The 5th EfCCNa & UINARS Congress 2013 was successfully held on May 23 – 26, 2013 at the SAVA Centre in Belgrade, Serbia. This congress of two critical care nursing organizations - EfCCNa and the Serbian national critical care nursing organisation UINARS is another achievement that will go down in EfCCNa history as we came together for the first time in the Eastern part of Europe. The three congress days were perfectly organised under the motto:

**EAST meets WEST:**

Critical Care Nursing Strengthening Healthcare in Europe

This also matches the EfCCNa slogan as by working together we will achieve more, bringing us closer to goal of being the powerful and collective voice of critical care nurses in Europe!

The International Scientific Committee has received more than 250 abstracts, resulting in a programme that covered 31 scientific sessions with 110 oral presentations and 125 posters. The three days programme included a variety of clinical, educational, and research topics, able to provoke lively discussions between the more than 575 delegates from 31 European countries, but also from Australia, Dubai, India, Syria and Taiwan.
THE HONORARY FELLOWSHIP AWARDS 2013

For the third time EfCCNa honored two individuals who have made a lasting contribution to the growth, establishment and profile of EfCCNa. Being part of the founding EfCCNa members since 1999 they shared a commitment to advancing critical care nursing both nationally and internationally. They have earned a status of respect within the council of being knowledgeable, supportive and energetic:

Lerma Hernandez, Belgium and Daniel Benlahouès, France

Lerma has been a constant force within EfCCNa. She has provided leadership and guidance in matters, particularly those related to audit and risk management of the finances. She was always keen to participate and engage in meetings - providing a voice on behalf of the Belgian Association and she very much enjoys to laugh and is also sensitive to the needs of others in the EfCCNa family.

Daniel is passionate about his work in critical care and he demonstrates this through leadership not only in his work locally in France, but nationally in driving forward critical care nursing and internationally in his contribution to EfCCNa. He and his French association SFISI, were the first to host our EfCCNa congress in Paris, in 2002.

THE LIFE KEEPER AWARD

The UINARS Life Keeper Award was created to honour respected critical care nurses for their professionalism, achievements in nursing practice and to motivate the future generation to work in Intensive Care. During the Congress in Belgrade the award was given to the colleagues listed:

The Life Keeper Charter 2013:
Antoniakis Andreou, Cyprus
Edna Cohen, Israel
Dejan Dobersec, Slovenia
Gordana Dragosev, Serbia
Nomi Farkash Fink, Israel
Adriano Friganovic, Croatia
Kirsti Leitold, Sweden
Gerd Lillian Austad, Norway
Violetta Medrzycka Dabrowska, Poland
Amer Ovcina, Bosnia-Herzegovina
Marita Ritmola-Castén, Finland
Emine Turkmen, Turkey
The EfCCNa travel scholarship awards have been introduced to recognise and celebrate the outstanding and unique contributions of practitioners and researchers to the advancement of critical care nursing across the European Community.

**Young Scientist**  
Suzanne Bench, United Kingdom  
*User centred critical care discharge information*

**Best Practice**  
Vanessa Gibson, United Kingdom  
*Criticality an interactive learning tool to formerly assess nurses undertaking critical care education*

**Educational Innovations**  
Aied Abusibeih, Israel  
*Randomized control trial comparing oral care methods and VAP*

### The Social Events

The congress days were perfectly rounded up on Thursday evening with a reception at the Belgrade City hall, initiated by the Mayor of Belgrade.

On Friday evening congress participants were invited to a *Glamorous Dinner Party* at the Congress Centre, where they were able to socialise with colleagues and friends in a relaxed atmosphere, good food and excellent music.

*Most of the presentations and more pictures of the Belgrade congress are available on the EfCCNa website [www.efccna.org](http://www.efccna.org) for your convenience*
New EfCCNa representative from Poland

Aleksandra Gutysz-Wojnicka — the new EfCCNa Council member of the Polish Association of Anaesthesia and Intensive Care Nurses (PTPAiIO)

In 1987 I obtained my nursing license and my first job was at a medical ward in a small hospital. During my studies as second degree nursing student at the Faculty of Nursing and Health Sciences at the Medical University in Poznan, Poland, I had my first professional practice with critically ill patients.

