

# The Dissector

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

March 2023, Volume 50, Number 4

## VARIED FACES OF PERIOPERATIVE NURSING



### EDUCATION

Development of the pilot for new  
guidance statement on procedural sedation

2022 PNC CONFERENCE RETROSPECTIVE

The Challenge, and Dinner...

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### The Dissector

The official Journal of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNCNZNO).

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# Send research papers to NZNO's library!

Tēnā koutou katoa. Welcome to the first issue of *The Dissector* for the year. I write this having just returned to Auckland from a Perioperative Nurses College National Committee meeting in Wellington.

The meeting was held in the offices of the New Zealand Nurses Organisation (NZNO) and we were fortunate enough to be given a guided tour by Suzanne Rolls, our professional advisor. The highlight for me was visiting the library and seeing our history in the bound volumes of *The Dissector*. Also included in the library are a section of nurses' theses. I must admit I was unaware NZNO was collecting these! I have agreed to send a copy of my Masters thesis for inclusion. If you have completed research, I encourage you to send yours as well. It is important that our voice is included and we share our learnings.

### Conference

This issue of *The Dissector* features two articles related to the 2022 conference; The 'Challenge' report and dinner from the conference team, and a reflection from Heather Bridle who won the Dallas Jessiman award for attending the conference for the first time. Alongside is Dallas's obituary which appeared on page 7 of the July 1999 issue (Volume 27, Number 2), as a reminder of what a remarkable woman and perioperative nurse she was.

### Draft guideline on sedation

Amber Cox has provided us with an excellent summary of the new draft guideline on sedation, known as PG-09(G), recently published by the Australia and New Zealand College of Anaesthetists. The purpose of this very important document is to improve the quality of care around procedural sedation and maintain highest levels of patient safety, for those administering sedation who are not trained anaesthetists. Two tables are included; the minimum requirements for practitioners to deliver safe procedural sedation and the training requirements for the assisting practitioner.



### Reflection of a pasifika nurse

Finau Fakai provides us with a reflection of her journey as a Pasifika RN into the perioperative environment. Finau's beautifully written piece reminds us why it's so important that we provide a welcoming and safe environment for our new graduate nurses.

### Regional Reports

This issue we have regional reports from Otago-Southland, Wellington and Auckland-Northland regions. It is so good to see that our meetings and education sessions are starting up again. These provide a valuable opportunity for us to connect and learn.

Gill Martin also provides us with a report on the recent IVNNZ conference.

Our thoughts go out to those who have been affected by the recent weather events. Thanks especially to those of you who continue to go to work and provide care, despite having damaged or lost homes.

Noho ora mai

Bron Taylor, Chief Editor



# The DISSECTOR



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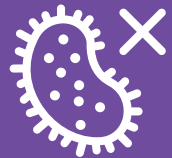
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# A year of webinars...



Welcome new and current members to the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC NZNO).

Following on from the busy and enjoyable 2022 conference, this is going to be a year of online webinars, submissions and valuing nurses in the perioperative space. You will also see a return of 'in-person attendance' at national and international conferences and regional PNC study days. So come along, bring a friend and sign them up to our \$20 membership.

You can find the link on our website: [https://www.nzno.org.nz/groups/colleges\\_sections/colleges/perioperative\\_nurses\\_college](https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college)

## PNC conference

Although we are not holding a conference this year, PNC annual awards are still applicable, so if you are undertaking research, quality improvement or delivering education in the workplace you could be in

*If you are undertaking research, quality improvement or delivering education in the workplace you could be in for an award this year.*

for an award this year. Head over to our Awards section of our website for more information.

PNC will also be formulating several surveys this year focusing on the impacts on your daily work, safe staffing, and other issues as they arise. This information will assist your National Committee to deliver on educational development of perioperative nurses, engage in conversations with key stake holders of health delivery and represent you as membership with a true voice. Watch out for these in your membership email. Do not forget to become a member our Facebook page (Perioperative Nurses College of the NZNO).

