SOBECC educational strategies: educational pathways for the prevention and control of hypothermia

Estratégias educativas da SOBECC: trilhas educativas para prevenção e controle de hipotermia

Estrategias educativas de la SOBECC: itinerarios educativos para la prevención y el control de la hipotermia

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ABSTRACT: Objective: To describe the planning and implementation of an educational activity conducted at a Brazilian Nursing Congress on Operating Rooms, Anesthesia Recovery, and Central Sterile Supply Departments. **Method:** This is an experience report on the planning and implementation of an educational activity organized by the SOBECC Committee on Perioperative Nursing Education and Research, titled "Learning Pathways on Hypothermia," held in 2025. **Results:** The active methodology of educational games was selected. For this purpose, 27 multiple-choice questions on the prevention and control of hypothermia — based on scientific literature — and 11 rewards or penalties were developed. The questions, rewards, and penalties were organized on numbered cards, which were drawn at random by groups of up to 10 participants, who answered them after discussion. Next, the correct answer and its rationale were presented, promoting interaction and group discussion. Depending on their performance, the groups either advanced or did not advance on a digital game board. **Conclusion:** The use of the active methodology, through an educational game, proved effective in promoting interaction among participants and the discussion of the topic — mechanisms that facilitate learning.

Keywords: Hypothermia. Perioperative nursing. Nursing education.

RESUMO: Objetivo: Descrever o planejamento e a execução de uma atividade educativa desenvolvida em um Congresso Brasileiro de Enfermagem em Centro Cirúrgico, Recuperação Anestésica e Centro de Material e Esterilização. **Método:** Relato de experiência do planejamento e da execução de uma atividade educativa promovida pelo Comitê de Ensino e Pesquisa de Enfermagem Perioperatória da SOBECC, denominada "Trilhas de Aprendizagem sobre Hipotermia", realizada em 2025. **Resultados:** Foi selecionada a metodologia ativa de jogos educacionais, para a qual foram elaboradas 27 perguntas de múltipla escolha sobre prevenção e controle de hipotermia, fundamentadas em literatura científica, e 11 recompensas ou penalidades. As perguntas, recompensas e penalidades foram organizadas em cartões numerados, que eram sorteados pelos grupos formados por até 10 participantes, que as respondiam após discussão. Na sequência, era apresentada a resposta correta e respectiva justificativa, promovendo interação e discussão coletiva. Conforme o desempenho, os grupos avançavam ou não em um tabuleiro digital. **Conclusão:** O emprego da metodologia ativa, por meio de jogo educativo, mostrou-se eficaz para promover a interação entre os participantes e a discussão da temática — mecanismos facilitadores do aprendizado.

Palavras-chave: Hipotermia. Enfermagem perioperatória. Educação em enfermagem.

RESUMEN: Objetivo: Describir la planificación y ejecución de una actividad educativa llevada a cabo en un Congreso Brasileño de Enfermería en el Quirófano, Recuperación Anestésica y Centro de Material y Esterilización. **Método:** Relato de la experiencia en la planificación y ejecución de una actividad educativa promovida por el Comité de Docencia e Investigación en Enfermería Perioperatoria de la SOBECC, denominada "Itinerarios de aprendizaje sobre la

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hipotermia", llevada a cabo en 2025. **Resultados:** Se seleccionó la metodología activa de los juegos educativos, para la cual se elaboraron 27 preguntas de opción múltiple sobre la prevención y el control de la hipotermia, basadas en la literatura científica, y 11 recompensas o penalizaciones. Las preguntas, recompensas y penalizaciones se organizaron en fichas numeradas, que sorteaban los grupos formados por un máximo de 10 participantes, quienes las respondían tras debatirlas. A continuación, se presentaba la respuesta correcta y su respectiva justificación, lo que fomentaba la interacción y el debate colectivo. En función de su rendimiento, los grupos avanzaban o no en un tablero digital. **Conclusión:** El uso de la metodología activa, a través de un juego educativo, demostró ser eficaz para fomentar la interacción entre los participantes y el debate sobre el tema, mecanismos que facilitan el aprendizaje.
Palabras clave: Hipotermia. Enfermería perioperatoria. Educación en enfermería.