Then after graduating and obtaining a master’s degree in nursing in 1994 I started to work in an adult ICU of a provincial hospital in Poznan. The fascination in critical care nursing remains with me to these days although since last 10 years my work is mainly related to teaching of anesthesia and intensive care nursing and conducting scientific research in this professional field.

At present I am working in the Nursing Department, Faculty of Medical Sc., Warmia and Mazury University in Olsztyn, Poland. I am involved in activities designated to engage nurse practitioners in research projects, in the implementation of evidence based results into nursing practice and in improving the quality of nursing care.

My participation in the first Council meeting of EfCCNa was a great experience and a challenge, too. Despite the fact that I have received all necessary information regarding the meeting, I messed up, went to a different place, so finally I was late. It was so nice to notice that this wasn’t a problem; everybody was glad that finally I get there and didn’t get lost somewhere in Belgrade.

At the meeting everything was perfectly arranged for me, designated place, name and the Polish flag on the desk, and besides this, fine chocolates from the Swiss council member Paul van der Heiden. The meeting was held in accordance to the agenda so I could quickly find out what is going on and join the discussion. The openness, friendliness and courtesy are the words that best describe the atmosphere of the EfCCNa Council meeting. Thank you very much for this unforgettable experience.

Aleksandra Gutysz-Wojnicka
Poland

World Sepsis Day 13 September 2013

The World Sepsis Declaration

Sepsis is one of the most common, least-recognized illnesses in both the developed and developing world. Globally, 20 to 30 million patients are estimated to be afflicted every year, with over 6 million cases of neonatal and early childhood sepsis and over 100,000 cases of maternal sepsis. Worldwide, a person dies from sepsis every few seconds.

For more information about the World Sepsis Day 2013 and the complete declaration please have a look at http://www.efccna.org/images/stories/publication/2013_world_sepsis_day_declaration.pdf
EfCCNa News 2013

End-of-Life research project

There will be a pilot study with the aim to explore the role of critical care nurses in end-of-life care in Europe. As a starting point an End-of-Life Care workshop at the Belgrade congress was held in order to identify the factors that influences care in this phase by the experiences of European critical care nurses.

Exchange program

The Exchange Program is an ongoing project since its implementation in 2007. More than 25 European colleagues took the advantage to participate.

In 2012 two nurses from Greece had spent one week at the Cardiocentro Ticinio in Lugano, Switzerland. For 2013 there are two applications so far.

EfCCNa Research Awards

EfCCNa aims to encourage European research that focus on critical care in patients, their relatives or staff and services. Therefore a research grant over max. 4000 € is provided to EfCCNa members. Priority should be given to the top 10 Critical Care Nursing research topics in Europe. Information on how to apply for the grant, guidelines for a research program and the application form will be provided on the EfCCNa website.

EfCCNa Competencies for Critical Care Nurses

In 2009 the EfCCNa Education Committee commenced work on a project to develop a European Critical Care Nursing competency framework that could be utilised in practice to assess competence and facilitate continuing professional development (CPD).

The motivation for pursuing this project came from member associations within EfCCNa, who reported the need for a competency assessment tool that could allow competence to be mapped, but also to articulate an acceptable level of clinical skill and knowledge for the critical care nursing workforce across Europe.

In May 2013 EfCCNa was able to introduce the Critical Care Competency Tool to the European Critical Care Nursing Community through the member associations.

Find the Critical Care Competency Tool on www.efccna.org

EfCCNa Study Participation

Moral distress, autonomy and nurse-physician collaboration among intensive care unit nurses in Italy.

EfCCNa Competencies for Critical Care Nurses — Introduction

How can the EfCCNa Critical Care Nursing competencies be utilised?

