knowledge and skills gained in one part of the pathway to offer advice for patients at other parts of the pathway. An example would be that rehabilitation needs can be planned for in the pre-operative phase. Many patients undergo surgery as an emergency, so the time to prepare is limited – an example of whole pathway working is that the practitioner may use their understanding of pain relief throughout the pathway to make recommendations in the emergency department. The Practitioner will be encouraged to use the skills and knowledge to develop standardised pathways and to support other staff to improve perioperative care delivery.

## List of Collaborators

CPOC would like to thank the following for their contributions to this document and the NHSE team who commissioned this work.

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