I am truly looking forward to representing you this year.

Go to <https://tinyurl.com/2pg9hhuce> to renew your membership.

Nga Mihi

Casandra Raj, Chair, Perioperative Nurses College

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## Cubro initiative for theatre managers

For this year's Theatre Managers and Educators Conference (TMEC), Tauranga's innovative healthcare equipment provider Cubro is offering attendees a new experience: a chance to step inside and experience the Cubro-Opriotech integrated operating room.

This state-of-the art operating theatre has been set up at Cubro's Tauranga headquarters.

Theatre managers who would like to inspect this ultra-modern operating theatre will be picked up from the TMEC venue and taken by coach to visit and inspect this new facility. The tour is timed to start at 4.20pm with the coach returning to the conference venue in time for attendees to dress up for the conference dinner.

The Cubro initiative is set down for Thursday, April 27, and the venue is the company's Taurikura Drive HQ in Tauriko.

Theatre managers who would like to take Cubro up on this opportunity should secure their place by emailing: [hello@cubro.co.nz](mailto:hello@cubro.co.nz)

This year's TMEC is the first since the 2021 conference in Dunedin. The 2022 TMEC had to be abandoned due to government travel restrictions and limits on gatherings so April 26-28 are the dates for this year, with Trinity Wharf, Tauranga the venue.

The Conference theme is *Manager to Leader*.

For more information on TMEC 2023 contact Pat Johnson, **Destination Conference Managers, Ph. 03 464 0946 | Cell 027 215 9807 | Email: [pat@dcms.co.nz](mailto:pat@dcms.co.nz)**

## International Nurses Day

International Nurses Day, May 12, commemorates the birth of Florence Nightingale, the foundational philosopher of modern nursing. The event, established in 1974 by the International Council of Nurses (ICN), also highlights the important role nurses fulfil in healthcare.

For 2023, the theme is *Our Nurses. Our Future*.

Nightingale became an important figure in nursing during the 1853-'56 Crimean War between Britain, France, the Ottoman Empire and Sardinia on one side, and Imperial Russia on the other.

Nightingale was stationed at the Barrack Hospital at Scutari (Üsküdar, now a district of Istanbul), where she headed a group of nurses caring for injured British soldiers. She was appalled by the desperate condition of the facilities, and imposed strict standards of care and ensured wards were kept clean and well stocked with food and medical supplies. This led her to campaign for reform in healthcare and nursing, and in 1860 she opened the Nightingale School of Nursing at St. Thomas' Hospital in London.

The school's success prompted the establishment of similar training schools for nurses elsewhere.

Among these early institutions were a nursing school at Sydney Infirmary and Dispensary (now Sydney Hospital) in Australia, which opened in 1868 and was headed by St. Thomas-trained nurse Lucy Osburn; the Bellevue Training School for Nurses in New York, which opened in 1873 and was the first institution in the United States founded on Nightingale's principles; and a nursing school in Fuzhou, China, which was established in 1888 by American nurse Ella Johnson and was that country's first Nightingale-based teaching institution.

In New Zealand, the Nightingale ethos shaped the development and progress of nursing training during the years 1883 to 1930.

These pioneering schools provided a fertile foundation for the subsequent growth and advance of the modern nursing profession.

## Letter to the Editor

I would like to take this opportunity to thank the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC<sup>NZNO</sup>) for the enormous honour of receiving a Life Membership at the 2022 PNC Conference in Christchurch.

On more than one occasion I have emphasised the importance of being a member of a professional college that supports daily practice in nursing. The PNC continues supporting its members by providing regional and national educational meetings, producing a quarterly journal and reviewing perioperative documents to support evidence-based practice. Lastly, we cannot ignore the importance of holding an annual conference — even if it takes 10+ years to organise... It is at our conferences that attendees can network, listen to informative and inspiring presentations, catch up on the findings from the latest research projects, as well as view new and existing devices with the experts from all the medical companies.

