

The Dissector

Journal of the Perioperative Nurses College
of the New Zealand Nurses Organisation

December 2021, Volume 49, Number 3

PROFESSIONAL

Flexible workforce: Auckland DHB's
on-going plan



APPRECIATION

Berice Beach: 32 years' service

REFLECTION

The Dissector: Behind-the-scenes

PNC ANNUAL REPORTS

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The Dissector

The official Journal of the Perioperative Nurses
College of the New Zealand Nurses Organisation
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www.nzno.org.nz/groups/colleges/perioperative_nurses_college

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A year of challenges

Tēnā koutou katoa. Welcome
to the December issue of
The Dissector. As usual, this
issue contains the annual
Perioperative Nurses College
reports. However, we are
missing our usual annual
conference report and
photos, due to the difficult
decision to postpone the 2021
PNC conference until next
September.

There is no doubt 2021 has
been a challenging year for those of us who work
in healthcare. At my district health board we
spent the first eight months trying to catch-up
on our elective volumes, delayed as we pursued
the COVID elimination strategy. The last few
months we have been focussing on moving
into the 'living with COVID' phase. Non-urgent
surgery has been further delayed as we navigate
managing the outbreak, complicated by staffing
shortages.

We have had to develop 'surge' training
programmes to ensure we have the ability
to cope should case numbers put too much
pressure on our ICU/HDU departments. I'm
sure many of you will be experiencing similar
challenges as we navigate this 'new normal'.

A History of The Dissector

In lieu of a conference report, this issue has the
first of a two-part series of articles documenting
the history of *The Dissector*, compiled by Michael
Esdaile from Advantage Publishing. For this first
part, Michael gives us a peek behind-the-scenes,
delving into the history of this publication. Jean
Koorey provides a reflection on her role as
Editor of *The Dissector* (1998-2000) and Karen
Hall reflects on her six years on the editorial
committee (2000-2006). Michael provides
a reminder of previous editorial committee
members (2001-2005) and Editor (2005-2006),
Catherine Logan. Catherine died in 2006 and
continues to be much missed by those who
knew her. Her memory lives on in the *Catherine
Logan Memorial Award*, available to members
who are enrolled in postgraduate study with a
perioperative focus (see the College website for
more details).

Flexible workforce

PNC past Chair Leigh Anderson provides us
with her second article on the Ngawari kaimahi
/ Flexible Workforce. This describes the steps
taken to socialise the concept of a more flexible
perioperative workforce at Te Toka Tumai



(Auckland DHB). She
focuses on the importance
of open discussion and
maps the beginning of the
plan. In another article on
workforce development,
Amber Cox reports on
Wairarapa DHB's move
from traditional in-house
training for RN Anaesthetic
Assistants to the more formal
Southern Cross Hospital Ltd.

Registered Nurse Anaesthetic Assistant (RNAA)
programme.

Post-op bleed

Our clinical article this issue is from novice
author Devon Geeves. Devon provides us with
a case study on a patient with a post-operative
bleed. She uses the Clinical Judgement Model
to reflect on the care provided to the patient.
Devon argues that clinical judgement is an
integral skill nurses require to notice, interpret,
respond and reflect.

Berice Beach

Berice has recently stepped down as National
Secretary, following an unprecedented 29 years
of service on the Perioperative Nurses College
National Committee. Berice has been a member
of PNC for 35 years and she has held roles as Vice
Chairperson, Secretary (twice) and Treasurer.
Gill Martin documents the many ways Berice
has contributed to Perioperative Nursing in
Aotearoa/New Zealand.

As this year's annual conference was
postponed, we have been unable to meet in
person for over two years. This means we haven't
been able to hear your thoughts on what you'd
like to see in *The Dissector*. We want to hear
from you. Let us know if there are any particular
topics or themes you would like us to focus on.
Please also remember, if you are completing
post-graduate study, we would love you to share
what you have learned with your peers.

Wishing you all a safe and happy festive
season with friends and family. I do hope you
have some time to rest and recharge. If you have
feedback on this issue, or ideas for future issues,
please email us on editor@dissector.co.nz.

Noho ora mai.

– Bron Taylor, Chief Editor

The DISSECTOR



3 EDITORIAL

Chief Editor Bron Taylor reflects on challenging year in healthcare: catching up with COVID-19 delayed elective surgery, then moving into the 'living with COVID' phase, with non-urgent surgery further delayed...

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Christchurch team sets date for 2022 PNC Conference; Emergency Nurses conference re-scheduled; Theatre Managers set conference date for April 2022; The Dissector available on-line; Murray Hart and Olivia Talyancich win awards for the best articles published in The Dissector; Gillian Martin receives Christina Ackland Award; Bettina Marenzi and Shona Matthews awarded Life Membership of the College.

13 REGIONAL REPORT

Amber Cox reports on Wairarapa DHB's engagement with the Southern Cross Hospital Ltd. (SCHL) Registered Nurse Anaesthetic Assistant (RNAA) programme.

14 AN APPRECIATION

Berice Beach, the longest serving member of the Perioperative Nurses College National Committee, finally retires after providing stellar service to the College. Gillian Martin delves into the archives...

16 PNC AGM REPORTS

Reports from the PNC National Chair, The Dissector Editorial Committee, the Professional Practice Committee, the Membership Report, the Professional Nursing Advisor, the Submissions & Create Weight Project Report, the website report and the International Collaboration of PeriAnaesthesia Nurses (ICPAN) report.

22 PROFESSIONAL

In part two of a series on the Flexible Workforce, Leigh Anderson focuses on the importance of open discussion in the development of a vision that aligns with Te Toka Tumai (Auckland DHB) values and maps the beginning of a plan to move forward.

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A background to how *The Dissector* came back from the dead. In the first of a two-part series, Michael Esdaile delves into the records in an appreciation of the tremendous work by members of the Editorial Committee from 1998 to 2006.

33 CASE STUDY

Using clinical judgement is an integral skill required to provide and reflect on care provided. In this case study of a patient with a post-operative bleed, Devon Geeves details how the Clinical Judgement Model was used to notice, interpret, respond and reflect.

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Bravura Education's Zoom laser courses prove popular in New Zealand.

Touching Base

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Central North Island – Cassandra Raj;

Ruahine-Egmont – Karen Prendiville;

Hawkes Bay – Jan-Marie Wilson;

Wellington – Amber Cox;

Nelson-Marlborough – Sabine Mueller;

Canterbury-West Coast – Nadine Harrison-Smith;

Otago – Natalie McLean;

Southland – Leanne Scott.

AUTHOR GUIDELINES

The Editorial Committee of *The Dissector* welcomes articles, reports, book reviews, letters to the editor, exemplars, case study experiences, research papers/projects, theatre regional news etc. Please send your ideas to: dissector.editor@gmail.com

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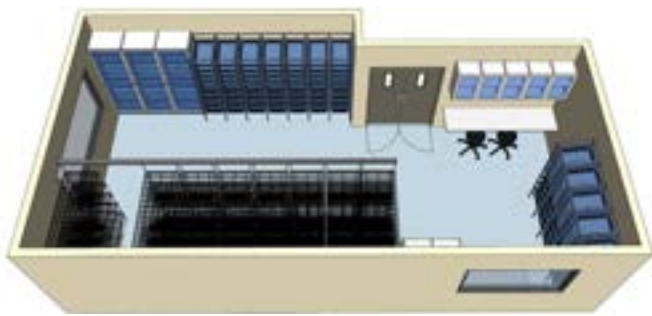


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Looking forward to a better year



Dear friends and colleagues

As 2021 draws to a close we are all hoping for 2022 to be a more positive year. Everyone is adapting to a new way of living which has its positives and negatives. Personally, I have very much missed the opportunity to meet with you all at our National Conference, which had to be postponed due to the government imposed COVID restrictions. A positive is

that we have all had to learn how to use remote meeting technology, both personally and in our workplaces.

Your National Committee has embraced this necessary change and we are in the process of organizing on-line professional development options for PNC members.

I thank everyone who completed the recent Survey Monkey that was sent to the membership. This has provided us with valuable information as to what professional development material PNC members want to access. Of note, many wanted to learn more about the complex perioperative patient, anaesthetic emergencies, interprofessional relationships and professional accountability.

Regional development

As a National Committee we want to dedicate 2022 to growing the relationship between the regions and utilizing online tools to do this. The PNC Regions are the core of the College — there are many wonderful people doing fantastic work and representing our profession. Have a look through the PNC Award winners in this issue of *The Dissector* and you will see these individuals shining through their work.

Berice Beach

I would very much like to acknowledge the incredible service of Berice Beach to the PNC. She has been a solid, reliable, and excellent resource and friend for many of us over the years. Thank you so much for your service and dedication to perioperative nursing Berice.

Vice chair

I wish to welcome Cassandra Raj to the role of Vice Chairperson. Cass has been an active and innovative member of National Committee and will be a great new Chair for the PNC when she takes over at our Conference in Christchurch in October 2022.

Whilst we are all looking at online resources, we are still planning our National Conference for 2022. The Christchurch organizing committee have taken the opportunity of yet another COVID postponement to add even more to our Conference. Please go to our Conference website <https://perioperativeconference2022.co.nz> and take the opportunity to book the time to come and celebrate perioperative nursing with your friends and colleagues.

Wishing you all a Happy Holiday season and well-earned break!

— Juliet Asbery, Chair, Perioperative Nurses College



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PNC Conference Dates Set

After two false starts, the dates for the Perioperative Nurses College (PNC) conference for 2022 have now been finalised. Mark **September 29-October 1, 2022** in your diary.

The venue is St Margaret's College, Christchurch and the revised theme is *From Strength to Strength*.

Last time the PNC Conference was held in Christchurch was November 2000. The theme back then was "*Challenges of the New Millenium*" — and the Canterbury-West Coast Region of the PNC certainly has been challenged in the first 20 years of this one.

It was scheduled to host the PNC Conference again in 2011, but the Christchurch earthquakes put paid to that, so badly damaging the Christchurch Exhibition Centre that it had to be demolished a year later (March-April 2012).

Over the intervening period, New Zealand's oldest established city has slowly been rebuilt and was in a position to host the 2020 PNC Conference, the 47th in the history of PNC ^{NZNO} — but then along came COVID-19.

The New Zealand Government's restrictions on travel and public meetings due to the pandemic right at the crucial time led to the PNC Conference being postponed to October 2021.

But that date also had to be abandoned due to further New Zealand Government travel and meeting restrictions.

Conference organiser Joanne Reddock announced that "after a

meeting with the Organising Committee, National Committee and the New Zealand Nurses Organisation (NZNO), the decision to postpone to next year (2022) had to be made."

