



EORNA
EUROPEAN OPERATING ROOM
NURSES ASSOCIATION

9th EORNA Congress

16-19 May 2019

The Hague, The Netherlands

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“ON THE MOVE”

9th EORNA Congress

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An AppSURG in my pocket

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Universidad
de La Laguna



Escuela Universitaria
de Enfermería
Ntra. Sra. de Candelaria

Background

In the operating room, professionals work in multidisciplinary teams. However, the formative backgrounds are diverse.

- The **surgeon** and the **anesthetist** are professionals who have accessed a specialty of 4 or 5 years after finishing their career (medicine). They are also specialized in very specific areas within their specialty. Therefore, their knowledge is very deep and narrow. This type of knowledge is in line with the increasingly specialized health needs.
- However, **perioperative nurses** do not have a recognized specialty within the nursing specialties offered by the Ministry of Health. It is even difficult to find postgraduate university programs that enable us.



Background

Perioperative nursing (p.n.) is carried out in the preoperative, intraoperative and postoperative areas. They play the following roles:

- Circulating nurse;
- Scrub nurse;
- Nurse anaesthetist (in some countries);
- Surgical assistant (in some countries);
- Nurse from the post anaesthetic care unit (recovery);
- Hygiene and sterilization management;
- Management and participation in control programs and quality assurance

Background

The EORNA competency framework emerges as an attempt to unify the skills that the European perioperative nurse must have.

It is intended to develop a training scheme, with recognition and certification, of all the countries that are members of this association

EORNA FRAMEWORK FOR PERIOPERATIVE NURSE COMPETENCIES

General objective

- Allowing the required competency level will enable the perioperative nurse to:
1. Provide quality care, in a safe manner whilst performing the following tasks:
 - Circulating nurse
 - Assistant to the anaesthetist or anaesthetist nurse in some countries
 - Scrub nurse
 - Post anaesthetic care unit nurse
 - Surgical Assistant in some countries
 - Wound management
 - Pain management
 2. Operate in a multidisciplinary team
 3. Participate in quality assurance programs
 4. Organize and manage an Operating Room Department, facilities in risk management strategies.

EORNA Educational Committee



www.eorna.eu

Indication of perioperative nurse (Circulating Nurse)
The professional perioperative nurse in one who has focused an input in one or more of the focus of perioperative nursing care. Perioperative Nursing Care is defined as nursing care delivered in the areas of preoperative, intraoperative and postoperative patient care.

Introduction

Perioperative Nursing is a specialist field but is also diverse and complex, having many sub-specialties within it. Perioperative nursing predominantly covers the nursing care in the areas of surgical intervention, anaesthesiology and post anaesthetic care. In some instances specialities such as ambulatory day care, endoscopy, verification, interventional radiology and pain management come under the umbrella of perioperative care. These diversities of roles pose a challenge in the development of competencies for the perioperative nurse. The aim of this document is to cover the common core specialities within perioperative nursing. It is recognised that this document is not exhaustive and that many other opportunities/experiences can afford the perioperative nurse valuable personal and professional developmental gains.

