

**Continuous Professional Development (CPD) for nurses in Ethiopia: the Experience of  
Operating Theater nurses participated in Sick kids-Ethiopia Pediatric Perioperative  
Nursing Training Program (PONT)**

Key terms: Continuous Professional Development, Perioperative nursing care, Qualitative  
Study, Resource limited setting

By

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A Thesis Submitted To the Medical Education Department, College of Health Sciences,  
Addis Ababa University

In Partial Fulfillments of the Requirements of the Masters degree in Medical Education  
December 1, 2016

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**TABLE OF CONTENTS**

<b>INTRODUCTION</b>	<b>3</b>
Statement of the Problem	3
<b>LITERATURE REVIEW</b>	<b>4</b>
Objective of the Study	6
Research Questions	6
Conceptual Framework	7
<b>RESERCH METHODOLOGY</b>	<b>7</b>
Sampling Technique and Data Collection	8
Data Analysis	8
<b>RESULT</b>	<b>9</b>
<b>DISCUSSION</b>	<b>15</b>
Implications for Education, Practice and Research	16
Strength and Limitation of the study	16
<b>CONCLUSION</b>	<b>16</b>
<b>REFERENCES</b>	<b>17</b>
<b>APPENDEIXIES</b>	
<b>APPENDIX A: Interview Guides</b>	
<b>APPENDIX B: Informed conscent form</b>	
<b>APPENDIX C: Informed consent form (Amharic Version)</b>	

## INTRODUCTION

### Statement of the Problem

Continuous Professional Development program (CPD) for nurses conceptualized as learning activities by which nurses are able to maintain up-to-date with advances in knowledge, skills, technology and practice to provide quality health service, improve professional and personal growth, job retention and satisfaction [1].

Many studies have been conducted to evaluate the effectiveness of CPD on nursing practice, and showed that in addition to improving nurses knowledge and skill, several CPD programs are proved in contributing for service improvements, professional development, individual satisfaction and professional role expansions[2][3].

As Kawaguchi A and Mori R. reviewed several in-service trainings for nurses in low and middle income countries to improve newborn and child health care services they reported that; though there are some evidence of improvements in increasing the short term knowledge and attitudes of nurses, most in-service training programs in resource limited setting lack to bring significant improvements in clinical practice as majorities of the trainings developed based on high income countries standards; resource limitation and sustainability of the programs affect their effectiveness[4]

To ensure the quality and standards of health care services in the Ethiopia, The Federal Ministry of Health (FMOH) in its 2015/16-2019/20 health sector transformation plan acknowledges the gap in CPD activities for health professionals that some are not need based, well planned, lack of documentation, evaluation and linking with re-licensure of health professionals [5]

Therefore, understanding the impact of CPD programs from nurses', who participated in CPD programs, perspective will improve understanding of the impacts of trainings and factors influence the training impact in resource limited settings.

## LITERATURE REVIEW

According to the Association of Registered Nurses (AORN) Perioperative standard and recommended practices, perioperative nursing practice refers to the provision of care across the surgical continuum that includes preoperative, intraoperative and postoperative nursing care [6].

Findings from reviewed studies showed that nurse's led preoperative assessment services are effective regarding reducing adverse surgical events, improving patient satisfaction, decreasing anxiety, cancellation of surgery, and incidence of non-attendance for scheduled surgery, recognition and fulfillment of postoperative care needs [7]. Certified perioperative nurses' also pointed out that, certification in perioperative nursing made a difference in their personal and professional experiences. It helps them to acquire advanced knowledge and skills in specialty practice area by increasing their confidence and opportunity [8].

Even if it is difficult to find research that describes the impact of perioperative nurses in surgical patient care in Ethiopia, some reports showed huge gap in addressing perioperative nursing education and practice in Ethiopia. According to Friends of African (FoAN's), UK based charity that supports nursing in Africa [9] report, in most African countries perioperative education are limited or not available. In addition, nurses work in setting that lack proper infrastructure, functional equipment and important items such as gloves, dressings and scrub solutions. A volunteer for FoAN who provide two days training at three hospitals in different regions of the country noted that perioperative nursing care practice in Ethiopia was totally poor. According to the report, pre and post-operative care were neglected, poor motivation and ambition of nursing staff's to adapt new experience, unsafe sharps practices, poor cleanliness, generally poor patient care, and pointed out that nursing leadership and staff development were clearly areas that needed to be developed[10].

