### GLOBAL CONNECTIONS -



# The Gathering of Nations: From Copenhagen to Sydney!

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THIS EDITION OF Global Connections is a continuation of reporting from the fourth international perianesthesia nursing conference held in Sydney, Australia, in 2017. Dr Ellen L. Poole presented a quantitative and qualitative analysis from the 2015 Copenhagen delegate networking forum led by Mette Ring, Bente Buch, and Joni Brady. Although delegates comprised a convenience sample, the foundational information gathered provides insight into the professional experiences of geographically diverse perianaesthesia nurses and, through the analysis of Dr Poole, points to the need for continued collaboration to expand scientific evidence to underpin this specialty nursing practice.

The international collaboration of perianaesthesia nurses, inc (ICPAN) is a growing global advocacy and networking group. Beginning with the first biennial conference held in Toronto in 2011, ICPAN has continued to connect perianesthesia nurses worldwide for continuing education and professional networking. During the Copenhagen 2015 conference, "The Gathering of Nations" encouraged formal dialog to further enhance nurses' global exchange of ideas. From Copenhagen to Sydney, this plenary networking session has continued to provide emerging insight into the current state of global perianesthesia nursing practice.

At the fourth ICPAN Conference held in Copenhagen in 2015, Ring and colleagues facilitated a

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networking forum for all perianesthesia nurses in attendance. To enhance sharing of multiple national perspectives, seating at roundtables was predetermined to ensure international diversity within each discussion group. During the next 2 hours, participants at each table discussed three topics and reported feedback to the session organizers. Based on a predetermined timetable, these discussion topics were sequentially presented by a designated table facilitator.

After each question was presented and discussed, results were summarized and submitted via Internet by all table facilitators. Responses were shared on projection screens in real time using an interactive voting system embedded within the presentation software. This feedback system allowed for anonymous response submissions via text messaging. Cumulative results were then collected and saved for future analysis.

During fall of 2016, Poole joined the collaborative group to provide further analysis of the results and correlate the findings to current global literature in perianesthesia nursing. Using qualitative methodology, recorded participant responses were sorted into categories under each of the three main topics: clinical question, education and training, and hot topics. After the initial categorization, results were combined and recategorized with the top three to five results presented in Sydney in November 2017 and reported here. The thematic analysis and accompanying literature exemplars set the stage for Ring et al<sup>2</sup> to design the plenary session networking discussions conducted during the Sydney conference.

#### **Thematic Analysis**

Three questions were posed to delegates during the 2015 forum in Copenhagen. After each question was introduced, time was allowed for interactive table discussions, with results summarized and then shared with the group at large. Approximately 250 of the more than 400 attendees 758 ELLEN L. POOLE

reported during demographic data collection (some encountered Internet connection barriers). Figure 1 presents educational level of the delegates who could participate. After the conference, Poole received cumulative results for these questions and conducted a secondary thematic analysis using qualitative methodology. Two rounds of sorting and categorizations were performed. Categories were shared with Ring and colleagues for verification.

The three broad questions were as follows: (1) What are the top clinical questions of most concern to the nurses? (2) What education or training is necessary to work in the specialty? (3) What are the hot topics of concern to practicing perianesthesia specialty nurses?

#### **Clinical Questions**

The following four themes emerged within the topic of "What are the top clinical questions of concern?"

1. How is pain treated in the postanesthesia care unit (PACU), in terms of acute or chronic pain and with pediatric populations? In addition to monitoring anesthetic recovery, the PACU nurse is monitoring the response to surgery itself in terms of pain management. It becomes imperative to balance the awakening process with supportive pain management. With the increasing concerns over opioid dependence, it is important to discuss various methodologies available beyond opioids.

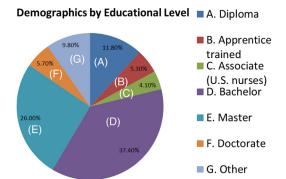


Figure 1. Educational level of participants in Copenhagen, Denmark. This figure is available in color online at www.jopan.org.

- 2. How do you deal with workflow issues, such as moving patients through the PACU, length of stay, and overflow issues when there are not enough beds or staff. What is included in handoff communication to facilitate workflow? Concerns regarding communication and movement through the surgical suite are universal. Although accurate handoffs are necessary to quality care, communication regarding staffing and space is also important.
- 3. How can we share information globally: standards of care, evidence-based care, and new knowledge? Not all countries have perianesthesia nursing organizations and/or mechanisms for sharing current evidence regarding practice, yet the thirst for shared knowledge is evidenced by the numbers attending international conferences such as ICPAN. It is no surprise to see global sharing as a major theme at an international conference.
- 4. What are the competencies and training necessary to work in the PACU: orientation, competency, simulations, and advance practice roles? Just as basic nursing education is globally diverse, so are the competencies and orientation for PACU nurses. Variations ranged from on-the-job training to specialized roles and courses.

Clinical questions regarding necessary education and competency were an excellent lead into the next topic of "What is the basic and general nursing education necessary for working in the PACU?"

#### **Education and Training**

The following themes were noted regarding necessary education or training:

1. Basic education for PACU: postgraduation; many nurses had critical care or intensive care backgrounds. For others, training was job specific (either on-the-job training or specific course), or no specific training was needed. It is no surprise to see that critical care competencies were embedded in the training for PACU. During the vulnerable time in PACU, patients need nurses who understand anesthetic effects in addition to the type of surgical procedure. These nurses are

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