

Strategi for udvikling af kompetencer hos Kliniske sygeplejespecialister

Eksempler fra Kvindeafdelingen på Hospitalsenheden Horsens



Indhold

- Strategi for sygepleje i Horsens
- "Fra strategi til praksis" og målet om at sygeplejefagligt personale får mulighed for at leve op til strategien
- "Comprehensive systematic review training" kursus
- Et eksempel på et forløb for en udviklingssygeplejerske

Sygeplejestrategiens fire ligevægtige hovedområder

- Evidensbaseret sygeplejepraksis
- Forskning og udvikling
- Uddannelse
- Sygeplejefaglig ledelse



Evidens baseret klinisk sygeplejepraksis

- Fagligt forankret i teori, forskningsbaseret viden og klinisk erfaring
- Kliniske retningslinjer skal understøtte personalet i samarbejde med patienten samt tværfaglige og tværsektorielle samarbejdspartnere
- Systematisk, struktureret og monitoreret dokumentation.

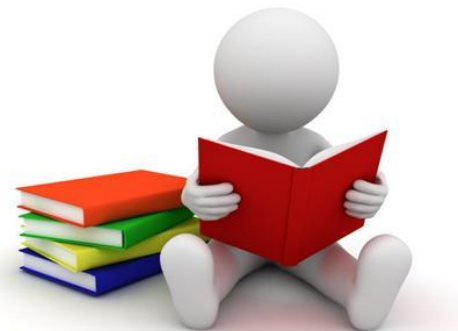
Forskning og udvikling

- Forskningsspørgsmål udspringer først og fremmest af klinisk praksis
- Stillings stabs strukturen indenfor sygeplejen understøtter og afspejler dette
- Forventning om formidling af viden



Uddannelse

- Undervisningshospital forpligter
- Stillingsfællesskaber mellem VIA og hospitalet
- Uddannelse og kompetenceudvikling ses som dynamiske processer

