ABSTRACT BOOK

Search function:

Control F

Contents

”Team Tjek Ud” - Håndtering af traumatisk stress for personale i traume- og akutteam på Rigshospitalet

Oral presentation

Selchau, Cecilie - Author[1]

[1]*Rigshospitalet*

Baggrund:

Stress og traumatiske oplevelser kan have alvorlige konsekvenser for sundhedspersonale, der arbejder i akutte og kritiske situationer herunder hjertestop-, akut- og traumekald. Traumatisk stress er en pludselig hændelse eller situation, der kan udløse stress. Effektiv håndtering af traumatisk stress er afgørende for personalets velbefindende og patientsikkerheden. Defusing og debriefing er metoder, der anvendes til at styrke mestring og forebygge skadevirkninger efter voldsomme episoder. På trods af beskrevne vejledninger og koncepter for defusing og debriefing, oplevede personalet ofte anvendelsen af disse sporadisk.

Formål:

Formålet var at udvikle og evaluere et pragmatisk redskab til at arbejde med mental trivsel og robusthed hos sundhedspersonalet i akut- og beredskabsfunktioner.

Metode:

Et defusingsredskab, kaldet “Team Tjek Ud”, blev udarbejdet med deltagelse af anæstesisygeplejersker, anæstesilæger, krisepsykologer, traumesygeplejersker og portører. “Team Tjek Ud” blev evalueret gennem uformelle interviews og feedback med de berørte parter og analyseret med tematisk analyse. Ca. 50 anæstesilæger og traumesygeplejersker fik undervisning og mulighed for at give feedback på konceptet i en række workshops. Derudover blev ti anæstesisygeplejersker interviewet.

Resultater:

Vi identificerede tre temaer vedrørende barriere i forhold til “Team Tjek Ud”: *apatisk holdning* med manglende tro på formatet, *manglende mentalt overskud* til at iværksætte “Team Tjek Ud”, *gamle vaner* hvor traumeleder ikke mente der var “kød” nok på hændelsen. Yderligere blev der identificeret tre facilitatorer forbundet med “Team Tjek Ud”: *pragmatisk timing* hvor “Team Tjek Ud” blev udført på trods af uafsluttet forløb, *et fælles billede* med mulighed for at skabe en fælles forståelse af hændelsen og *erfaringsopsamling* med mulighed for forslag til forbedringer.

Konklusion:

"Team Tjek Ud" har forbedret erfaringsopsamling og håndteringen af traumatisk stress, samt styrket teamfølelsen. Redskabet findes som lommekort og er desuden indskrevet i traumemanualen, men der er dog fortsat et arbejde med at overkomme barrierne. Projektet kan inspirere andre hospitaler til at indføre lignende tiltag, hvilket kan bidrage til en mere støttende arbejdskultur i akutte og kritiske situationer.

Af Paw Østergren Bak, Rigshospitalet og Cecilie Selchau, Rigshospitalet

A before and after questionnaire study implementation of positioning-cushions for the patient and knowledge in working environment at ICU

Oral presentation

Bang, Benita - Author[1]

[1]*Rigshospital, Department of Neuroanesthesiology, Neuro-Intensive Care Unit 6021*

Introduction:

The question is whether an investment in welfare technologies can reduce the staff's burden when repositioning the heavy intensive care patient and, in some cases, free up staff resources, thereby reducing the overall time of physical strain on the staff without affecting patient safety or patient comfort.

The purpose:

Of the study and intervention is to reduce and optimize the physical burden on staff when repositioning and handling the heavily bedridden patient in relation to positioning practices, combined with improving patient comfort, and ensuring stability in positioning. The focus is on patient safety concerning the risk of pressure ulcers due to positioning.

Methods:

This interventional, prospective study implemented positioning cushions and developed staff competence in the multifunctional features of the Hillrom bed. Conducted at Rigshospitalet's Department of Neuroanesthesiology, a 13-bed ICU in Copenhagen, the study involved 35 respondents before and 43 after the intervention, mostly nurses. The 9-month intervention (June 2023 - February 2024) included voluntary, anonymous questionnaires. Questions primarily used Likert scales (0-10) and dichotomous yes/no questions, analyzed with R. Patient safety was measured by the prevalence of hospital-acquired pressure injuries before and after."

Result:

Pain experience and intensity remained unchanged. Workload increased from 3 to 4, static holding work decreased from 5 to 4, and the need for colleague assistance decreased from 6 to 5. Repositioning decreased from 7 to 5, and staff perceived increased patient sweating from 3 to 5. Staff gained competencies in the Hillrom bed. Correlation measurements show a negative relationship between the intervention and pain in the lower back/legs/feet/knees/hips but a positive correlation regarding competencies and equipment.
Prevalence for pressure injury before was 38% and after 43%.

Analysis/Discussion:

The study suffers from some flaws in the design of experiment. The respondents in the pre-intervention and post-intervention survey where not given an identification number. Furthermore, the survey had questions that were difficult to interpret or similar. Regardless, the data does indicate that work-related musculo-skeleton pain/injuries are a noticeable problem with median scores of 3 or higher. The results show improvements in competence- and pain levels, however omitted variables (e.g. fitness) likely has an effect.

A First Assessment of the Safe Brain Initiative Care Bundle for Decreasing Postoperative Delirium: A Large Multicenter Retrospective Cohort Study

Oral presentation

Jakobsen, Karina - Author[1]

[1]*Department of Anesthesiology, SUH Nykøbing F., Region Sjælland, Denmark*

Background:

Postoperative delirium (POD) is a common and distressing complication following surgery, with reported incidence ranging from 16% to 20% in the post-anesthesia care unit (PACU). POD is associated with adverse outcomes, prolonged hospital stays, and increased healthcare costs, a heightened healthcare burden.

Method:

To evaluate the effectiveness of the Safe Brain Initiative Care Bundle (SBI-CB) in reducing the incidence of POD.
A large, multicenter, retrospective cohort study using a pragmatic trial approach. This analysis represents the first assessment phase (SBI-CB1).
The study was conducted in the operating rooms and PACUs of four hospitals in Denmark (Nykøbing Falster, Næstved, and Ringsted) and Turkey (Ankara).
A convenience sample of (N=18,697) adult surgical patients (≥18 years), able to communicate verbally, was included. Age, sex, and ASA physical status classification were controlled for in statistical analyses.
ClinicalTrials.gov identifier: NCT05765162

Intervention:

The SBI-CB includes 18 delirium-reducing recommendations aligned with international evidence-based guidelines. Implementation involved patient education, staff training, cross-center coordination meetings, and continuous outcome monitoring via a dashboard.

Results:

The primary outcome was the trend in POD incidence, assessed using the Nu-DESC tool up to four times perioperatively. A total of 18,697 patients were included. Initial POD incidence after three months was 16.36% (N = 1,021). Each month of SBI-CB implementation was associated with a 4% reduction in POD odds (OR 0.96, 95% CI [0.94, 0.97], $p < 0.001$). General anesthesia significantly increased POD risk, along with advanced age (>75 years), longer surgeries (>1 hour), and preoperative delirium. POD was associated with extended hospital stays, with a mean increase from 35 to 72 hours ($p < 0.001$). Differences in POD rates across sites suggest variability in local practices and patient populations.

Conclusion:

This pragmatic, multidisciplinary implementation of the SBI care bundle demonstrated a significant reduction in POD incidence and hospital length of stay. Findings support integrating SBI-CB into routine perioperative care to enhance outcomes and reduce healthcare burden.

A Pilot Anaesthesia Sustainability project – Injectomat versus Infusomat procedure in Day Surgery

Oral and poster presentations

Laurberg, Viktoria Reumert - Author[1]

[1]*Day Surgery Department, Aarhus University Hospital*

Background:

During the autumn 2023 we conducted a small pilot study focusing on two anaesthetic procedures. The aim of the project was to investigate how much Co_2 each procedure emits, how much each procedure costs, and to find out how the procedures workflow effect the nurse physically, especially with regarding to hands and fingers. I the standard procedure- Injectomat- 60 ml syringes are used, which the nurses pull up by hand. In the procedure – Infusomat- the medication hangs in a drop. Life Cycle Assessments (LCA) has been conducted including all utensils used for both procedures. During the autumn 2024 to march 2025 we tested the same throughout the hole Day Surgery Department using the same aim and method, which results we wishes to present at the congres.

Method:

For both the pilot study and the large study this method were used.
In two test periods of 8 weeks for each procedure a nurse anaesthetist filled out a utensils schedule and DASH questionnaires. The DASH and the number of utensils were counted and thereby the prices, Co_2 and the DASH score was calculated. We conducted a qualitative study through semi-structured interviews to explore relevant aspects of the two different procedures.

Results:

During the weeks of registration in the pilot study, 14 surgeries were performed using Injectomat and 20 surgeries using Infusomat. The use of utensils was 56,3% lower per patient using Infusomat than Injectomat, which also gave an 6,3 % cost saving. In Co_2 there was a 56,3 % reduction when using Infusomat. The DASH score went from 23,33 and 13,33 using Injectomat to 6,67 and 8,33 using the Infusomat.

The result from the large study are under analysis at the moment, but will be ready to present at the Congres in november 2025.

Conclusion:

This pilot study indicates that, using Infusomat instead of Injectomat is more gentle to hands and fingers, it is more cost effective and the Co_2 footprint is halved.

Age-Dependent Cerebral Autoregulation: Elucidating the Interplay Between Mean Arterial Pressure, Burst Suppression, and Cerebral Oxygen Saturation

Poster presentation

Sjöberg, Carina - Author[1]

[1]*Department of Medicine and Health Sciences, Lund University, Lund, Sweden*

Carina Sjöberg [1], Annelie Augustinsson [1], Pether Jildenstål [1, 2, 3, 4]
1. Department of Health Sciences, Lund University, Lund, Sweden
2. Sahlgrenska University Hospital, Department of Anaesthesiology, surgery and Intensive Care Medicine, Gothenburg, Sweden
3. Faculty of Nursing and Health Sciences Nord University, Norway
4. Skane University Hospital, Department of Anesthesiology and Intensive Care, Lund, Sweden

Background:

Electroencephalography (EEG) and regional cerebral oxygen saturation (rSO_2) monitoring are widely utilized for brain monitoring in pediatric patients. EEG and monitoring may improve the detection of abnormal EEG patterns, such as burst suppression (BS). The objective of this study was to evaluate frontal cortical burst suppression in children aged 3 to 36 months undergoing thoracic surgery with cardiopulmonary bypass (CPB) under general anaesthesia.

Methods:

This prospective observational study enrolled fourteen children vided in two groups, aged 3–11-month and 12 -36 months, who underwent general anesthesia and open thoracic surgery with CPB. EEG and rSO_2 sensors were placed on the forehead and continuously monitored using SedLine® EEG monitoring. Ethical approval, (Registration no. 1066-18, 20181230) and Clinical Trial.gov (NCT04206683).

Results:

A significant difference in BS incidence was observed between the groups, with older children demonstrating a higher frequency of BS ($p = 0.0172$). This phenomenon appears to be understood by low Spectral Edge Frequency (SEF) values, which increase in the depth of anesthesia. However, although lower mean arterial pressure (MAP) and reduced rSO_2 were observed in the younger group, these factors did not significantly affect the percentage of burst suppression (BS%) in either age group.

Discussion:

This study highlights the importance of utilizing EEG-based fine-tuning of anaesthetic depth monitoring to reduce the risk of inadvertent deep anaesthesia and BS. Although younger children exhibited lower MAP and reduced rSO_2, indicative of impaired cerebral autoregulation, these factors were not directly associated with BS. The findings of our study suggest that continuous brain monitoring may serve as a valuable tool in clinical decision-making to minimize the risk of anaesthesia-related adverse effects.

Anæstesi til fedmekirurgi

Poster presentation

Pedersen, Janne - Author[1,2]

[1]Viborg, [2]Regionshospitalet Viborg

Baggrund:

Ved gennemgang af, hvilke patienter der ankom til vores opvågningsafsnit med VAS (Visuel analog skala) ≥ 4, var fedmekirurgien repræsenteret. Vi udfører: Gastric Bypass (GB) og Gastric Sleeve (GS).

- I 2023 var der i alt **271 patienter** til GB/GS, **101** af dem ankom til opvågningen med VAS ≥ 4 (= **37,3%** af alle patienterne i 2023)

  Derudover viste gennemgangen, at de havde behov for en del smertestillende medicin i deres opvågningsforløb, samt de opholdt sig lang tid i opvågningen.

- *Derfor ville vi undersøge om vi kunne optimere anæstesien til dem og deraf forbedre deres opvågningsforløb.*

Metode:

Vi indhentede viden fra de andre regioner, som bedøver fedmekirurgi. Her fandt vi, at de et andet sted brugte Ketamin under anæstesien, både som bolus og infusion. Vi lavede en prøveperiode på 6 måneder, hvor alle GB/GS-patienter fik 25 mg IV Ketamin ved indledningen af anæstesien.

Der er lavet dataindsamling ved hjælp af journalaudit. Der er set på journaler fra:
- **2023** *januar – april* **95 patienter** fik lavet GB/GS
- **2024** *januar – april* **95 patienter** fik lavet GB/GS

Gruppen fra 2023 har fået anæstesi som vanligt, og gruppen fra 2024 har fået tilføjet 25 mg Ketamin til anæstesien. Alle journaler blev gennemgået og alle patienter som havde en ankomst VAS ≥ 4 i opvågningen blev inkluderet i audit.

Resultat af journalaudit:

- Patienter med ankomst VAS ≥ 4 i opvågningen:
  2023: *44 patienter (46,3%)*
  2024: *22 patienter (23,15%)*
- Patienternes behov for IV Morfika i opvågningsforløbet blev også næsten halveret i 2024.
- Gennemsnitstid for, hvornår de var smertestabile i opvågningen (dvs VAS ≥ 3): **2023:** 01.03 t
  2024: 54 min
- Opholdstiden i opvågningen stort set ens i de to grupper.

Resultatet har medført, at alle GB/GS-patienter får Ketamin 25 mg som en del af deres anæstesi. Derudover afprøver vi Ketamin til andre operationstyper, samt andet smertestillende for at se, om vi kan forbedre opvågningsforløbet yderligt.

Diskussion:

Der er tale om et kvalitetsudviklingsprojekt og ikke forskning. Der er foretaget en ensartet og systematisk journalaudit af samme person i begge grupper.
Svagheden ved audit er, at nogle data kommer fra skemaer, som kan være mangelfuld udfyldt.

Building a learning community of practice for nurse anaesthetists - onboarding is a brick in the wall

Oral presentation

Jørgensen, Lone Falck - Author[1]; Jensen, Fredrikke Barland - Co-Author[1]

[1]Bispebjerg Hospital

INTRODUCTION:

Professionalism, being a part of a collegial community and opportunities for development and education. In Denmark these elements have proven to be key elements when it comes to recruiting and retaining nurses in the job.
Due to a shortage of nurse anaesthetists in 2022-23 and a future need for workplace learning (relocation to a new hospital and introduction of new medical specialization) we decided to establish a model for competency development based on the theory "Communities of Practice". The overall idea is to create greater knowledge-based skills through social processes for both organizational experienced nurse anaesthetists and newcomers.
The first brick in building a learning community of practice has been to examine how our onboarding meets the clinical tasks and the newcomers' needs for organizational socialization. The research questions we addressed in this project were:
How do newly employed nurse anaesthetists experience start in the anaesthesia department with the current introduction practice?
What improvement efforts can be identified?

METHODS:

Early 2024, individual semi-structured interviews were conducted with 6 nurse anaesthetists newly started in the anaesthesia department. Focusing on the transition from feeling new to feeling like you belong, data were analysed using theoretically directed content analysis informed by Meleis' Transition Framework.

RESULTS:

Feelings related to being a newcomer presented in four categories, positive, negative, neutral, and ambivalent. In communities of practices the healthy transition means to be a respected practicing participant. To support this, four main interventions were identified: 1. Organizational knowledge is underexposed in the introduction. 2. A shift from existing checklist to competence packages for work processes that require particular attention. 3. Follow-up meetings with newly employed nurse anaesthetists. 4. The learning process extends beyond traditional introduction in terms of time and emotions.