"The uncertainty of this time and the alert Level 4 COVID situation in Auckland had a big impact. Approximately 60 of our attendees plus exhibitors were coming from the Auckland region. It takes time for alert levels to drop and the time frame for this was uncertain," she added.

After a great deal more behind-the-scenes work, the new date has been set for 2022.

It will be 21 years since perioperative nurses last joined together in the Garden City to celebrate their passion for nursing. The original theme of *20/20 Vision* had to be abandoned, in favour of *From Strength to Strength*. For the updated Conference Programme, go to: <https://perioperativeconference2022.co.nz/programme/>

Online registration will recommence in February 2022.

Date: September 29-October 1, 2022

Venue: St Margaret's College, Winchester Street, Merivale, Christchurch.

For further information, contact:

Joanne Reddock, The Conference Team, PO Box 20051, Christchurch 8543 Tel: 03 359 2600 | Mobile: 027 303 8703 | email: joanne@conference2022.co.nz

<https://perioperativeconference2021.co.nz/>

Martin wins Ackland Award

Gillian Martin is the winner of the Christina Ackland Memorial Award for 2021. This award was inaugurated in 2012 by Downs Distributors in memory of the renown Hutt Valley perioperative nurse who had a long and very distinguished theatre nursing career.

Tina Ackland was a member of the organising committee of the inaugural Theatre Nurses Seminar held in Wellington on October 1973, the forerunner of what has since become the annual PNC Conference. She was also on the Conference Committee for the 2012 PNC Conference before she died of acute myeloid leukemia in April that year.

According to one of the Hutt Hospital's leading plastic surgeons Christopher Adams, Tina was without question the most experienced plastic surgery theatre nurse in New Zealand. She was often heard saying: "don't sweat the small stuff." So it is a great honour for Gillian Martin to be recognised with this award.

Gillian Martin, RN Post Grad Dip, is a Nurse Specialist in Radiology at Auckland City Hospital. She has 25 years nursing experience, 22 years of it spent working in Radiology.

Gillian has served as the Imaging Nurses representative for Auckland Region of PNC, is currently the Auckland Regional representative on the PNC National Committee and is also the National Committee Representative on the Editorial Committee of *The Dissector*. Gillian has been a prolific contributor to *The Dissector* and is also Convener Professional Practice Committee of the Perioperative Nurses College.

In addition to making a substantial contribution to The Dissector, Gillian Martin has also been a regular presenter at PNC Conferences.



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Dissector Award Winners

Murray Hart and Olivia Talyancich are the winners of the awards for the best articles published in *The Dissector* during 2020-21.

These awards are normally presented at the full annual general meeting (AGM) of the Perioperative Nurses College as part of the annual conference weekend.

However, due to the 2021 PNC Conference being postponed (see details for 2022 elsewhere on the News pages), they were presented at the limited attendance AGM in Christchurch on October 9. National Committee members were in attendance, but it was by Zoom for the extended membership.

Murray Hart had the honour of taking out the Best Article Award,



Olivia Talyancich (now Bradshaw, right) became the 16th winner of the MEDSPEC Best Article by a Novice Writer award. Here she is presented with the Award by Rebecca Porton-Whitworth from the Editorial Committee.

sponsored for the first time by Hallmark Surgical, the Ashburton-based company that has expanded since its foundation in 2001 to operate offices in Sydney and Auckland.

Murray's \$1000 winning article was "*Transcatheter Aortic Valve Implantation (TAVI)*", which was published in the March 2021 issue (Vol. 48, No. 4).

It was Olivia Talyancich's article "*Local anaesthesia and pain management post thoracotomy*" that won her the \$750 MEDSPEC Best Article by a Novice Writer award. Inaugurated in 2006, the MEDSPEC Award is for first-time authors who have their work published in *The Dissector*. Olivia's winning article was published in the March 2021 edition (Vol. 48, No. 4).



Murray Hart (right) made the short drive in from Prebbleton to receive the Hallmark Surgical Award for the Best Article Published in *The Dissector* in 2020-21 from PNC Chair Juliet Asbery at the closed AGM in Christchurch.

CENNZ conference re-scheduled

It is not just the Perioperative Nurses Conference that has been hammered by New Zealand Government travel restrictions. The College of Emergency Nurses New Zealand (CENNZ) has had to abandon its planned 2021 conference in November, re-scheduling it for March 2022.

This will be its 29th conference and it is to be held at Rydges Latimer, Christchurch from Friday March 4 to Saturday March 5, 2022.

"The last 21 months have been the toughest many of us have known in our personal and professional lives as COVID-19 has upended so much of what we've taken for granted," says Alton Craig from the CENNZ conference organising team.

"Right now our emergency nursing whānau in Tāmaki Makaurau / Auckland are doing extra hard mahi on behalf of all of us. Getting together in person has been something we've all been looking forward to doing as an emergency nursing family and we will, but just not yet."

With 130 delegates confirmed for the November date, CENNZ hopes to retain most of those come March 2022.

TMEC 2022 Tauranga

Tauranga is the venue for the Theatre Managers and Educators Conference (TMEC) in April 2022. The venue is the Trinity Wharf Hotel.

Pat Johnston from TMEC 2022 organising company Destination

Conference Managers reports that the conference programme is being put together by a "great local committee from the Bay of Plenty District Health Board."

So mark down April 27-29, 2022 in your diary.

For more information, contact:

Pat Johnston at Destination Conference Managers, Tel: 03 464 0946 or cell 027 215 9807. Email: pat@dcms.co.nz

'The Dissector' online

Perioperative Nurses undertaking research will be interested to know that back issues of *The Dissector* are available online via the following international databases:

- Gale: Academic OneFile – 2011 onwards
- Gale: Nursing Resource Center – 2011 onwards
- Gale: Nursing and Allied Health Collection – 2011 onwards
- Gale: Health Reference Center Academic – 2011 onwards
- Ebsco: CINAHL Complete – 2012 onwards
- Proquest: Nursing and Allied Health – 2013 onwards

It is a measure of the journal's standing within the international Perioperative Nursing field that these international sites sought out *The Dissector* for content.

NZNO members can also access *The Dissector* electronically in the Academic OneFile database via the NZNO website.

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*« in laparoscopic surgery; # in open surgery;
Δ as demonstrated in an animal model;
§ as demonstrated in a wound model.*

Reduction in economic costs

Life Memberships conferred

At the October 9 Annual General meeting of the National Committee of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC ^{NZNO}), two new Life Memberships were conferred.

The recipients were Shona Matthews (Auckland-Northland) and Bettina Marenzi (Ruahine-Egmont).

The nomination for Shona detailed that she was instrumental in the Medical Imaging Nurses New Zealand (MINNZ) voting to join the PNC in 2009.

Within a short time, Shona became a member of the Auckland-Northland Region committee and in 2010 became an ex-officio member of *The Dissector* editorial committee, a full member in 2011, before taking over as Chief Editor in 2015.

On stepping down from the Editor's chair in December 2020, Shona ended a record-setting decade-long career on the journal committee.

Shona has remained an active member of the Auckland-Northland regional committee since 2009.

"Shona is obviously a committed PNC member and an advocate for the advancement of the role of Medical Imaging Nurses in New Zealand," the Auckland-Northland nomination concluded.

Bettina Marenzi qualified as a Community Nurse in 1975 at Masterton Hospital. In 1979 she moved to Palmerston North and undertook training, graduating as a General and Obstetric nurse in 1983. She displayed a passion for the operating theatre.

Her ongoing education has involved an Advanced Diploma, 1988; Post Graduate Diploma in Nursing (Massey), 2003.

Bettina has worked in the operating theatre setting for more than 35 years. She joined PNC in 1989 as a member of the Ruahine-Egmont Regional Committee and served as Regional Secretary from 1997 to 2000 and again from 2010 to 2020. Bettina has also served as Regional National Representative from 2000 to 2003 with a second term from 2006-2008.

She also served on the Editorial Committee of *The Dissector* (1998-2001, and 2009-2011).

Bettina has had many articles published and from 2004-2006 was involved in the PNC Education Committee. As a member of this committee, she was part of a group that developed PNC Accreditation Standards of Practice for Perioperative Nursing under the guidance of New Zealand Nurses Association (NZNO).

From Regional involvement to National and International involvement, Bettina has been actively engaged in national projects including the New Zealand Nursing Council Perioperative Nurse Practitioner working party, the Standards Committee and held the position of PNC Chair from 2004-2006), including representing New Zealand on the International Federation of Perioperative Nurses.

In 2019 Bettina was awarded the Christina Ackland Memorial Award at the PNC Annual Conference.

— Gillian Martin & Karen Prendiville



L to R: Shona Matthews and Bettina Marenzi.



**FROM STRENGTH
TO STRENGTH**

**PERIOPERATIVE NURSES
COLLEGE CONFERENCE**
29 SEPT - 01 OCT 2022, CHRISTCHURCH



Wairarapa DHB engages with RNAA programme

By Amber Cox

In June 2021 Wairarapa District Health Board (Wairarapa DHB) engaged with the Southern Cross Hospital Ltd. (SCHL) Registered Nurse Anaesthetic Assistant (RNAA) programme. This moved traditional in-house training for RN Anaesthetic Assistants to a formal programme that meets the Australian and New Zealand College of Anaesthetists (ANZCA) standard PS08: Statement on the assistant for the anaesthetist requirements (ANZCA, 2016).

Wairarapa Hospital is a rural hospital that has a unique approach to RN staffing within the operating department. Multi-skilled nurses rotate through all specialties of the perioperative continuum. This includes nurses that complete day procedure admission, anaesthetics, instrument, circulating and also post-anaesthesia care.

RNAA training is of particular benefit in rural hospital settings where a dedicated Anaesthetic Technician workforce is difficult and expensive to maintain due to rostering requirements and reduced workforce flexibility. The SCHL RNAA programme recognises and supports the flexibility required to support a small rural hospital with a multi-skilled workforce.

The RNAA skillset enables RN perioperative staff to provide care across multiple settings within a nursing roster. This highly flexible and multi-skilled staff mix supports a complex operating model without risking surgical list cancellations due to the unavailability of staff with required skills.

In 2019, the Technical Advisory Services group (TAS) released a report identifying the need to increase the supply of anaesthetic assistants in New Zealand at the request of the Ministry of Health.

“The presence of a trained assistant for the anaesthetist during the conduct of anaesthesia is a major contributory factor to safe patient management” (ANZCA, 2016, p.1). The report included recommendations for district health boards to consider the RNAA training programme offered by SCHL.