Core domains of competencies for the perioperative nurse

CORE DOMAIN 1 PROFESSIONAL, LEGAL, ETHICAL PRACTICE	CORE DOMAIN 2 MEDICAL CARE AND PROFESSIONAL PRACTICE	CORE DOMAIN 3 INFORMATION, EDUCATION AND COMMUNICATION	CORE DOMAIN 4 MULTIDISCIPLINARY, MANAGEMENT AND LEADERSHIP SKILLS	CORE DOMAIN 5 DEVELOPMENT AND PROFESSIONAL GROWTH
<p>1.1. Prioritise in accordance with legislation and professional guidelines relevant to perioperative nursing practice</p> <ul style="list-style-type: none"> • Prioritise within the legislation (National and International) professional regulation and code of practice relevant to one's scope of practice in the perioperative setting. • Interpretation and apply an accurate and comprehensive understanding of ethical principles within scope of practice in the delivery of perioperative nursing care, reflecting the ethos of the care institution and under relevant legal tenets. • Ensure the duty of care owed to the patient is complete • Uphold the right of practitioners to report to both patients and colleagues in a patient's best interest • Demonstrate collaboration with the requirements of the relevant legislation, regulations and professional guidelines <p>1.2. Recognise professional accountability</p> <ul style="list-style-type: none"> • Work within the terms of one's own scope of practice and knowledge base • Identify knowledge or skills to correct limits and advocate in practice to other professional practitioners • Take personal accountability for their decisions and actions in perioperative nursing care delivery • Recognise the role and impact of health care systems in relation to quality of practice • Provide the safe and dignified perioperative care to patients, in a timely and safe manner. 	<p>2.1. Deliver patient care integrating knowledge and evidence based practice</p> <ul style="list-style-type: none"> • Promote patient safety care • Interpretation of health care and clinical care according to the national needs when providing and evaluating outcomes • Interpretation of all the medicines in the perioperative patient and other clinical settings able to drug therapy and other clinical care based on best practice evidence • Create with multidisciplinary teams to plan and coordinate care based on best practice evidence • Ensure accurate and timely communication in relation to relevant patient care • Interpretation of patient care and evidence based practice • Interpretation of interventional and diagnostic procedures of interventional • Manage the interventional patient care and related care and related issues • Promote patient safety, primary and secondary in appropriate • Practice in a manner that respects the beliefs and culture of others • Manage the digital elements of care recording, change when patient based practice delivery • Manage the needs of the interventional patient, applying the appropriate duty of care and relevant interventional nursing care • Manage the requirements of patient identification and quality assurance activities in line <p>2.2. Manage other understanding of the concepts of relevant medical and health appropriate when asked required</p> <ul style="list-style-type: none"> • Recognise the importance of accurate, timely and continuous monitoring of patients, ensuring timely and taking appropriate action when the medical or nursing level of care requires attention and intervention • Demonstrate a clear understanding of the concepts of patient management and safety, medical and interventional appropriate patient management strategies in accordance with regulations and policy • Offer appropriate change criteria prior to transfer of patient from the perioperative environment <p>2.3. Prioritise a safe effective environment for the management of efficient patient care</p> <ul style="list-style-type: none"> • Promote environment to maintain safety and efficiency, allowing appropriate planning, resources • Provide a high standard of equipment, ensuring in-line patient care for interventional, surgical interventional and non-surgical recovery • Ensure all equipment, instrumentation and accessories are available, integrity complete and in working order and are utilised in accordance with the manufacturer's instructions • Ensure safe storage of the patient through the perioperative environment by ensuring patient's health, safety, monitoring and appropriate equipment and facilities maintenance as required • Utilise integrated knowledge to ensure patient and staff safety, including staff education, ensuring safe working and handling, culture, appropriate infection control and disinfection, or in-depth understanding of processes, care management • Ensure all items used in the delivery of surgical intervention are returned or stored in an appropriate safe manner to be appropriate 	<p>3.1. Promote health and safety in the workplace. Develop and deliver appropriate risk management strategies to prevent accidents</p> <ul style="list-style-type: none"> • Practice in compliance with the management strategies to prevent accidents • Report all adverse incidents and near misses • Interpretation of patient care and related care and related issues <p>3.2. Interpret the requirements of infection control in the perioperative care</p> <ul style="list-style-type: none"> • Interpretation of knowledge of interventional sterility required • Interpretation of patient care and related care and related issues • Ensure the interventional patient providing safe and effective care through the use of infection control, including appropriate components • Interpretation of patient care and related care and related issues • Ensure that hygiene principles are applied • Practice strict adherence to standard procedures in the management of all direct and indirect patient care • Manage the prevention of infections with appropriate hygiene changes • Ensure interventional equipment used has been appropriately processed/sterilised • Ensure accurate documentation of interventional care in order to ensure appropriate tracking techniques • Apply in best practice in the scope of interventional practice • Manage the use of implants as per regulatory advice, interventional sterilisation and safety, including records, correct handling of implants in all aspects <p>3.3. Manage the health, safety and well-being of the interventional patient</p> <ul style="list-style-type: none"> • Ensure control identification and recording of all health care-related activities • Ensure safety of interventional practice in the management of a specific operation • Ensure accurate and timely reporting and documentation of results • Ensure correct and timely transportation of interventional equipment • Ensure correct disposal of waste, tissue fluid within appropriate <p>3.4. Recognise the importance of patient management challenges and interventional care</p> <ul style="list-style-type: none"> • Practice appropriate in the management of acute • Practice appropriate in response to direct management, including management of patient • Demonstrate awareness of appropriate interventional care and a practice in providing best practice 	<p>4.1. Team effective interventional care management skills in the perioperative care</p> <ul style="list-style-type: none"> • Identify practice of care based on clinical judgement of patient, health and reputation record • Ensure practice with consent • Interpretation of patient care and related care and related issues • Interpretation of patient care and related care and related issues • Ensure that all patients are safe and secure • Ensure that all patients are safe and secure • Ensure that all patients are safe and secure <p>4.2. Manage interventional care management skills in the perioperative care</p> <ul style="list-style-type: none"> • Interpretation of patient care and related care and related issues • Interpretation of patient care and related care and related issues • Interpretation of patient care and related care and related issues • Interpretation of patient care and related care and related issues • Interpretation of patient care and related care and related issues <p>4.3. Manage interventional care management skills in the perioperative care</p> <ul style="list-style-type: none"> • Interpretation of patient care and related care and related issues • Interpretation of patient care and related care and related issues • Interpretation of patient care and related care and related issues • Interpretation of patient care and related care and related issues • Interpretation of patient care and related care and related issues 	<p>5.1. Demonstrate a commitment to personal and professional development of self and others</p> <ul style="list-style-type: none"> • Demonstrate a commitment to the only nursing profession in which the maintenance of professional competence • Participate in the education and development of other nursing colleagues within the perioperative practice • Participate in the education and development of other staff health professionals in the perioperative practice • Participate in the education and development of other staff health professionals in the perioperative practice <p>5.2. Demonstrate a commitment to personal and professional development of self and others</p> <ul style="list-style-type: none"> • Demonstrate a commitment to the only nursing profession in which the maintenance of professional competence • Participate in the education and development of other nursing colleagues within the perioperative practice • Participate in the education and development of other staff health professionals in the perioperative practice • Participate in the education and development of other staff health professionals in the perioperative practice

EORNA FRAMEWORK FOR PERIOPERATIVE NURSE COMPETENCIES

For each core domain of the framework, the general and specific competencies, knowledge, skills and attitudes have been identified. It will be a guide to the professionals.