Finally, an attendee becomes rejuvenated, refreshed and once again passionate about their chosen profession — this in itself cannot be prized enough in a world nowadays, where life can be tough both professionally and personally. I can honestly confirm that I have come away from every conference I ever attended revitalised, and recharged.

At times during the 2022 PNC conference, I thought 'where have the years gone' and maybe a few more would have been nice, not the 6am starts though!

Thank you for this amazing honour and I really appreciate the fact that I will still be able to receive *The Dissector* in my retirement — just to read what's happening in the perioperative specialty! I might even get around to writing an article — most likely historical in nature as it is the passion of this old retired operating theatre nurse!

I was also most appreciative of the accompanied beautiful floral bouquets from National Committee and the local region that made my lounge amazingly fragrant, like a florist shop for many days. Just lovely, thank you all.

Finally, and lastly thanks to members of the local Canterbury-West Coast-Nelson Marlborough members for the recognition and for organising the background details — this recipient didn't have a clue. So well-done — you are all amazing.

*Sue Claridge, Christchurch*



The International Council of Nurses (ICN) is a federation of more than 130 national nurses' associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality care for all and sound health policies globally.

## New member for Editorial Committee

Bron Taylor, the editor of *The Dissector* advises that the National Committee of the Perioperative Nurses College of the New Zealand Nurses Organization (PNCNZNO) has approved the appointment of Eby Eapen Mathew to the Editorial Committee.

"This is exciting news," Bron enthuses.

"Eby is the PACU Charge Nurse for our Cardiothoracic and ORL

*Continued on page 10.*

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*« in laparoscopic surgery; # in open surgery;  
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operating rooms at Auckland City Hospital, Te Toka Tumai. He's been there for just over a year. Prior to that he was Charge Nurse at Mercy & Ascot private hospitals for five years. He has also worked for four years in the Cardiothoracic ICU and two years in the respiratory ward."

Eby has already written his first contribution; a report on the recent ACPAN conference (co-written with Amber Cox), which was published in the December 2022 issue (Volume 50, Number 3).

## NZNO acknowledges Rob Campbell

The New Zealand Nurses Organisation, Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO) has acknowledged the hard work done on behalf of nurses by outgoing Te Whatu Ora Health NZ Chair Rob Campbell.

NZNO Chief Executive Paul Goulter said Campbell was a person who spoke his mind, and that he often advocated for nurses and their causes, even where such comments were not always welcome.

"Mr Campbell regularly spoke about the worrying shortage of nursing staff and took our concerns about issues such as pay equity for nurses and frontline resourcing seriously.

"He was an outspoken critic of the Government's bewildering refusal to put internationally qualified nurses on the fast track to residency and was firmly committed to the Tiriti partnership in health.

"Mr Campbell strongly believed in the principles embedded in the Pae Ora legislation, especially the principle of working in Tiriti partnership to achieve equity in the lives of all people in Aotearoa New Zealand."

Goulter said health workers had lost a powerful and important advocate in the sacking, and that he wished Health Minister Ayesha

Verrall well in finding a replacement.

"At a time of reform and uncertainty, it will be important for her to appoint a successor who is willing to work equally hard in the interests of our frontline health workers who desperately require both recognition and support."

Rob Campbell is chancellor of AUT University and chairs NZ Rural Land Co. and renewable energy centre Ara Ake. He is the immediate past chair of health agency Te Whatu Ora and has also served as chairman of the Environmental Protection Authority, SkyCity Casino, Tourism Holdings, WEL Networks and Summerset. He trained as an economist and originally worked as a unionist before eventually becoming a professional director.

## National Trauma Symposium

This year's National Trauma Symposium 2023 will be held in Wellington on Tuesday, November 14. The venue is Te Papa and the theme is Towards Excellence.

The conference programme will include scientific presentation and debate of the highest level and will attract a wide variety of trauma practitioners from across New Zealand. It represents an excellent forum for discussion and learning.