*Future newly employed
perioperative RNs will have an
expectation of completing the
RNAA course offered by SCHL
as an integral part of their
employment at Wairarapa DHB*

*“The presence of a trained assistant
for the anaesthetist during the
conduct of anaesthesia is a major
contributory factor to safe patient
management”...*

Wairarapa is now five months into the inaugural cohort of three RNs engaging with the programme. All RNs undertaking the course each have more than six-years experience in anaesthetic nursing and as a result are completing the fast-track programme.

The course, for those who are familiar with it, provides face to face teaching and extensive theoretical components offered in a digital format. Staff have been well supported with an additional study day each month and professional development time to complete the course requirements. Staff have undertaken some assessments and are progressing well.

The next cohort of participants is due to begin in February 2022.

Wairarapa DHB currently employs experienced perioperative nurses in the role of anaesthetic nursing, and expects to progress 12 RNs through the RNAA programme by July 2023.

Future newly employed perioperative RNs will have an expectation of completing the RNAA course offered by SCHL as an integral part of their employment at Wairarapa DHB to maintain a robust, multi-skilled RN perioperative workforce.

The success of the programme implementation would not have been possible without the unfailing support of the Director of Nursing, Charge Nurse Manager Perioperative Services and backing of the Anaesthetic Group.

If you are interested in finding out more information regarding the programme implementation at Wairarapa DHB, please contact Amber Cox: Amber.Cox@wairarapa.dhb.org.nz

About the author: Amber Cox is the Regional Representative for the Wellington PNC region on the National Committee of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC ^{NZNO}).

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32 years of service:

Farewell, and thank



Top to bottom: At the age of 21, Berice (second from left) attended her first annual conference, in Dunedin. Berice's fun-loving nature has always shone through, that's our bathing belle (centre). Another trip down memory lane. That's Berice at the extreme right.

The Nelson-Marlborough region of New Zealand is widely known for many reasons: its horticulture with apple orchards, peaches, hop growing, figs, tomatoes, walnuts and olives. Then there are the scallops.

The region is also known for being the sunniest in New Zealand.

It is also very well known to members of the Perioperative Nurses College (PNC) as the home of its longest-serving servant, Berice Beach.

Encouragement

I first met Berice in 2007 when she and then PNC Chair Ali Fraser attended the Cardiology and Radiology Interventional and Special Procedures (CRISP) Nurses conference in New Plymouth to explain the benefits for CRISP nurses joining the Perioperative Nurses College as Medical Imaging Nurses New Zealand (MINNZ).

My thoughts at the time were, 'if they are all as enthusiastic and friendly as Berice, then count me in!' Since 2009, MINNZ nurses have been part of PNC, partly thanks to that first meeting with Berice.

This year (2021) was Berice's 35th as a member of PNC. She is our longest serving member.

Training, in 1967

Berice commenced her training in July 1967 in Nelson. Her initial employment in operating theatres was in 1972 at Hutt Hospital. This continued in Nelson on her return there in 1974.

Berice was at the inaugural meeting of the Nelson Theatre Nurses Section (as it was known) in 1986. At this meeting she was elected regional chairperson and national representative to the Theatre Nurses Section of the New Zealand Nurses Association, as the College was known at the time.

Berice was instrumental in building membership and fundraising for the Nelson Region and submitted her first apology four years after their first meeting.

Not surprisingly, she has attended numerous national conferences. Her first was in Dunedin at the tender age of 21. Always a keen and lively participant at conferences, both socially and professionally, Berice's fun-loving nature always shines through.

Inspiration

Berice's history on the National Committee is inspiring and phenomenal, with highlights including: Vice Chairperson, 1989; Secretary, 1992 to 2015 and Treasurer, 2003 till 2014. Over this time she worked tirelessly and volunteered countless hours for the betterment of our organisation.

She has ensured that all members are accounted for, correspondence is circulated, literature collated and she has ensured finances are true and correct for more than 20 years.

In 1998, Berice was part of a team of three which organized and ran a very successful National Conference and Annual General Meeting in Nelson — raising over \$10,000 for the region in the process.

Berice is the longest serving person on the National Committee, having served under numerous Chairpersons and held three of the four highest offices of the National Committee. She served from 1986 to 2015, then after a three-year break, came back as National Secretary in 2018.

-you Berice Beach

Regional too

At the Nelson-Marlborough regional meetings, she continued to be actively involved in fund-raising activities, encouraging membership, and in the planning and organisation of the study days.

Berice is an invaluable source of knowledge on perioperative nursing issues and a walking reference to all that is important to her region and our national organisation.

Her dedication to Perioperative Nursing is seen in the way she approaches her work as a nurse, the way she cares for patients, and in how she works with her perioperative nursing colleagues.

She has a strong commitment to maintaining standards and conditions in the perioperative nursing field, for nurses and patients alike.

She is a shining example for us all and as present members and those who will in future walk in her shoes, they will indeed be big shoes to fill.

College initiatives

Over the years, Berice has been involved in many developments in Perioperative Nursing including in the 1990s meeting with anaesthetists to discuss the anaesthetic nurse/technician role and in 2009 was on the committee that developed the first Registered Nurse First Surgical Assistant (RNFSA) Policy Guidelines.

Berice was awarded an NZNO Service Award at the 2006 PNC Conference in Invercargill for a then unprecedented 20 years of service on the National Committee of the Perioperative Nurses College.

In September 2015, at the PNC Conference in Palmerston North, she was presented with a Certificate of Appreciation, acknowledging her huge input and commitment to the College for over three decades.

Along the way she was also made a Life Member of the College.

After a break of three years, in 2018 Berice once again took on the role of National Secretary. She has now resigned (again) from this role as of October this year (2021). All up, Berice has served the College on the National Committee in a variety of roles for an astounding 32 years.

The thanks of the National Committee and PNC membership cannot do justice to the contribution and commitment that Berice has given to PNC over the years, but once again, we thank you Berice.

You will be missed!

– Gillian Martin, Professional Practice Committee and PNC National Committee member

Footnote:

This tribute to Berice has been compiled using information from previous issues of *The Dissector*. Thank you to all those authors who have contributed.



Left to right: Berice with her Certificate of Appreciation, presented at the PNC Conference in Palmerston North in 2015. A delighted Berice Beach receives her Life Membership badge at the 2016 PNC Conference in Dunedin. Berice shares a poignant moment with Jane Ackland, daughter of Tina Ackland, after receiving the inaugural Christina Ackland Memorial Award at the 2012 PNC Conference in Wellington.



The following reports were presented at the 48th Annual General Meeting of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC^{NZNO}), held on Saturday October 9, 2021 in Christchurch

Perioperative Nurses College ^{NZNO}

CHAIRPERSON'S ANNUAL REPORT 2020-21

presented at AGM October 9 2021

It is with pleasure that I present the chairpersons report for 2020-2021.

The Mission of Perioperative Nurses College (PNC) NZNO is to support and promote the safe and optimal care of all patients undergoing operative and other invasive procedures. This is achieved by promoting high standards of nursing practice through education and research.

I can report that as of August 2021 our membership numbers are increasing, reflecting the ability of the PNC Regions to gradually reintroduce study days during the COVID uncertainties. I also believe it reflects the efforts of National Committee to increase our online presence with the establishment of social media forums.

This report will outline how we have aimed to achieve this over the last 12 months.

The Dissector:

The PNC continues to provide a forum that promotes the sharing and development of professional and safe care for our patients undergoing operative or other invasive procedures. *The Dissector* Editor and Committee produce a relevant journal that provides a forum for PNC members to share innovations in practice and opportunities for professional development. They provide a forum for members to publish their work and grow as nursing experts throughout the perioperative continuum. I wish to thank this editorial team for their time and commitment to perioperative nursing.

The Professional Practice Committee:

This committee has spent the last 12 months undertaking many tasks on behalf of the PNC. All the Documents and Standards published on our website have been carefully reviewed and updated. A generic orientation to perioperative areas of work has been developed and placed on the website; this work was based on a request from members for clarity around orientation programmes. The committee is currently working on a review of the Career Planning in Perioperative Nursing resource on our website. It is also currently working on a review of the resources available to Medical Imaging Nurses. I would like to extend my gratitude to this committee for their dedication to the PNC and its members.

The Regions:

Our regional committees continue to dedicate their time and energy to providing opportunities for members to engage in professional development. Despite COVID interruptions, Auckland/Northland, Canterbury-West Coast-Nelson-Marlborough, Wellington and Otago all managed to host Study Days for members.

The time and effort required to organise these study days demonstrates

the commitment of these groups to promote the delivery of education. This ensures that perioperative nurses are delivering evidence-based care that is safe and appropriate. I greatly appreciate the contribution of the regional committees to the PNC; we are not able to operate as a National Committee without their support and commitment.

National Committee:

Our National Committee is a cohesive, positive group that has grown from the regions. Each member of National Committee takes their position very seriously and dedicates their time and efforts without hesitation. We have taken shared responsibility for a number of submissions and issues that have presented throughout the year; some of these topics are listed below:

- PSOG-we have representation and input into the development and structure of new guidelines around this standard relating to safe sedation;
- The AUT degree programme for anaesthetic technicians. We have made submissions to the Ministry of Health, AUT, the Chief Nurse, Workforce Development and the Nursing Council relating to this programme;
- Advocated for the representation of the interests of perioperative nurses on the Northern Regions DHBs theatre workforce planning project;
- Provided Feedback from the Perioperative Nurses College on "Quality Statements to Guide Melanoma Diagnosis and Treatment in New Zealand";
- Responded to the RACS request for Stakeholder Review: General Surgery Draft Curriculum;

Submissions and Crate Weight Report

There have been no new submissions to report on to date for the 2020-21 year.

I have not received any further correspondence from Ali Perry with regards to the Crate Weight working group at this stage. However, as a side project, Helen Cater has done an exercise in weighing St George's crates across several specialties and also included the weights of some trolleys that are regularly moved around by staff. We will be able to display findings on our Conference Crate Weightstand in 2022.

— Nadine Harrison-Smith CWC

- Responded to media requests for opinions on shortages of perioperative nurses;
- Responded to a request from RACS on feedback of the progress of their "Prevention of Bullying in the Workplace" programme;
- Facilitated scholarships for six nurses to complete the "Bravura Laser Safety Officer Course" in 2021.

I would like to thank National Committee for their time, advice, support and friendship over the last 12 months

PNC Conference:

The Christchurch team have dedicated themselves to formulating an exciting and thoughtful programme for our 2022 Conference. Our conferences have traditionally provided us with a forum to share our experiences and time with our colleagues at a national level. National Committee has been working with the Christchurch team to promote participation and attendance. During times of uncertainty, many employers are reluctant to commit to professional development – the

efforts and the enthusiasm of conference organisers and National Committee increased registration levels impressively. We sincerely hope that COVID will not once again, disrupt all these hard-won achievements.