DISCUSSION:

Participating in practice with others is the fundamental project in nurse anaesthetists learning community of practice. Shifting the perspective from introduction to competence development is one of several contributions. In addition to organizing learning processes for new employees, the possibility should also be considered for the community of practice to learn something from the new employee.

Changes in Symptom Prevalence, Severity and Distress on days 3, 5 and 7 After ICU Discharge. A longitudinal cohort study

Oral presentation

Nikolaisen, Mette - Author[1,2]

[1]Østfold Hospital Trust, Intensive Care Unit, Postbox 300, 1714 Grålum, Norway, [2]University of Oslo, Institute of Health and Society, Department of Nursing Science, Faculty of Medicine, Postbox 0316, Oslo, Norway

Background:

Intensive care unit (ICU) patients experience a high number of symptoms both during ICU stay and immediately after ICU discharge. However, little is known about how symptoms change during the first week following ICU discharge.

Objectives:
To determine changes in prevalence, severity and distress of selected symptoms on days 3, 5 and 7 after ICU discharge, and to investigate whether patient-related and clinical characteristics are associated with symptom severity and distress.

Methods:
Adult ICU survivors completed the Memorial Symptom Assessment Scale on days 3, 5 and 7. Changes in symptom prevalence were analyzed using risk regression. Changes in severity (4- point scale), distress (5-point scale), and associations between patient-related and clinical characteristics with severity and distress were examined using multilevel generalized linear models.

Results:

The prevalence of symptoms showed minimal variation over the first week, except for pain on day 5, the relative risk was 31% higher. The severity of worrying, pain and lack of energy significantly decreased on days 3, 5 and 7, respectively. Not working and being retired were associated with increased severity and distress of several symptoms compared to those working, and a lower comorbidity score correlated with reduced pain severity. Surgical ward patients were associated with increased severity and distress of dry mouth and increased distress of difficulty sleeping, compared to medical ward patients.

Conclusions:
This study provides a comprehensive understanding of symptom trajectories during the first week following ICU discharge and helping to identify patients at higher risk for severe and distressing symptoms.

Climate change, sustainability and anesthesiology practice

Oral presentation

Leonardsen, Ann-Chatrin Linqvist - Co-Author[1]; Saltnes, Catrine - Author[2]

[1]Østfold University College, [2]Anestesisykepleierne NSF

Background:

Anesthetic clinical practice has a considerable impact on climate and the environment through use of anesthetic gasses, drugs and single-use equipment. In the face of climate change the health sector will need to tackle both the increasing consequences for health worldwide and to reduce its own carbon footprint, which is estimated at 4.4% of global emissions. Raising the voice of health professionals has been identified as paramount to achieving the wide-scale and urgent response required to limit the consequences of climate change for health. Among health professionals, anesthetic practitioners are ideally placed to lead the way given that they make daily decisions regarding anesthetic gasses with a considerable footprint on climate and the environment.

Methods:

Here, we describe a cross-sectional nationwide survey among 3,300 anesthesiologists and nurse anesthetists in Norway, focusing on climate change, health, and sustainable anesthetic care. Responses were tabulated and characterized using descriptive statistics.

Results:

A large majority of the responding anesthesiologists and nurse anesthetists (*n* = 697, response rate 21.1%) agreed or strongly agreed that the world is facing a climate crisis; that nurses and doctors have a particular responsibility to warn about health threats; and that health organizations should limit their impact on climate and the environment. We found that desflurane is still widely used in Norway, despite its high climate footprint. We also identified several barriers to development of sustainable anesthetic care, including a lack of easy access to waste management systems, an absence of guidelines which promote sustainable care, and inadequate means for disposal of drug residues.

Conclusions:

Alongside other surveys, the present survey identifies safe and feasible adjustments to anesthetic practice which can give substantial emission reductions, pave the way for a wider health sector response, and yield considerable benefits to planetary health. Key interventions to facilitate sustainable practice include guidelines on the choice of anesthetic agent, the use of low flow of fresh gas, methods for containing leakage of gas, and accessible systems for recycling of waste and managing drug residues.

Competency model for intensive care nurses (KOS Model) - Based on the Fundamentals of Care framework

Oral presentation

Skovgaard Knudsen, Sanne - Author[1]

[1]*Regionshospitalet Viborg, Intensiv afsnit*

Introduction/Background:

The aim of the project was to identify a different way of working with and implementing Fundamentals of Care (FoC) in a high-tech department. It ´s made in the desire to work on competency development and FoC as the preferred reflection tool.

Methods:

The method was a qualitative co-creative process, where intensive care nurses and leaders in collaboration discussed, reflected over and together found out which competencies are essential to possess at the different competency levels in the department. We started the process for a personal meeting in 2022.
This was followed by a process where the content was condensed into meaning, thematized and distributed between four areas of competence. These are professional-, learning-, change-and relationship skills.
These four areas are those defined by the organization.
The competency model (KOS-modellen) then was displayed so the nurses could participate in making any relevant changes.

Results:

This process resulted with the KOS model, which is used to reflect, argue, carry out, convey and develop skills in Intensive care Nursing. It is used as a direction for competence development at all levels, and competence maintenance.
We use it as a skeleton to attach FoC to and discuss cases on the basis of.
Furthermore, it is used to explain our complex field of work to nursing and midwifery students, intensive care and anesthesia trainees, doctors and other collaborators.
My hope is that this can be of inspiration to both leaders and practitioner nurses.

Analysis/Discussion:

The KOS model and process of making it, can be can be performed in all other hospital settings, and adapted to the current practice. The use of the KOS model has led to a newly startet project where the focus is on the experienced intensive care nurse. Hopefully the implication for the future, is that we can provide good, safe patient care, based on high level of performance, alongside with satisfaction among nurses.

Den første måned, der fulgtes jeg med 17 forskellige. Læringsprocesser i et praksisfælleskab ved specialuddannelsen i anæstesiologisk sygepleje

Poster presentation

Søndergaard, Karen - Author[1]

[1]*Uddannelsesansvarlig anæstesisygeplejerske*

Resume:
Masterprojektet omhandler professionsdidaktikken i specialuddannelsen i anæstesiologisk sygepleje. Udgangspunktet er klinisk praksis, hvor den didaktiske tilgang er mesterlære. Anæstesiafdelingens organisatoriske ramme gør, at kursisterne følger mange forskellige kliniske vejledere og kollegaer. På denne baggrund giver flere kursister giver udtryk for, at de bliver udfordret i deres læringen. Masterprojektets problemformuleringen er:

Hvordan styrker jeg som uddannelsesansvarlig anæstesisygeplejerske kursisternes læringsproces i afdelingens praksisfællesskab, under de givne organisatoriske rammer?

- *Hvilke udfordringer kan jeg ud fra empirien identificere, at kursisterne oplever i deres læringsproces?*
- *Hvordan synliggør jeg de ressourcer og redskaber, der er i praksisfællesskabet, som kan styrke kursisternes læringsproces?*

Metoden er kvalitativ med et undersøgelsesdesign, der tager udgangspunkt i interview. Der er udarbejdet en semistruktureret interviewguide. Inklusionskriterier er kursister, der aktuelt er i specialuddannelsen efteråret 2024. Den videnskabsteoretiske tilgang til interviewene er fænomenologisk, for at opnå forståelse for kursisternes oplevelse af deres livsverden.
Empiren meningskondenseres og der fremkommer 57 kategorier, som danner grundlag for fem analyse temaer; følelser, barrierer, relation, redskaber og praksisfællesskab. Der analyseres ud fra et hermeneutisk videnskabsteoretisk perspektiv. Begreber fra Etienne Wengers teori **Praksisfællesskaber** og begreber fra Klaus Nielsen og Steinar Kvales teori **Praktikkens læringslandskab** anvendes.

De udfordringer der identificeres er;

- Forvirring
- Sårbarhed
- Nervøsitet
- Føle sig ramt
- Miste fokus
- Kaos
- Uens forventninger
- Irritation
- Dårlig stemning på operationsstuen
- Belæring
- Danne mange relationer i starten af uddannelsen
- Forudindtaget holdning til kollegaens ønsker om samarbejdet
- Imitation uden refleksion.

De redskaber og ressourcer der eksisterer i anæstesiafdelingen;

- ABCED
- Kompetencekort
- Forventningsafstemning
- Retningslinjer
- Arbejdsplaner
- Kursistcafeer

Den uddannelsesansvarlige anæstesisygeplejerske kan;

- Forberede kursisterne på de ikke altid har et beredskab til at håndtere de følelser, som de kan opleve i læringsprocessen.
- Introducere til de eksisterende redskaber
- Planlægge kursisternes uddannelsesstart til at følge så få erfarne kollegaer som muligt
- Tydeliggøre forventningsafstemnings betydning for fælles engagement og fælles virksomhed
- Være sparringspartner for kollegaer i forhold til at anvende refleksion i kliniske praksis
- Bakke op om det gode praksisfælleskab og kursistcafeerne

Masterprojektet har inspireret til at udarbejde et pædagogisk redskab i form af et lommekort, der kan anvendes af kollegaer, kliniske vejledere og kursister, hvor idégrundlaget er dette:

Forventningsafstemningen:		
Afklar kursistens kompetenceniveau	Kursistens fokus ud fra kompetencekort – lav rollefordeling	Gensidige aftaler – forventninger fra begge
Opdel anæstesien i elementer:		
Ud fra kompetencekort	Ud fra ABCDE	Modtagelse – indledning – peroperativ – ekstubation - aflevering
Dialog:		
Retningslinjer kan give genkendelighed	Refleksion – De 3 H'er, hånd, hoved og hjerte. De 3 perspektiver, kursistens, patientens og kollegaens	Mulighed for gensidig læring – nysgerrig på hvordan dine kollegaer arbejder
Praksisfællesskabet:		
Kursistens kompetencer vigtige for anæstesien	Hep på kursisten	Hvem er kursisten som person, være nysgerrig

Den Store Sår Skattejagt

Poster presentation

Christensen, Kathrine - Author[1]

[1]*VITA*

Introduktion/baggrund:

På en intensivafdeling, hvor personalet arbejder i tre vagtlag og hvor patient/sygeplejeratioen er 1:1, kan det være svært at formidle ny viden så alle får indsigt i denne. Når afdelingen samtidigt dækker mange specialer, er det en udfordring at vidensdele og gøre materialet bemærket i mængden af den information der jævnligt forsøges udbredt. Det opleves, at personalet sjældent deltager i afdelingens gængse formidlingsformer såsom quizzer, nyhedsbreve og plancher. Formentligt fordi disse drukner i mængden

Metode:

Det blev derfor forsøgt med en alternativ læringsmetode, bestående af en 'Skattejagt' rundt i afdelingen. Udgangspunktet for skattejagten, var en fiktiv patient-case med, for afdelingen, realistiske problematikker relateret til sår- og sårplejeprodukter. Personalet blev præsenteret for opgaver i relation til casen, og de skulle derefter rundt i afdelingen og lede efter det korrekte sårplejeprodukt. Ved hvert korrekt besvaret spørgsmål, fandtes en uddybelse for valget af sårplejeproduktet samt en ny opgave. I alt bestod skattejagten af seks poster, da dette vurderedes at være en passende mængde tid at sætte af i en travl hverdag. Skattejagten sluttede af med en præmie. Formålet var at tiltrække opmærksomhed til informationen, ved at gøre opgaven sjov, og det var derfor ikke muligt at tabe; alle deltagere fik en præmie.

Resultater:

Der var indkøbt 25 præmier, og disse var alle væk den følgende dag. Det opleves at dette er en større brugerdeltagelse som ved vanlige quizzer i afdelingen. I praksis, deltog personalet i skattejagten i små grupper, og dette fordrede faglige diskussioner, der endte i opklarende spørgsmål, der slutteligt blev afklaret. I de efterfølgende uger, bemærkedes det desuden, at de forskellige sårplejeprodukter blev benyttet hyppigere som før, og dette vurderedes som et succeskriterie.

Analyse/Diskussion:

Det vurderes, at det kræver nytænkning og kreativitet at få kollegaer til at bruge tid på at opnå ny viden i en travl hverdag. Ved denne skattejagt, formåedes det at inddrage forskellige læringsmetoder, som muligvis har bidraget til en større deltagelsesprocent. Der kræves dog yderligere undersøgelse af metoden. Der kunne med fordel forsøges med en større mængde af præmier. Skattejagten kan, som formidlingsmetode, formentligt overføres til andre hovedemner, som i dette tilfælde var 'Sår og sårplejeprodukter'.

Én vej til Perioperativt Afsnit: Ensartet sygeplejedokumentation sikrer patientcentreret og efficient klargøring af patienten på operationsdagen

Poster presentation

Nørgaard Madsen, Tina Mai - Author[1]; Tang Fredenslund, Tina - Co-Author[2]; Lindberg Strømgaard, Annemette - Co-Author[2]; Nielsen, Christian Viggo - Co-Author[2]; Højager Nielsen, Anne - Co-Author[2,3]

[1]Department of Anaesthesiology and Intensive Care, Gødstrup Hospital, [2]Operation og Intensiv, Regionshospitalet Gødstrup, [3]Institut for Klinisk Medicin, Aarhus Universitet

Indledning:

Forberedelse af operationspatienter foregår initielt i de kirurgiske specialer op til flere måneder før operationen, hvor sygeplejersker informerer om operationen samt indhenter vigtige informationer om patienternes individuelle behov.

På operationsdagen skal patienterne modtages og klargøres i Perioperativt Afsnit, hvor sygeplejersker hurtigt skal kunne danne sig et overblik over væsentlige oplysninger for at sikre en tryg og effektiv patientoplevelse.

En journalaudit viste, at relevante informationer ofte allerede var dokumenteret i patientjournalen, men med op til otte forskellige dokumentationsprocedurer vanskeliggjorde det muligheden for et hurtigt overblik og effektiv klargøring på operationsdagen.

Metode:

For at ensarte og forbedre dokumentationen blev der afholdt en tværfaglig workshop med deltagelse af 1–2 specialeansvarlige sygeplejersker fra hvert kirurgiske speciale samt to sundheds-IT-ansvarlige. Målet var at opnå konsensus om, hvilke oplysninger der er nødvendige (”need to know” kontra ”nice to know”) i forhold til præoperativ klargøring. På baggrund af dette samarbejde blev der udviklet én fælles dokumentationsprocedure, og nødvendige IT-løsninger blev implementeret.

I Perioperativt Afsnit bestod denne løsning af konfigurering af et overbliksbillede, som automatisk trækker oplysningerne fra de kirurgiske specialer samt anæstesitilsyn ind.

Resultater:

Sygeplejersker i Perioperativt Afsnit kan nu hurtigt tilgå relevante oplysninger direkte i overbliksbilledet. Dette medfører, at patienten føler sig set og imødekommet, og samtidig kan sygeplejerskerne planlægge individuel sygepleje uden at gå på kompromis med patientflowet. Dokumentationsproceduren understøtter en mere effektiv præ- og postoperativ proces, særligt for patienter med særlige behov.

Samarbejdsprocessen, hvor alle relevante aktører blev samlet en hel dag, muliggjorde hurtig og effektiv udvikling af den fælles dokumentationsprocedure.

Det nye overbliksbillede har reduceret tidsspild og informationssøgning, og det har styrket både patientsikkerheden og arbejdsgangen på operationsdagen.

Det tværfaglige samarbejde har vist sig som en bæredygtig model for fremtidige udviklingstiltag.

Diskussion:

Projektet demonstrerer, hvordan ensartet dokumentation kan forbedre både patientsikkerhed, effektivitet og arbejdsglæde blandt personalet.

Der ses et lignende potentiale for efficiens ved ensretningen af den lægefaglige dokumentation (operationsindikation) og ordinationer (præmedicin).

Desuden kan modellen med fordel anvendes i andre afdelinger, fx Akutafdelingen, der ligeledes sender fasttrack-patienter til præoptimering i Perioperativt Afsnit.

