# DESCRIPTION OF COMPETENCE FOR REGISTERED NURSE WITH GRADUATE DIPLOMA IN SPECIALIST NURSING – ANAESTHESIA CARE

RIKSFÖRENINGEN FÖR ANESTESI OCH INTENSIVVÅRD & Svensk Sjuksköterskeförening – SSF

# TABLE OF CONTENTS

- Working group Introduction 3
- 4
- Areas of competence of the nurse anaesthesia 6
- References 11

Graphic design: Losita Design • Picture: Digital Vision • Print: Åtta45, 2008

## WORKING GROUP

#### **Project leader:**

*Ulrica Nilsson,* PhD, Assistant Professor and Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, Örebro University Hospital and Örebro University.

#### Further project participants:

*Chris Hedenskog,* Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, Örebro University Hospital.

*Elisabeth Liljeroth,* PhD., Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, Karolinska University Hospital, Solna.

*Berith Wennström,* MSc., Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, Kärnsjukhuset Hospital, Skövde.

# A consultative group has provided opinions on the work:

Karin Björkman Björkelund, PhD., Senior Lecturer and Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, Lund University.

*Lisbeth Hellmuth,* Junior Lecturer and Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, Lund University.

*Ewa Idvall,* PhD, Associate Professor, Scientific Supervisor and Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, Kalmar County Council Health Authority and Linköping University.

*Catrin Madsen-Rihlert,* MSc., Junior Lecturer and Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, University of Gothenburg.

*Roland Nilsson,* Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, MAS University Hospital, Malmö.

*Marie Sandh,* MSc., , Junior Lecturer and Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care, University College of Halmstad.

*Gerthrud Östlinder,* R.N., responsible for questions of research, education and terminology, Secretary's Office, The Swedish Society of Nursing.



# INTRODUCTION

In the series of publications entitled *General Advice from the National Board of Health and Welfare,* the National Swedish Board of Health and Welfare has previously issued the document *Descriptions of competence for nurses and midwives* (1995:5). This covers 12 different special areas for nurses, one of these being that of the nurse anaesthetist. Since new graduate diplomas in specialist nursing were introduced in the Higher Education Ordinance (in accordance with the Higher Education Ordinance 1993:100 with amendments introduced up to SFS 2001:212), the document *Descriptions of competence for nurses and midwives* has been superseded.

In 2005 the National Board of Health and Welfare published *Competence Description for the Registered Nurse* (1). Since the competence description does not cover specialist nurses, the National Association for Anaesthesia and Intensive Care decided, in collaboration with the Swedish Nurses' Association, to set up a competence description for specialist nurses in anaesthesia care. This document is the result of the collaboration just mentioned, it contains a description of the competence which nurses with the Graduate Diploma in Specialist Nursing – Anaesthesia Care are expected to possess, and it forms a continuation on the basis of the National Board of Health and Welfare *Competence Description for the Registered Nurse*. The document has an all-round, general perspective in which detailed working duties are not taken up, and it applies to nurse anaesthetist with widely differing experience within the profession. A recently qualified nurse anaesthetist should be given a good introduction and the possibility of practising his or her professional skills before working entirely independently and with working duties of a demanding nature.

The competence description includes the recommendations, which the nurse anaesthetist of Sweden wish to make concerning the professional skills and competence of this occupational group.

#### It provides guidelines and a foundation with the following aims:

- to give patients secure, safe anaesthesiological care and to support the families in the care process
- to clarify the professional role and competence for nurse anaesthetist who are just beginning and those who are in professional practice, and for their colleagues
- to support employers when engaging nurses with a graduate diploma in specialist nursing anaesthesia care
- to support the work on syllabuses for the university education that is provided for specialisation in anaesthesia nursing
- to assist politicians and other decision-takers in the planning and practice of anaesthesiological care

#### THE HISTORICAL BACKGROUND

In Sweden there was for many years a lack of clarity as to who was to administer anaesthesia to the patient. There was wide local variation, based both on tradition and on the numbers of staff available. Anyone from an experienced hospital caretaker to a theatre nurse or one of the younger doctors might be called upon to perform the anaesthesia. In the mid-1930s, the theatre nurse often served as both nurse anaesthetist and theatre nurse. By the end of the 1940s, however, discussion was in progress regarding education for nurse anaesthetists as part of the three-year nurses' education programme.