Thank you to the Christchurch Conference organizing committee for all their hard work and dedication to the cause.

International Collaboration:

Our opportunities for international collaboration have been maintained via online platforms over the last 12 months. We have representation on international perioperative journals with the aim of supporting our members access to online resources and to maintain an international presence. We presented an online session at the recent AORN International Conference which was well received. We have also succeeded in winning the bid to host the next IFPN AGM at our conference in 2022.

Kindest wishes to all our members and let's aim to keep positive for 2021-2022.

— Juliet Asbery, Chair, Perioperative Nurses College

'The Dissector' annual report

It is with pleasure that I present the annual report of *The Dissector* Editorial Committee. I wish to thank Gillian Martin (National Committee representative), Shona Matthews, Catherine Freebairn, Rebecca Porten-Whitworth and Devika Cook for their support and input throughout the year.

I particularly want to thank Shona who, though she stepped down as Chief Editor at the beginning of the year, has continued to support the committee and provide much needed knowledge, advice and editorial skills. We recently welcomed Annie Du Plessis to the committee. There are still two vacancies on the committee despite attempts to encourage new membership.

The Committee has had two face-to-face meetings this year, and had a Zoom meeting in October, in lieu of the postponed PNC Conference. As in previous years we also communicated by email and through the use of Dropbox.

Content

Our March issue offered a clinical focus, with the June issue focussing on COVID-19. This September's issue theme was 'looking back and moving forward'. Featured articles this year have again covered research, education, voluntary service, medical imaging, post anaesthetic care and quality improvement. The Incentive to Publish payment has seen several College members benefit from writing. We had a request from ACORN to reprint one of our original Dissector articles and have had two articles provided by international authors.

Indexing and Binding

There has been no progress on the indexing of the bound journals 2006-2017.

Distribution

The latest circulation data for *The Dissector* includes 579 members and 34 Life Members. In addition, the journal is mailed to advertising and public relations agencies (14), tertiary and nurse training institutions (22), hospital and medical libraries (14), NZNO offices (12), international perioperative nurses (43), general nursing (45), infection control nurses (11), midwives (74), non-member subscriptions (35), Government departments and DHBs (46), New Zealand Defence Forces (7), theatre managers (160), medical company representatives (229) and complimentary copies (16). This made a total of 1341 for the June 2021 issue.



Future Plans

The December issue will include conference reports and awards recognition, even though the conference has been postponed. The Committee has yet to confirm if this issue will have a theme and what further content will be.

The Committee welcomes more articles featuring clinical practice, quality and/or innovation initiatives, case studies or other articles of interest to members.

Thank you to members who have supported *The Dissector* by providing copy, so please keep this coming. We also appreciate any ideas for themes and articles. Currently suggestions for future issues include: RNAA, ENs in periop., recruitment and retention, support for students and preceptors and the art of precepting. The committee is always willing to assist so please contact one of us with your ideas. Regular feedback from all of the regions on their activities will continue to be actively pursued.

Thank you once again to Michael Esdaile and his team at Advantage Publishing for their support and valuable sponsorship of the Journal and membership.

— Bron Taylor, Chief Editor, *The Dissector*

Website Report

The PNC webpage continues to provide new and valuable content and resource to the perioperative membership. The direct link to the AORN Standards and recommended practices enables our members to access relevant, research-based information encompassing patient care, education and professional development. It also provides pertinent health and safety information surrounding smoke plume and surgical crate weight.

The educational events available occurring regionally, nationally and internationally are also well advertised.

An overview of the web pages is available on request.

— Maddy Schafer

Professional Practice Committee report

Over the last year the Professional Practice Committee (PPC) has completed tasks set by National Committee and undertaken tasks we realised were overdue for our attention.

All PNC Documents and Standards on the PNC website have had a thorough review, update and re-format to include “review next due date” which will ensure this is an on-going process. These have all been published on the website.

The most recent task has been a review of the Perioperative Speciality nursing courses and papers available for PNC members. This list now includes both New Zealand options and overseas options as more institutions are providing on-line education. This list does not give recommendation for institutions but is a list of what is available.

The current task for the PPC is to review the Career Planning in Perioperative Nursing document. The members of the PPC have each been asked to review this and then any changes, suggestions, additions will be agreed upon and the new document put forward to National Committee for approval. The final task will be a review of the resources for Medical Imaging Nurses. The PPC will ask for input from regional MINNZ representatives for this work.

We have welcomed a new member to the PPC team, Johanna McCamish, who some of you will recall is a past Chair of PNC. Johanna is currently employed as Nurse Specialist for Pain Service at Counties Manukau District Health Board after many years as PACU Educator. Johanna brings a wealth of knowledge and experience to the team. We are also awaiting final approval from National Committee to appoint another member to PPC.

I would like to thank the members of the Professional Practice Committee for all their commitment and hard work over the past year: Marion Jones, Rob McHawk and Johanna McCamish, along with National Committee who support and guide our work.

I would also like to thank the team at NZNO office in Wellington who do wonderful things with our documents to make them suitable for publishing on the College website.

— Gillian Martin, Convener Professional Practice Committee

Membership Portfolio AGM Report

It is with much pleasure that I present the annual PNC Membership Report. I thank Natalie McLean for her diligence in maintaining this portfolio until she took maternity leave at the end of 2020.

Looking at our membership for the 2020-21 year, almost 55 per cent of members are employed by district health boards and just under 30 per cent work in private hospitals/clinics. By ethnicity, the largest cohort identifies as NZ-European (75 percent) with those identifying as Filipino the second biggest group at 5.8 per cent. Those identifying as Indian represent 3.1 per cent of the membership while those identifying as Maori make up 2.3 per cent of members.

Diversity

Members of ‘Other’ ethnicity represent 12 per cent of the membership, and what a diverse group we are: we have members from Australia, Britain (including the Shetland Islands), Japan, Malaysia, China, France, Germany, Korea, Serbia, Russia, the USA, the Netherlands, Thailand and South Africa.

There was a decline in membership numbers (511) from the previous membership year (676). Sadly, this trend is consistent, and I draw your attention to 2018 when we attracted 862 members.

Canterbury-West Coast leads

The largest Region was Canterbury-West Coast with 22.5 per cent of the total membership. Auckland-Northland was next at 19.7 per cent while

Otago was the only Region not to experience a marked decline in numbers.

Of note, our members are experienced: 40 per cent of members have been nursing for more than 30 years. This also makes us a ‘mature’ membership with 58 per cent of us over 50 years of age. With this in mind, the Perioperative Nurses College has a challenge ahead to not only maintain its membership but to also attract new members. In the 2020/21 membership year we gained 60 new members — only three of whom were undergraduate nurses.

COVID-19 challenge

The reason for lower PNC membership trends is multifaceted, with COVID-19 not helping. Regardless, our challenge is to collectively promote PNC and make the College membership an attractive proposition. Annual membership remains online (April 1 – March 31), at a modest \$13 for NZNO members.

Moving forward to future membership years, we need to focus on membership renewal, attracting new members and advertising PNC to undergraduate nurses. After all, we must encourage nurses to enter the perioperative specialty, which we are all so passionate about.

Thank you.

— Sarah Eton (Otago), PNC Membership

ICPAN annual report

New Zealand continues to be a member country of the International Collaboration of Peri Anaesthesia Nurses (ICPAN). As a member country, all Perioperative Nurses College nurses are members.

Rob McHawk represents New Zealand on the Global Advisory Committee, while Johanna McCamish is a member of the Board of Directors as the Membership Secretary.

The last full ICPAN Conference was held in Cancun, Mexico in November 2019. Normally ICPAN Conferences are held biannually but the 2021 conference, due to be held in Greece, was cancelled. The team worked hard to reallocate dates to accommodate an international audience, but eventually the decision was made to cancel the conference.

Further work has been done with bids for the 2023 conference. An announcement for the 2023 location will be made as soon as it is possible.

There were two on-line webinars organized in 2021, one in May, the other in September. The May webinar was a first for the organisation. The September one was run as “*Advancing global Perianaesthesia Nursing connections through involvement and advocacy.*”

Good feedback was received from the first, but timing was an issue for all countries. To view the webinars, go to the ICPAN website, click on ‘Conferences’ in the horizontal bar and a drop-down menu will appear. In addition to the video, the written versions of the presentations are also available.

ICPAN is conducting a survey on nurses working in the COVID environment. New Zealand has opted out of the survey for a number reasons; the major differences in COVID numbers and planning to ethics alignment with New Zealand ethics requirements being two.


ICPAN is working with Operation SMILE to produce an orientation programme for Post Anaesthetic Care (PACU) Nurses. This project was requested by Nurses in China and has input from international organizations.

Information and updates are available through Facebook and through the ICPAN website: <https://www.icpan.org/>

The bi-annual meeting was due to take place in October 2021, this year this will be held via Zoom.

Please contact either Robert McHawk — rob.hawker@me.com or Johanna McCamish — whosnz@hotmail.com for any questions or inquiries regarding ICPAN.

— Johanna McCamish & Robert McHawk



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Professional Nursing Adviser Report

My gratitude to the National Committee, Regional Committees, Dissector Editorial for your ongoing commitment, leadership and professional engagement. My thanks to Juliet Asbery for leading the College and ensuring the voice of perioperative nurses is present in the New Zealand health system and the response to COVID-19. Juliet and the committee members provided that PNC continues advancing its objectives and engaging internationally on behalf of all PNC members. I thank the departing committee members across the PNC network for their participation in promoting and advancing perioperative nursing practice in New Zealand.

My ongoing gratitude to the Canterbury-West Coast regional conference committee for their persistence and work in designing the [2020 & 2021] conference, now deferred to 2022. Who would have predicted the global impact upon communities and the national response required from all nurses in New Zealand? Health inequalities and delays in health services were experienced by communities, especially those seeking surgical interventions and diagnostic procedures.

Future-proofing

Last year I called upon PNC members to capture the interest of nursing graduates and promote the value of becoming a perioperative nurse in New Zealand. There is a need to grow and future-proof the perioperative workforce to deliver on crucial health goals and outcomes.

Have we achieved the goal of generating an increase in nursing graduate intakes into all areas of the perioperative continuum? There are significant issues for the nursing workforce if graduates are not fast-tracked into perioperative clinical environments. Workplaces need to reconsider and significantly increase the clinical placement opportunities for nursing students from the Bachelor of Nursing and the New Zealand Diploma in Enrolled Nursing programmes.