Given that shortage in number of professional nurses and poor quality of education reported as major factor for poor quality of nursing service in Ethiopia [11], poor work relationship between nurses and physicians [12], lack of knowledge and experience sharing practices among health professionals [13] lack of job satisfaction of nurses in their nursing practice[14], evaluating the

impact of CPD from nurses perspective will contribute in filling the gap in understanding the nurses practice.

In addition, this study will serve as baseline information for researchers and service providers in surgical care services to further investigate and prioritize determinants of factors that influence perioperative nursing care services in resource limited settings.

### **SickKids-Ethiopia Pediatric Perioperative Nursing Certificate program (PONT)**

To support perioperative nursing education and advance pediatric health workforce education across Ethiopia the Certificate in Pediatric Perioperative Nursing program curriculum has been developed by the Hospital for Sick Children (SickKids) jointly with the Surgical Society of Ethiopia and the Department of Nursing and Midwifery, Addis Ababa University.

The curriculum is guided by the Association of Perioperative Registered Nurses (AORN) standards. The training is mainly developed to reduce infant and child mortality in Ethiopia due to surgical care services. The expected impact of the program was the development and design of contextually relevant training course on perioperative nursing care in Ethiopia, to provide pediatric perioperative nurse training for 60 nurses, to train and retain pediatric perioperative nurses in hospitals and clinical settings, and sustain the pediatric perioperative nurse training course by producing dedicated co- trainers in Ethiopia [16].

Trainees were recruited from sites representing both public and private sector facilities from across five regions in Ethiopia who have been working in the perioperative setting and nursing teaching institutions. Three rounds of PONT were provided where in each round twenty two nurses completed the training.

Courses provided during the four weeks were; Perioperative Nursing Roles (Surgical conscience, Perioperative nursing standards, Surgical terminology, Hand hygiene, Prevention of surgical site infection), Patient safety ( Patient assessment, Implementation of WHO surgical safety checklist (SSCL), Sterilization, Aseptic technique, Surgical counts, Positioning and Prevention of intra-operative tissue injury), Anesthesia: (Anesthetic agents and adjuncts, Anesthetic equipment, assisting during induction of anesthesia, Complications of anesthesia), The pediatric patient (Application of family centered care, Application of pediatric growth and

development, Knowledge of pediatric anatomy and physiology, Application of pediatric considerations in the preoperative environment, Implementation of pain management), Operating room equipment (Surgical instruments, Electro surgery, Pneumatic tourniquet, Surgical sharps, Personal safety, General overview of surgical procedures), and a Clinical leadership course.

Classroom theoretical sessions were complemented with demonstration, videos, case studies, simulation based skills training using demonstrations and practical sessions. These were implemented until trainees achieved mastery in knowledge and skills. To provide trainees with an opportunity to apply the concepts learned, they had clinical practical attachments in the operating room where they were coached by the course facilitator in the clinical setting. Prior to the start of the course, pre-course assessment was done to identify knowledge gaps. Objective structured clinical examination (OSCE), Clinical practicum evaluation, group work presentation, and final written exam were the assessment methods used to evaluate the overall recollection and comprehension of perioperative nursing knowledge covered during the course. At the end of the course students completed a "commitment to change" activity identifying 1-2 practice changes they would like to implement in their own practice and local clinical settings and are awarded a Certificate.

### **Objectives of the Study**

The purpose of the study is to;

- Understand nurses experience of continuous professional development programs and applying the knowledge and skills gained from attending the PONT into their professional practice
- Examine situational factors that facilitate or hinder implementing the knowledge and skills acquired from the training in their professional practice.

### **Research Questions**

1. How do nurses describe their experience of implementing the knowledge and skills attain from participating in the PONT into their clinical practices?
2. What facilitate or challenge nurses in applying the new knowledge and skills acquire from the training?

## **Conceptual Framework**

This study will be guided by Kirkpatrick. D's four levels training evaluation framework that was developed for measuring training effectiveness. These four levels are reaction, learning, behavior, and results. Reaction refers to how well the trainees liked and responded to the program; Learning measures the extent to which learned facts improve knowledge, skill, and change attitudes; behavior refers to the extent to which job behavior changed due to the training and the result level assess what was improved as a result of attending the training[17].

According to Kirkpatrick D. (2006), the training program can accomplish the first two requirements by creating a positive attitude towards the desired change and by teaching the necessary knowledge and skills.

The WHO in service training impact evaluation frame work also emphasized the importance of evaluating situational factors that facilitate or challenge the implementation of the new

Knowledge and skill into clinical practice. These factors can be categorized as 1) Individual factor: knowledge, attitudes, beliefs, and personality of the trainer.