The National Trauma Symposium Organising Committee is Professor Ian Civil, Clinical Director, National Trauma Network and Siobhan Isles, Programme Director, National Trauma Network.

For more information and to register visit the conference website [www.traumasymposium.nz](http://www.traumasymposium.nz) or contact Donna Clapham, the conference's professional organiser, at Work4U Conference Management, email: [conferences@w4u.co.nz](mailto:conferences@w4u.co.nz) or telephone 021 325 133. ■

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## Cardiac themed study morning in Dunedin

Otago PNC Region, now the Otago-Southland Region, hosted another successful study day, this one on Saturday November 5 in Dunedin. Thirty-nine of us came together for a cardiac themed morning. These mornings are made possible by the support given to us by Mercy Hospital in providing us with a venue and tea and coffee and on this occasion Nettie Menzies from Johnson and Johnson, who provided us with sustenance in the form of beautiful morning tea.

*networking time is so important  
especially in these times when  
everyone is busy in their isolated  
work environments*

### ICDs and ECGs

The programme was stacked with quality speakers, starting with Dr Vikki Milmine a senior Cardiac Physiologist who presented 'All you need to know about Pace Makers and Implantable Cardioverter Defibrillator's (ICDs)'.

Next came Umesh Khatani, a Cardiothoracic Clinical Educator, who ran us through electrocardiograms (ECGs). This was an extremely useful session with lots of audience participation. We learnt how to identify various rhythms from the simple tachycardia to the more complicated first and second-degree heart block.

Nettie Menzies from J&J was next up with a brief description of some of the Hemostatic agents offered by J&J, for example the topical absorbable hemostat Surgicel, the flowable Thrombin-based matrix forming Surgiflo and Vistaseal, a Fibrin sealant that mimics the clot formation process.

Morning tea followed which provided us a chance to stretch our legs and hydrate but also to catch up with old friends and colleagues. This networking time is so important especially in these times when everyone is busy in their isolated work environments and increasingly turning to online platforms to gain their education hours.

Next up was Dr Geoff Laney, a Consultant Anaesthetist from Te Whatu Ora Southern, who presented the physiology and pharmacology around Cardiac Output. He was followed by Neil Gardener, a Cardiac Perfusionist, who talked about the processes and equipment involved in Cardiopulmonary Bypass Surgery.

Our last speaker was Registered Nurse Kevin O'Kane who had worked for many years in the Cardiothoracic theatre and the Cath Lab. He presented information and case studies around Angioplasty and Transcatheter Aortic Valve Implantation (TAVI).

As always Otago-Southland PNC members are extremely thankful to all of the speakers who gave up their Saturday morning to share their expertise. We managed to run over time, not only due to the enthusiasm of the speakers but also the interest and questions raised from the audience.

A good five hours of education.

Sandra Millis  
Otago-Southland PNC Chair

## Auckland-Northland: planning ahead...

In 1969 a gathering of like-minded Theatre Nurses in Wellington formed the Wellington Theatre Nurses Group. In April 1972 they were joined by a second group in Auckland.

After several name changes and the addition of other regional groups, in 2001 we became the Perioperative Nurses College of the New Zealand Nurses Organisation PNC<sup>NZNO</sup>.

With this long illustrious history of more than 50 years, it is important that the Auckland-Northland Region continues to exist and move forward.

We currently have a regional committee of long-standing members who feel it is time to hand over the reins to some younger members with renewed enthusiasm and ideas. We will still be here (we won't all resign at the same time!) to help and give support and advice, but the Region needs to move forward.

It is important that our regional committee is as varied as possible, encompassing all areas both geographically and professionally.

With technology it is easy to hold regular meetings without long journeys (from Northland) or fighting the Auckland traffic.

We are planning to have a Zoom/face-to-face meet and greet for those who are interested in the coming weeks. So come on, chat with colleagues, see who is interested and get in touch.