The Ministry of Health of that period later proposed a fivemonth practical and theoretical education for nurses at the Swedish Institute for Higher Education of Nurses (called SIHUS), in Göteborg and Stockholm. The first course started at the Sahlgrenska Hospital in Göteborg in 1954. When in 1966 nurses' education was set at five semesters, ie two and a half years, continuation training in anaesthesia was introduced and was available at a number of nurses' training colleges throughout the country. This was later transformed into university education in 1977, when nurses' education followed the same path. This reform also paved the way for graduate studies, and the continuation training was then named a supplementary course.

Training as a nurse anaesthetist continued thus during the 1980s, up to the 1993 reform of nurses' education, when it once more became three years. In 1997 nurses' education became academic, and since 2001 the nurses' types of specialist training, regulated as they are, have assumed their respective protected occupational titles (2, 3). For the nurse anaesthetist, the occupational title is Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care.

#### TRAINING AND FIELD OF WORK

The eligibility requirements for entering an education programme aiming at the examination and title of Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care are a professional degree or equivalent and the Swedish qualification as Registered Nurse. The education leads to an advanced-level professional examination and title, comprising 60 university education credits. The comprehensive document regulating the education is the qualification description in the Higher Education Ordinance (Swedish Code of (Svensk författningssamling) 2006:1053) (4), together with the syllabus and curriculum of the individual educational establishment. Further information on the organisation and content of the education will be provided by the respective educational establishment.

The place of work for a nurse anaesthetist is usually a surgical ward, but she or he may also be working on pre- and post- surgical wards, wards for treatment of pain, accident and emergency departments, pre- hospital care, accident and disaster sites, international humanitarian aid organisations, United Nations projects, or elsewhere (4).

#### DEFINITIONS

*Nurse anaesthetist* – in this document, a nurse anaesthetist means a Registered Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care. This also applies to Registered Nurses who have completed older types of extension training, continuation training and direct specialisations (4).

*Competence* – competence here refers to documented knowledge within a particular field (4).

*Capacity* – capacity here refers to experience, understanding and good judgment for translating knowledge and skills into the work of clinical practice (4).

#### INTERNATIONAL DEFINITIONS

Anaesthetic Nurse – a nurse with nursing qualifications who has undergone education and additional training and assessment of competence to perform as an assistant to the anaesthesiologist in the preparation, maintenance and monitoring of anaesthesia and the care of the anaesthetised patient. These nurses do not administer general anaesthesia Anaesthetic nurses work in several countries, including Germany and the United Kingdom (6).

*Nurse Anaesthetist* – a nurse with nursing qualification who has undergone education, such as a graduate diploma in specialist nursing, who independently induces, maintains and concludes general anaesthesia, with some support from the anaesthesiologist. Nurse anaesthetists work in several countries, including Sweden, Norway, Denmark, the United States and Schweiz. (6).

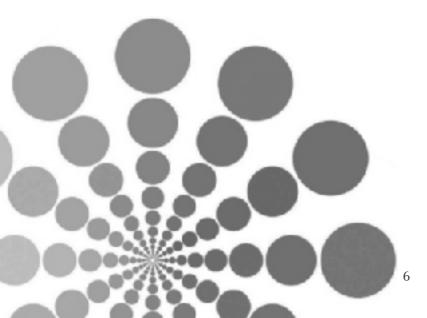
5

## AREAS OF COMPETENCE OF THE NURSE ANAESTHESIA

The overall working area of the nurse anaesthetist is anaesthesiological care, which requires the nurse anaesthesia to possess good knowledge within the fields of both nursing science and medicine. In addition knowledge is required within the fields of working environment, ethics, medical technology, teaching theory, theory of science, knowledge of laws and regulations, and knowledge of work at sites of major accidents and disasters in war and peace. Anaesthesiological care consists among other things of six subcompetences that are specific for the exercise of the profession of nurse anaesthesia, the principal field being anaesthesiological nursing, together with the fields of competence of *ethics, research and development, leadership, peri-operative nursing and pedagogics of care.* The bases for the demands for capacities within each sub-competence are found in various documents (1, 4–8) and literature (2, 3, 9–10), together with discussions and reflections resulting from the clinical, pedagogical and academic experiences of the project group.

#### ANAESTHESIOLOGICAL NURSING

Anaesthesiological nursing is performed peri-operatively by the nurse anaesthesia and is based on the individual patient's resources and needs. The purpose of the short meeting before the operation is for the nurse anaesthetist to contribute to the patient feeling calm, secure, and reassured that he or she will be given safe, professional anaesthesiological nursing.