Background

The work presented today is part of a broader research project (ID no: CHUNSC_2018_51 (2018-209-1)) which studies *The current training of the perioperative nurse versus the unified competence model of the EORNA*. This study compares the training received and the results obtained in different countries.

		0: H-Lnd (n=59)	1: H-Can (n=65)	P- Value
AGE	21-30y	14	14	0.113
	31-40y	16	32	
	41-50y	18	14	
	51-60y	11	5	
	+60y	0	0	
GENDER	M	21	16	0.184
	F	38	49	
TIMED WORKED IN THEATRES	Less than 1y	9	1	0.219
	1-3y	8	16	
	4-6y	8	23	
	7-10y	7	9	
	+10y	27	16	
SHIFTS AND MULTIPLE SPECIALTIES	No	16	20	0.656
	Yes	43	45	
CHANGE IN SPECIALTIES	Once a week	29	34	0.569
	Once a month	8	12	
	Once a year	7	5	
	Stable	15	14	
PREVIOUS TEACHING	No	37	61	0.000
	Yes	22	4	
INDUCTION TEACHING PROGRAMME	None	4	28	0.000
	Short placements in specialties	11	17	
	Courses and placements	10	10	
	Induction with mentor	34	10	

Satisfacción, Conocimiento y Empoderamiento Profesional mediante la Formación	Media H-Can	Media H-Lnd	p-value
	[IC 95%]	[IC 95%]	
F35: Do you know the EORNA (European Operating Room Nurses Association) postgraduate training curriculum?	0,91 [0,39-1,43]	2,95 [2,06-3,84]	0.000
F36: I AM SATISFIED WITH THE TRAINING RECEIVED	5.89 [5,24-6,55]	6.68 [6,02-7,34]	0.094
F37: As a general nurse I am able to work in an operating room	3.06 [2,42-3,7]	8.14 [7,44-8,33]	0.000
F38: I believe that to work in an operating room you must have specialised training first	9.23 [8,92-9,54]	8.36 [7,65-9,07]	0.026
F39: Specific training will allow me to be as <u>equal</u> as any other highly specialized member of the surgical team	8.48 [8,03-8,93]	8.63 [8,16-9,09]	0.644
F40: Specific training would allow me to use my <u>skills</u> in a safer and more effective way for me and the patient	9.43 [9,25-9,62]	9.07 [8,64-9,5]	0.125

Background

La formación específica me permitiría desempeñar mis competencias con menor nivel de estrés y de manera más segura para...

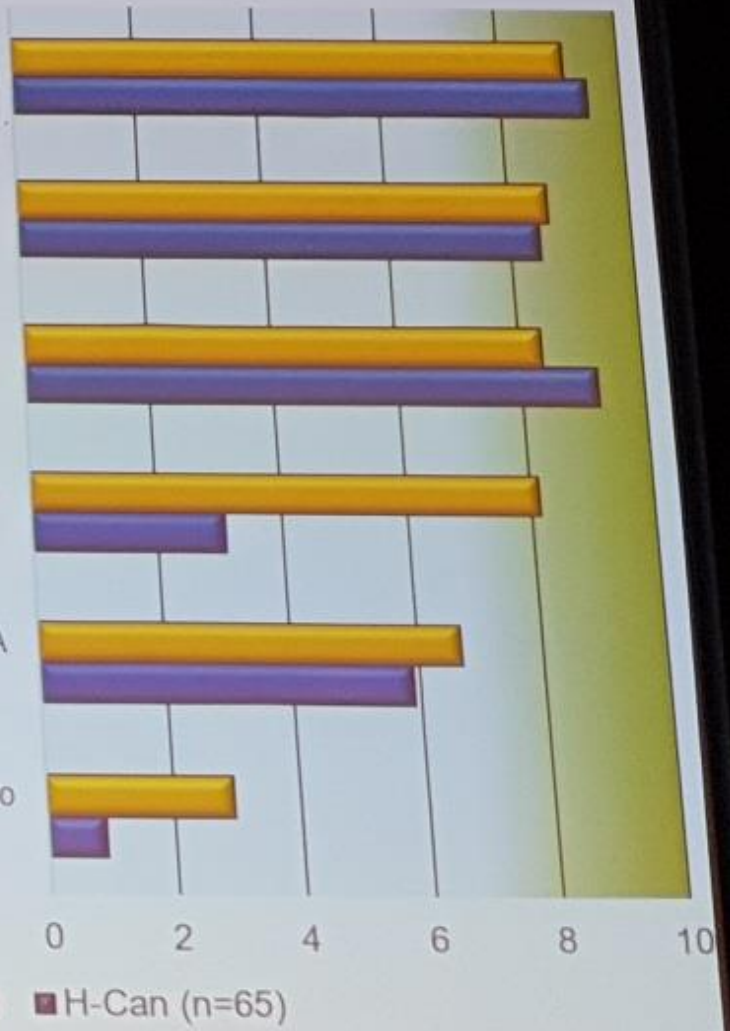
La formación específica me permitiría posicionarme igualitariamente como miembro de un equipo quirúrgico superespecializado

Considero que para trabajar en un quirófano debo realizar de manera previa una formación especializada

La formación como enfermera generalista me capacita para trabajar en un quirófano

ME SIENTO SATISFECHO CON LA FORMACIÓN RECIBIDA

¿Conoces el currículo formativo de postgrado de la EORNA?