Data from ACE (Advanced Choice of Employment) Nursing Algorithmic Match Report 2020 End of Year Graduate Intake report (2021) stated **437** Registered Nurse Graduates indicated a first preference for perioperative (theatres). However, **162** remained unmatched and did not enter perioperative practice. That is a missed opportunity of capturing **25 per cent** of the first preference graduates. https://tas.health.nz/assets/Workforce/ACE/2020-End-of-Year-ACE-Nursing_FINAL_18-January-2021-UNCLASSIFIED.pdf

Safe Surgery Programme

In August 2021, the Health Quality and Safety Commission (HQSC) closed the Safe Surgery Programme, believing it had completed the objectives and goals initially set. However, data in the 2020-21 year [from the public system] shows **33 retained products, 70 wrong patients, 55 wrong-site surgeries** and **two wrong implants** inserted. (see Appendix One). The 160 events are out of a total of 300,000 publicly funded surgeries in 2020/2021.

Some may argue these 160 events are statistically insignificant and therefore assures HQSC of a successful programme. However, **160 events** involved patients and whanau impacted because of these occurrences.



These cases involved health professionals contributing to reportable event investigations and possible disciplinary action.

A reminder to PNC members, NZNO's indemnity insurance and advocacy, are available to all financial members of NZNO by calling the NZNO Membership Support Centre on **0800 28 38 48**.

More health reforms

The reforms of the public health service have commenced at pace with the announcement of the New Zealand Health Board members. The positioning of nursing issues, critical nursing staffing programmes, advanced practice and nursing leadership appears to be absent in the design of these reforms. <https://dpmc.govt.nz/our-business-units/health-transition-unit/latest-news-and-updates>

NZNO deficit

NZNO's annual report [2020/21] is available on the website with your member login. See <https://www.nzno.org.nz/LinkClick.aspx?fileticket=STgSxVDPtQM%3d&tabid=109&portalid=0&mid=4918>

Key professional nursing association achievements of NZNO includes the visibility of influencing nursing by submissions to government agencies, select committee hearings, external stakeholders, forums, advice and medico-legal representation.

The NZNO Corporate Services Manager announced the financial position of NZNO with the need to remedy the \$900,000 deficit for this coming year.

Medico-legal forums

The medico-legal forums hosted in 2021 trialled a blended delivery method (in-person and virtual). The topic for 2021 was "Every Nurse is an Advocate – Influencing through Advocacy".

Professional Nursing Advisers hosted two forums in Christchurch and Wellington. The government's COVID-19 alert level changes necessitated the cancellation of the Auckland forum, and the participants transferred to online participation for the Wellington forum. The presentations are available on the NZNO website. <https://www.nzno.org.nz/resources/presentations#Medico-Legal%20Forums>

I wish PNC members success for the forthcoming year and look forward to working with PNC committees to reach your goals. We have more to do!

– Suzanne Rolls, Professional Nursing Adviser, New Zealand Nurses Organisation. (October 2021). Suzanne.Rolls@nzno.org.nz

APPENDIX ONE

Health Quality and Safety Commission data 2020-2021 <https://www.hqsc.govt.nz/our-programmes/safe-surgery-nz/news-and-events/news/4347/> https://reports.hqsc.govt.nz/AdverseEventsQuarterly/_w_bad2da1d/#1/

Events Reported	Q1 1/7/20 - 31/9/20	Q2 1/10/20-31/12/20	Q3 1/1/21-31/3/21	Q4 1/4/21-30.6.21
Retained item	13	5	6	9
Wrong blood component		1	1	1
Wrong consumer / patient	16	15	25	14
Wrong implant / prosthesis	1		1	
Wrong site	16	6	17	16
Total	46	27	50	40

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Auckland DHB's on-going plan

Together — one of the most inspiring words in the English language.

“Coming together is a beginning; keeping together is progress; working together is success.” — EDWARD EVERETT HALE

The second article in a series on the Ngawari kaimahi / Flexible Workforce describes how Te Toka Tumai (Auckland District Health Board) decided to launch training a more flexible perioperative workforce and the steps taken to socialise the concept and get team buy-in. LEIGH ANDERSON focuses on the importance of open discussion in the development of a vision that aligns with Te Toka Tumai (Auckland DHB) values and maps the beginning of a plan to move forward.

In the perioperative context, a flexible workforce is one that uses, and grows upon all of the skills and knowledge held by staff in the operating room, but at this stage focuses on nurses and anaesthetic technicians.

In practice, what this looks like is that nurses are given the opportunity to take on roles and responsibilities that have traditionally been undertaken by anaesthetic technicians while anaesthetic technicians have the opportunity to take on roles and responsibilities traditionally undertaken by nurses.

Firstly, it is necessary to acknowledge this is a tricky topic and one that evokes many emotions for us as Perioperative Nurses. It is a topic many of us feel strongly about, either in a supportive or non-supportive manner. Therefore it is important to shed light on what we are doing and openly discuss the impact it has on us as nurses and the care that we provide each day we come to work.

Personally, I have been on a long journey, one that once had me defending the parameters of all of the roles that nurses have traditionally undertaken in the perioperative environment, to one that now acknowledges that nurses and anaesthetic technicians have some shared knowledge and skills which can be utilised, especially when there are such dire shortages

of perioperative staff. It also requires acknowledgment that there is plenty of room at the table for all of us with jobs aplenty. Essential to the success of a safe and successful flexible workforce is ensuring that the preparation, education and support provided enables our staff and colleagues to provide safe, quality care for our patients in a timely way.

Whakamuri | Background

As discussed in the March 2021 issue of *The Dissector* (Vol. 48, No. 4), Central Region's Technical Advisory Services Limited (TAS) compiled a Workforce Assessment Report on the DHB Anaesthetic Assistant Workforce in 2019. The rating from the assessment process considered the anaesthetic assistant workforce to be an 'At Risk Occupation — Intervention Required' (TAS, 2019). Some of the key findings from the report indicated that demand for anaesthetics was increasing, there was uncertainty regarding the future of anaesthetic technician (AT)





Our RNAA nurses learning about bag valve masks.

training, and a high reliance on recruitment from the United Kingdom to fill the gap created by insufficient anaesthetic assistants trained in New Zealand.

The report clarified that Registered Nurse Anaesthetic Assistants (RNAAs) were employed in nine DHBs but there was no workforce plan around how these nurses might be most effectively utilised to help resolve the staffing crisis. It was identified that this created an opportunity for interprofessional collaboration to focus on the common competencies required for this combined workforce to ensure patient safety and meet standards of practice, rather than on the differentiated scopes of practice (TAS, 2019).

The workforce assessment report recommended that DHBs establish training opportunities to increase the workforce, including both ATs and RNAAs, with both required to meet nationally agreed competencies in accordance with the PS08 2016 Statement on the Assistant to the Anaesthetist published by the Australian and New Zealand College of Anaesthetists. This included recommendations that DHBs establish partnerships with other DHBs and private training hospitals to enable training experience and supervision not available in all DHBs and review employment practices which preclude the employment of RNAAs, and /or require them to be employed as an AT trainee.

Our journey

Our journey to implementing a flexible workforce has been a long one and did not happen overnight. We have been debating, discussing, planning and working towards its launch for two years. A considerable amount of mahi has gone into getting it 'right' and developing a safe and robust programme with our education partners, but alongside

The report clarified that Registered Nurse Anaesthetic Assistants (RNAAs) were employed in nine DHBs but there was no workforce plan around how these nurses might be most effectively utilised to help resolve the staffing crisis.

this has been a journey of hearts and minds, often gaining support very slowly one conversation at a time. An encouraging factor to the implementation of this new way of working, was that together with the TAS workforce report, we had a very clear direction and supportive mandate from our Allied Health and Nursing Executives at Te Toka Tumai (Auckland DHB).

What we did – initial steps

The across professions directorate leadership involved in initial discussions aimed to develop a shared directorate vision for the changes ahead. Together we decided upon a shared 'why' and vision for what we were doing. The team landed on the following:

- “Me mahi tahi tātou mō te ora ngā te kato” is our guiding whakatauki, which means that “We should work together for the wellness of all”;
- Create a workforce that is integrated and flexible across perioperative roles, respecting the skills and knowledge of each professional group. This will be underpinned by ‘Kia ora tō wāhi mahi’- the Te Toka Tumai Healthy Workplace;
- That this workforce provides the highest quality, safe care to the community that we serve;
- Enable a fully capable, engaged workforce that is able to respond to the growing need of our community for perioperative care;
- Provide opportunity for staff to work across the spectrum of their scope of practice and support staff to become the best they can be;
- Provide opportunities for ATs, enrolled nurses, healthcare assistants, and RNs to work differently, which may include expanded practice;
- Provide learning opportunities that are flexible and inclusive regardless of profession.



New nurses training to work in the operating theatre.

Once the vision was developed, we bought leaders from all levels across the directorate for a workshop and shared the above vision with them. There was robust kōrero and debate during these sessions and our people leaders were extremely supportive of the concept. This group was ideally placed to brainstorm and map the next steps such as how to socialise the concept with their teams and engage them in the process. This was the first of many hearts and minds discussions, where leaders were able to openly discuss their thoughts and feelings about the process. We acknowledged current and past ways of working and how attached we are to these, as well as identifying risks and challenges that lay ahead as we implemented changes.

Steps forward

It was important that we aligned our next steps to our Te Toka Tumai (Auckland DHB) values and that every conversation and change was one that was mana enhancing. The leadership team engaged with the Organisational Development team for coaching and support during this time. It was a rewarding partnership as we navigated those initial team discussions.

Welcome | Haere mai – we see you as, we welcome you as a person

- Skills, knowledge and experience will be valued and we will provide opportunities for you to utilise and build on these.

Respect | Manaaki – we respect, nurture and care for each other

- We provide opportunities for you to work throughout your scope of practice with opportunities to work at top of scope.
- Respect for each other as individuals and professionals.
- Growing and developing our workforce, happy and healthy places to work.

Together | Tūhono – we are a high performing team

- Within the interprofessional team – as a directorate we are doing this tūhono.
- Strengthen educator and leadership capacity through collaboration.

Aim High | Angamua – we aspire to excellence and safest care

- Unbroken provision of service/care;
- Care given in a timely manner;
- Expanded practice into PACU for AT's;

- Registered Nurses training to undertake the RNAA role;
- New expanded scope of practice that optimises UK-trained Operating Department Practitioners skills and competencies.

With the way mapped to move forward and the leadership team advocating together to lead this work across our five operating room suites, we began the mahi to set the wheels in action. Education opportunities were investigated and skills assessments and competencies were updated or written to ensure there was no compromise on safety.

In the next article we will discuss the programmes chosen and review the implementation of the RNAA programme eight months down the track.

To finish

This article may evoke many points of discussion with *The Dissector* readership. It is important we keep talking together so please send your thoughts or solutions that your hospital has implemented to address the shortage of nurses choosing a perioperative career.