#### Anaesthesiological nursing involves the following:

- after prescription by anaesthesiologist, planning and independetly administrering general anaesthesia of ASA I-II patients in elective surgery
- planning and, in collaboration with the anaesthesiolgist, administrering general anaesthesia of ASA III-V patients in elective surgery
- planning and, in collaboration with the anaesthesiologist, administrering general anaesthesia of ASA I-V patients in acute surgery
- planning and monitoring in cases of regional and local anaesthesia in conjunction with surgical interventions, examinations and treatments given to patients

To be able to carry out anaesthesiological nursing, a nurse with a graduate diploma in specialist nursing – anaesthesia must possess the following competence and capacities:

- to create a sense of reliance, trust and security in both patient and family
- to be responsible for consulting with the patient and the family so as to identify peri-operative nursing requirements, to set up a nursing plan, and to lead and evaluate nursing measures
- to carry out anaesthesia according to the specific circumstances of the patient, the surgery, the treatment or the examination
- to establish and maintain the airways in the patient and to monitor, assist or ventilate the patient
- to monitor, observe, document and follow up the patient's ventilation, circulation, depth of anaesthesia and temperature
- to monitor, administer, document and follow up the patient's requirements of blood and fluid, together with fluid treatment
- to administer both the anaesthesiological drugs and also the patient's other prescribed drugs, and to observe, document and follow up the effects
- together with the theatre nurse to be responsible for the positioning of the patient and for preventing pressure and constriction injuries
- to make relevant observations of the patient's condition pre-operatively, intra-operatively and post-operatively, and on the basis of these observations to assess, evaluate and draw conclusions on the patient's resources and needs
- to act, set priorities and take quick decisions in the case of acute adverse events
- both verbally and in writing, to report, document and make critical evaluation of the peri-operative care
- to prevent complications, and to identify and assess deviations from the normal peri-operative course of events
- to work preventively for the best possible post-operative recovery of the patient
- to work, participate and organise the team work around the patient

- to manage medical technical equipment and to be able to perform function controls in accordance with current statutes and safety regulations
- to work on the basis of hygienic regulations and provisions, and to prevent infection and the spread of infections

## **ETHICS**

The Code of Ethics of the International Council of Nurses (ICN) forms the basis of the nurse anaesthetist's ethical action and behaviour, and it must permeate all the areas of competence. The nurse anaesthetist must always strive to act in an ethical fashion.

# A nurse with a graduate diploma in specialist nursing – anaesthesia care must therefore possess the following capacities:

- to show concern and respect for the integrity and dignity of the patient
- to be attentive and to show an open attitude that is receptive to the patient's situation
- to show receptiveness for, and not to be restricted by, the patient's diversity
- to respect and make use of the patient's right to selfdetermination, and the right of the patient and family to receive information
- to maintain the balance between individual nursing and a fair distribution of resources
- to cooperate with colleagues and co-workers and to treat them fairly, and in a trustworthy and sincere fashion



## RESEARCH AND DEVELOPMENT

The rapid development of knowledge within health care and medical treatment brings increasing demands to bear on those who work in this field with regard to research and development.

#### A nurse with a graduate diploma in specialist nursing - anaesthesia care must therefore possess the following competence and capacities:

- to seek, analyse and critically review relevant knowledge in this field
- to critically reflect upon, and to initiate, collaborate upon or manage the work of development and research
- to evaluate and follow up the process development of the field of activity on an overall level
- to engage in and to follow up the work of quality and change systematically and continuously
- to play an active part in ensuring that anaesthesiological care becomes evidence-based
- to take the initiative for and to actively support research in nursing science and also cross-disciplinary research
- to implement current conventions of research ethics

### LEADERSHIP

Within the occupational field, a nurse anaesthetist must possess the capacity to lead, plan and develop the work within his or her own unit and to cooperate with representatives of other occupations on the care sector.

# Therefore, a nurse with a graduate diploma in specialist nursing – anaesthesia care must possess the following capacities:

- on the basis of the patient's needs, to systematically lead, set priorities, distribute and coordinate the care work
- to frame both overall and locally adapted aims
- to frame aims for his or her own competence development and for that of co-workers
- to continuously run systematic and documented work on quality and change

- to play an active part in planning, follow-up and development within the field of activity and to contribute to an efficient use of resources
- to play an active part in the cross-professional care within the framework of the various authorities, organisations and voluntary organisations found in society
- to frame and clarify gender equality in working conditions with regard to diversity
- to frame and clarify the underlying values and goals of the unit

## PERI-OPERATIVE CARE

The nurse anaesthetist should strive to engage in peri-operative work in a caring manner, and should be given the opportunity to do so. The work of peri-operative care is a field of knowledge and a work model, which the National Association for Anaesthesia and Intensive Care is emphasising as an ideal work model. This work model contains the peri-operative dialogue, by which is meant the conversations held by the nurse anaesthetist with the patient being cared for in the pre-operative, intra-operative and post-operative periods around a surgical intervention.