Ensretning gør også introduktion af nyt personale lettere og fremmer kvalitet i patientforløb på tværs af afdelinger.

Enhancing Adherence to Evidence-Based Preoperative Fasting Guidelines with the Safe Brain Initiative Care Bundle: a Large multi-centre, retrospective cohort analysis

Poster presentation

Jakobsen, Karina - Author[1]

[1]*Department of Anesthesiology, SUH Nykøbing F., Region Sjælland, Denmark*

Background:

The results support and add to the current research on the benefits of using short Fluid Fasting Time (FFT) to improve patient outcomes and make hospitals more efficient. Since many patients still have to wait a long time for FFT, this study emphasizes the importance of following FFT guidelines.

Method:

To assess the effectiveness of the Safe Brain Initiative care bundle in reducing FFT.

The study was conducted in the operating rooms and post anesthesia care units (PACU) of four hospitals across Denmark (Nykøbing Falster, Næstved and Ringsted) and Turkey (Ankara).

The convenience sample of patients were aged ≥ 18 years, scheduled for surgery, and could communicate verbally. Age, sex, and the American Society for Anesthesiology physical status classification were used in statistical methods to control for confounders

The SBI-CB, comprises 18 delirium reducing recommendations aligned with international evidence-based guidelines. The intervention included patient education, staff training, coordination meetings across centers, and a dashboard for continuous monitoring of outcomes. One recommendation is to reduce FFT. Different measures were implemented in the various centers. However, there was no structured protocol or systematic training in this regard; in summary, attention to this topic was merely increased.

Clinicaltrials.gov, identifier: NCT05765162

Results:

The study included 15,837 patients, but the number of patients varied in each analysis due to missing data. The average FFT was 6.28 hours, with 40.35% of cases following the short FFT protocol. About 11.92% of patients experienced a prolonged FFT of at least 12 hours. There was a strong positive correlation ($r=0.69$, $p<0.001$) between the duration of implementation and the percentage of patients adhering to the protocol. In logistic regression, short FFT was associated with a significant reduction in post-operative delirium with a log odds of 0.72 [0.61, 0.85], $p<0.001$. Overall, all measured Patient-Reported Outcomes (PROs) improved significantly, with the most benefits observed postoperatively.

Conclusions:

The results support and add to the current research on the benefits of using short FFT to improve patient outcomes and make hospitals more efficient. Since many patients still must wait a long time for FFT, this study emphasizes the importance of following FFT guidelines.

Evaluating the feasibility of AssCE Assessment Tool for Master's Level Clinical Nursing Education

Oral presentation

Rasi, Matias - Author[1]; Dehli, Lena - Author[1]; Mæhre, Kjersti - Co-Author[1]; Sollied-Sørensen, Marie - Co-Author[1]

[1]UiT The Arctic University of Norway

Introduction:

Previously, open feedback forms were used to assess clinical practice in the master's nursing program at UiT, The Arctic University of Norway. The assessment did not follow any standardised guidelines and this approach led to inconsistent assessments between students. In autumn 2024, the AssCE (Assessment of Clinical Education) tool was introduced to standardise assessments for students specialising in paediatric, intensive care, operative, and oncology nursing. This project aims to evaluate the feasibility and effectiveness of the AssCE tool in clinical practices.

Methods:

An intervention design is employed to implement and evaluate the AssCE tool during practice periods from 2024 to 2025. Data collection involves mixed methods, including quantitative surveys and qualitative focus group interviews. Surveys will be distributed to students, clinical mentors, and academic supervisors at two stages during the project. Focus group interviews with students and clinical mentors will capture the experiences of using the AssCE tool. Data will be analysed using descriptive statistics for quantitative results and reflexive thematic analysis for qualitative data.

Results:

The evaluation will present quantitative and qualitative findings in a mixed-methods format. The study aims to determine whether AssCE is a valid tool for assessing students' clinical practice in our context.

Discussion:

This project aims to evaluate the feasibility of the AssCE tool in a new context. Potential outcomes include: 1) adopting AssCE as it is, 2) adopting AssCE with modifications, or 3) discontinuing its use. Initial challenges, such as the time-intensive nature of mid-term assessments and occasional overlaps in criteria, must be addressed for long-term success. Ultimately, we hope this project increases the quality of the assessment of clinical studies.

Fra novice til ekspert – med digitale kompetencekort til sygeplejestuderende

Poster presentation

Rasmussen, Pernille - Author[1]

[1]*OUH Odense Universitets Hospital, afd. V, COPA*

Baggrund:

Kliniske vejledere efterspørger et struktureret og brugervenligt redskab til at understøtte både on-boarding og til opfyldelse af læringsmål for 6. semester sygeplejestuderende i forbindelse med et længerevarende praktikophold i opvågningsafsnittet. Redskabet skal kunne give overblik over den studerendes progression og læringsfokus.

Formål:

At udvikle og implementere et digitalt kompetenceudviklingsprogram, der skaber overblik, understøtter læring og styrker samarbejdet mellem studerende og vejledere.

Metode:

Læringsmål for 6. semester studerende og øvrige elektroniske materialer blev indskrevet i platformen MyMedCards under modulet MySkills. Alle 27 obligatoriske læringsmål for praktikophold blev fordelt på digitale kompetencekort, organiseret i ugepakker. Hver ugepakke tildeles løbende under praktikopholdet. Hvert kompetencekort indeholder relevant indhold som tekst, video, tjeklister og links. Studerende og vejleder gennemgår materialet ugentligt, og den studerende markerer løbende gennemførte kompetencekort.

Resultat og diskussion:

Erfaringerne viser, at platformen MyMedCards er intuitivt og effektivt i brug. Platformen understøtter de studerendes læringsproces, styrker deres medansvar og sikrer adgang til nyeste opdaterede viden. Kliniske vejledere oplever øget kontinuitet og bedre overblik, hvilket bidrager til fagligt fokus og forbedret læringsmiljø. Platformen bidrager til en fælles forståelse af praktikforløbet, styrker læringsprocessen og muliggør individuel tilpasning. Opvågningsafsnittets læringsmål for uddannelsesperioden er blevet mere tydelige og den studerendes udvikling nemmere at evaluere. Ligeledes anvendes platformen til pre-bording idet nye sygeplejestuderende tilsendes deres personlige adgang, allerede inden første uddannelsesdag på opvågningsafsnittet
Samlet set vurderes programmet som et motiverende og opdateret læringsredskab for såvel klinisk vejleder, ad hoc vejleder og for den sygeplejestuderende.

Implementation of the PDNV Consensus Guidelines (1) in PACU: A Pilot Study Comparing Opioid Effects on Post-Discharge Nausea and Vomiting.

Poster Presentation

Jakobsen, Karina - Author[1]

[1]*Department of Anesthesiology, SUH Nykøbing F., Region Sjælland, Denmark*

Introduction:

Post-discharge nausea and vomiting (PDNV) affects approximately 30% of patients following ambulatory surgery, frequently associated with postoperative opioid use. The PDNV Consensus Guidelines Algorithm recommends pre-discharge risk assessment and stratified prophylactic treatment to mitigate symptoms. This pilot study, part of the GRAMA project, aimed to evaluate the implementation of these guidelines in the post-anesthesia care unit (PACU) and to compare the effects of two opioids—oxycodone and morphine—on PDNV outcomes through postoperative day two.

Methods:

The study was conducted at the PACU of SUH Nykøbing F. from January 17 to July 17, 2024. Patients ≥18 years undergoing ambulatory surgery with a PDNV risk score ≥2 were included (N=101). From January to April, patients received oxycodone (G1), and from April to July, morphine (G2). PDNV risk factors (female sex, age <50, history of PONV, opioid use in PACU, and nausea in PACU) were scored (0–5). Patients with a score of 2 received 24-hour, single-drug prophylaxis; those with scores of 3–5 received 48-hour, dual-drug prophylaxis (ondansetron and dexamethasone). Follow-up occurred via structured phone interviews at 24 or 48 hours, depending on risk score.

Results:

Medication adherence exceeded 78% in both groups (G1: 78.7%, G2: 84.6%). Vomiting incidence remained ≤10% in medicated patients, with G1 showing significantly lower rates (8.2%) than G2 (22.5%) ($p<0.001$). At 24 hours, 57.4% of all patients reported no nausea, while 42.6% experienced nausea (NRS ≥1), with similar outcomes at 48 hours. Over 75% of patients in both groups reported positive wellbeing (NRS ≥5) at both time points.

Discussion:

This pilot study supports the utility of the PDNV Consensus Guidelines Algorithm in reducing postoperative nausea and vomiting. Notably, oxycodone was associated with a lower incidence of vomiting compared to morphine. These findings advocate for broader implementation of the guideline in PACUs to enhance postoperative care and align with the Safe Brain Initiative (SBI), promoting improved outcomes and patient satisfaction in ambulatory surgery settings.

Reference:

1. Fourth Consensus Guidelines for the Management of Postoperative Nausea and Vomiting, PMID: 32467512 DOI: 10.1213/ANE.0000000000004833

Improving Nursing Handover from Surgery to Recovery: Implementing the "Check-Over" Project to Enhance Collaboration, Professional Development, and Patient Safety

Oral presentation

Bak, Emilie - Author[1]; Holbæk, Elisabeth - Co-Author[1]; Nielsen, Anne Mette - Co-Author[1]; Geisler, Anja - Co-Author[2]

[1]Rigshospitalet, [2]Rigshospitalet, CKO

Introduction:

Patient transitions in healthcare are high-risk areas for errors and information loss. The "Check-Over" project was initiated to improve the quality and safety of transitions between the operating room and the PACU. The project involves surgical nurses in a new handover process to ensure the transfer of relevant surgical information, reduce information loss, and enhance professionalism, collaboration, and patient safety.

Method:

Launched in February 2024, the project initially focused on vascular surgery patients, with surgical nurses accompanying anesthetic nurses to recovery handovers 24/7. A report card was developed to capture key surgical information for postoperative care. Later, the project expanded to all surgical specialties from 8:00 AM to 6:00 PM.
In autumn 2024, semi-structured focus group interviews were conducted with three nursing groups (2–20 participants each) and analyzed using thematic analysis. The project employs the PDSA (Plan-Do-Study-Act) cycle for iterative adjustments, with the next cycle in January 2025 expanding "Check-Over" to all patients around the clock.

Results:

Key themes include: **Nursing Identity & Competence Development**, **Enhanced Collaboration**, and **Structure & Coordination**. Nurses reported improved satisfaction, greater involvement in patient care, and strengthened professional identity. Collaboration between nursing groups improved, fostering better relationships and shared responsibility. Evaluations showed enhanced handover quality and emphasized the importance of precise, structured information sharing, especially for complex cases.

Implications for Practice:

Nurses from all three groups are involved in the development, revision, and implementation of the report card for surgical nurses' handovers. The development project is continuously evaluated and adapted organizationally through the PDSA cycle based on empirical data and staff feedback. The project highlights the potential of structured tools and interdisciplinary collaboration to enhance handovers, improve care quality, and promote better patient outcomes.

Incidence of hypothermia in children under 1 year undergoing MRI

Oral presentation

Møller Hansen, Marlene - Author[1]

[1]*Neuroanæstesien OUH*

Background:

At the Neuroanaesthesia Department at Odense University Hospital, children under 1 year of age undergo Magnetic Resonance Imaging (MRI) under general anesthesia. Additional procedures are often performed while the child remains under general anesthesia, and some children are transported directly to surgery following the MRI. As the MRI scanner requires MRI convertible equipment, thermal protection of the child during the procedure is a challenge in clinical practice. Despite the use and replacement of warm blankets, we have experienced incidents of unintentional hypothermia in the children, which compromise patient safety. The cause might be that the children are exposed to cold environment while wearing minimal clothing, which increases the risk of hypothermia during anesthesia.
The purpose of this quality improvement project was to explore the incidence of hypothermia in children under 1 year of age during the MRI scan and additional procedures.

Methods:

Children under 1 year of age, undergoing general anesthesia for MRI and additional procedures were included. Esophageal temperature was measured in three intervals; post-induction at the pre-anesthetic area; right before the MRI scan and before extubation in the pre-anesthetic area. Temperatures below 36 °C were registered as hypothermic. The project was conducted in September 2023 at Odense University Hospital.

Results:

A total of 16 children were included. The average temperature was 36.6 °C at post-induction and before extubation. The result showed that three out of 16 children (19%) were hypothermic at post- induction. Two children (12.5%) were hypothermic upon returning the pre-anesthetic area, one of whom was also hypothermic at post-induction. In general, the children were normothermic in connection with the MRI scan during the period.

Discussion:

As a result, neuroanesthesia guidelines have been revised. Children under 1 year of age who are to proceed from MRI scanning to surgery are actively warmed before and after in the frontroom. Furthermore, esophageal temperature is measured in all children under 1 year of age before and after MRI in the frontroom. Efforts have also been made to ensure that children remain fully dressed and covered with quilts, while optimizing conditions for intravenous access and minimizing exposure of extremities.

Intensiv sommerskole for sygeplejestuderende – rekrutteringsstrategi og læringsmulighed.

Oral presentation

Stisen, Maria - Author[1]; Kjersgaard, Vicki - Author[1]; Poulsen, Kristian - Author[1]

[1]Department of Anesthesiology and Intensive Care, Odense University Hospital

Introduktion:

Rekruttering af sygeplejersker til intensiv specialet kan være en stor udfordring. Samtidig udtrykker mange sygeplejestuderende interesse for at arbejde på en intensivafdeling, men har ofte begrænset indsigt i, hvad intensiv sygepleje reelt indebærer. Mange overraskes efterfølgende over specialets dybe, kompleksitet og spændvidden fra kortvarige, akutte forløb til langvarige, stabile forløb med stort rehabiliteringsbehov. Korte ansættelser på intensiv kan være en konsekvens. Vi har udviklet og afholdt en tredages frivillig sommerskole, som introducerer sygeplejestuderende til intensiv behandling og sygepleje. Formålet er at give et realistisk indblik i specialet og dermed støtte de studerende i at træffe et mere kvalificeret valg i forhold til fremtidigt job og mulige karriereveje.

Metode:

Sommerskolen henvender sig til sygeplejestuderende, med minimum afsluttet 4. semester. Over tre dage modtager deltagerne undervisning i blandt andet ABCDE-principperne, deltager to formiddage i mini-klinik på et intensivt afsnit, og møder både en tidligere intensivpatient samt en nyansat kollega, som på hver sin måde giver deltagerne et indblik i deres respektive erfaringer. Vi gennemfører aktuelt en undersøgelse af betydningen af forløbet med fokus på de studerendes udbytte i forhold til deltagernes læring, professionsidentitet og karriereovervejelser.

Resultater:

Sommerskolen er afholdt to år i træk med i alt 27 ansøgere – 20 blev tilbudt deltagelse. Ud af disse har fem siden fået job som sygeplejerske på et af afdelingens intensive afsnit, to er startet i studiejob, og to har skrevet bachelorprojekt med intensiv sygepleje som omdrejningspunkt. Derudover er to deltagere henvist til anæstesiafdelingen med henblik på yderligere karriereafklaring. Undersøgelsens resultat præsenteres på konferencen. Umiddelbar feedback i forbindelse med afslutningen på sommerskolen viser, at deltagerne oplevede højt fagligt og personligt udbytte samt en dybere indsigt i specialets mangfoldighed, krav og muligheder.

Diskussion:

Sommerskolen har vist sig som en effektiv metode til både at rekruttere og inspirere sygeplejestuderende. Vores erfaring peger på, at korte, fokuserede forløb som en sommerskole, kan være et værdifuldt værktøj til at introducere sygeplejestuderende til intensiv specialet. Praksisnær tilgang kombineret med faglig undervisning og personlige fortællinger kan styrke den studerendes faglige identitet og forståelse for specialet. Undersøgelsen er baseret alene på deltagere, som efterfølgende tænker intensiv afdeling som en fremtidig karrierevej.