“Me mahi tahi tātou mō te oranga o te kato” (“We should work together for the wellness of all”).

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About the Author:

Leigh Anderson RN, MN (Hons) is the Pou Whakahaere Nahi (Nurse Director) for Āhua Tohu Pōkangia (Perioperative Services) at Te Toka Tumai (Auckland DHB). Leigh is a past Chair of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC^{NZNO}) and Board member of the International Federation of Perioperative Nurses (IFPN).



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Behind the scenes at The Dissector

By Michael Esdaile

Every three months *The Dissector* appears in your mailbox. It is not by magic.

Behind every issue is a hard-working team – the Editorial Committee – charged with sourcing the articles that appear within these pages. In addition to checking and editing the material supplied by other authors, committee members often write some of the articles.

As *The Dissector* is the ‘face’ of the Perioperative Nurses College of the New Zealand Nurses Organisation, the Editorial Committee plays a key role within the College. Those who have been members of the College since the 1990s will remember there was a period between 1997 and 1998 during which publication and distribution of *The Dissector* had fallen into abeyance. For a period of around 18 months, the journal was not published at all – something the National Chair at the time, Jean Koorey, was not particularly happy about.

Going back into the AdvAntage Publishing archives, it is noted correspondence with Jean began in March 1998 with AdvAntage Publishing about re-launching *The Dissector*. The National Committee discussed the matter at length and in May 1998 a draft contract was

circulated. The outcome of this was that AdvAntage Publishing took over responsibility for journal production and distribution. This major change, in September 1998, meant that thereafter AdvAntage Publishing along with a four-strong Editorial Committee nominated by the College ensured that *The Dissector* would ‘survive’.

New beginning

Jean was almost at the end of her term as National Chair and took over as journal Editor, with Bettina Marenzi, Sue Claridge (McIntosh), and Fiona King as the other members of the all-new Editorial Committee.

At the first meeting to discuss the layout and content, there was a short silence after the question was posed: “what are we going to do about a cover shot?” In other words, what were we going to select as the photo for the cover?

It was then AdvAntage Publishing discovered we were about to break the mould: *The Dissector* had *never* had a cover photo in its then 24-year history.

After an awkward pause, it was decided we would use the best photo from those submitted each issue that related to the major article.

At that time, AdvAntage Publishing shared offices with McStannic Publishing, which produced the monthly motorcycle publication *Kiwi Rider*. John Nicholson was one of the owners and had a gift for graphic design, so he set about choosing the headlines for the various ‘departments’ within the journal, as well as producing the logo for the cover, incorporating a photograph of a dissector instrument. His partner, Natalie Kirton, then laid out the journal following John’s templates.

Thus, *The Dissector* was re-born with Volume 26, Number 1 in October 1998.

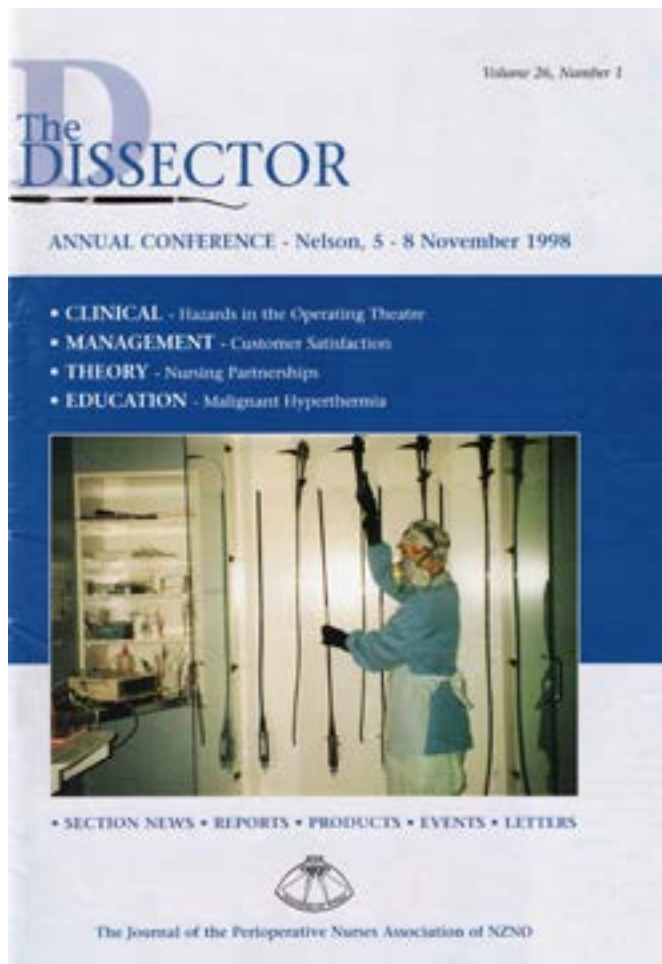
A quick rollcall of advertisers in that issue shows Med-Chem with the inside front cover, InterMed Medical had the outside back page, Baxters was on the inside back cover and Surgico was on page 25 (before annexing the page opposite the Contents). Jackson Allison, REM Systems, Pacific Surgical Supplies, ORC Medical and Johnson & Johnson all took full page advertisements while Calibre Plastics had a half page advertisement.

Of these clients, Surgico never missed a single issue in the 21 years until December 2019 when Obex Medical bought out Alison and Murray McMillan’s company, and ceased print advertising.

Articles in the October 1998 issue ranged from Isabel Jamieson’s item ‘Hazards in the Operating Theatre’ which dealt with surgical smoke plume (something that still has not been adequately addressed). Dot Davidson’s management feature on ‘Customer Satisfaction in Theatre’ and Ngaire Sharp’s work on ‘The Nursing Partnership in Perioperative



The Editorial Committee of the rejuvenated journal in 1999, left to right: Fiona King, Sue Claridge (then McIntosh), Bettina Marenzi with Jean Koorey seated.



Practice' were also included.

There was an article on Malignant Hyperthermia from Lynne van de Waardt and Bettina Marenzi in this journal.

Nine years later, we again featured Malignant Hyperthermia in a case study from Caralee Milne. This was in the March 2007 issue (Vol. 34, No. 4) with Kathryn Fraser by then firmly in the Editor's chair.

Ring in the changes

There had been quite a deal of change within *The Dissector* team by then.

After Jean Koorey finished her term at the helm of *The Dissector*, Sue Claridge took over as Chief Editor for the January 2001 issue (Volume 28, Number 4) and with her philatelic and photographic interests, brought a new dimension to the publication.

At the same time, Isabel Jamieson and Karen Hall joined the team, with the January 2001 edition of *The Dissector* the first of their combined efforts.

After the publication of the August 2001 issue, Bettina Marenzi stepped down from the Committee and was replaced by the redoubtable Catherine Logan.

Meanwhile Sue grew in the role of Editor and was persuaded to continue for a third year, working through to November 2003. At the same time, Isabel Jamieson also retired.

This saw the Editorial Committee reduced to three: Fiona King, now the Editor, Catherine Logan and Karen Hall. The three of them continued to gather material, decide what should be published, chase photos and proof-read the edited 'copy' so that the journal continued to be published on time. A year later Irene Minchin joined the team in time for the publication of the November 2004 issue.

Catherine Logan was a great ideas woman when it came to finding

The cover of the re-born journal, November 1998.

Reflection of the role of first editor utilising the support of Advantage Publishing

In the final year of my three-year term as the National Chair of the Perioperative Nurses Association (the forerunner of the College), two significant events occurred:

- 1 *The Dissector*, the PNA Journal, had not been published since June 1997;
- 2 Brett Edmonds, one of the owners of Advantage Publishing Ltd., made contact with the National Committee of the PNA. 'Timing is everything'.

These two events lead to 'a new way forward' for the publication and distribution of *The Dissector*.

In my first editorial for the newly formatted journal in November 1998, I said "that out of any adverse situation there is always something positive to be gained."

I'm still a great believer of this attitude.

With the support of copy (articles) from members, a very astute Editorial Committee and my willingness to learn the many attributes of being involved in journalism, my experience became very positive.

Advertising grew as did the number of recipients receiving *The Dissector*, thanks to the commitment of the Advantage Publishing team.

Being the editor of *The Dissector* proved to be



a very formative and rewarding component of my career as a Perioperative Nurse.

Following my term as editor of *The Dissector*, National Secretary/Treasurer Berice Beach and I attended a meeting with representatives of the New Zealand Nurses Organisation (NZNO) to develop criteria for Associations to become Colleges of NZNO. We insisted that a journal, published three or more times annually, should be included as one of the criteria for Associations to become a College of NZNO.

The Perioperative Nurses Association of the New Zealand Nurses Organisation (NZNO) became a College of The New Zealand Nurses Organisation (NZNO) in September 2001.

And *The Dissector* has continued to be the 'face' of the College.

– Jean Koorey

Jean Koorey was instrumental in resuscitating The Dissector in 1998 and was also the driving force behind the annual Hawkes Bay PNC Seminars. At the 2017 PNC Conference in Napier, she was presented with Maggie the Magpie, a plaque made by local PNC member Anouk Doevendans-lumb from instruments donated by Hawkes Bay PNC and presented for her outstanding service to the Region. Jean is a life Member of the College and a recipient of the Christina Ackland Award.



images for the cover. For the 30th Anniversary issue, she hit on the idea of laying out copies of each journal produced between 1974 and 2004 in the form of the numerals 30. They were laid out on her lounge room floor. She then climbed a ladder clutching her camera and photographed them. Some Photoshop work removed the carpet and the result graced the cover of the August 2004 issue (Vol. 32, No. 2).

Fiona King filled the Editor's position for two years before handing over to Catherine Logan in time for the November 2005 issue. At that time, Kathryn Fraser joined the Committee.

Incredibly, despite having served four years as an Editorial Committee member and two years as Editor, Fiona agreed to remain on the Committee in an 'advisory' capacity to help ease Catherine Logan into the role.

Catherine was then diagnosed with cancer but she put on a brave face and continued on as if there was nothing whatever the matter. Despite chemotherapy that frequently caused her considerable distress, and an inability to even focus on the monitor on her computer at times, Catherine steered the journal through three issues before she died, on July 19, 2006 (see separate obituary, page 32).

By then she had served five and a half years on the Editorial Committee and had made an enormous contribution to your journal.

Tireless service

Following Catherine Logan's passing, Kathryn Fraser was appointed Editor in 2006, and to help out, Fiona King continued to serve on the Committee for another issue, finally bowing out following the publication of the September 2006 edition.

That meant Fiona had served on the Editorial Committee for eight years. The cover of the August 2004 issue: 30 years' of journals laid out on Catherine Logan's lounge room floor before she photographed them, perched atop a ladder...