We need a new strong team to take us forward.

Please email Auckland-Northland Regional secretary Johanna McCamish: [aucksecpnc@gmail.com](mailto:aucksecpnc@gmail.com) or Gill Martin, Auckland-Northland treasurer and National Committee representative for more information: [gmartin@adhb.govt.nz](mailto:gmartin@adhb.govt.nz)

## Regional webinar topics and dates

As part of the programme to provide further education and training for members, the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC NZNO) has encouraged its regional committees to host webinars.

Wellington and Otago regions have already hosted these for 2023, and the next one is scheduled for the week of May 8 for the Canterbury-West Coast/Nelson-Marlborough region.

Then it is Ruahine-Egmont region, the week of June 19, followed by Auckland-Northland, the week of July 31; Central North Island, the week of September 11; Southland, the week of October 23 then Hawkes Bay, the week of December 4.

For more information on these, contact your regional secretary:

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### Three study days planned for Wellington region

Happy 2023 to all the Wellington and greater region PNC members. I have a really good feeling about 2023 and can't wait to get some fantastic study days organised for the perianaesthesia and perioperative community in our area.

As noted elsewhere, the Wellington Region laid the foundation for what is now the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC <sup>NZNO</sup>).

It has been a couple of quiet years on the PNC front both nationally and regionally due to the government's varied responses to the SARS CoV-2 pandemic. Now we have returned to some sort of normalcy I am feeling the need to make some noise for perioperative and perianaesthesia nursing! Please come along or get in touch to discuss ways in which we can further our professional group: [amber.cox@wairarapa.dhb.org.nz](mailto:amber.cox@wairarapa.dhb.org.nz)

During February I was moderating PNC's monthly education webinar on sepsis. It is not too late to see it if you missed it. This is a topic perioperative nurses deal with on a daily basis in many hospitals around New Zealand. You can go to the My Health Hub site for perioperative nursing and catch a recorded webinar. View it at: <https://tinyurl.com/9bn7hspk>

#### Three Study Days

We plan three study days for 2023. The first was scheduled for March 18, focussing on the post anaesthetic care (PACU) nurse's role and formed an introduction to basic concepts that PACU nurses need to understand to enhance patient care.

PACU nursing is a critical care area and is often overshadowed by Emergency Department and Intensive Care nursing. There are many professional documents available for the former areas and in the future I am looking to expand the PNC role in perianaesthesia nursing.

Nurse educators Anastasia James (Capital & Coast) and Victoria Pointon (Hutt Valley) helped organise content to make it a truly valuable and evidence-based day. Topics covered included the effects of mechanical ventilation on patient physiology, pain management, pharmacology, spinals, epidurals and dermatomes and the all-important temperature management considerations in PACU.

Wellington has plans underway for another two study days this year focusing on a paediatric specialty and laparoscopic surgery — stay tuned, get involved, become a member, join our Facebook page (it will keep you up to date with free education events).

For those of you who may not be members of the New Zealand Nurses Organisation (NZNO) but are reading this report, you should really become involved in your professional body representing the specialty are you work in. Talk to your local NZNO delegate on the many benefits of becoming a member of the NZNO and then join the PNC.

I can be reached at [amber.cox@wairarapa.dhb.org.nz](mailto:amber.cox@wairarapa.dhb.org.nz) if you have any queries.

*Amber Cox, Wellington Region National  
Committee Representative*

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# Meet your new College Chair:

# Cassandra Raj

(RN, BN, PG Dip)

Cassandra Raj's journey to Chair of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC<sup>NZO</sup>) began more than two decades ago, from the time she decided to become a nurse.

A year as an American Field Scholarship (AFS) student in Argentina during the 1990s helped to mature her independence and made her realise nursing could take her anywhere in the world.

After returning to New Zealand, she began her formal training through the Waikato Institute of Technology. In her third year she completed a six-month student placement in a perioperative unit and "was hooked."