		0: H-Lnd (n=59)	1: H-Can (n=65)	P- Value
AGE	21-30y	14	14	0.113
	31-40y	16	32	
	41-50y	18	14	
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Background

Some of the key results may be due to the differences found between the two samples (they are not comparable in all the variables taken).

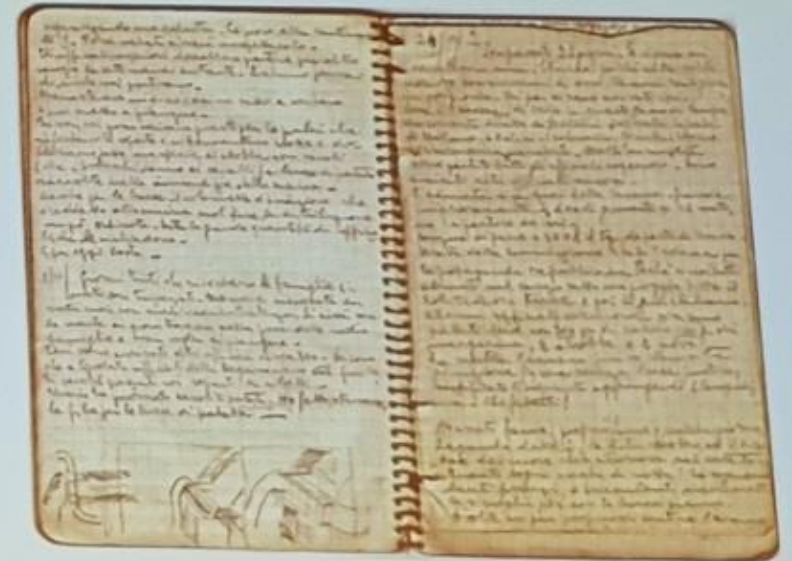
However, those differences would demonstrate the need, for perioperative nursing, of a specific and regulated training (in some countries).

While this specific, and ministerial-regulated, formation takes place, and helping nurses in work-based learning; the part of this project that will be discussed next, arises.

→ **An AppSURG in my pocket**

Introduction

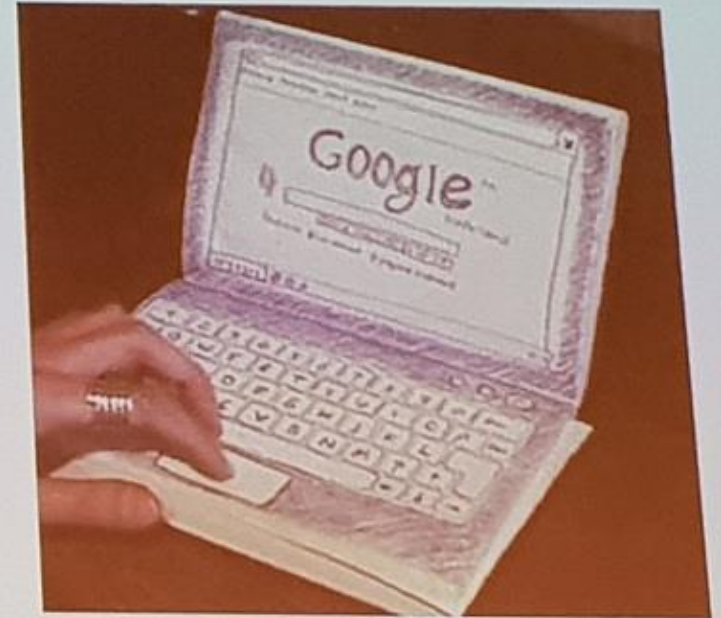
- For years, operating room nurses have taken a notebook to write down the details of the surgery. From instrumental, surgical technique, anaesthesia and pharmacology, the position of the patient, nursing care and surgical procedures.
- In a scenario of continuing development, the needed for more knowledge increases permanently. In that way, operating room nurses have always been looking for a rapid and truthful way of consultation
- A decrease in adverse events is linked to an increase in the knowledge of professionals. This increase has a favourable impact on patient safety (*).



(*) - de Castro Peraza, M. E. (2012). *Programa educativo participativo centrado en el paciente de cirugía oncológica colorrectal* (Doctoral dissertation, Universidad de La Laguna).
- EORNA common core curriculum for perioperative nursing. Second Edition 2012. <https://eorna.eu/eorna-common-core-curriculum-for-perioperative-nursing-second-edition-2012/>
- The EORNA framework for perioperative nurse competencies. <https://eorna.eu/competencies/>