(2) Organizational factor: Management and staff support, salary, burnout, available supplies, and infrastructure (3) Environmental and health system factors [18]

## **RESEARCH METHODOLOGY**

A descriptive qualitative approach was used to explore nurse's experience of applying the knowledge and skills gained from participating in Ethiopia-SickKids Perioperative Nursing Training (PoNT) Programme into their clinical practice.

### **Sampling and Data collection**

A total of nine(N=9) Participants who took PONT training and currently are providing perioperative nursing care services in government hospitals in Addis Ababa were recruited to participate in the study .

The following processes were followed to select the participants: The researcher obtained lists of participants who completed the training from the training organizers. The list consists of their name, phone number and where they are working. The researcher selected purposefully nine (N=9) participants among the list of all nurses who had completed the Sick kids PONT training. After the necessary information about the research provided for the participants, consent were

obtained from those who are willing to participate in the study. In order to find out if there is any difference in the experience of nurses among different hospitals, at least one participant interviewed from each government hospitals that training participants were recruited.

Nine participants were recruited by considering the research method used and the availability of resources such as time and money to conduct the study. Only nurses' work in government hospital operating room were selected to be interviewed purposefully in this study for a sole reason that they are assumed of having similar working environment.

In the processes of engagement in research, the protection of research participants was considered through voluntary written consent from participants themselves after appropriate information is given such as the purpose and duration of the study, procedure in the study, the right to withdraw from the study, the right to ask questions, and the potential risks and benefits of the study.

To minimize possible threats on trustworthiness of this study, the interview was conducted by hired interviewer as the researcher was one of the training providers. Interviews were conducted in private offices where respondents could express their feelings freely. The interviews lasted from 25 to 37 minutes. The entire interview was conducted at the hospital setting outside working hours. The time for interview was arranged according to the interests of the participants. In this research, face to face interview was used as a tool for data collection.

Participants were questioned using a demographic questionnaire, and a semi structured interview using interview guide (Annex A).The interview was recorded by tape recorder for all respondent.

### **DATA ANALYSIS**

All the tape recorded interviews transcribed into Amharic by the researcher. During transcription, in order to maintain confidentiality codes were given for the respondents that have been written on each page of transcription. After the transcription of interviews, it became translated in to English for the analysis which is 60 double spaced pages. A computer file folder was created for each participant's description. After reading through the transcripts repeatedly and tried to make sense of the data, concepts were categorized using short list of codes using universal codes which the researchers found from the literature review and conceptual framework before the data collection.

As additional codes kept emerging during the data analysis, a continual updating was done on the coding process to make it inclusive.

After assigning codes to the unit of analysis, the codes were grouped into categories. During this process, general themes were identified that codes most accurately and completely to describe participants experience.

## **RESULTS**

### **Characteristics of the Study Participants**

In this study nine participants were interviewed. Four were males and five were females. Their age ranges from 27 to 53. All participants did their first degree in nursing except one respondent who did his BSC in Operation Theater Nursing. Six of the participants were married, one was single and one divorced. The length of the time participants providing nursing care services ranges from 6years to 32 years. Considering their perioperative nursing care services, participants served 6years to 19 years. When this study was conducted all of the participants were working in Operating theater room.

Five interrelated themes were identified which shows perioperative nurses in-service training experience and applying the new knowledge and skills obtained from Ethiopia-SickKids Perioperative Nursing Training (PoNT) Programme into practice i.e. a) Lack of access to in-service trainings b) improved knowledge, skills and confidence c) Job retention d) Barriers and facilitators e) Sustainability of the program

### **Lack of Access to Proper Trainings**

Except one respondents who said she got an opportunity to receive a three days training on infection prevention, all reported that they had never received any kind of in-service training which is directly related to their perioperative nursing practice before participating in PONT program.

Since the majority of the respondents did not have any kind of previous in-service training experience before PONT training, the questions were forwarded to assess in what way they became familiar to the Operative nursing environment. All except one respondent said even though they got some knowledge from courses in nursing schools; the knowledge and skills from

the course were not enough to make them ready for the actual practice. They said, they came to learn about the operating theater work from senior staffs that had experience of working in the area when they assigned to work in OR.

The following quotes elaborate respondents' attitude.

“I remember the first time I assigned to work in OR even if I had taken a 2 credit hour course on perioperative nursing care when I was a student nurse, it was not in-depth and I had no opportunity even to visit OR. The environment, the procedures were new to me. Even I couldn't perform simple tasks like opening and closure of artery forceps.”