INTRODUCTION

Perioperative hypothermia, defined as a core body temperature below 36°C, is a common complication in the perioperative period of surgical patients, as various factors — related to the patient and the anesthetic-surgical procedure, particularly the exposure of the skin and body cavities to the environment during surgery and the infusion of unheated fluids, among others — can lead to an increased rate of heat loss from the patient's body to the environment[1,2]. Consequently, hypothermia may be associated with various perioperative complications, such as alterations in the wound healing process, increased rates of surgical site infections, coagulopathies, and cardiac abnormalities, thereby leading to a prolonged recovery[3].

Monitoring core body temperature allows for the timely implementation of warming interventions[4]. Thus, different warming methods — classified as active or passive — can be employed. The active method increases total body heat; notable examples include the use of a forced-air heating system (heated blanket) or the use of heated fluids[2,5]. The passive strategy, on the other hand, is based on reducing heat loss from the skin to the environment through the use of insulating blankets and covers; moreover, it should be noted that passive methods alone are insufficient to maintain body temperature[2,5].

Education and/or training for nurses on the prevention of perioperative hypothermia can influence their knowledge, attitudes, and behaviors regarding the prevention of this condition[6]. Previous evidence showed that training on measures to prevent and control perioperative hypothermia not only improved knowledge but also increased professionals' adherence to best practices[6].

In this regard, the implementation of educational activities based on Active Methodologies (AMs) may constitute a promising strategy for enhancing the quality of perioperative care. AMs are pedagogical approaches that place the participant at the center of the learning process, promoting their active participation in the construction of knowledge[7]. This model encourages critical reflection, problem-solving, and decision-making in real or simulated situations, fostering the development of essential competencies for safe and high-quality care during the perioperative period.

Although the prevention of perioperative hypothermia is recognized as an essential measure for patient safety, there remains a need to expand and strengthen nursing professionals' knowledge on the subject, as well as to develop and implement educational strategies that promote the incorporation of these practices into patient care.

In this context, members of the Committee on Perioperative Nursing Education and Research (CEPEP; Comitê de Ensino e Pesquisa em Enfermagem Perioperatória) of the Brazilian Association of Operating Room, Anesthesia Recovery, and Central Sterile Supply Nurses (SOBECC) planned educational activities offered at the conferences organized by SOBECC. Thus, the guiding question of this experience report was: How was an educational strategy based on Active Methodologies for the prevention and control of perioperative hypothermia implemented during the 17th SOBECC Congress?

OBJECTIVES

To describe the planning and execution of an educational activity conducted at a Brazilian Congress on Operating Room, Anesthesia Recovery, and Central Sterile Supply Nursing.

METHODS

This is an experience report on one of the educational activities promoted by CEPEP–SOBECC, titled "Learning Pathways on Hypothermia," conducted during the 17th Brazilian Congress of Operating Room Nursing, Anesthesia Recovery, and Central Sterile Supply – 2nd International Congress of Perioperative Nursing, held from October 1 to 3, 2025.

Four nursing professors and two nursing students, all members of CEPEP, participated as facilitators in this activity. The participants (target audience) were nursing professionals registered for the congress.

The educational activity was carried out in two stages:

1. Planning and development of the activity; and
2. Implementation of the educational activity.

The planning stage took place online and remotely and was carried out by the working group during August and September 2025. Meetings were held to determine the activity's theme — which would address the event's central theme, "The Power of Care" — as well as the activity's objectives and the methodology to be used in the educational approach, for the adaptation and development of the material.

The topic of perioperative hypothermia was chosen because it is one of the main surgical complications. The learning objectives of the educational activity were for the participant to be able, by the end of the session, to describe concepts and effective strategies for preventing perioperative hypothermia.

The AM chosen was the use of educational games, which facilitate the learning of complex concepts by stimulating engagement and interest and are also considered a more appealing strategy, especially among younger professionals[8]. To this end, a digital game board and question-and-answer cards were created, inspired by the version successfully used in the "Learning Pathways" held at the congress organized by SOBECC in 2024.