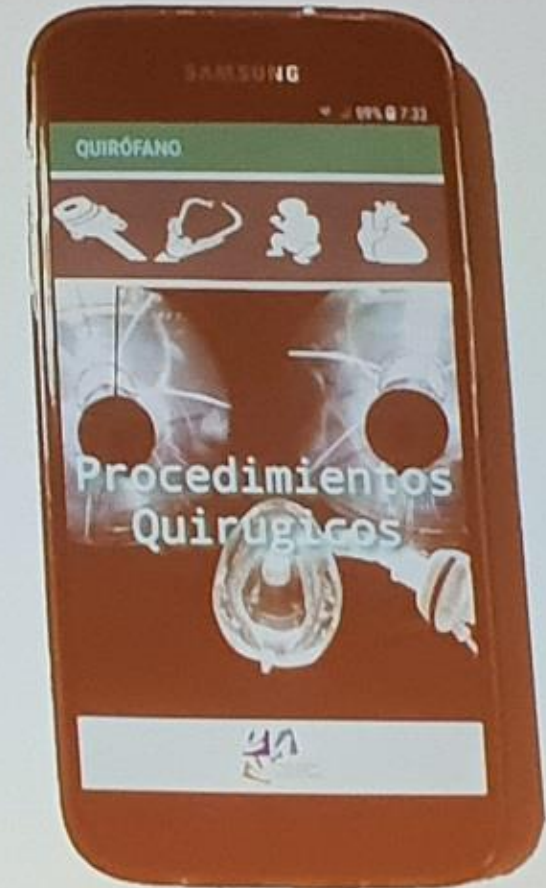
Introduction

- The arrival of information technologies allows new formulas to organize information in relational databases, that can be consulted from a mobile or tablet.
- These databases have to be able to be updated but, at the same time, to be consulted without internet connection to be used in the operating room (where, , there is no WAN connection).



Introduction

- The new learning methodologies are closely linked to the use of new technologies (*). Thus, collaborative work among professionals from different fields (nursing, computing, education as well as other health-sciences), leads to the creation of applications that can respond to the needs of the nurse in the operating room.
- When these tools can be used in a smartphone, the advantages of this new era arises



(*) <https://www.wearable-technologies.com/2019/02/virtual-reality-app-for-live-operating-room-experiences-for-surgical-education-on-oculus-headsets/>

Objectives



- Generate an app, for smartphone or tablet, with the surgical procedures most frequently used.
- Increase the degree of satisfaction and capability with professional performance, by increasing knowledge, using the app

Methods



- A qualitative study among professionals, using Focus Groups, was carried out. The Professionals theorize about the knowledge that nurses need to face specific surgical procedures.
- The groups met several times to generate an app (AppSURG) that was tested in real operating rooms
- Each meeting was considered a Phase in the development of the whole study
- In Phase IV, a trial of AppSURG was carried out. Data was obtained by a questionnaire (with five items in a likert-scale form, ranged from one to five; and an open-ended question)

Results

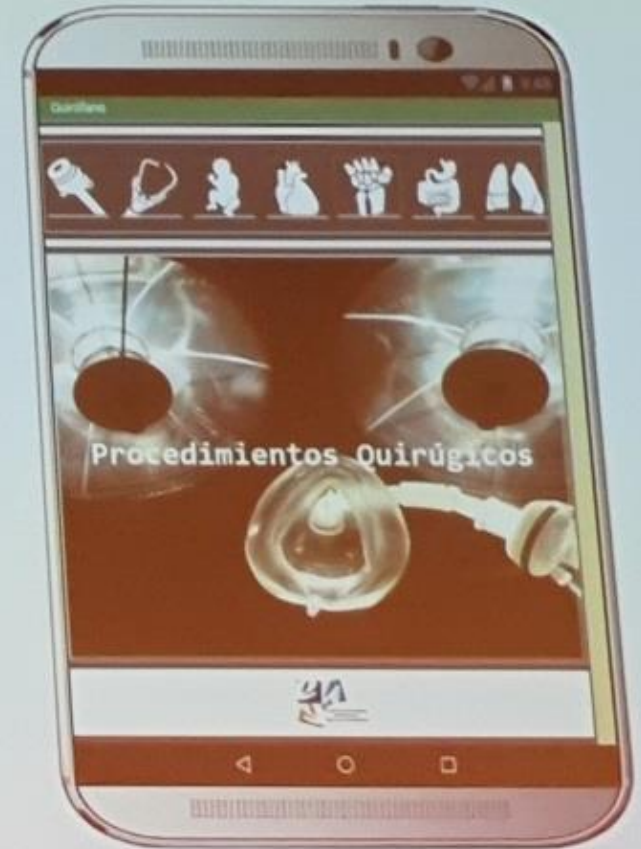
The project, in its current state, has six phases





Results: Focus Group Meeting I - Phase I

- Design of the tool (it was decided that it would be an App for smartphone)
- Usability aspects were studied, and content templates were generated
- The elements and the procedures that should integrate the complete app were designed
- For each surgical procedure, it was decided to use some elements: a brief summary, a sheet of the surgical procedure (that could be consulted offline) and a video. A quiz was also included