Kompetencekort for erfarne sygeplejersker

Poster presentation

Trads, Mette - Author[1]

[1]*Dansk Sygeplejeråd*

Introduction:

Vedligeholdelse af kompetencer for erfarne sygeplejersker i en travl opvågningsafdeling er en udfordring. Der er i afsnittet tidligere udarbejdet kompetencekort til brug i oplæringen af nyansatte sygeplejersker. Kortene indeholder mål/standarder for sygeplejerskernes viden og kompetencer omkring relevante emner som Respiration, Cirkulation, Smertebehandling mm. Andre afdelinger anvender individuel gennemgang af kompetencekort.

Vi vil undersøge, om gruppelæring med udgangspunkt i kompetencekort giver bedre læring for erfarne sygeplejersker ift. eksakt viden om emnet samt til sygeplejerskernes self-efficacy, hvilket vil sige "en persons tro på egne evner til at mestre en færdighed eller fuldføre en opgave".

Methods:

Erfarne sygeplejersker ansat i Forberedelse og Opvågning Nord, Aarhus Universitetshospital, Danmark gennemgik i efteråret 2024 kompetencekortet for Cirkulation i grupper på 3-4 sammen med en facilitator. Sygeplejerskerne skulle forberede sig inden gennemgangen. 2 uger før gennemgangen udfyldte deltagerne et spørgeskema vedrørende eksakt viden om Cirkulation samt et self-efficacy skema ift. plejen af patienter med cirkulatoriske problemer. Samme skema blev udfyldt efter 2 uger samt efter 3 måneder.

Results:

32 sygeplejersker blev inkluderet i studiet og udfyldte skemaet 2 uger før gennemgang (100 %). 27 (84 %) udfyldte skemaet 2 uger efter gennemgangen og 24 (75 %) 3 måneder efter.

Resultaterne viser, at den overordnede viden omkring cirkulation er øget med op til 15 %, afhængigt af emnet. I forhold til sygeplejerskernes self-efficacy, blev den øget med op til 22 %.

Self-efficacy:

Sygeplejerskerne havde større tillid til egne evner (self-efficacy) ift. at pleje en patient med cirkulatoriske problemer indenfor de allerfleste underemner efter 2 uger. Størst forandring sås på spørgsmålene omhandlende medicinering. Efter 3 måneder sås et mindre fald, men stadig højere self-efficacy end ved udgangspunktet.

Eksakt viden:

Der var generelt stor viden inden gennemgangen; naturligt nok sås der derfor ingen eller minimal stigning i andelen af rigtige svar efter gennemgangen.

Konklusion:

Gennemgangen af kompetencekortet "Cirkulation" øgede kun minimalt sygeplejerskernes eksakte viden.

De allerfleste sygeplejersker oplevede større tillid til egne evner ift. at pleje en patient med cirkulatoriske problemer både efter 2 uger og efter 3 måneder.

Discussion:

Studiet er lille og derfor vanskeligt at sammenligne med studier, der undersøger effekten af individuel gennemgang af kompetencekort.

Kompetenceudvikling for opvågningssygeplejersker

Poster presentation

Darley, Britt - Author[1]; Rosenkilde, Charlotte - Co-Author[1]

[1]Anæstesiologisk-Intensiv afdeling V, Odense Universitetshospital

Baggrund:

Kompetenceudvikling er en central forudsætning for kvalitet og patientsikkerhed i sundhedsvæsenet og en integreret del af Odense Universitetshospitals (OUH) sygeplejestrategi. For opvågningssygeplejersker er kontinuerlig faglig udvikling essentiel for at kunne håndtere komplekse postoperative forløb og sikre en tryg opvågning. På OUH understøttes kompetenceudvikling via brugen af kompetencekort på en elektronisk platform.

Formål:

Formålet med dette studie var at undersøge opvågningssygeplejerskers perspektiver på kompetenceudvikling samt at belyse, hvordan kompetencekort kan anvendes i praksis.

Metode:

Studiet blev gennemført som en spørgeskemaundersøgelse blandt opvågningssygeplejersker på OUH i februar 2024, forud for undervisning og introduktion af et specifikt kompetencekort. Resultaterne blev anvendt til at udvikle en målrettet pædagogisk model for implementering af kompetencekort, hvor der blev afholdt en temadag med en kombination af undervisning og gruppearbejde. Gruppearbejdet var en sammensætning af erfarne og mindre erfarne opvågningssygeplejersker, som fik udleveret refleksionsspørgsmål og følgende svarark inden for kompetencekortets emne. Efterfølgende blev temadagen evalueret via et spørgeskema.

Resultat:

Resultatet viste, at opvågningssygeplejersker perspektiv på kompetenceudvikling, er at få teori koblet på praksis, at få anvendt egen læring i hverdagen og derved forbedre egne kompetencer i det daglige arbejde. Samtidig blev der udtrykt en sammenhæng mellem kompetenceudvikling og oplevet tryghed i opvågningsarbejdet. Evalueringen pegede på, at undervisning i kompetencekortets emne med efterfølgende gruppearbejde med refleksionsspørgsmål og svarark som metode, er velegnet til at fremme kompetenceudvikling for både erfarne og mindre erfarne personale.

Diskussion:

Anvendelsen af refleksionsspørgsmål og svarark understøtter et fastlagt fagligt niveau inden for opvågningssygeplejen. Det fremmer faglig dialog og sparring mellem erfarne og mindre erfarne opvågningssygeplejersker, samt refleksion over egen praksis og bidrog til en mere målrettet kompetenceudvikling.
For at sikre kontinuitet i kompetenceudviklingen anbefales at udarbejde specialespecifikke kompetencekort og implementere et årshjul, som kan støtte kontinuerlig anvendelse i praksis. Der skal være opmærksomhed på, at kompetencekort er et passivt redskab, der i sig selv ikke nødvendigvis øger kompetenceniveauet, men skaber refleksion og stiller spørgsmål, som kræver aktiv opfølgning.

Kompetenceudvikling for opvågningssygeplejersker: En struktureret tilgang med brug af præ- og posttest

Poster presentation

Fredenslund, Tina Tang - Author[1]; Madsen, Tina Mai Nørgaard - Co-Author[1]; Strømgaard, Annemette Lindberg - Co-Author[1]; Nielsen, Anne Højager - Co-Author[2,3]

[1]Perioperativt Afsnit, Operation og Intensiv, Regionshospitalet Gødstrup, [2]Operation og Intensiv, Regionshospitalet Gødstrup, [3]Institut for Klinisk Medicin, Aarhus Universitet

Indledning:

Patientsikkerhed og høj kvalitet er afgørende i opvågningssygepleje, hvor sygeplejersker står over for komplekse patientforløb og behov for avancerede tekniske og kliniske færdigheder. Centrale kompetencer inkluderer effektiv monitorering, tidlig identifikation af komplikationer og sikker udskrivelse. Formålet er at sikre en systematisk udvikling af centrale kliniske og tekniske færdigheder gennem målrettet kompetenceudvikling.

Metode:

Et kompetenceudviklingsprogram blev udarbejdet af sygeplejersker med nøglefunktion og derefter implementeret og evalueret blandt sygeplejersker i det perioperative afsnit. Programmet bygger på 12 kompetencedomæner, som en opvågningssygeplejerske forventes at beherske, identificeret i et Delphi-studie af Hvidberg. Hvert domæne blev inddelt i fire ekspertiseniveauer, inspireret af Benner og Wrubel: nybegynder, kompetent, erfaren og ekspert. Alle sygeplejersker forventes at opnå mindst niveauet "kompetent" eller "erfaren".

Hvert domæne bearbejdes over en periode på 1–2 måneder med både teoretisk og praktisk undervisning, herunder selvstyrede læringsaktiviteter, der er tilpasset domænets indhold og integreret i daglige arbejdsgange. Programmet understøtter individuel ansvarstagen for egen læring.

For at evaluere progression anvendes præ- og post-tests. Resultaterne aggregeres, anonymiseres og deles i afdelingen for at øge den kollektive bevidsthed om faglige kompetencer.

Resultater:

Vi forventer at kunne præsentere resultater fra 2–4 gennemførte præ- og post-test-cyklusser. Disse vil vise, om der findes målbare forbedringer i sygeplejerskernes kompetencer samt i hvilket omfang de har arbejdet med kompetenceudviklingen. Desuden vil der foreligge resultater for, hvilke læringsmetoder sygeplejerskerne har benyttet, samt hvilke læringsmetoder der er fundet mest effektfulde.

De første testresultater vil vise, om den strukturerede og domænebaserede tilgang skaber målbare læringseffekter. Kombinationen af fælles læring og individuel ansvarstagen styrker en kultur for faglig udvikling og refleksion, og resultaterne vil vise om dette er muligt i en hverdag præget af højt patientflow.

Diskussion:

Programmet bidrager ikke blot til forbedring af konkrete kliniske færdigheder, men understøtter også en kultur for selvstyret læring og kontinuerlig faglig udvikling. Brug af præ- og post-tests fremmer dokumentation og bevidsthed om progression. Deling af anonyme resultater i afdelingen har desuden styrket fællesskabets læringskultur. Endelige resultater vil blive præsenteret på en kommende konference og kan danne grundlag for videre udbredelse af modellen.

Kvalitetssikring og udvikling af patientforløb ved hjælp af Business Intelligence data

Poster presentation

Fredenslund, Tina Tang - Author[1]; Nielsen, Christian Viggo - Co-Author[1]; Collin, Trine Nygaard - Co-Author[2]; Madsen, Tina Mai Nørgaard - Co-Author[1]; Strømgaard, Annemette Lindberg - Co-Author[1]; Nielsen, Anne Højager - Co-Author[1,3]

[1]Operation og Intensiv, Regionshospitalet Gødstrup, [2]Bedøvelsesafsnittet, Operation og Intensiv, Regionshospitalet Gødstrup, [3]Institut for Klinisk Medicin, Aarhus Universitet

Indledning:

Effektivisering og kvalitetsudvikling af kirurgiske perioperative patientforløb er afgørende for at sikre høj patientsikkerhed og optimal ressourceudnyttelse. Traditionelle metoder som journalaudit og dataindsamling er ofte tidskrævende og begrænser muligheden for systematisk analyse samt hurtig identificering af kliniske problemområder. Region Midtjyllands Business Intelligence-system (BI-portalen) muliggør en datadrevet tilgang til kvalitetsudvikling ved at integrere kliniske data i realtid. Formålet er at muliggøre målrettede forbedringer og optimering af patientforløb ved at anvende en datadreven tilgang, hvor kliniske data integreres i realtid.

Metode:

Der er udviklet en specifik rapport i BI-portalen, som omfatter alle patientforløb gennem det perioperative afsnit. Rapporten er opbygget i to trin:

Dataudvælgelse, hvor relevante patientforløb og tidsperioder defineres.

Analyse, hvor nøgleparametre for kvalitet og effektivitet præsenteres, herunder varighed af opvågningsperiode, smerte- og kvalmeniveauer, shivering samt anvendelse af blæreskanning og kateteranlæggelse.

Problemområder identificeres enten visuelt via rapportens output, eller be/afkræftes i BI-portalen efter mistanke på baggrund af kliniske observationer eller forskningslitteratur. Identificerede problemer danner grundlag for tværfaglige samarbejder mellem perioperative sygeplejersker, anæstesi- og kirurgiske læger med henblik på implementering af forbedringstiltag.

Resultater:

Data fra BI-portalen har gjort det muligt at foretage systematiske analyser og visualiseringer, der hurtigt kan pege på mønstre og afvigelser i patientforløbene, hvilket har ført til mere effektiv monitorering af patientforløb samt lettere identifikation af risikogrupper med postoperative problematikker såsom smerter og kvalme. Dette har muliggjort konkrete ændringer, herunder:

- Revideret smertebehandlingsstrategi ved laparoskopisk cholecystektomi og hysterektomi.
- Revideret smertebehandlingsstrategi for knæ- og hoftealloplastikker i generel anæstesi.
- Forbedret kvalmeprofylakse ved tonsillektomi hos patienter over 10 år.
- Desuden har personalet oplevet, at dataindsamling er blevet enklere og mindre tidskrævende, med reduceret behov for manuelle registreringer og journalaudits.

Diskussion:

BI-portalen har vist sig som et effektivt beslutningsstøtteværktøj til kvalitetsudvikling i kirurgiske forløb. Adgangen til realtidsdata har styrket klinikernes beslutningsgrundlag og muliggør en systematisk og evidensbaseret tilgang. Der arbejdes på en udvidelse af BI-rapporten til at inkludere anæstesiforløb, yderligere opvågningsdata samt genindlæggelser, hvilket vil styrke rapportens anvendelighed. Især bliver det muligt at følge patientgruppers omlægning fra indlæggelse til ambulant kirurgi og evaluere denne

omlægningseffekt på genindlæggelsesrater og behandlingsbehov – et vigtigt element i en fremtidig evidensbaseret udvikling af patientforløbene.

Kvalitetsudviklingsaktivitet for 6. semesters sygeplejestuderende i intensiv- og opvågningsafsnit

Poster presentation

Kjersaard, Vicki - Author[1]; Kjersgaard, Vicki - Author[2]; Lærkner, Eva - Co-Author[2]

[1]OUH, [2]Odense Universitetshospital

Baggrund:

Læringsmål for 6.semesters sygeplejestuderende i klinisk praksis omfatter blandt andet evnen til at anvende metoder for kvalitetsudvikling samt initiere og deltage i udviklingsarbejde. Endvidere forventes, at de kan integrere forskningsbaseret viden i argumentation for og refleksion over sygepleje i den konkrete praksis. For at opnå læringsmålene samt skabe tydelig relation (alignment) til den kliniske eksamen, valgte vi på intensiv og opvågningsafsnittene at iværksætte en kvalitetsudviklingsaktivitet, hvor de sygeplejestuderende træner faglig argumentation og gennemførelse af kvalitetsudvikling i klinisk praksis.

Formål:

På baggrund af et formaliseret og struktureret uddannelsestilbud at skabe synlig relation mellem semestrets læringsmål, den kliniske uddannelse og den kliniske prøve

Metode:

Stilladsering som pædagogisk metode er anvendt ved en tydelig beskrivelse af indholdet af de enkelte faser i PDSA-cirklen (PLAN-DU-STUDY-ACT). De studerende introduceres til udviklingsaktiviteten, hvorefter de selv danner grupper og udvælger et praksisnært sygeplejefagligt fokus, ofte initieret af en selvoplevet udfordring i praksis. Ud fra emnet udvælges en relevant klinisk instruks, og det undersøges, om instruksen følges i praksis (PLAN). Denne praktiske del foregår over 7 -14 dage, hvor data indsamles i klinisk praksis oftest i form af observationer, spørgeskema eller interview (DO). Derudover fremsøges og kvalitetsvurderes en videnskabelig artikel, som relateres til problemstillingen. Data analyseres og relateres til den udvalgte instruks samt artikel (STUDY). Resultaterne præsenteres for medstuderende og kliniske vejledere ved mundtlig formidling af processen ud af PDSA-cirklen. De studerende reflekterer over, hvorledes kvaliteten af pleje og behandling kan fastholdes og videreudvikles, samt hvordan forbedringstiltag kan implementeres (ACT).

Resultater:

Kvalitetsudviklingsaktiviteten er gennemført fire gange over en periode på to år med i alt 45 deltagere. De seneste 11 studerende har evalueret aktiviteten umiddelbart efter gennemførelsen. Resultatet viser, at aktiviteten vurderes til i høj grad/nogen grad at styrke opfyldelse af læringsmålene. Der opleves dog et tidspres med at gennemføre aktiviteten samtidig med andre sideløbende læringsaktiviteter i klinisk praksis.

Diskussion:

Stilladsering er et effektivt pædagogisk redskab til at understøtte sygeplejestuderendes meningsfulde læring i intensiv-og opvågningspraksis, hvor koblingen mellem læringsmål og praktiske færdigheder understøttes. Endvidere har udviklingsaktiviteten fokus på at fremme selvstændighed og bidrager til et inkluderende og aktivt læringsmiljø.

