

Abstracts of Session 11a

Teaching and training in ambulatory surgery, patient education

11a1

A French survey of ambulatory surgery. What are the education/teaching needs of general practitioners to improve their participation in healthcare of ambulatory surgery patients?

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INTRODUCTION: Implication of general practitioners (GPs) in the organisation of ambulatory surgery (AS) remains poor, may be due to insufficient teaching and education. The aims of the study were to define insufficient knowledge of AS and specific teaching needs of GPs to improve their management skills. **PATIENTS AND METHODS:** A questionnaire including more than 100 items was sent in 1998 to 1709 GPs in the south of France (Gard and Hérault states). **RESULTS:** Replies were obtained from 388 GPs (22.7%). **Knowledge on AS:** 36.4% of GPs have given a correct and 7.3% a wrong definition of AS. In 27.8% of the cases, the answer was not precise and not interpretable. 28.5% of GPs did not give any definition of AS. 30.6% reported no or only one of the most frequent ambulatory surgical fields, 36.5% only two and 32.9% three or more. 16.8% of the GPs declared to know all ambulatory surgeons in their state, 72.2% only some of them and 10.1% none. 35.7% did not know any ambulatory surgical facility. 14.4% knew one centre and 50.9% two or more. 49.1% estimated to have sufficient training to manage postoperative cares of AS patients, 25.9% not and 25.0% did not know. Anaesthesia was a source of problems for 19.3% of GPs and not for 68.7% (12.0% without opinion). Lack of adequate information of both patients and GPs was reported by 40.3% of GPs as an obstacle to further development of AS. **Teaching and education wishes:** 69.0% wanted specific training on postoperative follow-up, 61.7% on indications and contra-indications for AS and 61.1% on anaesthesia and its postoperative consequences. **Modalities:** Sources of information are waited by GPs: from CME (63.9% of GPs), from immediate postoperative mail (61.1%), from a compendium on AS dedicated to GPs (33.2%) or from specific teaching during medical studies (29.1%). **CONCLUSION:** Specific teaching is necessary and expected by most of GPs to improve their knowledge and their implication in AS procedures.

11a2

Education of nurses attached to day surgery clinics in Denmark

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During the middle of the nineties, day surgery has manifested itself seriously in Denmark.

This development has released a need for education of nurses, working within this field. The supply of literature and education is insignificant in Denmark.

During spring 1998 initiatives were made at Vejle Hospital for planning and supplying a week course for educated nurses, who were working at day surgery, clinics as target group. Still no similar courses are supplied in Denmark.

The inspiration for the elaboration of the course was taken from a course at Kingston University Hospital, England, but was adjusted to Danish culture and the technical skills of Danish nurses.

With the substance of the course we try to cover the entire spectra of the day surgery, such as organization, management and other professional subjects within the nursing area.

Furthermore, the participants get the opportunity of working with relevant subject in small groups, subjects of their special interest and the outcome of the teamwork is presented in different creative ways to all the participants.

The teaching subjects are followed up by a written evaluation from the participants. At the end of the course a personal course certificate is issued.

The admission criteria are defined. The course has been arranged once a year since 1998. The intention of the course is that the participants receive and develop a professional knowledge together with the possibility of building up a social network. This is one of the reasons why the course is held as a boarder course.

The course has plenty applicants, every time it has been over-subscribed showing the unsatisfied need within this area.

11a3

Nurse multiskilling within an ambulatory day surgical unit

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BACKGROUND/AIM: An ambulatory care and diagnostic centre was developed to improve the delivery of healthcare to a large urban community. In our endeavour to develop a seamless service for our patients, we describe how multiskilling of nurses can be achieved and the impact this had on the ambulatory day surgical unit. **METHOD:** Forty-eight registered general nurses entered into a training programme that encompassed care skills in four core areas: pre-operative assessment, theatre, anaesthetics, and recovery. In addition, nurses were trained to enter data into a computer programme designed to monitor the progress of patients from admission to discharge. Structured in-house training included weekly tutorials, written assignments, and supervised practical experience. An average of 3 months

was spent in each of the four areas. At every stage of the training programme there was assessment by an accredited educator. RESULTS: All staff that had entered the training programme was generally satisfied. There were no adverse patient outcomes. This model of surgical care delivery was beneficial for four main reasons:

- continuity of care occurred as the patient was not exposed to a variety of different healthcare professionals,
- increased throughput of patients occurred as trained nurses were able to perform all elements of healthcare in the four core area,
- cross-cover of work was more easily arranged for leave and absenteeism, and
- broader staff nurse knowledge and skills enhanced team cohesiveness.

CONCLUSION: A wider perspective of nursing roles characterised by multiskilling is more likely to provide a streamlined delivery of care for the patient in a day surgical unit. High quality training programmes are required to prepare nurse professionals for their adapted role. To ensure maintenance of high standards that are recognised nationally, our training programme will receive external accredited validation.

11a4

Resident training programs and ambulatory surgery

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Anesthesia and surgery residents need to be prepared in ambulatory surgery in order to develop the aims of managed care. It has been

demonstrated that ambulatory surgery units can be used for teaching purposes without altering their traditional efficient use of time. However, there are few hospitals where learning ambulatory surgery is possible with structured programs.

The aim of this paper is to find out if residents are being correctly prepared in ambulatory surgery.

A questionnaire with 25 scaled close-ended items was sent to 114 anesthesia and surgery residents in Aragón, a Spanish region with 1 200 000 inhabitants. Five different areas were analyzed: knowledge about day surgery, day surgery in Spain, day surgery in their hospital, teaching in ambulatory setting and ambulatory surgery training programs. Qualitative data were registered in a database using 5.1 Stat View program. Answers were transformed into scores in order to obtain a better statistical treatment.

A total of 38 residents responded (33%). There were not any statistical differences among total average scores, but ENT and anesthesia residents' scores were higher than the others. A 76% of residents thought ambulatory surgery was important, but only 13% of them thought its development was being implemented correctly in Spain. A 39.5% of residents were working regularly in day surgery but only 18.4% had training programs in their Department. A 52.6% preferred a continuing medical education in ambulatory surgery, but 73.6% of them did not know of any training programs. The same percentage, 73.6% said supervision and evaluation were necessary at the end of their training.

Anesthesia and surgery residents participate currently in ambulatory surgery in Aragón but without training programs.

Although residents know ambulatory surgery well, they do not know about the existence of training programs in other countries.

Supervision and evaluation are necessary during and after training programs in day surgery.