Cassandra trained with "salt of the earth nurses" during the late 1990s and early 2000s (Ali Berry, Jennie Isaac, Aileen McGowan, Jan Stewart and Florence Pragnell) and still gives thanks to them for setting her high standards of practice.

She graduated with a Bachelor of Nursing degree in 2001 then went to Australia for six and half years, doing every type of perioperative nursing

the agencies assigned her.

In 2008, she returned to the Bay of Plenty where she completed a Post Graduate Diploma in Nursing then spent 13 years in Tauranga Public Hospital, Bay of Plenty District Health Board, guided and supported by many strong perioperative friends and colleagues who have shaped and moulded her into who she is today.

## College positions

She had only just settled into theatre nursing in Tauranga when Sue Clynes nominated her for the role of Central North Island PNC Region Secretary. This was her introduction into the official structure of PNC.

"Cass showed leadership skills and an interest in the Central North Island Region of PNC," Sue Clynes says.

"It was time for a change to younger committee members and it was a pleasure to nominate her for the position. I knew that she was, and still is, passionate about theatre nursing and is interested in ensuring that our College is the best it can be."

Cass found working in the professional body of PNC motivating and alive. Getting people together, networking and supporting each other by organising local study days gave her a sense of belonging, purpose and drive.

A decade after taking over the Regional Secretary role for the Central North Island Region, Cassandra was elevated to serve on the National Committee as National Representative for that region. That was at the October annual general meeting in 2018.

In late 2021, Cassandra was voted vice-chair of the College at the PNC National Committee meeting.

The vice-Chair role has been part of the structure of the National Committee for decades. In 2012, under the leadership of Chair Leigh Anderson, the role was changed from being a back-up role to a formal succession plan. This was initiated in to enable a smoother transition between an out-going Chair and the newcomer to the role.

Since 2012, the vice-Chair has eventually taken over as Chair in an orderly process.

Accordingly, when Juliet Asbery concluded her three-year term (2019-2022), Cass had a fairly good understanding of the role and what was required, taking over as Chair of the College at the annual general meeting in Christchurch on October 1, 2022.

By then she and her family chose to move to Thames, to be closer to family — and the fishing.

## Professional position

Cass's role at Thames Perioperative Department, Te Whatu Ora, Waikato



*Cass realises the importance of promoting perioperative nursing to students. Here she is at the Thames Careers Expo in August 2022.*



*Left: When she wants to de-stress, Cass enjoys getting out into the back-blocks, tramping. Here she is up the Whanganui River in 2022. Above: In addition to tramping, Cass enjoys getting out fishing. Here she shows off a couple of snapper.*

is that of Clinical Nurse Coordinator (Tapuhi Whai Rēhitatana). She works with an awesome team that she hopes to give back to by supporting and guiding them to be the best they can be, and working alongside to provide increased perioperative care to the community of Thames/Hauraki and Waikato.

Cass's personal goals involve maintaining high standards of perioperative nursing practice and supporting fellow nurses to seek out every educational opportunity. She works well under pressure, and challenging situations bring the best of her critical thinking abilities. She takes pride in supporting perioperative nurses to be the best version of themselves and enjoy listening to leadership podcasts, for example, Dare to Lead by Brene Brown along with Linda Hutchins whose leadership theories continues to feature in her Clinical Coordinator practice.

She is passionate to be a part of PNC, and to now lead as Chair is "both nerve racking and exciting at the same time."

Cass is looking forward to the challenges that being Chair of the College will bring. She hopes to focus on Registered Nurses in the Operating Theatres, tightening the community of PNC within both New Zealand as well as internationally, and promoting high standards of nursing practice through education and research. ■



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# Journey of a Pasifika RN into Perioperative Nursing

By Finau Faka'i

“Why don’t you try nursing?”

Well, I have tried it and I quite enjoy it.

If someone informed me in high school that I would be a nurse, I would have laughed and shut down the idea as I was more passionate about social sciences (human geography) rather than health sciences.