In developing the questions used in the educational activity, all material was based on references published by the Association of Perioperative Registered Nurses (AORN)[1,2,9] and SOBECC[10]. The questions were validated by group members, who defined and reviewed the questions and their answer choices. All material was created using Google Slides, which enabled sharing among group members and collaborative work on drafting and reviewing.

The second phase of implementation took place in person in the city of São Paulo during the event. The target audience for the activity consisted of conference attendees who were present in the arena on the days and at the times of the presentation. Participants were randomly assigned to groups of up to ten people to promote interaction and the sharing of experiences, considering the diversity of locations, specialties, and educational backgrounds represented at the event. The activity was facilitated by faculty members from the working group. Thus, group members interacted with one another — given the need for collaborative action — stimulating debate on the topic at hand and competed with the other groups for a symbolic prize. The educational game lasted approximately 60 minutes and utilized audiovisual resources such as a multimedia projector and a computer with internet access.

The results are presented descriptively.

Since this is an experience report intended solely to present an educational process applied in a conference setting, submission of the study to the Research Ethics Committee was not necessary, in accordance with Resolution No. 510/2016 of the Brazilian National Health Council.

RESULTS

In the first stage of planning and developing the activity, 27 trigger questions were created, based on recent scientific literature. Each question was formulated and written on a card, resulting in a total of 27 cards containing questions, answer choices, and the correct answer with justification (Chart 1). Chart 1 presents the formulated questions, the possible answer choices, the correct answer, and the corresponding explanation.

Chart 2 shows the content of the 11 cards that could result in rewards or penalties for the participating groups.

The second phase of the educational activity was conducted twice during the event, as announced in the conference program. Participants were asked to form groups of up to ten people. The digital game board (Figure 1) and the cards with questions and answers were projected onto a large screen.

The group could choose a number from 1 to 35 (corresponding to the number of cards, which included questions, rewards, or penalties); next, the content of the randomly selected card was projected, and the group had one minute to discuss and present their chosen answer. Following this, the facilitators presented the correct answer and its rationale and opened the floor for a group discussion.

If the group answered the drawn question correctly, it could move forward on the digital game board; if it answered incorrectly, it would remain in the same position. The drawn question was eliminated from subsequent rounds.

Additionally, if the drawn card contained "rewards," the group could move forward several spaces on the board or receive prizes, such as gifts from SOBECC and chocolates. On the other hand, if the drawn card contained "penalties"

Chart 1. Questions on perioperative hypothermia, explanations, and expected answers (answer key). São Paulo, 2025.

Questions and answer choices	Correct answer and rationale
1. Is hypothermia a problem associated only with major surgical procedures? a) Yes b) No	Answer: b) No Explanation: Body temperature drops most dramatically during the first hour of surgery. This makes hypothermia a real possibility, even for short surgical procedures. Normal core temperature ranges from 36.5°C to 37.5°C. Core temperature typically decreases by 0.5°C to 1.5°C in the first 30 minutes after induction of general anesthesia. Patients undergoing general anesthesia experience a shift of body heat from the core to the periphery, which leads to vasodilation. Hypothermia results from this internal redistribution of core body heat to the extremities during anesthetic induction.
2. Which of the following definitions best describes unplanned perioperative hypothermia? a) Hypothermia is defined as a core temperature below 36°C. b) Hypothermia is defined as a body temperature below 36°C.	Answer: a) Hypothermia is defined as a core temperature below 36°C. Explanation: Normothermia is best defined as a core temperature range of 36°C to 38°C. A core temperature even one-tenth of a degree below 36°C (equal to or less than 35.9°C) constitutes hypothermia.
3. Are there different degrees of hypothermia? a) Yes b) No	Answer: a) Yes Explanation: Mild hypothermia is defined as a core body temperature between 35.5°C and 35.9°C. Moderate hypothermia is defined as a core body temperature between 35.0°C and 35.5°C. Severe hypothermia is defined as a core body temperature below 35.0°C.
4. Does general anesthesia cause more heat loss and hypothermia than regional anesthesia? a) Yes b) No	Answer: b) No Explanation: Regional anesthesia produces a pattern of heat loss and hypothermia similar to that of general anesthesia. Both reduce the thresholds for shivering and vasoconstriction (central effect), which are avoided in the blocked regions (peripheral effect); furthermore, the associated sedation can further impair thermoregulatory control.
5. Does perioperative hypothermia generate costs? a) Yes b) No	Answer: a) Yes Explanation: The cost of perioperative hypothermia varies, ranging from the cost of an extra cotton blanket to increased patient morbidity and mortality, as well as longer hospital stays and increased antibiotic use (in the event of infection).
6. Do patients with hypothermia experience delayed wound healing? a) Yes b) No	Answer: a) Yes Explanation: Hypothermia leads to vasoconstriction and reduced oxygen delivery to injured tissues.
7. Can unplanned hypothermia during the perioperative period lead to an increase in the length of stay in the post-anesthesia care unit? a) Yes b) No	Answer: a) Yes Explanation: An extended stay in the post-anesthesia care unit is one of the adverse outcomes attributed to unplanned hypothermia.
8. Do pediatric patients not require continuous temperature monitoring during surgical procedures because they have effective mechanisms for thermal regulation? a) Yes b) No	Answer: a) Yes Explanation: Pediatric patients are particularly vulnerable to heat loss due to their high body surface area-to-body mass ratio, and they have less effective compensatory mechanisms for maintaining body temperature.