Karen Hall — editorial committee member 2000 — 2006

What did being on the Editorial Committee mean to you?

An honour, a privilege and daunting! I felt proud to be part of a small team whose members were from different areas in New Zealand and that we were tasked with ensuring our journal continued. (There have been a couple of times when the journal was under threat of continuing). Continue it has though, a vehicle to communicate and share information amongst the Perioperative Nursing community.

I served with four Editors: Sue McIntosh (Claridge), Fiona King, Catherine Logan and Kathryn Fraser. Four talented and committed Perioperative Nurses. Each brought their own style, knowledge and contacts to their role.

I well remember the controversy over the January 2001 cover. It was asked what message the cover was sending to others - members and non-members, nationally and internationally. Was it portraying the professional image of the then PNA of NZNO?

Discussion amongst the Editorial Committee resulted in a decision to ensure either consent was obtained and/or changing what photos we used on the front cover.

It was exciting to be part of the change in our organisation and see printed on the cover: "Journal of the Perioperative Nurses College."

Another cover that resonated was August 2004 (Vol. 32, No. 2). This was the 30th Anniversary issue. I remember the unanimous decision to



Wellington's Karen Hall provided six years' service to the Editorial Committee.

embrace the "30" — made up of previous journals laid out to make up the numerals on the lounge room floor in Catherine Logan's home. She climbed a ladder, perched on top and took the photos.

During my time with *The Dissector*, I had the pleasure of meeting Pam Marley, our journal's first editor, on more than one occasion. The first edition, Volume 1, Number 1 came out in September 1974. That first journal contained an editorial, conference and educational reports, a question and answer section, a book review and news from the regions. A format that has continued through the decades.

After establishing the journal, Pam was editor for five years, stepping down in 1979. But ten years later, she was back in the editor's chair for a further three-year period, to ensure the continuation of the journal.

Today there has been less emphasis on news from the regions but what has remained is the inclusion and acknowledgement of the medical companies (Industry News).

Before I joined *The Dissector* team, I was aware that Advantage Publishing had taken on the role of publisher of the journal and the continued support and presence of Michael Esdaile at committee meetings provided great guidance to the then Editor (and committee members).

Thank you.



The expanded Editorial Committee effective from November 2000, left to right: Isabel Jamieson, Karen Hall, Publisher Michael Esdaile, Fiona King and Bettina Marenzi, with Chief Editor Sue Claridge seated.

consecutive years. The Editorial Committee meeting held in Wellington in February 2007 was the first time since Advantage Publishing took over publication of the journal that we did not have the pleasure of Fiona's company.

Another unsung hero is Karen Hall, who served on until 2006 and has also provided sterling service to the College in other areas, which is why she was awarded the Tina Ackland award at the 2018 PNC Conference. During her time on the Editorial Committee, Karen went through a marriage break-up and was left raising two young boys. She also had a six-month involvement nursing a sick sister in Sydney, and toward the end of her term spent time nursing her Auckland domiciled father, despite living in Lower Hutt.

Kathryn Fraser is another who went the extra mile for the College, stepping into the Editor's role after just a year on the Editorial Committee and serving for six years despite her own private battle with cancer.

Kathryn brought a new rigor to editing 'copy' — the term used in publishing circles for articles.

Article delivery

In the period from Jean Koorey's editorship to that of Kathryn Fraser, there was a slow evolution in the way copy was supplied. Initially it was sent to the editor (Jean) who mailed the copy to the Editorial Committee before posting some notations to the publisher. The articles were sometimes hand-written, but most were typed. They were then input into a computer (re-typed). Advantage Publishing's appointed editor

Editorial Committee Timeline

DISSECTOR EDITORS

Pam Marley: 1974-1979
Barbara Jolly: 1979-1983
Margaret Cullen: 1983-1986
Elaine Martin: 1987-1989
Pam Marley: 1989-1991
Sheila Street: 1991-1992
Margaret Gick: 1992-1996
Suzette Norris: 1996-1997
Jean Koorey: 1998-2000
Sue Claridge: 2000-2003
Fiona King: 2004-2005
Catherine Logan: 2005-2006
Kathryn Fraser: 2006-2012
Irene Minchin: 2012-2015

Shona Matthews: 2015-2020
Bron Taylor: 2021 -

EDITORIAL COMMITTEE

Bettina Marenzi: 1998-2001; 2009-2011
Fiona King: 1998-2004; 2005-2006
Sue Claridge: 1998-2000
Isabel Jamieson: 2000-2003
Karen Hall: 2000-2006
Catherine Logan: 2001-2005
Irene Minchin: 2004-2009; 2011-2012
Kathryn Fraser: 2005-2006
Johanna Cornwall: 2006-2011
Helen Vaughan: 2006-2009
Sue Morgan: 2006-2011

Lisa Thomas-Czepanski: 2009-2011
Fiona Unac: 2009-2010
Shona Matthews: 2010-2015; 2021-
Rob McHawk: 2011-2015
Johanna McCamish: 2012-2017
Jennifer Sexton: 2012-2017
Sandra Millis: 2013-2018
Feng Shih: 2015-2019
Tracey Lee: 2015-2019
Sarah Winship: 2018-2020
Catherine Freebairn: 2018-
Devika Cook: 2018-
Rebecca Porton-Whitworth: 2018 -
Bron Taylor: 2019-2020
Annie Du Plessis: 2021-

would then undertake a final edit, before posting copies of each article to each member of three Editorial Committee, with notes and questions.

The Editorial Committee members would then carry out their own edits then post (or transmit the copy by facsimile machine) back to Advantage Publishing.

By the time Kathryn was in the editor's chair, many articles were coming in on floppy-discs (remember them?) copied direct into a computer, edited then mailed to the Editorial Committee members to make changes and corrections.

It was only toward the end of Kathryn's editorship in 2012 that all members of the editorial committee had home computers so the articles could be emailed.

Next issue: The evolution of article delivery and editing, plus the major initiatives Kathryn Fraser initiated.



Above: By November 2003, the Editorial Committee had shrunk to just three, left to right, Catherine Logan, Fiona King (Chief Editor) and Karen Hall.

Far left: One of the original team Jean Koorey picked to help her resurrect *The Dissector* in 1998, Bettina Marenzi also put her hand up for a second three-year term from 2009-2011. Left: After one year on the Editorial Committee, Kathryn Fraser took over as Chief Editor in 2006, holding the role for six years.

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Catherine Margaret Logan

NEW Zealand nursing lost a faithful friend and tireless campaigner with the passing of Catherine Logan on July 19, 2006. Catherine lost her battle with cancer and died peacefully at her Auckland home. She had been diagnosed with bowel cancer in September 2004 but this was not something commonly known in nursing circles until some months later.

Despite being at the forefront of the New Zealand Nurses Organisation for many years, Catherine was a private person. She was so busy giving, rarely did she take time to speak of herself.

Even when she was struggling through the ravages of chemotherapy, Catherine somehow kept her focus on others. Amazingly, she took over as Editor of *The Dissector* even while she was in the early throes of her battle with cancer; quite probably she saw this as a way to continue her Perioperative Nursing focus, keep busy and not dwell on her own problems.

Members of The Dissector Editorial Committee will remember meetings in her Auckland home, Catherine ensuring every taste was catered for. There were times when we knew clearly that she was not well, but Catherine would brush that aside and press on with the next item on the agenda.

Very rarely did she speak of her illness: indeed, when discussion deviated from the agenda – and with Catherine that was often – only once did the subject of her own health crop up.



Prior to taking over the Editor's role, Catherine had served on the journal's Editorial Committee and in matters pertaining to the College in particular and NZNO generally, always provided wise counsel.

Many who encountered Catherine for the first time at the College's annual conference, or other nursing meetings, were often in awe of her. But beneath that initially serious demeanor was a woman with a wonderful sense of humour, combined with great tact and diplomacy.

At the same time, nursing colleagues will also remember her for her determination to keep pushing nursing's cause, even in the face of serious opposition.

From a publisher's perspective, Catherine was great to work with. She would provide regular updates on where she was with articles for *The Dissector* and loved to brain-storm ideas for the cover. One of her legacies will be some of the diverse subjects chosen for the front page.

On a personal note, Catherine made time to select a card and write a note to me following the death of my mother in early June 2006 – only weeks before her own passing.

It is always hard to come to terms with the loss of a friend or colleague when they die relatively young and in that Catherine teaches us another of life's lesson's: do it now for you never know what tomorrow will bring.

— Michael Esdaile

Catherine Logan: NZNO Award of Honour

Not long after taking over the editorship of *The Dissector*, Catherine Logan was nominated by the Greater Auckland Regional Council of the Perioperative Nurses College for the New Zealand Nurses Organisation's Award of Honour in 2005.

The nomination cited Catherine's many years of service to NZNO and added that she had "promoted the work of the New Zealand Nurses Organisation in a significant manner and had been at NZNO Greater Auckland Region on the management committee for many years as a very active and hard-working representative of the Perioperative Nurses College, formerly the Theatre Nurses' Section."

"She has been a fountain of knowledge for Greater Auckland Region members at AGMs and management meetings and able to give sage advice on almost any nursing topic, from health politics, to international nurses organisations such as the International Council of Nurses," the nomination added.

In outlining her personal, positive impact on the nursing profession in New Zealand, the nomination also added that Catherine had been an active Regional Council Representative on the Board of Directors for two four-year terms and had also served as vice-president.

"She nurtured many new NZNO delegates through their industrial and professional first steps and was always very committed to on-going education. Towards that goal she ran successful professional forums in Greater Auckland Region for many years."

In a significant and innovative contribution to healthcare in New Zealand, Catherine served on the former Professional Advisory Committee (which became Nursing Midwife Advisory Committee) for four years, helping to write policy, standards and submissions. She had a passion for accurate rule and remit writing and was an invaluable advocate at AGMs on correct procedure, policy and process.

Catherine also served NZNO on the International Council Nurses Committee and served on the Nursing Education Research Foundation.

"Catherine Logan is living treasure for the Greater Auckland Regional Council and NZNO nationally and internationally. She is a walking encyclopedia of NZNO and PNC history and institutional knowledge," the citation concluded.

Return to theatre with a postoperative bleed

By Devon Geeves

Introduction

Nurses are an important part of the perioperative team, the perspective they bring to the environment is essential. Tanner (2006) states that clinical judgement in nursing relies on the ability to “engage with patients and act on a responsible vision for excellent care... with a deep concern for the patients’ and families’ well-being” (2006, p.209). As the healthcare environment becomes more and more complex, an in-depth understanding of clinical judgement is now essential to provide our patients with excellent care (Van Graan, Williams and Koen, 2016).