#### The planning of the patient's care takes place in consultation and dialogue with the patient, and the aims are as follows:

- the nurse anaesthetist is consciously involved with the patient, creating trust, alleviating the patient's anxiety and fear, and helping the patient to preserve the feeling of not losing control over their body in conjunction with the surgical intervention
- a continuity is created between the patient and the nurse anaesthetist, which helps to maintain the unity of the caring and to protect the patient's integrity
- the cooperation between the nurse anaesthetist and the operations nurse becomes a natural part of the work of caring
- the nurse anaesthetist is given the opportunity to take responsibility for new knowledge being developed within peri-operative caring

Peri-operative caring as an area of knowledge is an integral part of the specialist education as nurse anaesthetist at several universities and university colleges in Sweden.

## THE PEDAGOGICS OF CARE

A nurse anaesthetist must develop pedagogical and communicative competence for the caring and for the approach to the patient.

#### A nurse with a graduate diploma in specialist nursing – anaesthesia care must therefore possess the following competence and capacities:

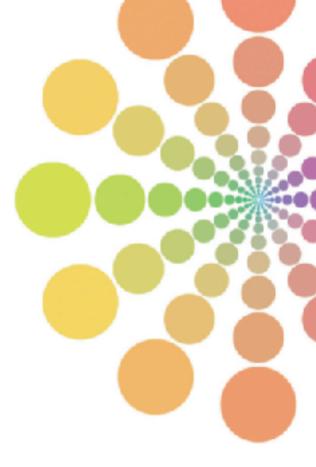
- to assist students to regularly receive pedagogical teaching, continuing education and guidance
- to assist co-workers, the team and the care chain to receive an introduction, education and development of competence
- to promote cross-professional work on the basis of care pedagogics
- to cooperate with universities and colleges

## A PROFESSION UNDER DEVELOPMENT

The demands placed on tomorrow's nurse anaesthetist require a development of independent and professional exercise of the occupation. The nurse anaesthetist has not only a responsibility to exercise anaesthesiological care, but also a parallel responsibility to work at developing their own personal competence by taking part in the work of development and research and as far as possible to render the speciality evidence-based. As with this nursing speciality in general, the exercise of the nurse anaesthetist's profession is based on a holistic view and an ethical attitude. As the development of knowledge and methods continuously increases, both that very capacity to take a holistic view and an ethical attitude will become ever more important.

In the future we may expect to be approaching patients who are well informed and who also place greater demands for becoming involved in their care.

Tomorrow's medical treatment will increasingly emphasise and be dependent on a cross-professional working method that is characterised by a continuous dialogue between the nurse anaesthetist, the anaesthesiologist, the surgeon and the other personnel involved in the peri-operative care. This is a natural part of the teamwork within a form of medical treatment that is highly specialised; it also provides a good basis for care adjusted to suit the individual; and it provides better guarantees for safety and for correctly taken decisions in the rapidly changing situations that may arise.



"The demands placed on tomorrow's nurse anaesthetist require a development of independent and professional exercise of the occupation"

## REFERENCES

- 1. Socialstyrelsen. *Kompetensbeskrivning för legitimerad sjuksköterska*. (National Board of Health and Welfare. *Qualification description for the Registered Nurse*) Stockholm: Socialstyrelsen; 2005.
- 2. Hovind I L, red (ed). Anestesiologisk omvårdnad. (Anaesthesiological Nursing) Lund: Studentlitteratur; 2005.
- 3. Halldin M, Lindahl S, red (eds). *Anestesi*. (*Anaesthesia*) 2. uppl., Stockholm: Liber; 2005.
- 4. SFS 2006:1053 Svensk författningssamling. Förordning om ändring i högskoleförordningen (Swedish Code of Statutes. Ordinance regarding change in the Higher Education Ordinance) (SFS 1993:100).
- 5. Flynn M. Anaesthesia nursing: an international perspective. Nursing Review (Ireland) 1998;16:46–9.