The competency document was designed to be utilised flexibly and to facilitate several different goals, these include:

- A tool to facilitate the development and progression of a critical care nurses competence
  - as a self-assessment tool, which could highlight strengths & areas for development
  - to assist the department manager, mentor or line-manager to review nurse’s strengths, areas for development and then integrate these within their personal development plan (PDP).
- A standard document that highlights a level of acceptable competence for a critical care nurse
- An indication of core aspects of critical care nursing competence, that would in-turn influence the content or curriculum underpinning a formal post-registration critical care nursing training course

However the core aim of this project, related to the creation of a competency tool that could be utilised by the clinical critical care teams to support and facilitate the professional and continuing development of their nursing workforce.

Who are the EfCCNa Critical Care Nursing competencies intended for?

The EfCCNa Critical Care Nursing competencies are intended to be used by critical care nurses, managers/mentors within the clinical setting and nursing educators, who might be responsible for the delivery of critical care nursing training within the clinical setting or within an academic institution.

What competencies are included within this tool?

A range of competencies are included within the EfCCNa Critical Care Nursing competency tool, these are divided into domains and sub-domains, these are depicted in the table below:

Table 1 – Domains and sub-domains contained within the competency tool.

<table>
<thead>
<tr>
<th>Clinical Domain</th>
<th>Professional Domain</th>
<th>Managerial Domain</th>
<th>Education &amp; Development Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment &amp; nursing diagnosis</td>
<td>Complex decision making</td>
<td>Unit management</td>
<td>Personal development</td>
</tr>
<tr>
<td>Planning</td>
<td>Ethical &amp; legal</td>
<td>Team management</td>
<td>Development of others</td>
</tr>
<tr>
<td>Implementation</td>
<td>Communication</td>
<td>Health &amp; safety</td>
<td>Evidence based practice</td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td>Quality Assurance</td>
<td></td>
</tr>
</tbody>
</table>

How do I use the competency tool?

If the competency tool is being used as a framework to increase competence, a key requirement for its use is a clinical mentor or educator who will support the nurse through the assessment process. The assessor could be their clinical mentor, their manager or perhaps a departmental educator or teacher. It is essential that adequate time, support and supervision is provided by the assessor to enable the nurse to fully engage with the competency tool.

Find the complete document on www.efccna.org/competencies.pdf
Acknowledgement to EfCCNa

The research team of the project on ‘Competencies of Critical Care Nurses with a Post-graduate Education: a European Perspective’ would like to acknowledge EfCCNa for permission and facilitation of data collection during the 4th EfCCNa Congress in 2011, in Copenhagen.

We thank also, the Cyprus Branch of Emergency and Critical Care Nurses for their support and contribution in data collection, and all nurses, clinicians and academics, that kindly completed the questionnaire in Copenhagen. The project was funded by the Cyprus University of Technology.

A 72-item questionnaire, that was initially designed in the Greek language, to determine competencies for post-graduate critical care nurses, was tested and validated among Cypriot critical care nurses in a previous study.

A related article is available in http://onlinelibrary.wiley.com/doi/10.1111/j.1478-5153.2012.00503.x/abstract;jsessionid=CFA6C1BADE62BA28EABA063D75C0CD2D.d04t01

In this study the instrument was appropriately translated in English, reviewed and distributed among the 713 participants of 4th EfCCNa Congress, in 2011 in Copenhagen. Questionnaires were enclosed within the conference handbags and were open to critical care practitioners and academics. Completion and return of questionnaire was considered as consent for participation to the study.

250 completed questionnaires were returned. Statistical analysis revealed similar results with previous study performed in Cyprus population and confirmed the structure found in the Greek version of the instrument and the previously identified four domains of competencies:

1. Leadership/Management and Professional Development
2. Decision Making and Management of Emergencies
3. Provision of care and Professional Practice
4. Ethical Practice

The four domains had high internal consistency, as indicated by Cronbach’s alpha reliability coefficients. Further dwelling into the results from the European data, revealed a number of interesting sub-domains, providing further insight into the competencies of critical care nurses that require attention.

It seems that the self-developed four-dimensional instrument is a valid and reliable tool that can be used for determining competencies of critical care nurses with a post graduate education in European populations. The findings of the study were recently presented in 5th EfCCNa Congress 2013.