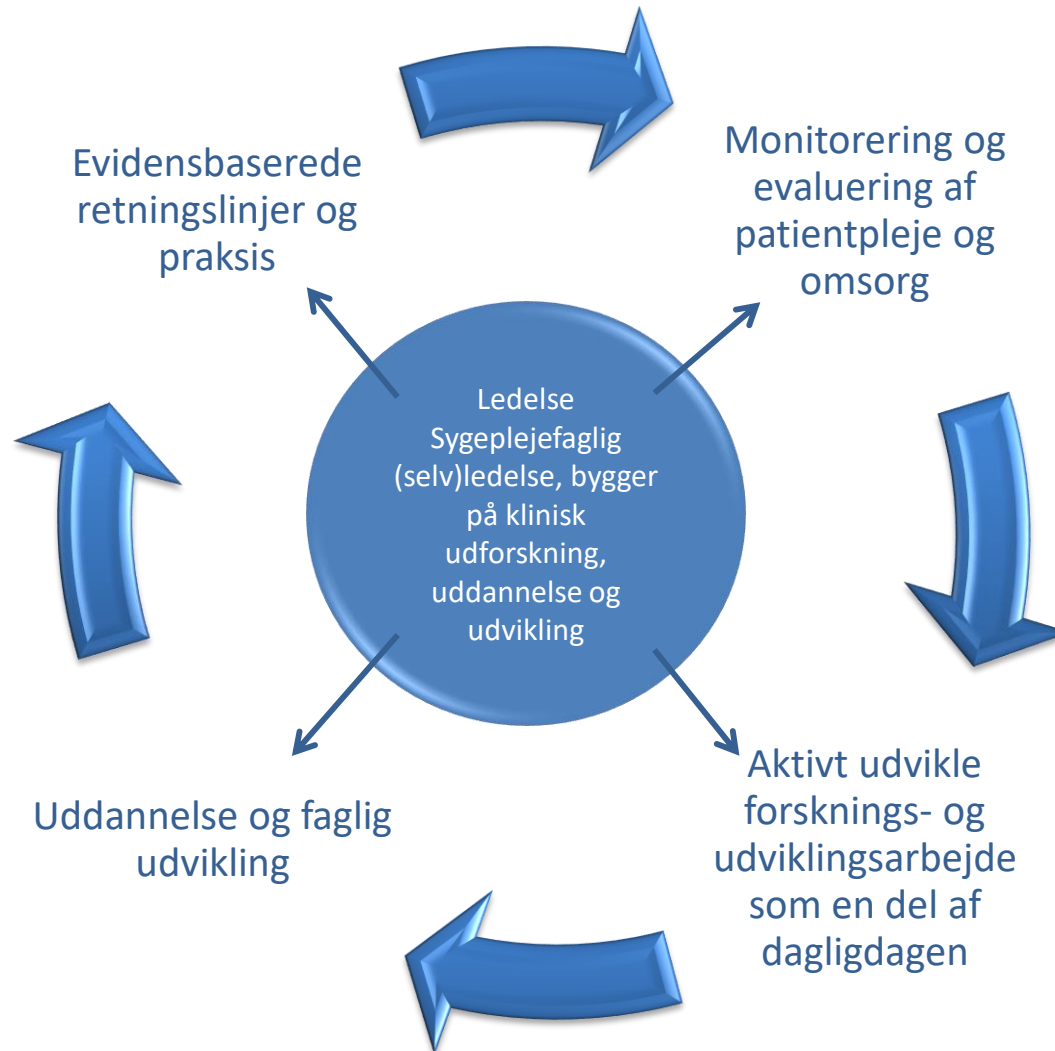


Sygeplejefaglig ledelse

- Efterspørge og sikre en evidensbaseret sygeplejepraksis
- Skabe bevidsthed om kliniske vurderinger og det sygeplejefaglige skøn
- Udnytte dagligdagens cases og hændelser i kombination med forskellige mødefora til at fremme observation, refleksion og handling individuelt såvel som i fællesskabet



Model for ledelse



Model for evidensbaseret sundhedsvæsen

IDE Model



Evidensbaseret sygepleje i Kvindeafdelingen

- Konkretiserer arbejdet med strategien og giver det liv
- Mål, initiativer og indsatser beskrives i fællesskab mellem ledelse, udviklingssygeplejerske, specialesygeplejerske og basis sygeplejersker



Evidensbaseret Kvinde

sygepleje i

- Vi har både et dokument der anvendes til r... er og beskriver sta...
- Dokumentet... områder i...
- Monitorer... ALTID en del af en indsats... r og handlepl...



Comprehensive Systematic Review Training Programme



Experiences of non-specialist nurses caring for patients and their significant others undergoing transitions during palliative end-of-life cancer care: a systematic review

Hrønn Thorn, RN, HD, MPH^{1,3}

Lisbeth Uhrenfeldt, RN, BA, MScN, PhD^{2,3}

Experiences of non-specialist nurses caring for patients and their significant others undergoing transitions during palliative end-of-life cancer care: a systematic review

Hrønn Thorn^{1,2} • Lisbeth Uhrenfeldt^{3,4,5}

¹Department of Gynecology and Obstetrics, Horsens Regional Hospital, Horsens, Denmark, ²Department of Research, Horsens Regional Hospital, Horsens, Denmark, ³Department of Health Science and Technology, Aalborg University, Aalborg, Denmark, ⁴Danish Center of Systematic Reviews: a Joanna Briggs Institute Centre of Excellence, the Center of Clinical Guidelines – Clearing House, Aalborg University, Aalborg, Denmark, and ⁵Faculty of Nursing and Health Sciences, Nord University, Bodø, Norway

EXECUTIVE SUMMARY

Background

Non-specialist nurses, who are providing palliative end-of-life cancer care to patients and significant others undergoing psychosocial and existential transitions, may experience dissatisfaction, frustration and sorrow. On the other hand, they may also experience happiness, increased knowledge and personal growth.

Objective/question

What are non-specialist nurses' experiences when providing palliative end-of-life cancer care that involves the psychosocial and existential transitions of their patients and significant others?

Inclusion criteria

Types of participants

The current review considered studies that included a description of the experiences of non-specialist trained registered nurses (RNs) working in non-specialist wards.

Phenomena of interest

The current review considered studies that investigated experiences of RNs when providing palliative end-of-life cancer care that involves the psychosocial and existential transitions of their patients and significant others.

Context

The contact and care for patients and their significant others during palliative end-of-life cancer care.

Types of studies

The current review considered studies that focused on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

Search strategy

The search aimed at finding both published and unpublished studies in English, Danish, Norwegian, Swedish and German, and was unrestricted by time. Eleven electronic databases and seven websites were searched.

Methodological quality

Methodological validity of the qualitative papers was assessed independently by two reviewers using the standardized critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI).

Data extraction

Data were extracted from papers included in the review using the standardized data extraction tool from the JBI-QARI.

Data synthesis

Qualitative research findings were synthesized using the JBI-QARI.

Correspondence: Hrønn Thorn, johtho@rm.dk
There is no conflict of interest in this project.
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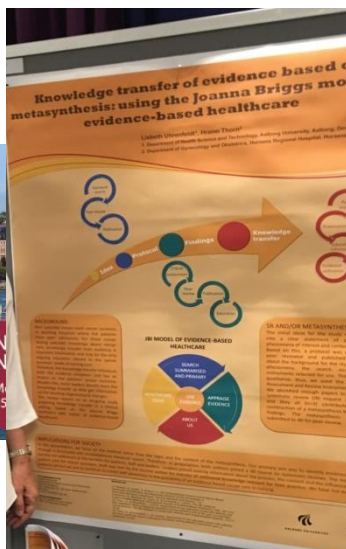


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Hrønn Thorn & Lisbeth
Uhrenfeldt