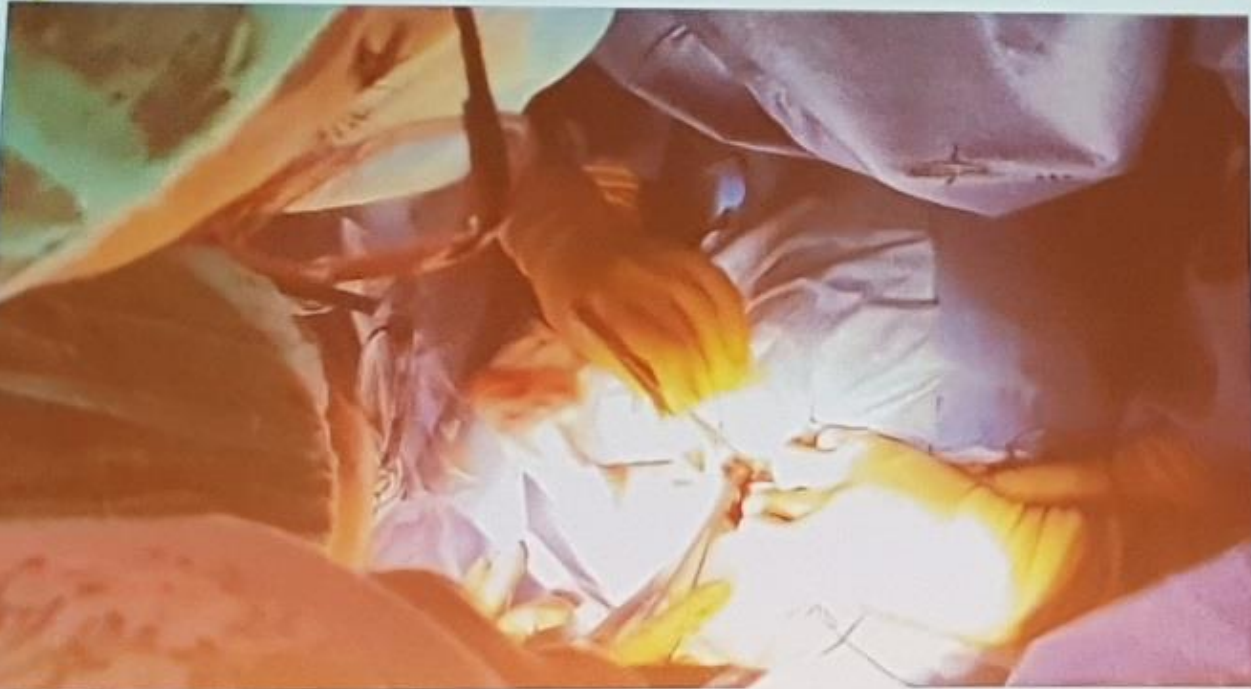
Results: Focus Group Meeting II - Phase II

- The decision of the surgical techniques to be addressed specifically, in this first version, was carried out. That was decided after the consultation of intraoperative nurses from different specialties (looking for a fitted ad-hoc tool).
- In order to prepare the different surgical procedures, the research team of the project chose:
 - The different specialties
 - The selection of specialists




Results: Focus Group Meeting III - Phase III

- The group performed a reviewing of the generated materials:
 - videos
 - sheets of each surgical procedure
- The group evaluated the effort invested (amount of work/researcher)
- The group proposed new procedures for a possible later version



FAVI (Fistula arteriovenosa interna)
CRUJIA VASCULAR




El Estado de La Rioja - Hospital General de La Rioja - Avda. de los Héroes 1000 - 2600 La Rioja, Argentina

Una **fistula arteriovenosa (FAVI)** es una conexión quirúrgica de una arteria a una vena. Esto es un procedimiento común para la hemodiálisis. La fistula arteriovenosa puede realizarse en diferentes localizaciones anatómicas. La más frecuente y consiste en la anastomosis de la arteria radial a la vena cefálica. Esta anastomosis suele hacerse talero-terminal a la altura del codo en el miembro no dominante del paciente.


INSTRUMENTAL NECESARIO:
Caja de cirugía vascular (asegurando ligeros de Boyd y Pull). Clamps y vessel loops. Solución con heparina si es preciso. Torniquete de izquierda y venda smart si es preciso.

TÉCNICA QUIRÚRGICA:
Tras preparar la piel y el campo se realiza incisión transversal a nivel del antebrazo-braccio a la altura del codo pero en cara interna.
Se separan los músculos hasta exponer los vasos arteriales y venosos que se son a anastomosisar. Se referencia con vessel loops.
Se claman los vasos.
Se liga y se corta el extremo distal de la vena.
Se abre un orificio en la arteria de calibre similar al de la vena.
Se anastomosisa arteria y vena (generalmente con polipropileno).
Se libera el clamping de los vasos y se comprueba la buena perfusión.
Se cierra por planos.



POSICIÓN QUIRÚRGICA:
La intervención se realiza con el paciente en decúbito supino, con el miembro en el que se va a realizar la cirugía extendido.

TIPO DE ANESTESIA:
Anestesia local con ligera sedación. En caso de hacerla con maniquillo de izquierda se puede utilizar anestesia locorregional intravenosa. En casos excepcionales anestesia general.



RECOMENDACIONES:
Proteger los zonas de apoyo en la mesa quirúrgica (hueso próximo, talón).
Si se realiza con izquierda, tener especial cuidado al hinchar y deshinchar el maniquillo y al hacer la anastomosis con smart.
Proteger con un vendaje ultrachudado la fistula al terminar la cirugía indicando que se trata de una fistula.