- 6. Standardiseringskommissionen i Sverige. *Ledningssystem för kompetensförsörjning krav.* (Swedish Standards Institution. *Management system for provision of competence require ments*) Stockholm: SIS; 2002.
- International Council of Nurses. ICN:s etiska kod för sjuksköterskor. (Code of Ethics Code of the ICN for nurses) Stock holm: Svensk sjuksköterskeförening; 2007.
- 8. International Federation of Nurse Anesthesists. *Code of ethics*. IFNA; 1992.
- 9. Post I von. Professionell naturlig vård ur anestesi- och operationssköterskors perspektiv. (Diss) (Professional natural care from the point of view of anaesthesia and operations nurses) (Dissertation). Vasa: Åbo Akademi (Åbo University); 1999.
- 10. Lindwall L, Post I von, red. *Människan i det peri-operativa vårdandet: antropologisk och etisk reflektion. (The human being in peri-operative caring: anthropological and ethical reflection)* Karlstads University Studies. Rapport: 2005:35. Karlstad: Karlstads universitet; 2005.



## FURTHER DOCUMENTS WITH A BEARING ON THE DESCRIPTION OF COMPETENCE

Arbetsmiljölag (The Working Environment Act) (SFS 1977:1160). Bedömning av student i verksamhetsförlagd utbildning, Specialistsjuksköterska – med inriktning mot anestesisjukvård (Assessment of a student in in-house training, Nurse with Graduate Diploma in Specialist Nursing – Anaesthesia Care), Hälsoakademin, Gindan geningsitt 2000.

Örebro universitet 2008.

Förordning om medicintekniska produkter (the Medical Devices Ordinance) (SFS 1993:876).

Förordning om yrkesverksamhet på hälso- och sjukvårdens område (Ordinance on occupational activity in health care) (SFS 1998:1513).

God vård: om ledningssystem för kvalitet och patientsäkerhet i hälso- och sjukvården. (Good care: on management systems for quality and patient safety in health and medical care) Stockholm: Socialstyrelsen; 2006.

Hygieniska gränsvärden (Hygienic limit values) (AFS 1996:2). Hälso- och sjukvårdslag (the Swedish Health Care Act) (SFS 1982:763).

Lag om biobanker i hälso- och sjukvården m.m. (the Biobanks in Medical Care Act) (SFS 2002:297).

Lag om medicintekniska produkter (the Medical Devices Act) (SFS 1993:584).

Lag om yrkesverksamhet på hälso- och sjukvårdens område (Act on occupational activity in health care) (SFS 1998:531). Läkemedelslag (the Medical Products Act) (SFS 1992:859). Patientjournallag (the Patient Case Sheets Act) (SFS 1985:562). Patientskadelag (the Patient Injury Act) (SFS 1996:799). Sekretesslag (the Act on the right to obtain access to public records) (SFS 1980:100).

Socialstyrelsens allmänna råd. Kompetenskrav för tjänstgöring som sjuksköterska och barnmorska (National Board of Health and Welfare, and general advice. Competence requirements for serving as nurse and midwife); SOSFS 1995:15 (M).

Socialstyrelsens föreskrifter och allmänna råd om läkemedelshantering i hälso- och sjukvården (National Board of Health and Welfare, regulations and general advice on the handling of medical products in health care); SOSFS 2000:1 (M).

Socialstyrelsens föreskrifter och allmänna råd. *Patientjournallagen* (National Board of Health and Welfare, regulations and general advice. *The Patient Case Sheets Act*); SOSFS 1993:20 (M). Socialstyrelsens föreskrifter om ledningssystem för kvalitet och patientsäkerhet i hälso- och sjukvården (National Board of Health and Welfare, regulations on management systems for quality and patient safety in health care); SOSFS 2005:12 (M). Socialstyrelsens föreskrifter om åtgärder för att förhindra förväxlingar inom hälso- och sjukvården och för att öka säkerheten vid läkemedelshantering inom den slutna vården (National Board of

Health and Welfare, regulations and measures to prevent mix-ups in health care and to increase safety in the handling of medical products in hospital in-patient care); SOSFS 1989:1 (M).



# DESCRIPTION OF COMPETENCE FOR REGISTERED NURSE WITH GRADUATE DIPLOMA IN SPECIALIST NURSING – ANAESTHESIA CARE



Riksföreningen för anestesi och intensivvård Härkevägen 48 83296 Frösön www.aniva.se



Svensk sjuksköterskeförening – SSF Baldersgatan 1 114 27 Stockholm Tfn: 08-412 24 00 Fax: 08-412 24 24 e-post: ssf@swenurse.se Hemsida: www.swenurse.se