It continues...

Chart 1. Continuation.

Questions and answer choices	Correct answer and rationale
9. Regarding the occurrence of hypothermia in the perioperative period, which of the following statements is incorrect: a) The redistribution of heat from the core to the periphery causes a drop in temperature, especially during the first hour of surgery. b) The drop in core temperature occurs mainly during the post-anesthetic recovery period.	Answer: b) The drop in core temperature occurs mainly during the post-anesthetic recovery period. Explanation: The greatest drop in core temperature occurs during the first hour of surgery, due to the redistribution of heat from the core to the periphery—an effect triggered by anesthesia. In the post-anesthetic period, temperature fluctuations may occur, but the most pronounced drop has already taken place during the early intraoperative phase.
10. Preventing unintentional perioperative hypothermia is the responsibility of the entire surgical team. Among the possible causes, it is correct to cite: a) Large areas of the patient's body exposed during surgery b) Use of warming blankets on areas not exposed to surgery	Answer: a) Large areas of the patient's body exposed during surgery Explanation: The exposure of large areas of the body during surgery increases heat loss through radiation and convection, making it one of the main causes of unintentional hypothermia. The use of thermal blankets on unexposed areas, however, is a complementary preventive measure.
11. The most important factor influencing heat loss is _____. a) The temperature of intravenous fluids b) The temperature of the operating room	Answer: b) The operating room temperature Explanation: The operating room temperature is the most important factor in perioperative heat loss, since most heat loss occurs through radiation and convection between the patient's exposed skin and the environment. Even with warming devices and heated fluids, if the room is cold, heat loss will be significant.
12. Adverse consequences, even of mild hypothermia, include _____. a) Reduced drug metabolism b) Hypoglycemia	Answer: a) Reduced drug metabolism Explanation: Mild hypothermia also decreases enzymatic activity in the liver and kidneys. This slows the metabolism and elimination of medications, prolonging their effects on the body.
13. Do post-anesthetic tremors, which are common during the recovery period, increase oxygen consumption and can trigger cardiovascular complications? a) Yes b) No	Answer: a) Yes Explanation: Post-anesthetic tremors increase metabolism and oxygen demand, which can trigger events such as myocardial ischemia.
14. Which of the following options is least effective in preventing hypothermia in adults during anesthesia? a) Preheating patients with forced-air systems b) Preheating intravenous fluids c) Keeping the operating room warm during induction d) Heating and humidifying anesthetic gases	Answer: d) Heating and humidifying anesthetic gases Explanation: Heating and humidifying anesthetic gases are not very effective because heat loss through this route is minimal. Measures such as preheating with forced-air systems, warming fluids, and maintaining a warm operating room have been proven to be more effective.
15. Do obese patients have an increased risk of developing hypothermia during the perioperative period? a) Yes b) No	Answer: b) No Explanation: Obese patients have a lower risk of hypothermia because adipose tissue acts as a thermal insulator and reduces heat loss. However, they may still experience temperature fluctuations if adequate monitoring and preventive measures are not in place.
16. Does intraoperative hypothermia lead to adverse consequences? a) Yes b) No	Answer: a) Yes Explanation: Even mild hypothermia has many adverse consequences beyond significant patient discomfort. The physiological response to hypothermia generally leads to increased blood pressure, heart rate, and plasma catecholamine secretion.