RECURSOS DE INTERÉS:
LRF, video youtube: <https://www.youtube.com/watch?v=VfJAW1Kv6U>
A. García Aragón, N. Salas, A. Yáñez, J. A. Chacón, A. Sainz, J. C. Chacón, A. Paez. La fistula arteriovenosa interna para hemodiálisis. Experimento en 22 cerdos. 2017; 5(1): 7-12. Disponible en <http://www.scopus.com/scopus/abstract.url?url=0009031170802117>.
Fernández Pérez Ruiz, Roberto Sánchez Álvarez, Ferrn Páez Rodríguez. Fistula arteriovenosa para hemodiálisis. Estudio de un año. RBC (Revista de la Cruz Roja) 2018. Oct (vol. 20): 204-210. Disponible en http://revista.rbc.com.ar/pdf/revista_rbc_2018_204-210.pdf.
Procedimiento para el cuidado del acceso vascular en pacientes con terapia renal sustituta (TRS). Enferm Nefrol (Revista de la especialidad). Ciudad: 2015. Oct. 10. Disponible en http://revista.rbc.com.ar/pdf/revista_rbc_2015_101-108.pdf.



Results: Focus Group Meeting IV - Phase IV

- Validation of the tool, generated by the team of computer experts
- Trial the app, in the operating room, with real professionals

Trial, in the operating room, with real professionals

Sample

A convenience sample of 27 (93.1%) operating room nurses (from a big hospital in Tenerife), was selected to test the version1 of AppSURG.

Sample characteristics:

- 6 males (22.2%) and 21 females (77.7%)
- 20-39 years-old: 13 (48.1%), 40-54y: 9 (33.3%), >=55y: 5 (18.5%)

The Questionnaire

Item	Ns/Nc	1	2	3	4	5
Which is your general satisfaction with this App?						
Is this APP useful to find the information that you need?						
Do you think that you can develop a better work with the help of a tool like this?						
Do you think it increases patient safety						
It would be interesting for you that we continue with version 2? (with new procedures)						
¿Something to suggest or to change?						

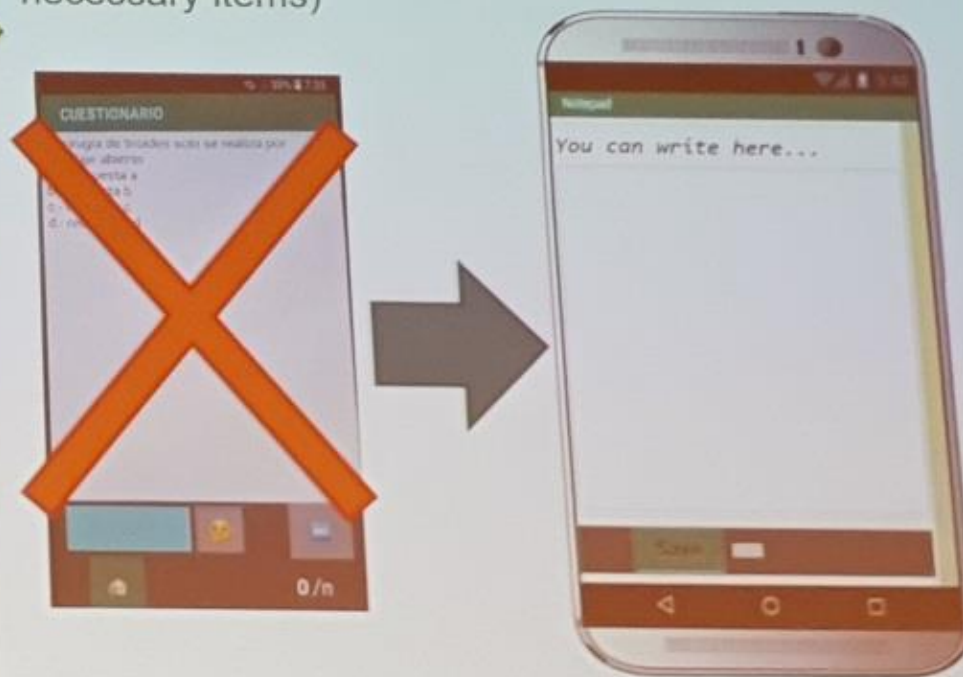


Results: Focus Group Meeting V - Phase V

- Evaluation of the trial results
- Modification of the tool, after the participation of the nursing professionals

Analyzing the final open-question, the most important request was to exchange the quiz (which the professionals found unhelpful) for a notepad (where to write very specific but necessary items)

Item	Mean	sd
Which is your general satisfaction with this App?	4.03	0.42
Is this APP useful to find the information that you need?	4	0.56
Do you think that you can develop a better work with the help of a tool like this?	4.33	0.62
Do you think it increases patient safety	4	0.76
It would be interesting for you that we continue with version 2? (with new procedures)	4.07	0.64





Results:

Focus Group Meeting VI - Phase VI

CURRENT MOMENT

- Decision-making process:
 - the tool remains as it is
 - the tool increases the number of procedures



Discussion

- Collaborative qualitative research among professionals, to create an ad-hoc tool, is a useful way to solve problems in daily real clinical practice. In fact, many authors use collaborative work in multidisciplinary teams to solve complex health problems
- This tool is useful because nurses must know in advance the principal steps of a given surgical procedure. In that way, the nurse will be better prepared to face adverse events that could happen during the whole perioperative process.
- This specific app contained all the surgical procedures that the professionals demand as necessary. AppSURG can be used with and without connection to the network. The use of apps has spread throughout the world due to the ease of use and the availability to be consulted on different platforms

Discussion

- An updatable and expandable database of surgical procedures is created. In a world where information is increasing every day, it is absolutely necessary that solutions for professionals are updatable.
- In this work, we present the first version. The research team is currently deciding the possibility of including more procedures. This decision must carry out a major research study, which would be version 2. So, future research is needed in the case of a second version.