Læringsvideo forbedrer håndteringen af epiduralkateter og forebygger fejl i postoperativ smertebehandling.

Poster presentation

Larsen, Cecilie - Author[1]

[1]*Hvidovre Hospital*

Baggrund:

Epiduralkatetre (EPI) anvendes ofte til smertebehandling i præ- og postoperative forløb. Akut Smerteenhed på Hvidovre Hospital, bestående af sygeplejersker fra Opvågningen, tilser patienter med EPI på første postoperative dag og efter behov. Det er dog blevet observeret, at smertebehandlingen af og til forsinkes eller udebliver på grund af usikkerhed omkring håndtering af EPI og korrekt indgift af bolus ved smertegennembrud. Ca. 60 % af de EPI-relaterede utilsigtede hændelser (UTH'er) vedrører fejlhåndtering af EPI ved medicinindgift, mens resten relaterer sig til ordination og dokumentation.

Udvikling af læringsvideoer er blevet valideret som et effektivt pædagogisk redskab, der kan styrke faglige kompetencer og samtidig forebygge fejl i praksis. Når en video præsenterer korrekt udførte arbejdsgange, skabes der en visuel forståelse, der hjælper sundhedspersonalet med at omsætte viden til handling. Den visuelle tilgang gør det lettere at huske komplekse processer og spotte potentielle fejl, før de opstår.

Formål:

At udvikle en læringsvideo, der øger sundhedspersonalets kompetencer i observation og medicinindgift i forbindelse med EPI for at forbedre den postoperative smertebehandling og forebygge utilsigtede hændelser.

Metode:

En analyse af UTH'er relateret til EPI blev gennemført for at identificere problemområder. Kvalitative interviews med sygeplejersker fra kirurgiske sengeafsnit (n=4) og anæstesiologiske forvagter (n=2) blev udført for at forstå deres erfaringer og udfordringer med EPI. Data blev analyseret gennem induktiv tematisk analyse, og resultaterne dannede grundlag for udviklingen af læringsvideoen.

Resultater:

Analysen identificerede kritiske områder som forkert indgift af bolus, utilstrækkelig overvågning før, under og efter bolus samt manglende redskaber til vurdering af EPI'ens funktion. Læringsvideoen blev designet til at adressere disse problemer ved at demonstrere korrekt teknik, vigtige observationer og introducere et konkret værktøj (termo-test) til vurdering af EPI'ens funktion.

Konklusion:

Videoen bruges nu i Opvågningens undervisning om smertebehandling med EPI til nyansatte i anæstesien og på afdelingerne. Den er tilgængelig på intranettet, i VIP-vejledninger og via QR-koder på bagsiden af EPI-pumperne. Implementeringen af videoen har potentiale til at reducere fejl relateret til EPI og sikre effektiv smertebehandling, hvilket understreger behovet for kontinuerlig uddannelse og opmærksomhed på praksisnære udfordringer.

Learning Processes in Practice Among Nurses in the PACU Continuing Education Program

Poster presentation

Bak, Emilie - Author[1]

[1]*Rigshospitalet*

Introduction:

Many healthcare professionals face challenges in transferring knowledge from education to practice, limiting their professional development and the quality of patient care. This study focuses on post-anesthesia care unit (PACU) nurses participating in an ECTS-accredited continuing education program, exploring the factors that facilitate or hinder the transfer of learning to clinical practice. The aim is to identify learning processes that enhance competence development and to uncover what supports the application of learning in practice.

Method:

The study is based on five semi-structured interviews with nurses from a PACU. Data were analyzed using thematic analysis following Braun and Clarke's approach, with a focus on identifying patterns in participants' experiences of learning, motivation, and applying new knowledge in practice.

Results:

Two key themes were identified:
Nursing Competence: Participants described how prior experiences served as a foundation for new learning and how reflection on practice led to the development of both theoretical understanding and practical skills.
Motivation and Learning: Relevant learning activities, support from colleagues and mentors, and an inclusive culture were highlighted as essential for participants' engagement and success in applying new knowledge in practice.
The findings indicate that a combination of practice-oriented learning activities, reflection, and organizational support in the clinic, is crucial to ensure the integration of new knowledge into daily practice.

Clinical Implications:

The study emphasizes the need to create learning environments that incorporate reflection, which is essential to ensure that new knowledge is applied in clinical practice and contributes to improved patient care. Organizational support and strategic planning should be prioritized to promote sustained competence development among PACU nurses. Specific recommendations include increased use of mentors in clinical practice, enhanced organizational support, and a focus on practice-oriented teaching. These initiatives can ensure that competence development leads to improved patient care and strengthened professional expertise among PACU nurses.

Learning timeout, A tool for teachers and learners

Oral presentation

Hybel, Rikke Hedegaard - Author[1]

[1]*Odense universitets hospital, Børneanæstesien.*

Introduction/Background:

The aim is optimizing individual learning in the perioperative setting and support a team-based approach to clinical practice.
Competence-based learning as well as bedsite supervision is a cornerstone of education in both paediatric and adult anaesthesia. This for both medical and nursing staff. Consequently, numerous professionals are presented in the operation room with individual learning objectives. This is challenging, since repeated procedures for teaching purposes cannot be justified. Furthermore, traditional learning methods focus on individual approaches and hierarchical structures.
Teamwork in clinical practice enhances patient safety. The question is how individual learning goals can be met without compromising team dynamics in the perioperative setting.

The 'surgical timeout' is the surgical team's short pause before incision, to confirm the correct procedure, on the correct body part of the correct patient.
I hereby present the 'learning time-out', a tool used just before the patient enters the OR, to confirm that potential learning situations are identified, individual learning goals and procedures are performed by the correct operators on a suitable patient.

Method:

The 'learning timeout' was developed through *action learning*, an approach to solve problems that involves taking action and reflecting upon the results. This tool was developed as part of a master's program.

Results:

The "Learning timeout" was implemented as a standard practice in selected pediatric operating rooms. Interdisciplinary staff members of the pediatric anesthesia unit, have been introduced to the concept. Evaluation of the –feasibility and –benefit for learning within the department is currently under evaluation. According to preliminary unstructured feedback, team members respond to the 'learning timeout' in a very positive way. Specific primary and secondary outcomes have not been defined.

Discussion:

Learning and teaching are central tasks in both paediatric and anaesthesia. The 'learning timeout' seems to be a valuable tool to facilitate the optimal output for learners, teachers and patients. The implementation has facilitated constructive discussions about who, where, why, what, when, which are central elements in providing safe anaesthesia to patients.
Fully Implementing "learning timeout" in the adult practice is not yet been successful, but an ongoing proces.

Levende musik i intensiv - et pilotprojekt om samarbejdet mellem konservatoriestuderende og intensivafdelingen.

Poster presentation

Lamberg, Dorte Nees - Author[1]; Tholstrup, Ninja Dyrgaard - Co-Author[2]

[1]Department of Anaestesiology and Intensive Care, Odense Denmark, [2]Anæstesiologisk Intensiv Afdeling V, OUH Odense

Baggrund:

Intensivpatienter er ofte vågne eller let sederede trods kritisk sygdom, mange beskriver intensivmiljøet som fremmed og uroligt. Studier viser, at musik kan reducere smerte og angst samt forbedre søvn, og at levende musik især kan skabe meningsfulde og menneskeliggørende øjeblikke for patienter og pårørende i intensivmiljøet.

Formål:

At undersøge:

- Hvordan et samarbejde med konservatoriestuderende kan tilrettelægges, så intensivpatienter får mulighed for at opleve levende musik og studerende opnår læring om musikformidling til kritisk syge patienter.
- Hvordan opleves levende musik af patienter, pårørende, personale og konservatoriestuderende.

Metode:

Forberedelse:

- Samarbejde etableret og nødvendige godkendelser indhentet
- Teoretisk forberedelse af konservatoriestuderende. Undervisning i den kritiske syge patient og faglig sparring af musikrepertoire.
- Konservatoriestuderende på besøg på intensiv: introduktion til intensivafdelingen og lydprøver
- Intensivpersonalet introduceres

Pilotprojektet omfattede:

- Otte planlagte koncertdage á tre til fem intimkoncerter.
- Inklusion: vågne/let sederede voksne patienter, med eller uden respiratorbehandling
- Evaluering via spørgeskemaer og feedback fra involverede parter.

Koncertdagene:

- Kliniske tovholdere udvalgte patienter og planlagde koncerterne.
- Konservatoriestuderende blev briefet, om hvem de skulle spille for, forinden koncerten.
- Intimkoncert til den enkelte patient på dennes stue evt. med pårørende.
- Feed-back til konservatoriestuderende efter koncerten af konservatorieunderviser og kliniske tovholdere

Evaluering:

- Opgørelse over gennemførte koncerter.
- Spørgeskemaer til patienter, pårørende og personale.
- Gruppeevaluering fra konservatoriestuderende.

Resultater:

- At skabe et velfungerende samarbejde, som både understøttede læring for konservatoriestuderende og gav patienter og pårørende meningsfulde øjeblikke, krævede omhyggelig planlægning og forberedelse af involverede parter, samt engagerede tovholdere fra både konservatorium og klinik.
- 31 patienter deltog, heraf 25 med pårørende til stede. Koncerternes gennemsnitlige varighed var 10 minutter.
- Patienterne repræsenterede meget forskellige kliniske tilstande, herunder kritiske behandlingsforløb, respiratorbehandling og døende patienter. Levende musik skabte unikke, positive oplevelser for patienter og pårørende og bidrog til afslapning og et afbræk fra sygdom.
- Personalet oplevede musikken som beroligende og stemningsskabende som afbræk i en hektisk hverdag.
- Musikstuderende beskrev deres læringsudbytte, som en ny og meningsfuld tilgang til musikformidling som frembragt følelser hos lytterne.
- Efterhånden blev musikken efterspurgt af både personale og pårørende.

Luftvejskursus for Anæstesisygeplejersker

Poster presentation

Bisgaard, Bettina - Author[1]

[1]*Rigshospitalet*

Introduktion og formål:

Luftvejskursus for Anæstesisygeplejersker adresserer de særlige problemstillinger og den faglige dialog om luftvejshåndtering, som er en central del af det daglige arbejde på en højspecialiseret Øre-Næse -Hals/ Tand-Mund-Kæbe anæstesiafdeling. Kurset har for indeværende været afholdt to gange.
Kursets formål er at opkvalificere, videns dele og vedligeholde kompetencer indenfor luftvejshåndtering blandt anæstesisygeplejersker på alle niveauer, gennem teoretisk undervisning og workshops. Den teoretiske del af kurset faciliteres af speciallæger og anæstesisygeplejersker med specialiseret viden, mens workshops understøtter læring igennem praktiske øvelser.
Kurset vægter dialog og interaktion mellem kursisterne, for at fremme efterfølgende vi-densdeling og netværksdannelse
Dette studie evaluerer tidligere deltagende anæstesisygeplejerskers tilfredshed samt det personlige og organisatoriske udbytte af kurset. Yderligere undersøger vi om kurset har medført dialog eller ændringer i klinisk praksis.

Metode:

Kurset blev evalueret ved et anonymt spørgeskema under eller umiddelbart
efter kursets afslutning samt med en opfølgende evaluering 2-3 måneder efter kurset. Første spørgeskema fokuserede på personligt udbytte og relevans for klinisk praksis. Det opfølgende spørgeskema centrerede sig om refleksion i klinisk praksis, dialog om luftvejshåndtering og ændring af kliniske procedurer. Begge skemaer benyttede sig af en 5-punkts Likertskala.

Resultater:

I alt 100 % af deltagerne vurderede kurset som godt eller fremragende umiddelbart efter kursets afslutning. Efter 2-3 måneder besvarede 18 ud af 19 mulige spørgeskema-erne. Besvarelserne viste overvejende personligt og organisatorisk udbytte, konkrete ændringer af klinisk praksis samt refleksioner som ansporede til dialog med kollegaer om luftvejshåndtering.

Diskussion:

Kursets formål vurderes opfyldt, og praksisnært indhold synes at have udbredelse i klinisk praksis.
Kurset evalueres og revideres årligt for at sikre nyeste viden og højeste faglige niveau. Ikke alle teoretiske oplæg og workshops har specifik relevans for alle deltagere, og
prioritering af oplæg samt præsentation af kliniske procedurer og håndelag, der er alment genkendelige, må vægtes.
Kursisterne tilsendes nyeste litteratur inden kursusstart og slides fra oplægsholderne efterfølgende for at fremme implementeringen i egne afsnit.

Mentorskab i intensiv afdeling

Poster presentation

Tholstrup, Ninja Dyrgaard - Author[1]; Krægpøth, Anna - Co-Author[1]

[1]Odense Universitetshospital. Anæstesiologisk afdeling. Intensiv. ITA 1

Baggrund:

Et øget behov for at ansætte flere sygeplejersker, også nyuddannede, på en intensivafdeling på et universitetshospital, medfører en risiko for at erfaringsniveauet falder. Det kan påvirke kvaliteten af plejen samt trivslen blandt erfarne medarbejdere negativt. Derudover kan det være vanskeligt for nyansatte, at være klar til at varetage plejen af patienter selvstændigt efter introduktionsperioden på 12 uger. Det har medført opsigelser blandt nyansatte. Der opstod derfor et behov for en mere bæredygtig indsats for at styrke faglighed, trivsel og tilknytning til afdelingen.

Formål:

At etablere et struktureret mentorskabsforløb som understøtter faglig udvikling og integration i afdelingsfællesskabet for at fremme arbejdsglæde hos nyansatte sygeplejersker i perioden frem mod optagelse på specialuddannelsen i intensivsygepleje.

Metode:

Mentorskabet varetages af afdelingens kliniske sygeplejespecialister det første år efter introduktionsperioden.

Forløb:

- **10 mentordage**, planlagt som del af vagtplanen, hvor mentor og nyansat sygeplejerske arbejder tæt sammen i praksis med fokus på bedside-undervisning, faglig sparring og rum for refleksion.
- **3 trivselssamtaler**, afholdt hver tredje måned, med fokus på balance i arbejdslivet, trivsel og faglig udvikling.
  Mentorerne indtager skiftende roller som rollemodeller, facilitatorer og vejledere med særlig fokus på at tilpasse læringsprocessen til den enkelte sygeplejerskes behov og forudsætninger. Der arbejdes målrettet med at skabe et trygt læringsmiljø samt kompetenceudvikling med fokus på både viden, færdigheder og evnen til at omsætte disse i den konkrete praksis.
  Refleksionerne tager afsæt i den nyansatte sygeplejerskes oplevelser og følelser i praksissituationerne og fungerer som en ramme for at koble erfaring med faglig forståelse.
  De nyansatte evaluerer mentorskabet efter et år, ud fra et spørgeskema med åbne spørgsmål fokuseret omkring faglig udvikling, samarbejde og arbejdsglæde.

Foreløbige resultater:
20 nyansatte har på nuværende tidspunkt deltaget i og evalueret mentorskabet fra 2022-2024.
De nyansatte tilkendegiver i svarene:

- Høj arbejdsglæde efter endt mentorskab.
- Fokus på løbende faglige udvikling.
- Godt samarbejde med kollegaer og mentor.

Konklusion:

Struktureret mentorskab kan medvirke til at styrke de nyansattes faglige udvikling, hvor de nyansatte tilkendegiver at de trives, fungerer i samarbejdet med kolleger og er glade for samarbejdet med mentor. Desuden ses der en klar tendens i retningen mod færre fratrædelser af nyansatte sygeplejersker.

