3. Nursing

Oral presentations

Competency development for experienced nurses in Day Surgery

PM. Christensen, U. Thyssen. University Hospital Herlev; Copenhagen, Denmark

Introduction: This competency development project is continuation of a previous competence project, part one May 2003 [1]. The purpose of the first part is to develop a structured training programme for nurses, enabling them to meet the demand of nursing in the day surgery setting. The programme describes the process of competency development for a newly employed nurse within the fields of pre-operative and post-operative nursing care. It operates with three educational levels: novice, advanced novice and competent [2].

Purpose: The purpose of the second part of the competency development projects is to develop definitions of competence for the proficient and expert nurse. This definition will be used as a tool in performance reviews to ensure the personal and professional development of the nurses in the department. This will ensure that nurses are given recognition for their achievements and are able to develop their competencies further.

Methods and Results: A mono-disciplinary group has identified and systematised the demands of day surgery into two specific competence levels: proficient and expert [2]. These definitions of competence have each been divided in four components, these are:

1. Clinical competence deals with professional and task related functions including the ability of reflection and acquiring new knowledge.
2. Organisational competence deals with the understanding of structural and economical aspects of the organisation and the significance of trainee's own efforts to influence the organisation and the multidisciplinary team.
3. Educational competence deals with the guidance and instruction of patients and their relatives together with the ability to share knowledge with the rest of the team.
4. Social and personal competence deals with the ability to associate with other people including communication and co-operation within the health care professions and the ability to conduct oneself professionally and ethically in relation to individual patients and to the profession.

The four components are based on the competence model of Edvarsson and Thomassons [3] which has been adapted to Day Surgery nursing. The definitions of competence are based on the first Competence Project, part one 2003, and "the successful course for day surgery patients". It is the responsibility of the nurse to develop their learning and to show documentation on what they learn in order to achieve the proficient and expert competence levels. A competence development scheme or learning contract [4] has been developed as a learning documentation tool to help achieve these levels of competence. The individual nurse is responsible for drawing up this scheme contract under the supervision of an "evaluator".

Conclusion: It is our opinion that establishing definitions of competence for nurses in a Day Surgery unit is an important tool for recruiting and maintaining employees. Furthermore, it allows already experienced employees a way to continue and measure their personal and professional development.

References


The depth of anxiety and the amount of pain and disability felt by patients in the peri-operative period when confronting an operation in a Day Surgery department. A descriptive study

A. Palese, C. Comuzzi, V. Bresadola. Department of Surgery, University of Udine, Italy

Background: While many reports have been documented regarding patients' progress following surgery as an in-patient, there is still little information about how patients cope with operations done in Day Surgery departments.

Aims, Materials and Methods: Patients undergoing day surgery for herniorrhaphy, varicous veins, breast lumps and haemorrhoids were included with the objective of determining the peri-operative depth/intensity of anxiety, pain and disability felt by patients having operations in Day Surgery departments. The patients selected gave their consent to be included in the study and were able to go home after having the operation. Calculations made were: the depth of anxiety and amount of pain (using the VAS scale from 0 = minimum pain or anxiety, to 10 = maximum pain or anxiety), stress factors (Biley, 1989), complications and perceived disabilities in Activities of Daily Living (ADL) at three different times: immediately pre- and post-operatively and again 48 hours after surgery, determined by a telephone conversation.

Results: 145 patients were interviewed, of whom 56.6% (82) were women. Of the total, the average age of the patients was 52.1 years (SD±14.5). In the pre-operative period the patients reported a moderate level of anxiety 4.52 (SD±2.9). Major anxiety producing factors were: a fear of "not being able to tolerate pain", "the outcome", and of "the anaesthetic". In the immediate post-operative period, patients also reported a moderate amount of pain, 1.50 (range 0–7, SD±1.58) and a depth of anxiety at 1.68 (range 0–10, SD±2.81). Those patients who were more anxious in the post-operative period also reported having more pain (p < 0.001). There were few disabilities with ADL after 48 hours.

Conclusion: Aspects have emerged which the patients consider significant in the peri-operative period in a Day Surgery department and which do influence the depths of anxiety and the amount of pain felt by the patients. It is relevant and important for nurses to understand the patients' experiences to improve nursing practice.
Visual Information for children about anaesthesia

F.L. Dorte, K. Kaltoft. Ribe County Hospital, Esbjerg, Denmark

Introduction: In the day-surgery clinic in Esbjerg County Hospital, both the anaesthetic nurses and the anaesthetists hold a pre-operative consultation with the patients. We get a lot of children in our day-surgery clinic and it can be a problem to capture their interest. It is difficult for them to conceive what the equipment and sounds of an operating theatre are like, as most of them have never experienced these before. As children learn best from personal experience and seeing things for themselves, we have decided to supplement the pre-operative consultation with visual information.

Aims:
- To make children feel more at ease in unfamiliar surroundings.
- To help parents prepare their children for surgery.
- To make the nursing care in day-surgery clinic more efficient and effective.

Material: A film about the course of events for a child, from arrival at the day-surgery clinic, to discharge. We follow the child's stay, in pictures and words, though anaesthesia and the operation. The film is seen from a child's perspective, in that it is a child who narrates and describes what the equipment is used for. This is not a scientific project, but information material intended to improve the quality of anaesthetic nursing care. Through the film the child becomes familiar with anaesthesia and the operation, and thereby feels more at ease.