Another respondent said;

“Lack of knowledge and skills to OR practice is always a cause for frustrations and conflict with surgeons. Even there are some nurses who decides not to work in OR as they feel lack of confidence of scrubbing for some procedures.

The other respondent also mentioned;

“It is common to see gap in knowledge and skills on newly assigned staffs which directly affect the well being of the patient. There are new nurses who touch sterile field by their bare hand; there are times that a grafted skin removed during dressing changes.”

### **Improved Knowledge, Skills and Confidence**

All participants were very grateful that PONT helped them to acquire new knowledge and skills, and refreshing what they knew before. Some also said that the training approach were attractive as it was combined with theory, and practice. The approach was participatory and fun.

The new knowledge obtained from participating on the training mentioned by participants were techniques of scrubbing, prepping, the importance of collaborating and working in a team, surgical conscious, pre operative assessment, handing over post operative patients, being patient advocate specially for the pediatric patients, documentation, counting sheets, surgical safety checklists and mentoring students in the clinical practice.

All participants except one who studied his BSC in Operation theater Nursing mentioned that they heard Stroke and time method of scrubbing techniques for the first time.

As one of the respondent mentioned “people in the OR do scrubbing in any way they want –I prefer to call it now hand washing i and I used to scrub like them”

As a result of completing the Perioperative Nursing Training Program, most of the respondents said they attempted to make the following changes in their own practice; educate their colleagues on proper scrubbing techniques, gowning and gloving, initiate the use of instrument counting sheets, implementing the WHO surgical safety checklists, Pre operative patient assessments and Handing over Post operative patients.

“Before PONT training, surgical safety check lists were not implemented in our hospital, we did not record instruments used for surgery. After we returned receiving the training we took the initiative to prepare count sheet and duplicate the checklists.’

The majorities of participants said they stopped previous routine hand hygiene practices that they did in any way they want, some stated that they always use stork or time method of scrubbing techniques.

### **Knowledge Sharing**

All participants said they tried to share the new knowledge and skills to their colleagues obtained from participating in the PONT program. Most of the participants said they tried to share what they knew informally to their colleagues and teach new staffs with all the opportunities they have.

In three government hospitals participants were able to organize orientation training programs for all nurses who work in the OR.

As one of the respondents mentioned,

“In collaboration with the OR director surgeon we were able to organize a one day workshop for all surgeons, nurses, and anesthesia staffs on WHO surgical safety checklist implementation. And a 5 days orientation on PONT was given for all nurses’ work in the major and Minor OR in our hospital”

Although all the participants said they tried to train their colleagues who did not have the opportunity for training. Some said they were not able to teach all their colleagues. As one of the respondents mentioned

“we were only four nurses who took the training among more than 40 nurses work in the operating theater, sometimes we faced some resistance from our colleagues specially from senior ones, as they thought they are expert enough in the field.”

As to the behavioral improvement the majorities said they developed insight on surgical conscious.

Two respondents revealed that most staffs including themselves were not worried about preventing contamination as they believed the post operative antibiotics prescribed for the patient prevent post operative infection.

“But after the training, I became very strict in maintaining the sterile field”

Some participants also replied in addition to teaching colleagues they teach and mentor nursing and medical students.

Some respondents replied that the training benefited them to improve their carrier.

One of the respondents said,

“When I went to Norway for experience sharing visit, the training I took helped me not to be new for most of the Operating room practices and I was confident to perform in the standard way”

Another respondent said the certificate helped him to secure instructor job at the Operating Theater Nursing department.

For the majorities of the respondents the certificate helped them to be retained in their work place during the annual rotation program, that reshuffles all nurses to work in different departments after they served for one or two years.

### **Facilitators and Barriers**

All participants described that the training motivated them to correct bad practices and adopt behaviors that bring change to their work areas.

Those participants who were Operation Theater managers said their position helped them to get access to resources such as duplicating checklists and count sheets and materials to prepare proper size of patient drapes and gowns and to avoid the worn-out clothes.

Another respondent said that

“as the Operating director surgeon were supportive in my idea of providing training for the staffs, I had no problem organizing orientation training to the staffs; besides we have good team spirit in the OR and all of the staffs were committed to learn from us.”

The current hospital reform guidelines also gave them emphasis to the implementation of the WHO check list.