Nordisk utdanning i barneanestesi for anestesisykepleiere (NUBA) Universitetet i Sørøst-Norge (USN)

Poster presentation

Ottarsdottir, Edda M. - Author[1]; Hedegaard Hybel, Rikke - Author[2]; Fjeldal Jensen, Lise - Author[3]; Lian, Synne Ingrid - Author[4]; Jönsson, Anna K. - Author[5]; Anthonio, Catrin - Author[6]

[1]University of South-Eastern Norway, [2]Odense University Hospital, University of South-Easter Norway, [3]Rigshospitalet and University of South-Eastern Norway, [4]Oslo University Hospital_University of South-Eastern Norway, [5]Karolinska University Hospital, Astrid Lindgrens and University of South-Eastern Norway, [6]Sahlgrenska University Hospital and University of South-Eastern Norway

Bakgrunn:

NUBA ble utviklet av engasjerte barneanestesisykepleiere fra nordiske universitetssykehus. De første studentene ble utskrevet i 2013. NUBA etablerte samarbeid med USN i 2021, som gir en akademisk forankring og opparbeidelse av studiepoeng (30 ECTS)

Formålet med utdanningen er:

- å bidra til kvalitetsforbedring og kompetanseheving i barneanestesiteamet
- at barneanestesisykepleieren kan arbeide selvstendig og håndtere kompleks anestesi for barn i tråd med gjeldende retningslinjer i de ulike land
- å oppfylle krav om særskilt kunnskap og kompetanse som nevnt i nordiske standarder for anestesi
- å bidra til formidling av ny kunnskap og ferdigheter på tvers av Norden
- å tilby veiledning og nettverksbygging på tvers av Norden

Metode:

Utdanningen, som er ettårig, krever to års erfaring som anestesisykepleier inkludert erfaring fra barneanestesi. Læringsaktiviteter er i form av seminarer, gruppearbeid, akademisk skriving og simulering samt omfattende praksis (minimum 180 barneanestesier). Minst fire uker av praksis foregår ved et av de nordiske universitetssykehusene. I tillegg hospiterer studentene ved en relevant enhet

Resultater:

- **Spesialisert kompetanse:** Det påpekes i styrende dokumenter for anestesi at godt utdannet personell er viktig for de minste og sykeste barna. NUBA anestesisykepleiere jobber kunnskapsbasert, bidrar til å øke kvaliteten og forbedre teamarbeidet i barneanestesi
- **Etterspørsel:** Mer enn 157 barneanestesisykepleiere har blitt utdannet i Norden og etterspørselen er økende. Utdannelsen imøtekommer behov for spesialisert kompetanse. Det utdannes NUBA anestesisykepleiere både på universitetssykehusene i Norden, men også på regionale sykehus ansettes anestesisykepleiere i NUBA- utdanningsstillinger
- **Standarder:** Norsk standard krever spesialkompetanse for anestesi til barn under 1 år, ASA ≥ 3 eller ved kompleks kirurgi
- **Funksjonsbeskrivelser:** NUBA nevnes eksplisitt som en faglig spesialisering i danske stillingsannonser

- **Nordisk samarbeid:** Våre ferdigutdannede studenter bidrar aktivt i det nordiske nettverket også etter endt utdanning

Diskusjon:

Tilbakemeldinger fra praksis er mange og gode, men spørsmål om spesialister i barneanestesi reiser seg: Er det alltid spesialister tilgjengelige? Hvordan forbereder vi generalister på å møte det akutte barnet? Praksis opplever at de ferdigutdannede NUBA anestesisykepleierne styrker generalister

Nurse-led Implementation of the A2F Bundle for Patients and Relatives in the Intensive Care Unit: A Quality Improvement Project

Poster presentation

Hansen, Ann-Kirstine - Author[1]

[1]*Intensive Cara Unit, Zealand University Hospital, Køge and Roskilde*

Introduction and Aim:

Patients admitted to the intensive care unit (ICU) experience physical, psychological, and cognitive challenges during their stay, as well as long-term consequences after discharge. The A2F bundle is a set of evidence-based, non-pharmacological interventions aiming to improve patient outcomes by managing the causes of delirium, reducing sedation, minimizing time on mechanical ventilation, immobilization, and involving family members. The bundle includes patient- and family-centered interventions across six domains: A – Pain management, B – Spontaneous awakening and breathing trials, C – Choice of sedation, D – Delirium assessment and management, E – Early mobility, and F – Family engagement.
The aim of this nurse-led quality improvement project was to implement the A2F bundle as a structured and systematic approach to enhance patient outcomes and increase the involvement of relatives.

Method:

The quality improvement project was initiated in the spring of 2025 at the ICU departments at Zealand University Hospital, Køge and Roskilde. Needs, motivations, and resources were identified, and a strategy for implementation was developed, using the PDSA (Plan-Do-Study-Act) methodology. The implementation progresses with a monthly focus on each intervention, emphasizing information dissemination, knowledge sharing, bedside reflection, daily interprofessional dialogue, and integration of the interventions into daily workflows.

Results:

The quality improvement project is currently ongoing and is expected to be implemented during 2025.
To accommodate the interdependent nature of the A2F bundle interventions and to allow for ongoing adjustments, the implementation process will be continuously revised.

Discussion:

The initial phases of the A2F bundle implementation have revealed anticipated challenges, including cognitive overload among staff and difficulties in effectively disseminating information across mono- and interprofessional teams.
The PDSA method has proven valuable in facilitating necessary adjustments to the implementation strategy, supporting a more adaptive and sustainable process. Continued emphasis on staff engagement and consistent integration of the A2F bundle components will be essential for embedding the changes into routine practice.
Future evaluations should assess the long-term effects on patient outcomes and explore strategies to further strengthen the involvement of relatives. These insights may inform broader implementation efforts in similar ICU settings.

Nursing Research Activities in Norwegian Intensive Care Units: A Cross-Sectional Study

Poster presentation

Rasi, Matias - Author[1]; Fosser Olsen, Brita - Co-Author[2,3]; Kvande, Monica - Co-Author[4,5]; Harris, Kristin - Co-Author[6]

[1]UiT The Arctic University of Norway, [2]Østfold University College, [3]Østfold Hospital Trust, [4]Lovisenberg Diaconal University College, [5]University Hospital of North-Norway, [6]Western Norway University of Applied Sciences

Introduction:

Research is a fundamental responsibility of all healthcare trusts, serving as a cornerstone for evidence-based practice and the advancement of patient care and safety. Nurses play a crucial role in patient care, resulting in accumulation of evidence-based practice. This study aims to identify the types of research activities critical care nurses are involved in and explore factors facilitating and inhibiting research activities in Norwegian intensive care units (ICU).

Methods:

A cross-sectional, descriptive survey was conducted at multiple ICUs across Norway. The survey included questions on institutional characteristics, research activities among nurses, and barriers and facilitators for research. Data were collected electronically from 56 Norwegian ICUs, with responses from one leader or professional development nurse at each ICU. Descriptive statistics were used to analyse quantitative data, and thematic analysis was applied to qualitative data.

Results:

The survey had a response rate of 46%, with 26 units participating. Generally, relatively little research was conducted in the units, and about one fourth of the units had dedicated research personnel. The units reported various research activities, with master's projects (85%) and quality improvement projects (73%) being the most common. Around one in five units had research funding. Forty-three percent of the units had published in a peer-reviewed journal within the last year. Qualitative results highlighted inhibitors such as lack of economic resources, negative research focus, and additional work with limited practical value. Facilitators included leader support, allocated research time, and increased economic resources.

Discussion:

The Norwegian ICUs report low nursing research activity. This underscores the importance of organizational support and economic resources in facilitating nursing research activities in ICUs. The presence of a supportive multidisciplinary team and practical value of research for clinical practice are crucial for enhancing research activities. Differences between larger and smaller hospitals in terms of research activities and support were noted but were not statistically significant.

Optimizing Oxygen Therapy in Perioperative Care: Aligning Practice with National Guidelines

Poster presentation

Nørgaard, Mette - Author[1]; Jensen, Kirsten - Author[1]; Bak, Emilie - Co-Author[2]

[1]Rigshospitalet, CKO, [2]Rigshospitalet

Introduction:

Perioperative nursing has shown increased interest in individualized oxygen therapy during recovery. With over 600,000 annual surgeries in Danish hospitals—80% being elective—optimizing treatment protocols is crucial. Current practice in recovery units follows standardized guidelines prescribing oxygen therapy for inpatients and those receiving epidural anesthesia. However, these practices deviate from national guidelines recommending a more restrictive approach to prevent complications from excessive oxygen, such as hyperoxia, which can harm vital organs and worsen respiratory conditions. This project examines how current practices impact elective surgical patients with epidural anesthesia and evaluates the potential benefits of implementing national guidelines.

The Nursing Challenge:

A key challenge is understanding how standardized oxygen therapy influences patients in recovery. Concerns about hyperoxia and postoperative complications highlight gaps in knowledge, culture, and practice. Addressing these issues requires assessing nurses' competencies and introducing changes aligned with national recommendations to improve patient outcomes.

Analysis and Discussion:

The current reliance on standardized oxygen therapy often overlooks individual patient needs and recent evidence. This project focuses on four perspectives: patient needs, clinical experience, observations, and organizational factors. These dimensions highlight the importance of individualized oxygen therapy based on evidence and specific patient conditions. Data collection and analysis will identify areas for practice improvement and support the implementation of national guidelines.
The project findings emphasize the importance of personalized oxygen therapy for elective surgical patients receiving epidural anesthesia in recovery. Implementing national guidelines can improve treatment quality and reduce the risk of postoperative complications. Continued research and ongoing evaluation of practice changes are essential to ensure optimal treatment outcomes and patient care. Additionally, organizational factors and competency development must be prioritized to facilitate successful practice changes.

Current Project Status:

Guidelines in the PACU have been adapted based on this project and new knowledge about oxygen therapy. A cultural shift in the PACU regarding oxygen therapy is evident, benefiting not only inpatients but also other recovery unit patients—a development that reflects significant progress and pride within the department. Continued research, competency development, and practice evaluations are vital to achieving optimal outcomes and improving patient care.

Adherence to new pediatric fasting rules – Does 1 hour fasting for fluids lead to intraoperative urinary retention? A prospective observational study

Poster presentation

Lauridsen, Karin - Author[1]

[1]*Sjællands Universitetshospital Køge*

Karin Lauridsen, Cand.Cur., Anesthesia Nurse
Malene Brænder, Anesthesia Nurse, ENT Department
Annette Janowski, Anesthesia Nurse, Central Operating Room
Janne Kristensen, Anesthesia Nurse, Same Day Surgery

Introduction:

Perioperative urinary retention (POUR) is a known complication following surgery and anesthesia, but its incidence in pediatric patients has not been systematically investigated. Changes in fasting guidelines, preoperative anxiety, and intraoperative fluid administration may potentially influence urinary retention. This study examines the incidence of POUR in pediatric patients undergoing acute and elective surgery in the Ear, Nose, Throat department, the Central Operating Theatre, and the Same-Day Surgery unit at Zealand University Hospital, Køge, as well as potential risk factors.

Methods:

This quality improvement study employs a quantitative approach, including children aged 2–15 years undergoing surgery under general anesthesia. An estimated sample size shows a need for at least 74 patients. Data are collected from electronic records, covering demographics, surgical procedure, last urination, time and volume of last preoperative fluid intake, bladder scanning at multiple time points, intraoperative fluid type and volume, medication use, blood loss, and bladder emptying.

Results:

The study is ongoing, with data currently collected from 57 pediatric patients. Preliminary analyses found no cases of pathological urinary retention or bladder emptying. Additionally, a secondary finding suggests that 39 children (68.4%) did not consume fluids up to one hour before surgery, despite the 2018 revision of national fasting guidelines aimed at reducing clear fluid fasting period.

Discussion:

Preliminary results show incomplete adherence to fasting guidelines, with 68.4% of children not consuming fluids up to one hour before surgery. Possible reasons include unclear parental communication, limited understanding of fluid intake importance and systematic approach offering fluids on the ward, or surgical delays. Further studies are needed to identify barriers and improve guideline implementation.

Conclusion:

Preliminary results show a low incidence of perioperative urinary retention, with no cases of pathological bladder volume or emptying. Additionally, 68.4% of children did not consume fluids up to one hour before surgery, suggesting incomplete adherence to the 2018 fasting guidelines. The study is ongoing, and final data analyses are pending.

Perioperative risk assessment

Poster presentation

Arnbjørn, Johanna Cornelie - Author[1]; Nygaard Collin, Trine - Author[2]

[1]Regionshospitalet Gødstrup, [2]Gødstrup Hospital

Background:

Our hypothesis is that patients not seen in an anesthesia clinic before surgery do not have a higher incidence of unexpected difficult airways, anesthesia-related complications, or surgical cancellations. The aim is to show that an administrative review alone is not associated with increased perioperative risk when compared to a full preoperative anesthesia assessment.

Methods:

This retrospective observational study was conducted at Regional Hospital Gødstrup from January 1 to December 31, 2023. Data were collected from all patients undergoing general anesthesia with intubation during this period. The Danish Anesthesia Database (DAD) was used to compare complication rates at Gødstrup with national averages.

Preoperative Anesthesia Assessment:

Patients did not undergo a full anesthesia assessment before the day of surgery. Instead, the day before surgery, an anesthesiologist conducted an administrative review using the Midt electronic patient journal (EPJ), reviewing the surgical schedule and patient records to identify potential risk factors. On the day of surgery, a clinical evaluation was performed by either an anesthesiologist or a nurse anesthetist. This included the Simplified Airway Risk Index (SARI) and a review of any previous anesthesia-related complications, such as postoperative nausea and vomiting. If concerns were raised, a full preoperative assessment was conducted.

Ethics:

No need for ethical aproval

Results:

Data from the DAD showed that the rate of expected difficult airways at Gødstrup was 1.0 (CI: 0.7–1.2), compared to a national rate of 0.9 (CI: 0.9–1.0). The incidence of anesthesia-related complications at Gødstrup was 0.1 (CI: 0.1–0.2), compared to the national rate of 0.2 (CI: 0.2–0.2).

Discussion

These findings suggest no increased risk of complications at Gødstrup compared to the rest of Denmark, despite the lack of preoperative clinic visits. This supports the potential safety of relying on administrative preoperative reviews. It also highlights the importance of ensuring that anesthesiologists feel prepared to assess risk effectively on the day of surgery.

Prevalence and Effect of Prewarming on Unintentional Perioperative Hypothermia in Patients Undergoing Major Abdominal Surgery Walking to the Operating Room.

Oral presentation

Rosenkilde, Charlotte - Author[1]

[1]Anestesiology and Intensive Care, Odense University Hospital

Introduction:

Unintentional perioperative hypothermia (UPH), defined as a core body temperature below 36°C during surgery, is a common risk for all surgical patients. UPH is strongly associated with adverse clinical outcomes, emphasizing the importance of effective prevention strategies.

Purpose:

The purpose of the study was to determine the prevalence of unintentional perioperative hypothermia with and without preoperative warming and evaluate the effect of prewarming on core temperature in patients undergoing major abdominal surgery walking to the operating room (OR).

Design:

A non-randomized prospective intervention study.

Methods:

Participants were patients scheduled for major abdominal surgery and walking to the OR. The control group received a forced air-warming system during the surgery, whereas the intervention group received a forced air-warming system throughout the perioperative period. Core temperature was assessed on arrival to the OR and in 30 minutes intervals after induction of anesthesia and during surgery and on arrival at the Post Anesthesia Care Unit (PACU).

Results:

Overall, 30 patients were included in the control group and 30 patients in the intervention group. Five patients (16.7%) in the intervention group and 19 patients (63.6%) in the control group were hypothermic at a given time in the perioperative period. The prevalence of hypothermia was significant lower in the intervention group from 30 minutes after induction of anesthesia until arrival in PACU. Prewarming reduced the drop in core temperature.

Conclusions:

The prewarming method combined with peroperative active warming with FAW in patients walking to the OR reduces the drop in core temperature and the prevalence of UPH throughout the perioperative period.

Reducing discomfort by goal directed interdisciplinary education of Critical Care Nurses when caring for critically ill children in the PICU.