Methods: All children between 4 and 12 years old receive a copy of the DVD at the pre-operative consultation and return it again on the day of surgery.

Results: Parents have expressed great appreciation for the film, as it has made it easier for them to prepare their child for the operation. The film has improved the quality of anaesthetic nursing care in that the children seem more familiar and at ease with the sights and sounds and of the operating theatre. Since introducing the film, we have experienced less distress in the children. Not only have they become inquisitive about the equipment, but the relaxed attitude of the parents also has a positive effect on them. Anaesthesia for children in the day-surgery clinic runs more smoothly and quickly because the children are more at ease with the situation.

Conclusion: This film is an effective tool in preparing children and their parents for surgery at the day clinic. This results in an improvement in efficiency and nursing care and can be highly recommended.

The effect of topical anesthesia with pharyngeal lidocaine spray for gastroscopy

A. Doffer, N. Thorsgaard, L.L. Molby. Day Surgery Unit, Herning Hospital, Denmark

Introduction: Topical anaesthesia with pharyngeal lidocaine spray has been used for upper endoscopy without convincing evidence of effect. In the endoscopy unit at Herning Central Hospital, sedation is no longer used routinely and the use of pharyngeal lidocaine spray is unsystematically decreasing.

Aim: To monitor the effect of pharyngeal lidocaine spray for gastroscopy on feasibility, discomfort, agitation and patients' estimate of discomfort of postexamination fasting.

Design: Herning Central Hospital has a primary catchment area of 135,000 inhabitants. The annual gastroscopy activity is approximately 1400 gastroscopies, half of them open access gastroscopies, performed by a team of 4 gastroenterologists and 5 nurses. In a 4 week period all adults referred for diagnostic open access gastroscopies were included. Sedation was not routinely used. In weeks 1 and 3 the patients were offered pharyngeal lidocaine spray as the "standard procedure", in weeks 2 and 4 gastroscopy without lidocaine was offered as "standard procedure". The endoscopy team was blinded about the "standard procedure" used (single blind design).

Results:

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Conclusion: In unsedated patients for gastroscopy topical pharyngeal Lidocaine spray had no effect on feasibility and discomfort. The patients having been given Lidocaine did not find postexamination fasting unnecessarily unpleasant. The patients should be advised openly about pro et contra.

Ambulatory care of middle ear surgery

M. Nordsvard, A. Lindersson. Akademiska Sjukhuset Uppsala, Uppsala, Sweden

Background: Middle ear surgery performs in Uppsala on local anaesthesia. There is paucity of reports evaluating ambulatory care of these patients in the literature.

Aim and Methods: The purpose was to study patients' experiences after an ambulatory middle ear surgery prospectively. We collected all information from patient's charts and questionnaires to find their experiences directly after the surgery up to one week after. The questions were focused on pain, dizziness and nausea. The questionnaires were sent to 58 patients, male and female, age of 18 to 76. The answers were than related to the facts from charts and with the postoperative telephone call the day after.

Results: The result did not show any correlation between pattern in answers and age, sex, type of local anaesthesia or pre-medication. Only 8/49 felt dizzy the operating day but 7 days later still 8/46 complain of dizziness although 62.5% of these patients had no dizziness the day of surgery. 24/49 had pain the day of surgery and 4/44 still complained after 7 days. 9/49 had nausea the day of surgery and 5/43 had problems with nausea after 4 days.

Conclusions: Information is very important and needs include warnings about late dizziness and nausea, which are a bigger problem than we thought before. Pain-relieving medication needs to be
prescribed more frequently. In spite of the significant problems with dizziness, nausea or pain the majority of our patients preferred to go home the same day and felt safe in ambulatory care.

**The nursing process of day surgery at Maria hospital in Helsinki (patient with varicose veins)**

A.-L. Korhonen, L. Mäntylä. *Hospital Marian Sairaala, Helsinki, Finland*

**Introduction:** This poster was made to introduce the nursing process of our day surgery by using a varicose vein patient as an example. The organisation of secondary health care services has recently undergone major changes in Helsinki, requiring also reorganisation of day surgery practices.

The vascular out patient-department (OPD) where all the varicose vein patients go first, is located in other hospital than the day surgery unit (DSU). The problem was: how to inform the doctors and nurses about our practice so that they can give correct information to the patients.

**Contents:** To make this poster we had to put the nursing process in pieces to get it on the paper.

The process starts when the patient meets the surgeon at OPD. There the surgeon makes the decision for the operation. If the patient is suitable for day surgery, the patient will be put on the waiting list.

The nurse from Maria day surgery unit will call all the patients before the estimated operation time (approximately 1 month before). The preadmission assessment can be done by the phone, or if needed, the patient comes to Maria hospital to meet the DSU nurse.

During the last ten years the whole day surgery team (nurses and doctors) have developed our practice, so that we usually use spinal anaesthesia to operate the patient. It gives us opportunity to operate patients belonging to ASA 3 group. Special to varicose vein patients is that they use compression stockings (knee length) after the operation. Nurses put the stocking on in the operation theatre immediately after the operation.

The day after the operation all the patients will receive a phone call from a DCU nurse. We make sure that patients are well, pain medication is correct and that the patients have an opportunity to ask about anything if necessary.

**Aim:** To improve the awareness of day surgery and to improve the communication between the other departments and DSU's our unit is planning to establish an own website. This will facilitate the education of students and new staff, and also help patients find information on day surgery.