“When we submit monthly surgical activity report to the ministry of health implementing the WHO checklists become one of the parameters that assess the safe surgical services we provided”

### **Availability of Resources**

Even though all participants said they are doing their best with all the resources they have, shortage of materials and equipment such as proper types of prepping solutions, draping materials, shortage of surgical instruments were mentioned as major challenge which hinders the implementation of the newly acquired knowledge and skills into practice.

### **Insufficient Materials**

Participants in two government hospitals described, they facilitated the surgical checklists and count sheet sheets to be prepared but after some period it discontinued due to shortage of paper for printing.

### **Lack of In-service education program in the Perioperative area**

All participants except one who got an experience sharing visit to Europe said after they were being trained by Ethiopia-sickkids Program they haven't got an opportunity for any kind of related training. Even they don't see any person got the opportunity for training in their work area.

All participants expressed the need for continuous educational program for all staffs.

As one describes

“Such kinds of training refresh and motivate in bringing change as they are focused on specific area which is related to the actual job”

“In-service trainings are important as they are focused, can be easily retained, and the reference materials will serve as future reference”

### **Poor Motivations in work place**

Some participants said even if they like working in OR. Administrative policy currently implemented decreased nurses and other lower level staffs' motivation to continue working in the OR.

“even if all staffs exposed to the same risks in the OR, the huge difference in the risk allowance payment paid for different health professionals decreases nurses motivation to work in OR and decreases team spirit among professionals.”

### **Clinical Rotation**

All respondents raised the issue of the current c rotation policy that currently requires nurses to be rotated to work in different departments every one or two years on Operating room work environment.

Even though only one respondent agreed with the objective of the program which is giving an opportunity for all staffs to learn and work from all clinical areas; the majorities believed that it affect the perioperative nursing care services.

As one respondent said,

“Every staff is expected to be rotated to work in different departments once they serve maximum of two years unless they have more than 3months specialty training in that area, interest and years of clinical area are not taking into account”

“OR is not like other departments that one can easily learn how to work. The cases how to work with instruments, where instruments located take time to learn. It will take months for some staffs to learn effectively work in the area. When they become efficient their rotation period ends and they will be transferred to work to other area.”

“Rotation increases work load on the remaining staffs. They are busy teaching always new staffs. Besides having interest to work in specific area should be considered for example I worked my whole life in OR. Having this training I was assigned to other place. It is because the OR head request I remained to work in OR.

“The surgeons even complained to the hospital administrators not to rotate those experienced nurses, but the administrators believed that all graduate nurses should be competent to all clinical practices. But the reality is not like that”

### **Sustainability of the Program**

All participants suggested the continuity of similar training programs which should be available for all staffs, the time allocated for the training to be increased.

Participants also gave emphasis on the necessity of Perioperative nursing care training at MSC level which will contribute for nurses’ professional growth and retention in their professional area

## DISCUSSION

Perioperative nurses in this study mentioned that they were lacking proper knowledge, skills and confidence in providing perioperative nursing care services when they were assigned to work in Operating theater room. They also mentioned that the quality of nursing care practice is deteriorating. As some research shows poor quality of services results from shortage in human resource and poor quality of education [13] A volunteer for FoAN in Ethiopia also reported similar reports that reflect poor perioperative nursing care practice in the country [ ].

Even if respondents gave emphasis on lack of access to CPD programs in perioperative nursing setting, they said PONTP impacts improved in knowledge and skills, benefited them to be retained in their work place, provide opportunity for professional growth. A study that assesses certified perioperative nurses perception on certification in perioperative nursing reported that certification improved nurses' personal and professional growth [8]. Sonia H.et al also reviewed several studies and found out that nurse-led preoperative trainings were found to be effective regarding reducing adverse surgical events, improving patient satisfaction, decreasing anxiety, cancellation of surgery, and incidence of non-attendance for scheduled surgery, recognition and fulfillment of postoperative care needs [7]

This study has also showed the importance of providing training for all Operating theater room staffs as the majorities of OR practices performed in a team. Lack of Knowledge and experience sharing practices among health professionals were also reported in previous studies as factor affecting CPD programs effectiveness [15].

In addition shortage of resources, shortage of manpower, and insufficient materials and equipment were identified by the participants as main factor hampering the translation of new knowledge into practice. Similar results were demonstrated in some reports. in most limited resource settings, knowledge translation of in-service trainings were found to be due to lack of proper infrastructure, un functional equipments and lack of important [4].

In addition To support and encourage nurses' who participated in the PONT program in applying their new knowledge into practice, support from hospital managers and colleagues were mentioned by participant.