It continues...

Chart 1. Continuation.

Questions and answer choices	Correct answer and rationale
17. Can hypothermia increase intraoperative bleeding? a) Yes b) No	Answer: a) Yes Explanation: Hypothermia also has deleterious effects on coagulation, impairing platelet function and the activity of coagulation factors and other important enzymes, leading to increased bleeding and blood loss during surgical procedures.
18. Does hypothermia directly impair immune system function and increase the risk of surgical site infection? a) Yes b) No	Answer: a) Yes Explanation: Hypothermia directly impairs immune system function and is associated with significant increases in the rate of postoperative wound infections. In addition, vasoconstriction and reduced oxygen delivery to injured tissues also lead to delayed wound healing.
19. Myocardial morbidity is higher in hypothermic patients: a) Yes b) No	Answer: a) Yes Explanation: The physiological response to hypothermia generally leads to an increase in blood pressure and heart rate.
20. What is the most effective method for preventing hypothermia in the operating room? a) Forced-air heating system (warming blanket) b) Warming of fluids and blood	Answer: a) Forced-air warming system (warming blanket) Explanation: Forced-air warming is the most effective method for preventing hypothermia during long and complex surgeries. However, its use alone may not be sufficient. It is recommended to combine it with other measures, such as the administration of warmed fluids and the use of water-based or hydrogel conductive systems. Cotton blankets should be used only as a supplement, due to their low effectiveness when used alone.
21. What is the best site for accurately measuring core body temperature? a) Distal esophagus b) Skin surface	Answer: a) Distal esophagus Explanation: Esophageal thermometers provide the most accurate measurement of core temperature, as do other methods of core temperature measurement. Body temperature measurements (axillary, oral, and skin temperatures) tend to be lower but can reflect core temperature if properly calibrated.
22. Is it necessary to keep the operating room heated throughout the entire procedure? a) Yes b) No	Answer: b) No Explanation: Keep the room heated during: anesthetic induction; patient preparation and antisepsis; and at the end of the procedure. After surgery begins and warming devices are applied, the room temperature may be lowered for the comfort of the surgical team.
23. Should all signs and symptoms of hypothermia be resolved before the patient is discharged? a) Yes b) No	Answer: a) Yes Explanation: The core temperature must be ≥36°C before the patient is discharged from the post-anesthesia care unit (PACU). The patient should report feeling thermally comfortable. If necessary, continue warming measures and monitoring in Phase II of the PACU or on the inpatient unit.
24. During the perioperative period, core temperature can fluctuate rapidly, and measurements may vary depending on the site. a) True b) False	Answer: a) True Explanation: It is the healthcare professional's responsibility to choose the most appropriate monitoring method and use the device correctly, considering: accessibility of the site; patient comfort; and safety of the procedure. Rectal temperature is reliable only when the patient is normothermic, but becomes inaccurate during sudden temperature fluctuations.

It continues...

Chart 1. Continuation.

Questions and answer choices	Correct answer and rationale
25. Most heat loss during the first 30 minutes of surgery occurs due to _____. a) Evaporation b) Radiation	Answer: b) Radiation Explanation: Radiation: Heat loss to an environment cooler than the body via electromagnetic waves (60% of total heat loss).
26. Do severely underweight (cachectic) patients have an increased risk of developing hypothermia during the perioperative period? a) Yes b) No	Answer: a) Yes Explanation: Cachectic patients have little adipose and muscle tissue, which reduces their ability to retain heat and produce heat, increasing the risk of hypothermia.
27. Is prewarming the surgical patient important? a) Yes b) No	Answer: a) Yes Explanation: Warming the patient before anesthetic induction — usually with forced-air systems — helps reduce the drop in core temperature caused by the redistribution of body heat from the core to the periphery and prevents hypothermia. It is a simple, effective, and low-cost method for preventing perioperative hypothermia.