This article identifies a recent clinical experience that required quick clinical judgement from all staff members involved. The care provided for patient X was analysed integrating the Clinical Judgement Model which involves four stages which can be utilised in practice. These are: noticing, interpreting, responding and reflecting (Tanner, 2006). Analysis demonstrated clinical decision-making and developing nursing practice competence providing the patient with excellent nursing care.

Clinical Situation

This clinical situation followed patient X, a 65-year-old female, who came to an after-hours acute operating theatre (OT) allocated with three nursing staff. Staffing consisted of two nurses who usually work in general surgery/gynaecology and one who works in orthopaedics.

Patient X arrived in the perioperative department at around 2100 hours. The majority of the OT staff had gone home for the night, leaving enough staff to run two acute OTs. Patient X was normally fit and well and had been admitted for elective gynaecology oncology surgery early that morning. It was planned that after her surgery she would be admitted to the gynaecology ward for a three-night stay.

Patient X’s initial surgery consisted of a hysterectomy, bilateral salpingo-oophorectomy and pelvic lymph node biopsy, for the treatment of endometrial cancer. This is the standard treatment for endometrial cancer in post-menopausal women, with some surgeons taking para-aortic lymph node samples as well (Vanichantikul, Tharavichitkul, Chitapanarux & Chinthakanan 2017).

The surgical team reported that the operation was complicated but went well. They had checked haemostasis before closing her abdomen and there was no obvious bleeding.

Notification and Planning

The acute OT staff were notified by the duty anaesthetist of the imminent

Abstract Using clinical judgement is an integral skill required to provide and reflect on care provided. In this case study on a patient with a post-operative bleed, the Clinical Judgement Model was used to notice, interpret, respond and reflect.

Keywords: Clinical Judgement Model, reflection-in-action, reflection-on-action, perioperative nursing

arrival of patient X. The information included that she had had surgery earlier in the day and she was becoming increasingly unwell. A Computerised Tomography (CT) scan showed she had a bleed somewhere in her abdomen causing an abdominal haematoma. The gynaecologist informed the duty

anaesthetist that they were booking patient X in for a category one (the most urgent category) laparotomy and she would be coming to OT as soon as possible. They did not provide any more details, as is often the case with a category one operation; OT staff are told the essential information and then when the patient arrives in the department, more detail is provided.

After hearing this I interpreted the information and went to our storeroom and made a clinical judgement to set up for a ‘gynaecology laparotomy’. From previous experience there would not be time to do this when patient X arrived in the department, potentially increasing theatre turn-over time (Fletcher, 2017). By the time this was completed, the current patient was being extubated and patient X was in the holding bay waiting to be checked in, escorted by a ward nurse.

When our current patient was transferred to the post anaesthetic care unit (PACU), I went to the holding bay to check in patient X, noticing that she looked very pale. Her physical appearance indicated significant blood loss and I made a mental note to be especially vigilant during induction of anaesthesia as severe hypotension was a serious complication that could occur requiring immediate intervention (Fakhari, 2018). Patient X also had a high body mass index (BMI) which potentially makes the operation, anaesthetic and moving the patient more difficult and complicated (Ri, Aikou & Seto, 2018). As a consequence, a ‘hover mat’ was requested on the operating table, as using this would reduce the risk of injury for the patient and staff (Fayerman, 2007).

Pre-operative Assessment and Care

A handover from the ward nurse indicated that patient X had become increasingly unstable after her return to the ward from PACU. While completing the pre-operative checklist with patient X, I noted that she was very tired and not able to speak in long sentences. She did not have any allergies, had not had anything to eat or drink for almost 24 hours and she had a urinary catheter in situ.

Patient X looked quite scared and worried; I tried to keep a big smile on my face and assured her that we would look after her. She responded

well to this communication and held onto my hand. This was a moment where I used reflection-in-action; noting that patient X responded well to this type of interaction, interpreted this information and responded by continuing this communication with her. Using reflection-in-action enabled me to change my communication where appropriate as per the clinical judgement model (Tanner, 2006).

When the anaesthetic technician (AT) was ready she came and double-checked all of the patient's details. Then, we both wheeled patient X to the OT anaesthetic room where the AT applied all the monitoring required for the anaesthetic. I stayed in the room to complete the sign in process with the AT, anaesthetist and surgeon to check the patient's operation details with her while she was still awake.

The anaesthetist inserted an arterial line to provide a more accurate reading than non-invasive blood pressure monitoring and valuable information on her hypovolaemia (Jagadeesh, Singh & Mahankali, 2012). I then left the anaesthetic room to check on my team and see if they were ready to start the case.

Intraoperative Assessment and Care

When patient X was brought into the OT, she was unable to move herself across onto the operating table. I grabbed our roller board that we use to transfer patients to facilitate the move. As previously mentioned, patient X had a high BMI and my colleagues had already placed a 'hover mat' on the operating table. On reflection I should have suggested that we place the hover mat underneath patient X and use that to move her across to the operating table. This would have been more comfortable for patient X and safer for our staff. Tanner describes this type of reflection as 'reflection-on-action' (2006, p. 209); reflecting on this action has helped me to see the bigger picture and will alter my practice in the future.

After we had transferred patient X to the operating table and connected all of the monitoring to the anaesthetic machine, we took our first set of recordings. These were as follows: non-invasive blood pressure 104/60, arterial line pressure 103/58, heart rate 110bpm and oxygen saturations 97% on room air (prior to pre-oxygenation).

A special positioning pillow called the 'Oxford Help' (Alma Medical, 2020), was placed underneath patient X to help the anaesthetist with

Her heart rate rapidly increased to approximately 130bpm, then started to steadily decline down to approximately 60bpm. Her arterial line pressure dropped to 74/40 and the anaesthetist was eager to get patient X intubated and stabilised quickly.

positioning before intubation. Positioning of the chest and neck is very important for a patient with a high BMI (Bale & Berreclough, 2010).

During induction of anaesthesia, I stood next to patient X and held her hand, as I remembered that she had taken my hand earlier in the day. I stood on the opposite side of the operating table to the AT giving room to do the job, but allowing me to be close enough to provide a helping hand if needed. On reflection this was the appropriate action as patient X deteriorated on induction. Her heart rate rapidly increased to approximately 130bpm, then

started to steadily decline down to approximately 60bpm. Her arterial line pressure dropped to 74/40 and the anaesthetist was eager to get patient X intubated and stabilised quickly.

As patient X was an acute case with a high risk of anaesthetic complications, the video laryngoscope was already in the room, ready to go. This was great preparation by the anaesthetic team, ensuring patient X had a timely intubation (Hyan et al., 2015).

Using reflection-on-action has given me the confidence to suggest that we have the video laryngoscope nearby in a similar situation in the future, especially after-hours. This will prevent a staff member leaving the room to get equipment during induction and will also ensure the patient receives the best care possible in a timely manner (Van Esch, Stegeman & Smit, 2017).

Once the anaesthetic team was satisfied, we positioned patient X appropriately for the operation using clinical judgement around pressure injury prevention. Patient X had a prolonged period of lying down with her initial surgery, time in PACU, back on the ward, during a CT scan and now having her second operation. Prolonged immobility significantly increased her risk of developing a pressure injury (Meehan, Beinlich & Hammonds, 2016). With this information in mind, I made sure that there was either a piece of gauze or a gel pad between patient X's skin and IV lines, monitoring cords and any other hard surfaces.

At the end of the operation patient X did not have any pressure marks. Using reflection-on-action, I felt reassured that my actions had

Continued on page 36.



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a positive impact on her. This experience has positively influenced my clinical learning and I will continue to take extra time for pressure injury prevention in the future.

Pelvic haematoma

When the surgeon started patient X's operation, they found a large haematoma in her pelvis. This was evacuated and three litres of normal saline intra-abdominal wash used to ensure that the rest of the blood in the abdomen was removed, as is best practice (North et al., 2017). After this, the surgeon could see that there was an arterial bleed deep in the pelvis at the hysterectomy site. Although there is a low risk of significant postoperative bleed after a hysterectomy, the most common site for a bleed is at the vaginal vault (Mallick, English & Waters, 2016). The surgeon was able to visualise the bleed promptly and overtook it with a 1 Vicryl suture which stopped the bleeding immediately. With the obvious bleeding controlled, the surgeon decided to leave a clean sponge in the pelvis to act as an indicator for further bleeding while they looked at other possible sources of bleeding. Both myself and the scrub nurse acknowledged that there was 'one sponge in' and I wrote this up on the count whiteboard as per our Surgical Count Policy (Canterbury District Health Board, n.d).

The Clinical Judgement Model was used in the moment I noticed that the sponge was going into patient X's abdomen. The information was interpreting calling on my previous knowledge and experiences to respond by documenting 'one sponge in' on the whiteboard. Reflection-in-action was also utilised when the count was correct at the end of the operation and the patient was kept safe. This affirmed to me that this action is best practice.

Post-operative Care

It was decided that Patient X was too unwell to return to the gynaecology ward overnight so a bed in the Surgical Progressive Care Unit (SPCU) was organised. The operation was completed with no additional bleeds found. Using my clinical judgement, I opted to stay close to patient X to support my team during the extubation period. The nursing and surgical staff become the runners and an extra pair of hands for the anaesthetic team during extubation (Ireland, & Osborne, 2016).

Patient X's extubation was uncomplicated and she was transferred to PACU. She did not return to OT after this incident and was healing well when I checked in on her three days post operatively.

Conclusion

Tanner's (2006) Clinical Judgement Model is a tool that is integral to providing quality care in everyday nursing practice. It helps us to call on our past experiences to make decisions that will positively impact our patients. This has been demonstrated in the clinical case review of patient X and her experience in the OT. Clinical decisions were made in practice that were influenced by past experiences, and my experience with patient X will influence decisions that I make with other patients in the future. Reflecting on past experiences and altering practice to become better nurses provides our patients with excellent care. I will continue to use the Clinical Judgement Model in my practice and encourage others to do so as well.

About the Author

Devon is a Specialty Clinical Nurse in the Operating Theatres at Christchurch Public Hospital. She specialises in General Surgery and really enjoys the variety that both acute and elective settings can bring. Devon has recently completed her Postgraduate Diploma in Professional Practice through Whitireia and plans to complete her Masters next year. When she's not working, she enjoys spending time outside, such as going on an adventure or tramping.



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Bravura Education's laser safety training courses provide an example of how health professionals have come to grips with on-line training courses run through the Zoom video platform.

For years Bravura Education ran its courses face-to-face. But travel restrictions employed by state and federal governments in Australia, as well as those of the New Zealand Government due to COVID-19, severely hampered the company's training programmes.

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