Oral presentation

Kjærsgaard, Anja - Author[1]; Bove, Jeppe - Co-Author[2]

[1]Department of Anesthesiology and Intensive care, BRITA. Odense University Hospital. Region of Southern Denmark, [2]Odense Universitetshospital

Introduction:

The feeling of shortcoming when caring for critically ill children has been a challenge among Critical Care Nurses (CCN) primarily caring for adults in the Intensive Care Unit (ICU). We asked the nurses how to achieve the desired competencies and thereby increase their confidence. Based on the answers we designed an education program with the purpose of strengthening their view on the professional approach. The aim of this study was to evaluate the efficiency of goal directed education of Critical Care Nurses to strengthen competencies and reduce discomfort when allocated to caring for critically ill children in the Pediatric Intensive Care Unit (PICU).

Methods:

We conducted a quantitative study based on an online questionnaire distributed to the participants immediately following a 2½ day course. All nurses who completed the course were eligible for inclusion and none were excluded. The data was collected and analyzed followed by a subsequent empirical research.

Results:

Forty-one nurses participated in the course and thirty-five completed the questionnaire (85%). The period of employment in the ICU ranged from 1½ to 20+ years. Twenty-seven (77%) stated that participation in the interdisciplinary education program increased their comfort when providing nursing care for children in the PICU.

Analysis/Discussion:

These data shows that nurses in the ICU benefits from having participated in the education program in order to feel less discomfort by gaining deeper knowledge and discernment in relation to the differences between adult and pediatric critically ill patients.

The questionnaire was originally intended as an evaluation tool thus the validity of the findings is possibly biased since there is no baseline. However, the following empirical research suggests that the nurses in the ICU are prone to be more open-minded when asked to provide nursing care for a child in the PICU. Furthermore, the basic education has generated a request for continuous brush-up courses on an annual basis which implies the need for ongoing education for the nurses in the ICU in order to keep their competence and thereby obtaining a more secure feeling in their approach when caring for children in the PICU.

Sedation with Remimazolam for JJ-catheter procedure in patients with a urine stone: novel approach for ambulatory urology?

Poster presentation

Joost, Maria Ann-Christina - Author[1]

[1]SUH. Roskilde. Anæstesiologisk afdeling

Introduction and Aim:

Urological intervention to allow urine output in case such is hindered by e.g. urine stone may involve insertion of a JJ-catheter which usually requires assistance of anesthesia to allow the surgical procedure which can be painful. Here we report the program for new sedation practice involving use of Remimazolam. This drug is a fast-acting and short-lived benzodiazepine recently introduced in Denmark. Use of Remimazolam is attractive for ambulatory surgery as the drug offers pharmacokinetic half-life of only eight minutes as compared the half-life of ninety minutes for traditional benzodiazepines.

Methods:

Following consensus between department of Anesthesia and Urology patients admitted for JJ-catheter will be exposed to sedation with Remimazolam rather than the usual sedation routine with intravenous (I.V.) administration of propofol and remifentanil. Only patients in ASA I-II without sleep apnea and a body mass index below 35 kg/m^2 are allowed to be included. The Mallampati score should be lower than 4. The staff is instructed to administer i.v. Sufentanil (5 microgram) and after two minutes i.v. Remimazolam (2,5 mg). For insufficient sedative effect Remimazolam (1,25 mg) and Sufentanil (2,5 microgram) can be considered. For patients older than 70 years doses need to be limited by 50%. The level of sedation should be assessed by the MOASS score, and vital parameters must be monitored.

Results:

In a controlled environment at the operating theatre we expose the new program for patients who are admitted for insertion of JJ-catheter. The patients receive sedation with Remimazolam in accordance with instructions. The medication is supplemented by the anesthetic nurse. A training program for ambulatory nurses is prepared. The initial experience is, that the new sedation practice appeared well-tolerated by the patients. So far, the use of Remimazolam is without adverse events. The urological procedure has been uneventful and performed as expected.

Conclusion:

This initial evaluation of a new sedation practice with Remimazolam suggested that the drug is safe and well-tolerated for minor urological intervention. It provides promising learning on the perspective for insertion of JJ-catheter in an ambulatory urological setting without direct involvement of anesthetic staff.

Styrket rehabilitering efter intensivbehandling: Nationalt netværk baner vejen med videndeling og digitale støttetilbud

Poster presentation

Bekker, Camilla - Author[1]; Oxenbøll Collet, Marie - Co-Author[2]; Lehmkuhl, Lene - Co-Author[3]; Holm, Anna - Co-Author[4]; Hafnia, Ann - Co-Author[5]

[1]Zealand University Hospital, [2]Rigshospitalet, [3]Odense University hospital, Svendborg, [4]Aarhus University hospital, [5]Aarhus University hospital & Aalborg University hospital

Baggrund:

Intensivpatienter og deres pårørende oplever ofte langvarige fysiske, psykiske og kognitive følgevirkninger efter intensivbehandling. Rehabiliteringsindsatsen på tværs af Danmark er præget af variation, hvilket øger behovet for national koordinering, uddannelse og teknologisk støtte. I 2024 formaliserede vi arbejdet i en Speciel Interesse Gruppe (SIG) under Fagligt Selskab for Anæstesi-, Intensiv- og Opvågningssygeplejersker (FSAIO) til et selvstændigt nationalt netværk: *Rehabilitering under og efter Intensiv – nationalt netværk*.

Formål:

Netværkets formål er at fremme viden, samarbejde og udvikling af rehabiliteringsinitiativer for intensivpatienter og deres pårørende gennem nationale tiltag, digitalisering og faglig videndeling.

Metoder og tiltag:
I 2024 har netværket gennemført flere udviklingsinitiativer:

- **Organisering:** Etablering af en styregruppe med repræsentanter fra alle regioner samt faste mødestrukturer og samarbejde med eksisterende nationale netværk.
- **Uddannelsesaktiviteter:** Faglige oplæg, workshops og podcasts om post-intensiv syndrom (PICS) tilbydes sundhedspersonale.
- **Informationsmateriale:** Udarbejdelse af pjecer i samarbejde med patientforeninger og udvikling af podcastserier om livet efter intensivbehandling.
- **Digital platform:** Idégenereret til udvikling af en hjemmeside med tilgængelige ressourcer, nyheder og patientrettede materialer i samarbejde med patientforeningen for intensive patienter og pårørende (PIPS).
- **Peer-to-peer støtte:** Opstartet udvikling af et nationalt online peer-to-peer tilbud for tidligere patienter og pårørende.
- **Forskning og udvikling:** På sigt iværksætte initiativer for at udvikle en national klinisk retningslinje for rehabilitering under og efter intensivbehandling.
- **Fondsansøgninger:** Til opstart af sygeplejefaglige projekter relateret til rehabilitering for patienter der har været indlagt på intensiv og deres pårørende

Perspektiver:

I 2025 vil netværket fokusere på lanceringen af den nye hjemmeside, udbredelse af digitale støttetilbud, styrkelse af nationale samarbejder og videreudvikling af informationsmaterialer og tilbud for faglig videndeling. Målet er at sikre systematisk rehabilitering, let og lige adgang til støtte og fagprofessionel vidensdeling på tværs af sektorer.

Konklusion:

Rehabilitering under og efter Intensiv – nationalt netværk, udsprunget af en Speciel Interesse Gruppe (SIG) under FSAIO, arbejder strategisk for at styrke rehabiliteringsindsatsen gennem teknologi, videndeling, udvikling og forskning på nationalt plan.

Sustainable anesthesia - a quality study

Oral presentation

Lund, Signe - Author[1]; Giesler, Anja - Co-Author[2]

[1]Rigshospitalet, [2]Rigshospitalet Copenhagen

Background:

In 2023, Denmark's total consumption-based CO_2 emissions amounted to 6.7 tons of CO_2 equivalents per capita. The Capital Region of Denmark has set ambitious goals to reduce CO_2 emissions by 50% by 2030 and, thereby, achieve climate neutrality by 2050. Previous efforts in anesthesiology have primarily focused on reducing the use of anesthetic gases. However, single-use items such as syringes, intravenous fluids, plastic tubes, and packaging contribute significantly to the environmental footprint. It is, therefore, crucial to shed light on areas where reduction, reuse, or recycling can be implemented.

Objective:

The study aims to map the anesthesia equipment used during elective surgical procedures at a large University Hospital in Denmark. Thereby, establishing a foundation for developing future strategies to reduce the carbon footprint and promote more sustainable practices.

Methods:

This quality assurance study used a checklist divided into eight categories (infusion equipment, medication/fluids, syringes/needles, intubation equipment, suction/aspiration, respiratory equipment, additional equipment, and miscellaneous). Acute surgeries were excluded due to the risk of inaccurate documentation. Anesthesia nurses in 15 operating rooms completed the checklists throughout December 2024.

Results:

Data were collected from 118 surgical procedures (21 vascular, 27 urological, 54 abdominal, and 16 without specified surgical type). Key findings include the following: Propofol was administered via syringe 48 times, of which 15% were reused. Ultiva infusion was used 72 times (28% reused), Propofol infusion 85 times (21% reused), Metaoxedrin 67 times (33% reused), and Ephedrine 86 times (17% reused). A total of 571 syringes and 605 needles were used. However, the definition of "reuse" may have been interpreted differently, potentially affecting the accuracy of the results.

Implications for Practice:

There is potential to implement clear recycling regulations, e.g., regarding medication reuse, reducing the use of single-use equipment, and implementing clear recycling procedures. A life cycle analysis is planned to identify the most beneficial ways to minimize the environmental impact of anesthesia while still maintaining high standards of patient care and safety.

Sustainable communities of practice

Oral presentation

Krabsen, Sine - Author[1]

[1]Sine Krabsen

I wrote my masterproject in june 2023 concerning this interesting and most current subject:
(Abstract) "*There's a shortage of certified registered nurse anesthetists (CRNA) in the public health care system in Denmark. How is it possible for the (CRNA) nurses to contribute to sustainable communities of practice in the tension in between high professionalism, educational tasks and the increasing of effiency in the public health service -and at the same time support retention and recruitment?*"

What is sustainability in the public health care system? Is it "only" concerning sorting of waste and reduction of consumption, -or is it also worth considering when we are talking about our CRNAs future in the danish health care system? Is it possible also to see sustainability in a different, ethical way or concept?

Sustainability and sustainable development is considered as including social, economical and environmental aspects (Gro Harlem Brundtland). Sustainability is also to make sure, that we leave resources to the ones that comes after us. That means, that we have to try to ensure a future for the nurses we need after we are long gone. Because, what is a future without nurses?

My project is based on two semi-structured qualitative interviews with CRNAs in Denmark and tells us about what they consider to be important to them in their nursing practice. This knowledge/empiri is analyzed with the help of MacIntyre and Althusser and the concept of sustainability and brings us closer to see what we possibly can do to develope sustainable communities to ensure, that we still have nurses and CRNAs in the public health service in many years from now.

Svendborg Hoftecenter - en indsats i døgndrift.

Poster presentation

Heldgaard, Helene - Co-Author[1]; Rowland Hansen, Tina - Author[1]

[1]Anæstesiologisk Intensiv afdeling V, OUH-Svendborg Sygehus

Introduktion:

Patienter med hoftenære frakturer er ofte ældre, skrøbelige og multisyge med øget risiko for postoperative komplikationer som delirium og funktionstab. Nationalt er 30-dages mortaliteten cirka 10 %. I april 2024 åbnede "Danmarks største hoftefrakturcenter" på OUH-Svendborg Sygehus med døgnmodtagelse af alle fynske patienter med hoftenær fraktur, der køres direkte fra skadested til sygehuset i Svendborg. Patientvolumen blev fordoblet, og der opereres nu op mod 900 patienter årligt. Med udgangspunkt i Den Nationale Demenshandlingsplan og Den Syddanske Forbedringsmodel iværksatte Anæstesiologisk Afdeling V en innovativ, tværfaglig indsats for at forbedre patientens perioperative forløb og optimere operationsgangens arbejdsopgaver på området.

Metode:

Et døgndækket "omvendt behandlings-flow" blev implementeret således anæstesilæger tilser patienterne ved to systematiske besøg i afsnittet for Forberedelse og Opvågning (FOPA).
Første besøg sker umiddelbart efter operationsindikation er stillet og patienten overflyttes fra FAM til FOPA mhp smertelindrende nerveblokade samt anæstesitilsyn. I samarbejde med opvågningssygeplejersken planlægges optimering af patientens comorbiditet forud for overflytning til stamafdeling.
Andet besøg i FOPA er umiddelbart forud for operation, hvor smertebehandling justeres samt nerveblokaden fornyes. Opvågningssygeplejersken monitorerer og klargør patienten til operation med invasiv og/eller non-invasiv monitorering, anlæggelse af PVK, opsætning af væske i TIVA infusionssæt og evt. udførelse af SIK. Således flyttes ikke-kirurgiske forberedelser ud af operationsstuen, hvilket frigiver kapacitet og øger effektiviteten på operationsgangen

Resultater:

Tiltagene har medført forbedret patienternes smertebehandling, reduceret opioid-forbrug og færre komplikationer – herunder postoperativ delirium. Patienterne oplever øget tryghed, og operationsforløbet er effektiviseret med en gennemsnitlig tidsbesparelse på 30–50 minutter pr. indgreb. Dette har muliggjort tre akutte operationer i dagtiden mod tidligere to. Løbende dataindsamling, PDSA-cyklus og involvering af tværfagligt personale, har været centrale for den kontinuerlige justering af indsatsen. Efter et halvt år er 30 dages mortaliteten faldet fra 10% til 8%.

Diskussion og konklusion:

Det "omvendte behandlings-flow" med FOPA som tværfagligt knudepunkt har skabt målbar værdi for patienter, personale og organisation. Modellen understøtter både kvalitet, patientsikkerhed og effektiv ressourceudnyttelse. Den vurderes skalerbar til andre patientgrupper og hospitaler og illustrerer vigtigheden af helhedsorienteret og samarbejdsbaseret pleje og behandling.

The Caregiver Pathway

Oral presentation

Watland, Solbjørg - Author[1,2]

[1]PhD candidate, [2]ICU nurse

Introduction:

Family caregivers to critically ill patients often experience the situation as traumatic and are at risk for developing symptoms of post-traumatic stress disorder (PTSD), anxiety and depression in the time afterwards, symptoms known as Post-Intensive Care Syndrome - Family (PICS-F). This study sought to test *The Caregiver Pathway,* a model for systematic follow-up of family caregivers aiming to reduce PICS-F.

Methods:

A randomized controlled trial was conducted at a medical ICU at a Norwegian university hospital. The participants were 196 family caregivers of critically ill patients randomized to an intervention (n=101) or control group (n=95). All participants received standard care, and the intervention group received in addition *The Caregiver Pathway*, a 4-step model facilitating individual and structured follow-up, including: 1) Mapping family caregivers' needs and concerns with a digital assessment tool followed by a conversation with an ICU nurse within the first days at the ICU, 2) A supportive card at discharge, 3) Offer from the ICU nurses for the family caregivers to receive a phone call after ICU patient discharge, and 4) A follow–up conversation within 3 months post-discharge. Data was collected at baseline and at 3 months, using the Impact of event scale-revised (IES-R) and The hospital Anxiety and Depression Scale (HADS), and analyzed using linear regression.

Results:

No significant effects were detected when comparing all participants (N=196) at 3 months. Subgroup analyses stratified on patient survival showed however statistically significant effects for family caregivers of patients surviving the ICU stay receiving the intervention compared to controls. At 3 months, family caregivers of surviving patients reported reduction in symptoms of PTSD (IES-R: B: -8.0 [95% CI -14.1; -2.1]; p=0.008), anxiety (HADS-A: B: -2,2 (95% CI -3.9; -0.46); p=0.014) and depression (HADS-D: B: -1.5 (95% CI -2.9; 0.10); p=0.035). No such effects was found for the bereaved family caregivers.

Discussion:

The Caregiver Pathway intervention was associated with reduced symptoms of PICS-F in family caregivers of surviving ICU patients compared to controls. The model did not appear to improve the outcomes for family caregivers of non-surviving patients.