Source: The authors.

Chart 2. Penalties and rewards used in the game. São Paulo, 2025.

Rewards	Penalties
1. Congratulations!!! The nursing team was praised. Move 1 space	1. Your perioperative hypothermia indicator has worsened over the past month... Go back 2 spaces
2. You trained the team on best practices for preventing perioperative hypothermia! Congratulations! Move forward 1 space	2. We're out of thermal blankets! Go back 1 space
3. Preventing hypothermia is a (sometimes stressful) team effort! Perform a stretching exercise as a group and move forward 1 space.	3. A hypothermic patient has been transferred to the operating room.... Skip a round to study best practices!
4. Today you read the chapter on Hypothermia in the SOBECC Recommended Practices. Move 1 space	4. Oops... They forgot to send the warming equipment in for routine maintenance. Go back 1 space
5. Time for a break. You've earned a gift from SOBECC. Move forward 1 space!!!	5. What bad luck! The surgical roster is full, but you have more patients at risk of hypothermia than you have heating devices. Go back 1 space
6. Today is your lucky day! Your schedule is full! No staff members are missing from the operating room. Move 2 spaces	

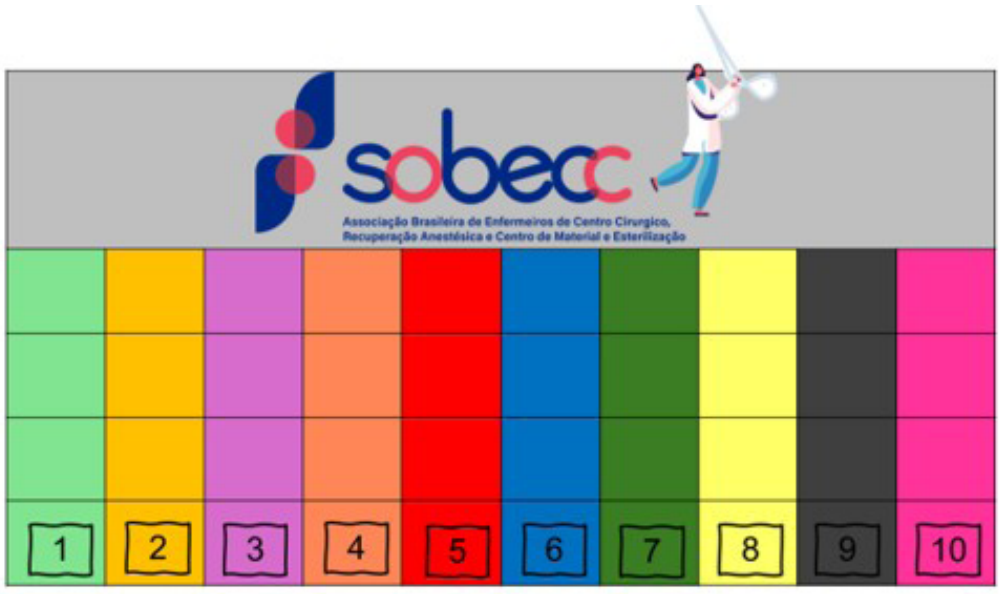
Source: The authors.

(Chart 2), the group might have to move back a few spaces, skip a round, or remain in the same space, thereby hindering their progress in the game.

The game would continue until one of the groups reached the end of the board, receiving the final prize.

DISCUSSION

Perioperative hypothermia constitutes a major patient safety issue, as it is associated with significant clinical consequences[3]. These conditions underscore the need for perioperative



Source: The authors.

Figure 1. Image of the game board proposed for the activity. São Paulo, 2025.

teams to be trained to identify risk factors, adequately monitor body temperature, and implement effective prevention strategies[2,10-12]. Therefore, educational activities that allow for updating knowledge and developing skills are essential tools for strengthening safe practices in surgical care[12,13].