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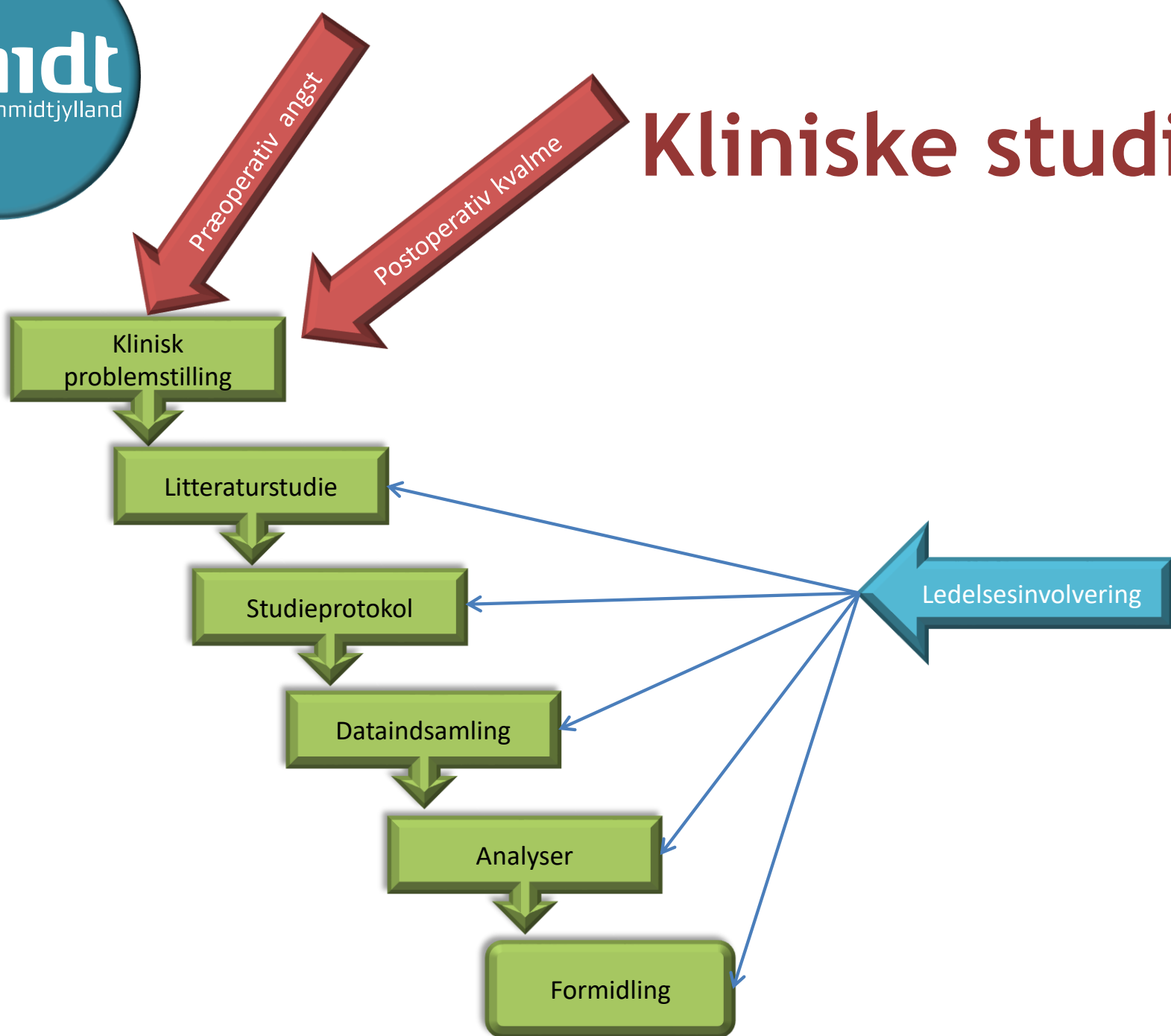


Formidling af JBI review fremadrettet

**Nurses are faced with myriads of challenges in
palliative end-of-life cancer care: a systematic review
and meta-synthesis**

**Non-specialist nurses providing palliative
end-of-life cancer care: a systematic review
and meta-synthesis**

Kliniske studier



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Submitted Manuscripts

STATUS	ID	TITLE	CREATED	SUBMITTED
ADM: Maeda, Junko	NHS-0377-2017	An intervention to reduce anxiety and pain after hysterectomy in Denmark: a randomized controlled trial View Submission	24-Aug-2017	24-Aug-2017
• Under Review				

Resultater: Inklusion af patienter afsluttet. Statistisk analyse er afsluttet. Analyse resultater afsluttet. Konklusion/implikationer afsluttet. Med ny viden om komplikationer og sygepleje til patienter.

Søgeord: PC6, akupressur

1. INTRODUCTION

Postoperative nausea and vomiting (PONV) is a common complication after surgery and anesthesia and is experienced by 30%–80% of the patients.^[1–6] The incidence of PONV is related to patients' nausea risk score^[1] and the nature of

the surgery.^[2–5,7] Experiencing PONV has a negative impact on perceived well-being and thus a lower degree of patient satisfaction.^[8] In addition, PONV may increase per operative costs, postoperative morbidity, post anesthesia care unit stay, prolong hospital stays, delay the time before the patient can

*Correspondence: Hrønn Thorn; Email: johtho@rn.dk; Address: Department of Gynaecology and Obstetrics, Horsens Regional Hospital, Sundvej 30, 8700 Horsens, Denmark.

- Does the Registry agree to participate in the development of Guidelines for Clinical Trial Registers?

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