The nurse-patient relationship with conscious mechanically ventilated patients in the intensive care unit

Oral presentation

Søndergaard, Maria Pindstrup - Author[1]; Haslund-Thomsen, Helle - Co-Author[2]; Bundgaard, Karin - Co-Author[3]; Laugesen, Britt - Co-Author[4]; Dreyer, Pia - Co-Author[5]

[1]Intensivt Afsnit R og Forskningsenhed for Klinisk Sygepleje på Aalborg Universitetshospital, [2]Clinical Nursing Research Unit, Aalborg University Hospital & Department of Clinical Medicine, Aalborg University, [3]Clinical Nursing Research Unit, Aalborg University Hospital & Department of Clinical Medicine, Aalborg University, [4]Clinical Nursing Research Unit, Aalborg University Hospital, Centre for clinical Guidelines & Department of Clinical Medicine, Aalborg University, [5]Intensive Care Unit, Aarhus University Hospital, Department of Health, Aarhus University

Background:

Admission to the ICU often negatively affects patients' well-being, and rehabilitation. The nurse-patient relationship has been shown to protect patients against these negative experiences. Constraints such as time shortages, focus on technical tasks, organizational demands and communication difficulties challenge nurses in prioritizing the relationships with patients. Furthermore, knowledge of what constitutes nurse-patient relationships with conscious mechanically ventilated patients is scarce

Aim:

To provide in-depth-insight on the nurse-patient relationship with conscious mechanically ventilated patients in the ICU.

Method:

This PhD study consists of three studies. In the following two of these three studies will be elaborated.
Study I: Study I, was a scoping review and followed JBI guidelines for conducting and reporting scoping reviews. The aim was to identify and map descriptions of the nurse-patient relationship with conscious mechanically ventilated adult patients in the ICU. Twelve studies were included.
Study II: Study II, was an observational ethnographic field study following the principles of Hammersley and Atkinson for conducting and reporting ethnographic research. The aim was to identify and characterize the nurse-patient relationship in clinical practice with conscious mechanically ventilated patients in the ICU. Twenty-five field observations of nurses caring for conscious mechanically ventilated patients in the ICU for, were conducted in six ICUs in Denmark.

Results/ Findings:

Study I: Elements of the nurse-patient relationship were summarized under the headings: To communicate, To obtain eye contact, To use physical contact, To engage in care, To be present and To have personalized knowledge of patients. Additionally, following factors were found to influence the relationship: Patients' condition, Workload and organization, Nurses' level of commitment, Technology and Nurses' level of work experience.
Study II: Preliminary findings show how proximity, eye-contact, touch, waiting for patients' cues, following patients' rhythm, focusing on patients and support are elements of the nurse-patient relationship.

Discussion and Conclusion:

The overall findings will be discussed in relation to the conceptual Fundamentals of Care Framework.

The Role and Transfer of Human Factor Skills in Trauma Team Simulation: A Mixed-Methods Study

Poster presentation

Lauridsen, Karin - Author[1]

[1]Sjællands Universitetshospital Køge

Karin Lauridsen, Nurse Anesthetist, MSc in Nursing, Luise Mejsner Bjergsted, Emergency Nurse, MSc in Nursing

Background:

Trauma Team Simulation (TTS) is essential in training healthcare professionals to manage critically ill patients. Human factor skills (HFS), such as cognitive, social, and behavioural competencies, are vital for teamwork and patient safety. The extent to which HFS are emphasized and transferred to clinical practice is not well understood.

Aim:

This study investigates the focus on HFS during TTS and their transfer to clinical competence among emergency nurses, anesthetic nurses, and anesthesiologists.

Method:

Using a mixed-methods sequential design, the study incorporates (1) field observations of TTS to assess HFS focus, (2) surveys evaluating participant experiences with HFS in TTS, and (3) focus group interviews exploring perceived competencies trained during TTS and transferred to practice. Data were analyzed using thematic analysis for qualitative findings and statistical analysis for quantitative insights.

Findings:

Technical skills dominate the focus, leaving HFS insufficiently addressed. HFS are often assumed mastered based on participants' profession. Debriefings primarily cover technical aspects and team leader performance, with limited attention to other roles. Hierarchy emerges as both a barrier and a necessary structure, influencing team dynamics and HFS application. Challenges in transferring TTS outcomes to practice include unclear learning goals and limited follow-up. Participants emphasized the need for structured feedback and reflection to enhance learning and transfer.

Discussion:

This study's strength lies in its exploratory mixed-methods design, enabling a nuanced exploration of how HFS are trained and transferred from TTS to practice. While participants perceive HFS as an implicit part of their profession, this may not reflect actual competencies. Without shared language or structured feedback, the risk of overestimating or underestimating competence in HFS increases. Future research should focus on objective measures of HFS development and transfer. In practice, TTS should be restructured to emphasize HFS by reducing technical complexity, ensuring skilled facilitation, and fostering a shared understanding of HFS. Organizational support and resources are essential to realize the potential of TTS in improving teamwork and patient safety.

TIDLIG MOBILISERING af de MEST KRITISK SYGE patienter på INTENSIV

Oral presentation

Poulsen, Kristian O'Reilly - Author[1]; Frandsen, Janne Bruun - Co-Author[2]; Lærkner, Eva - Co-Author[1]; Havshøj, Ulrik - Co-Author[1]; Strøm, Thomas - Co-Author[1]

[1]Department of Anesthesiology and Intensive Care, Odense University Hospital, Odense, Denmark, [2]Odense University Hospital

Introduktion:

Internationale publikationer beskriver forskellige typer af barrierer for tidlig mobilisering af kritisk syge patienter i respirator. Nogle sikkerhedsprotokoller anbefaler ikke at mobilisere patienter med en iltfraktion >60%, et positivt slutekspiratorisk tryk (PEEP) ≥10 cm H2O eller hvis der anvendes begrænsede mængder vasoaktive stoffer.
I hvor høj grad er mobilisering ud over disse kriterier foregået i egen afdeling?
Afdelingen er en 26-sengs almen intensiv afdeling med en non-sedation strategi. Patienter vurderes individuelt hver dag for muligheden for tidlig mobilisering.

Metode:

Kvantitativt retrospektivt registerstudie. Data blev anonymt udtrukket fra afdelingens PDM system, Critical Information System, CIS.
Data blev udtrukket for perioden 1/1 2021 til 31/12 2022. Undersøgelsen inkluderede voksne patienter i respirator i de første 7 døgn af indlæggelsen på ITA.
Data blev undersøgt for mobiliseringer for hele patientgruppen, patienter med et PEEP ≥ 10 cm H2O, iltfraktion ≥ 60% samt Noradrenalin infusion ≥ 0,1µg/kg/min.
Relevante mobiliseringer var sygeplejerskens registrering af patienten siddende i stol, sengecykling, siddende på sengekant, stående eller gående.
Tid fra indlæggelse på ITA til første mobilisering blev beregnet.

Resultater:

Data fra 1069 patienter blev undersøgt.
For hele gruppen (1069 patienter) var gennemsnitsalderen 67 år. Tidlig mobilisering blev registreret for 518 patienter (49%). Median tid til første mobilisering var 1,21 dage (IQR 0,68-2,55).
426 patienter med en gennemsnitsalder på 65 år, havde PEEP ≥ 10 cm H2O under indlæggelsen. 148 (34%) af disse blev mobiliseret. Median tid til første mobilisering var 1,88 dage (IQR 0,88-3,73).
645 patienter med en gennemsnitsalder på 66 år, havde iltfraktion ≥ 60%. 96 (15%) af disse blev mobiliseret. Median tid til første mobilisering var 1,62 dage (IQR 0,64-3,5).
665 patienter med en gennemsnitsalder på 67 år, blev behandlet med noradrenalin infusion ≥ 0,1µg/kg/min. 106 (16%) af disse blev mobiliseret. Median tid til første mobilisering var 1,41 dage (IQR 0,73-2,9).

Diskussion:

Tidlig mobilisering fandt sted hos 27% af de mest syge patienter i respirator. En individualiseret tilgang til mobilisering frem for en protokol kan måske øge muligheden for tidlig mobilisering.

Tværfaglig uddannelsesdag, -Et godt sted at være, et godt sted at lære

Poster presentation

Lynge, Anne Marie - Author[1]; Storm Buchholdt, Katrine - Author[2]

[1]Anæstesiologisk Intensiv Afdeling V, Svendborg. Odense Universitetshospital og Svendborg Sygehus. Baagøes Alle 15, 5700 Svendborg, [2]Anæstesiologisk Intensiv Afdeling V, Svendborg, Odense Universitetshospital og Svendborg Sygehus, Baagøes Alle 15, 5700 Svendborg

Baggrund:

Anæstesiologisk Intensiv afdeling V Svendborg uddanner både speciallæger og sygeplejersker i anæstesi og intensiv. Det kan for uddannelsessøgende være vanskeligt at opleve sig inddraget i det store praksisfællesskab i afdelingens fire afsnit. At føle sig uden for praksisfællesskabet kan medføre negative konsekvenser for trivsel og læring. Vi, de tre uddannelsesansvarlige, ønskede at styrke de uddannelsessøgendes robusthed og psykologiske tryghed, samt den mono- og tværfaglige læring i afdelingen.

Metode:

Vi har afholdt en temadag for alle uddannelsessøgende ved specialuddannelserne i afdelingen, mhp. at skabe et læringsrum/mindre praksisfællesskab med psykologisk tryghed. Dagen blev faciliteret af Jonas Sprogøe, cand. Mag. i voksenpædagogik, i samarbejde med os uddannelsesansvarlige.
Udgangspunktet var en "icebreaker", hvor vi alle skulle præsentere et medbragt artefakt, der symboliserede egen læring.
Dagen indeholdt både oplæg med præsentation af to refleksionsmodeller, samt gruppearbejde/ workshops på tværs af faggrupperne afsluttende med opsamling og sløjfebinding i plenum.
Det overordnede tema var læringskultur, hvor der blev reflekteret over samspillet mellem driftslogik, lærings- og individuel logik herunder, hvordan man lærer sideløbende med, at man drifter.
Derudover arbejdede vi med en etisk refleksionsmodel, som dannede baggrund for tværfagligt casearbejde, hvor deltagerne bidrog med deres respektive fagligheder.
Bidrag fra dagens sløjfebinding, samt resultater fra SurveyXact danner grundlag for analysens resultater.

Analyse/Diskussion/Resultat:

De uddannelsessøgende erfarede, at man oplever samme udfordringer, uanset faggruppe og dermed kan støtte hinanden.
Der blev åbnet op for det sårbare i at være den lærende og at psykologisk tryghed er essentiel for at kunne lære.
Deltagerne oplevede at få indblik i hinandens arbejdsopgaver. De gav udtryk for, at det gav tryghed i samarbejdet at kende kollegaers ansvarsområder og forventninger i samarbejdet.
Der var en tværfaglig erfaringsudveksling med afsæt i ovennævnte modeller. Processen resulterede i læringsmanifester, hvor visioner, værdier og spilleregler for et godt læringsmiljø blev formuleret.
Deltagerne udtrykte ønske om at arbejde struktureret med læringstimeout, som er et redskab til at synliggøre læringsbehov og læringsmål i det daglige arbejde.
Med afsæt i dagens refleksioner på tværs, udtrykte de uddannelsessøgende ønske om, fremadrettet at få mulighed for planlagte tværfaglige refleksioner.

VELKOMMEN HER HOS OS - Individuel supervision som bidrag til psykologisk tryghed for nyansatte.

Poster presentation

Overgaard, Birthe - Author[1]

[1]*Anæstesiologisk Intensiv Afdeling, OUH Svendborg Sygehus*

Baggrund:

Onboarding af nye medarbejdere er vigtig og bidrager til at nyansatte hurtigt føler sig velkomne og trygge, øger trivslen og styrker tilknytningen til arbejdspladsen. Som en del af onboarding i vores afdelingen tilbydes to individuelle supervisionssamtaler i de første fire måneder af ansættelsen, for gennem struktureret supervision at imødekomme tvivl på egen faglighed og risiko for udbrændthed.

Formål:
Implementering af individuel supervision til nyansat plejepersonale for at:

- Sikre rammerne for refleksion over arbejdslivets udfordringer
- Understøtte tidlig faglig og personlig støtte
- På sigt fremme psykologisk tryghed og trivsel hos nyansatte

Metode:

I 2024 gennemførtes et udviklingsprojekt, der i marts 2025 er evalueret via et survey.
Supervisionen varetages af en sygeplejerske uddannet i supervision og bygger på Karl Tomms systemisk teori. Der anvendes forskellige spørgsmålstyper – lineære, cirkulære, strategiske og refleksive –til at bidrage med nye perspektiver og handlemuligheder. Herudover anvendes billedekort, som støtter en dybere refleksion, for at understøtte en åben og anerkendende tilgang, hvor medarbejderens egne refleksioner og ressourcer bringes i spil.

Resultater:

Ud af afdelingens ca. 250 medarbejdere, har 30 nyansatte medarbejder deltaget i supervisionstilbuddet, heraf har 66% besvaret det tilsendt spørgeskema. 95% vurderede tilbuddet som rigtig godt og 5% som godt. Henholdsvis 53% og 37% angav at supervisionen ofte eller enkelte gange gav anledning til efterfølgende refleksioner, og ofte (9%) eller enkelte gange (64%) gav anledning til konkrete ændringer i deres handlinger. 1 har ikke benyttet tilbuddet, og 2 har deltaget én gang. Tilbagemeldingerne i de åbne svarmuligheder peger desuden på, at det fortrolige rum har haft stor betydning for den enkelte medarbejders oplevelse af tryghed i opstartsfasen.

Konklusion:

Individuel supervision som en del af afdelingens onboarding kan bidrage til personlig og faglige refleksioner og konkrete ændringer i praksis. Muligheden for løbende supervision efterspørges af deltagerne, hvilket kunne give mening fx efter 6 måneder efter ansættelsen, men også for erfarent personale, disse kunne planlægges som kollegial supervision for grupper. Tilbuddet kan på sigt bidrage til psykologisk tryghed og trivsel blandt nyansatte og med fordel fortsætte samt eventuelt udbredes i afdelingen.

While you were sleeping: Nurse anaesthetists' experience of nursing when caring for the surgical patient

Oral presentation

Lekens, Aina - Author[1]

[1]*University of Stavanger*

Background:

The perioperative environment is complex, high-paced and high-risk, placing patients undergoing surgery and anaesthesia in a vulnerable situation. Anaesthesia nursing practice is contextual, intentional and goal-directed, in response to patients' specific needs within a short timeframe. It is also a caring practice, focusing on empathy, trust, dignity, and mutuality. Positive patient experiences are linked to better clinical safety and quality. Despite technological advances, there are concerns about dehumanization and the prioritization of biomedical and financial concerns over humanistic care. Limited resources in healthcare are a reality. Therefore, the content of nursing in anaesthesia must be expedient to meet future needs. This study explores how nurse anaesthetists describe their practice as being nursing when caring for surgical patients.

Methods:

The study employed a qualitative inductive design, conducting 20 semi-structured individual interviews with nurse anaesthetists working in Norway. Data were analysed using qualitative content analysis. The study received approval from the Norwegian Agency for Shared Services in Education and Research.

Results:

The analysis resulted in three categories: *Continuously attending to physical and psychological needs, Providing a concerned presence* and *Aspiring towards excellence*. Being a nurse anaesthetist involves understanding and responding to patients, with a strong ethical commitment to their well-being and dignity. It requires a confident and proactive presence, emphasizing the nursing process and readiness to act. Nurse anaesthetists strive for excellence, showing professional courage and engaging in continuous learning, in refining basic nursing skills into advanced practice in anaesthesia and perioperative care, driven by ongoing education and experience to ensure high-quality care.

Conclusion:

Nurse anaesthetists perceive themselves as highly qualified to meet the needs of surgical patients due to their nursing background and specialized anaesthesia training. The study emphasizes the importance of advocating for their decisions based on knowledge and experience. Further, it highlights challenges related to efficiency demands and underscores the importance of maintaining ethical standards and professional development to ensure patient safety and quality in anaesthesia services. The study adds to the field of understanding and describing nurse anaesthesia practice and may support in supervision and building curriculum in nurse anaesthesia education to meet future needs.