Conclusion

- AppSURG gives a fast consultation method to prepare the whole process of a specific surgery (with key points about: procedure, materials, instruments, patient positioning, anaesthesia, usual risks and complications)
- The nurse feels more professionally satisfied and capable, having a quick and truthful consultation tool
- Patient safety could be increased with tools of this type (*)

(*) as stated before in specific literature and according to the opinion of the professionals consulted

Final Reflexion

After this presentation, and given that an app is a good option but of course not the best one...

In your opinion: Do you agree that Perioperative nursing postgraduate studies (with EORNA certification) would solve this situation?



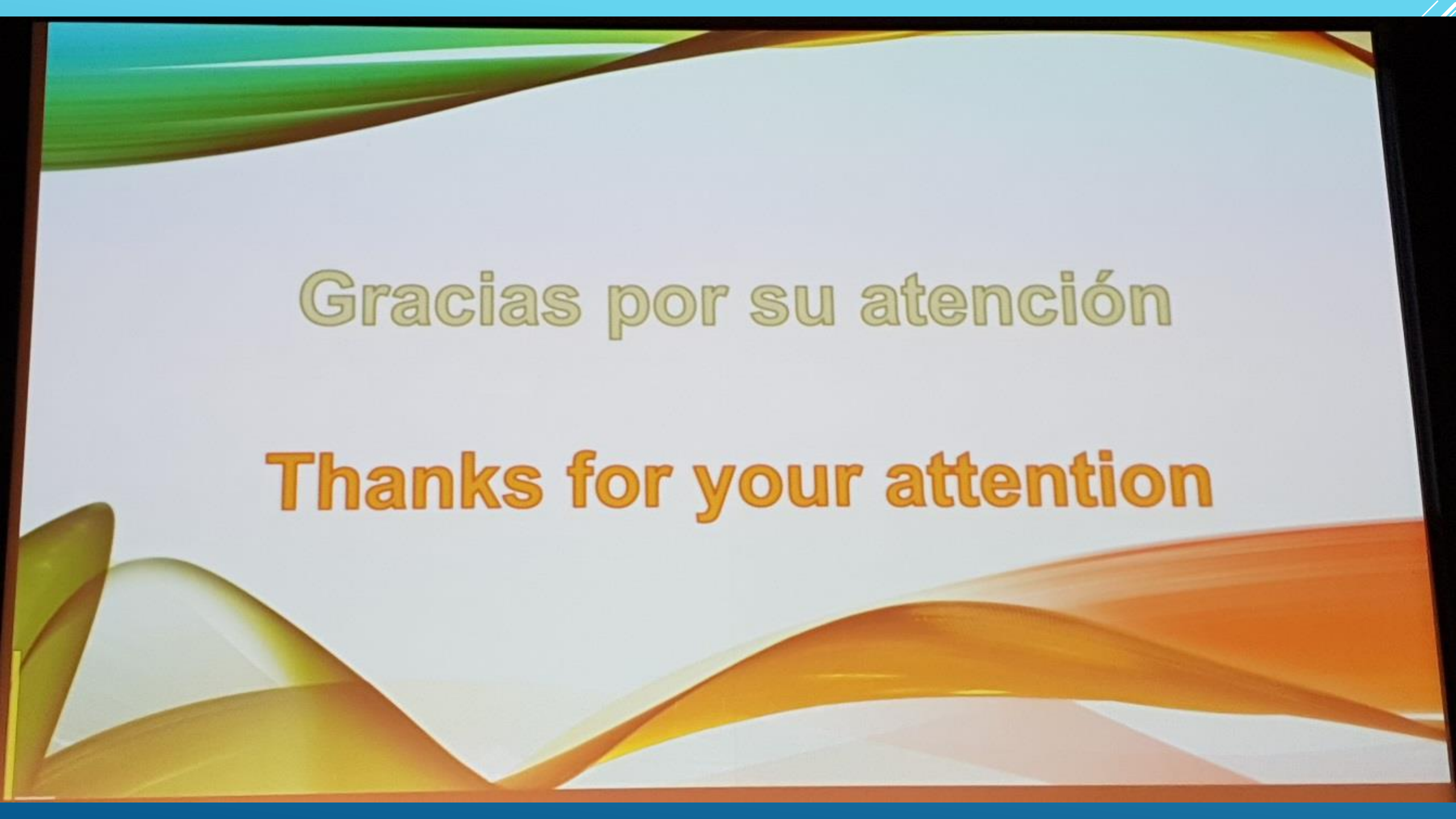
General nurse

In the
meantime

Apps & other resources

Specialized courses

**Perioperative
postgraduate-
specialized nursing**

The background features abstract, flowing shapes in shades of green and orange, creating a dynamic and modern aesthetic. The text is centered on a light blue-grey background.

Gracias por su atención

Thanks for your attention