### **Implications for Education, Practice and Research**

Findings from this study have implication on nurses' education, practice and research. Regarding professional education, the findings revealed that before participating in PONT Training program, nurses had limited knowledge and skills in providing perioperative nursing care services. To improve the quality of perioperative nursing care services more has to be done in improving the quality of education programs. Continuous professional development and refresher courses should be available for all staffs, especially for new nurses in order to acquire competencies required to Work in perioperative setting.

In this research lack of CPD programs, shortage of human resource and materials were presented as the major barriers contributing to prevent nurses from applying the new knowledge and skills acquired from the training. To facilitate nurses' ability to apply their knowledge and skills into clinical practice, hospital managers should be involved in the training program so that could facilitate the supply of required resources.

Some nurses identified challenges to share knowledge from the PONT course for their colleagues. Lack of team spirit, non-conducive work environments, heavy workload, were also presented as inhibiting factors that need further study. The findings also showed that nurses experienced "diminished in motivation" Thus, further research is warranted to explore factors associated, and possible interventions to improve.

### **Strengths and Limitations of the Study**

To the researcher knowledge this is the first qualitative study conducted in Ethiopia that explores perioperative nurses' CPD experience. This study has some limitations. Although the training offered to nurses work in private and public hospitals that work in different parts of the country only nurses work in public hospitals in Addis Ababa were participated in this study. A future larger study could be more inclusive of participants from each of the settings involved in the CPD offering.

## CONCLUSION

In conclusion, this study was conducted to explore nurses' CPD experience and how they were translating the knowledge and skills acquired from participating in the PONT program into their professional practice in Ethiopia. Study findings suggested that nurses increased their knowledge, skills and confidence in providing perioperative nursing care services.

Consequently, nurse's practice and clients' health outcomes were perceived as being improved. However some nurses abilities to change practice was limited by lack of CPD programs, Retention of staffs, a shortage of staff, poor resources, workloads, and poor collaboration among staffs.

To improve the quality of perioperative nursing care services, and thus reduce morbidity and mortality, all those identified elements hampering nurses' ability to improve the quality of care needed to be changed in the future.

These study findings have contributed to advancing the limited amount of research on the translation of new knowledge and skills into clinical practice after CPD education in Ethiopia, specifically in the field of perioperative nursing care services.

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### Interview Guides

Thank you for being volunteer to participate in this study. I'd like to start by asking you tell me about yourself such as your age, marital status, educational status, work experience as a clinical nurse and in perioperative nursing practices areas.

1. In what way did your participation in PONT course add new knowledge /skills/attitude/ in providing perioperative nursing care in your clinical practice?
2. What was your commitment to change after you completed the course? In what way your participation in Pont course increase for implementing your commitment to changes?
3. Were you able to apply the new knowledge and skill in your practice?
  - Why do you think you are able to use your knew knowledge and skills gained from the training in clinical practice?
  - why do you think the reason you couldn't able to apply the new knowledge in your practice area

Probe- resource, support from the management, staffs, willingness.
4. In what way have you been able to mentor or coach other nurses, staffs, physicians or students in practice to help improve their knowledge and skills. Did you face any challenge?
5. In what way do you think the use of your knew knowledge and skills been able to change the perioperative nursing practice in Ethiopia, train others if not what is challenge.
6. In what way do you think the training impacts the health outcome of the surgical patients and families
7. In what way do you think the training impacts the professional relationship you have with patients, staffs, and personal growth?
8. What do you recommend to be included if similar training to be implemented in the future.

### **Informed Consent Form**

My name is Leyouget Abebe, a Masters in Health Professions education, Addis Ababa University. I am doing a research to fulfill my study of Health Professions Education. I would like to ask for your permission to participate voluntarily in this study.

I am interested in evaluating the Continuous Professional Development (CPD) workshop for Perioperative nurses in Ethiopia

The Purpose of the study is to evaluate the effectiveness of the CPD workshop you attended and the impact of the work on your practice. By participating in this study, you will contribute to the success of my studies. You will also contributing to the advancement in the field of perioperative nursing care services, health professional educational development and health human resource development as there are very few researches done in this area and the study results of this research will make some enhancements in surgical nursing care services.

During this process, I will use tape recorders to correctly record the conversations we did but to protect your privacy and confidentiality of the information you provide, I would like to assure your identity will not be disclosed to anyone.

Apart from the time you spend with me, I do not see any risk that you will under go by participating in this study. You are free to answer questions only if you want to do so. You may not answer questions if you feel uncomfortable.

Finally I would like you to confirm your agreement by signing if you agree.

Signature of participant (Code \_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Interviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_