Consequently, the proposal to conduct an educational activity during the SOBECC national congress — which brings together nursing professionals from various regions of the country, with different levels of education and areas of practice within perioperative nursing — presented an opportunity for professional development through games, fostering a relaxed atmosphere while simultaneously stimulating reflection, thereby representing a unique advantage by promoting professional integration[6].

The use of an educational game format, structured around a digital board, increased engagement and facilitated the understanding of essential concepts, promoting learning in a collaborative, dynamic, and interactive environment — a finding supported by studies on the subject, which conclude that the use of AMs stimulates critical thinking, decision-making, and reflection on practice[14,15]. The experience described in this report highlights the potential of AMs as a pedagogical strategy for training nursing professionals on the topic of perioperative hypothermia.

Playful approaches contribute to greater content retention and foster dialogue among professionals from different healthcare settings — an aspect also observed in the activity conducted[14,15]. The formation of heterogeneous groups facilitated the exchange of experiences, allowing participants to reflect on institutional practices and identify opportunities for improvement related to perioperative body temperature management. This activity reinforces the role of educational initiatives in disseminating national and international guidelines, such as those published by SOBECC, AORN, and other leading organizations in the field.

Participation in training sessions on specific topics, such as perioperative hypothermia, is associated with higher levels of knowledge, favorable attitudes, and more appropriate care practices[6,16]. Furthermore, investing in continuing education and systematic training is essential for nurses and other members of the perioperative team to stay up to date on current guidelines, correctly apply methods for the prevention and management of hypothermia, be prepared to respond to high-risk situations, and effectively contribute to patient safety and better clinical outcomes[2].

The process of planning and carrying out the activity also yielded valuable lessons for the organizing group. Positive aspects included the collaborative development of materials, the use of shared digital tools, CEPEP's prior experience in creating learning pathways, and the clear definition of each member's roles during in-person facilitation. On the other hand, some challenges were identified,

such as developing questions at an appropriate level of complexity, making logistical adjustments due to time constraints, and the heterogeneity of the participating audience. These elements should be considered in future editions and underscore the importance of careful planning and continuous evaluation.

The reported experience indicates that game-based educational activities can contribute to strengthening essential competencies for perioperative nursing professionals in a playful manner[17]. Furthermore, these initiatives help expand professionals' ability to incorporate evidence-based best practices, thereby enhancing the quality of care and strengthening the culture of surgical safety[17,18]. Replicating this strategy in healthcare services and educational institutions can enhance formal and informal education processes, especially when focused on critical topics that are rarely addressed in day-to-day care.

Limitations

Limitations of this report include the absence of pre- and post-intervention assessments, which prevented the measurement of the activity's impact on participants' knowledge. The fact that the activity took place in a conference setting also limits the possibility of generalizing the findings to other contexts. Nevertheless, the insights generated provide a basis for improving educational initiatives focused on patient safety and perioperative care.

CONCLUSION

This report presented the experience of an educational activity on hypothermia held at the 17th SOBECC Congress, covering its planning, development, and implementation. The initiative resulted from collaboration between faculty members and students affiliated with CEPEP-SOBECC, who joined forces to offer congress attendees content relevant to the professional development of the perioperative nursing team. The use of AMs in a game-based format encouraged participant engagement, peer interaction, and reflection on daily practices in the operating room, highlighting the potential of this educational strategy to support the prevention of perioperative hypothermia.

The potential implications for practice range from the use of this strategy in various educational settings — from undergraduate to graduate levels — to professional settings, supporting, for example, operating room managers in their staff's educational processes, and including the adaptation of the strategy to different contexts. Finally, potential impacts on the quality of care through the expansion of knowledge or the review of concepts fundamental to clinical practice are highlighted.

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None.

CONFLICT OF INTERESTS

The authors declare no conflicts of interest.

AUTHORS' CONTRIBUTIONS

VBP: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. KFF: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Resources, Visualization, Writing – original draft, Writing – review & editing. ABASG: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Resources, Visualization, Writing – original draft, Writing – review & editing. PT: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. AFVT: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. RCAC: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

DECLARATION OF ARTIFICIAL INTELLIGENCE (AI) USE

Not applicable.

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