Maria Hadjibalassi (Main Researcher)
Senior Lecturer Cyprus University of Technology, Department of Nursing; Vice Chair of Branch of Emergency and Critical Care Nurses Association of Cyprus; E mail: maria.hadjibalassi@cut.ac.cy

--- the powerful and collective voice of critical care nurses in Europe! ---
**EfCCNa Position Statement on the Nurses’ role in weaning from mechanical ventilation**

**Issue**

Timely weaning from mechanical ventilation is in the patient’s best interests because of the problems associated with invasive mechanical ventilation. In recent years, clinical and research attention has focused on weaning protocols that provide a structured guide for the weaning process. In general, a weaning protocol consists of

- clear criteria for determining when a patient is ready to wean
- a guide for gradually reducing ventilator support or conducting a spontaneous breathing trial;
- criteria for determining when a patient is ready for endotracheal extubation.

The ICU nurse is always present at the bedside and should be able to identify if a patient is ready for weaning from mechanical ventilation.

**Purpose**

Currently, there is no consensus on which method of weaning is the most efficacious in optimising event-free recovery from ventilation. Protocols differ with regard the weaning method (e.g. spontaneous breathing trials [SBT], pressure support [PS] or synchronised intermittent mechanical ventilation [SIMV]) and method of delivery (physician-led, nurse led, or automated). It is not surprising that international trials reveal discordant results in weaning protocol effectiveness. Furthermore, the use of weaning protocols to guide the weaning process is variable across Europe resulting in inconsistencies in standards of practice. Thus, the purpose of this position statement on the nurse’s role in weaning from mechanical ventilation is to outline the current evidence for protocolized weaning and provide European intensive care nursing associations with guidance for best weaning practice.

**Evidence**

Recent evidence on protocolized weaning was published in a Cochrane review. It included 11 studies (involving 1971 critically ill adult patients) that compared the use of protocols to wean patients from the ventilator against usual practice.

Results showed that in comparison with usual care, the average total time spent on the ventilator was reduced by 25%, the duration of weaning was reduced by 78% and length of stay in the intensive care unit reduced by 10%.

There were no differences in adverse events indicating that weaning protocols are just as safe as usual weaning practice conducted without a protocol. Despite the promising effects shown in the summary of results in the review, there was significant variance in results among trials.

The review authors explained that variance in results is possibly caused by different contextual factors (populations of patients, countries and usual practice within units) or different protocol factors. Indeed, international studies have suggested that the health care setting and the collaborative culture among staff within intensive care units can impact on successful weaning processes.
EfCCNa Position Statement on the Nurses’ role in weaning from mechanical ventilation

Statement
As a result of reviewing this evidence, the EfCCNa recommends that ICU nurses should actively participate in:

➢ Early identification of a patient’s readiness to wean. The ICU nurse should facilitate early weaning by referring to a protocol that lists readiness to wean criteria. Broadly, these criteria include: improvement in the patient’s underlying problem; adequate respiratory rate and gas exchange; stable cardiovascular function; and an acceptable state of consciousness.

➢ Developing and using locally agreed weaning protocols based on most recent and updated best evidence.

Expected activity
The EfCCNa recognises the complexity of weaning from mechanical ventilation. Thus we encourage:

➢ All member associations to actively pursue education and development of competencies required for managing the weaning process.

➢ All member associations to identify strategies for encouraging a collaborative culture among staff in managing mechanical ventilation and weaning.

➢ Policy makers and ward managers to give consideration to the ICU culture, health care system and organisational structures as they may be influencing factors in using weaning protocols.

Literature
The following documents provide evidence based information to inform and support weaning practice.

• EfCCNa Position Statement on Nurses’ Role in Weaning from Ventilation

• Automated versus non-automated weaning for reducing the duration of mechanical ventilation for critically ill adults and children (Review)

• Protocolized versus non-protocolized weaning for reducing the duration of mechanical ventilation for critically ill adults and children (Review)

• Decisional responsibility for mechanical ventilation and weaning: an international survey
  Rose et al, Critical Care 2011 1 5:R295