Ultimately, and ironically, I chose the nursing degree because I saw first-hand the impact nurses made on the lives of patients whilst taking care of my ill grandparents in Tonga. As a spectator, the flaws in others’ practice were easily identifiable but I knew that casting judgement would not contribute to change. I felt the need to do better and provide better healthcare for my family, for my people. I saw how nurses connected with and advocated for patients and I knew that I too also wanted to be an advocate for my Pacific people on a personal level.

Once in the nursing degree, nursing clinicals ignited the flame that would burn with passion within me throughout my nursing studies and into my practice as a registered nurse.

As a visual and kinesthetic learner, I thoroughly enjoyed the clinical placements and practicals available during my undergraduate years. I obtained clinical skills and knowledge that I refined over the three years and now apply to my practice as a registered nurse.

These classroom experiences, although joyful and exciting, were nothing compared to the real-life experiences out on clinical placements interacting with real patients. It was all fun and games until the realization hits you that you will not be assessing a mannequin, but a living person.

I preferred the mannequin at that time.

## Real life experiences

The real-life experiences nursing placements provided not only played a vital role in gaining nursing experience for my practice, but it peeled back layers of my being that I would not have been aware of, if not for nursing.

Nursing allowed my vulnerability to surface and this was truly the beginning of my nursing career. At that stage I realized a good nurse is someone who exudes kindness without trying, but a great nurse is someone who chooses to be kind despite all odds. This I took with me and placed in my heart during each placement. Nursing placements



were not perfect every day, but every day there would be moments of gratitude and appreciation that made it imperfectly perfect. That is how I knew I chose the correct career path.

As a young Tongan female, who is the eldest child, the difficulties of balancing family obligations, full time study, unpaid nursing placements and a part-time job had its effects. In the end, although a laborious journey, I managed to conquer and overcome the difficulties. As they say in Tonga, “‘Oua lau e kafo, kae lau e lava” which translates to “do not count your failures, but count your blessings”.

As the final semester approached, I was yet to figure out my desired nursing specialty or experience a clinical placement that majorly impacted my choosing — until the allocation of my pre-registration placement to the Perioperative Department at Auckland City Hospital.

Ward nursing and community nursing was all I knew during my studies. The terms ‘perioperative’ and ‘PACU’ (post operative care unit) never existed in my vocabulary until then, so it took a good minute to process these unfamiliar words and the meaning behind them.

*The real-life experiences nursing placements provided not only played a vital role in gaining nursing experience for my practice, but it peeled back layers of my being that I would not have been aware of, if not for nursing.*

## PACU fulfils

After having completed rotations in the different theatres, I finished in PACU and this unit fulfilled my moment of clarity. I greatly enjoyed vascular procedures in theatres as they had a personal connection to the leading culprit, diabetes, prevalent in the Pasifika population, including my family.

When Pasifika patients acknowledged my presence as a young brown female in an environment led by non-Pacific healthcare professionals, I knew I was where I was meant to be at this point in my life. Just as every young girl desires to one day have that magical moment in finding their dream dress, I had my magical moment in PACU like I had found my dream unit. The one-to-one care was an experience that I grew to like as it directed my focus and attention to one patient at a time.

The members of the PACU team actively displayed the Te Toka Tumai value of ‘Angamua | Aim High’ and they soon became pillars of guidance in my nursing journey. The sense of belonging I felt was immeasurable and the more interactions I proceeded to have with this unit cemented my choice in PACU.

Surgeries interested me in the sense of surgical diagnosis or surgical treatment, but once I completed weeks of placement in PACU, I knew I had found my place. My interest in perioperative nursing further peaked in the recovery unit as I had always had a passion for pain management, wound management/care and holistic patient recovery. Given my cultural background and traditional beliefs, it was very important for me

to ensure holistic recovery for Pacific patients. This was the place I could apply nursing knowledge and further gain new knowledge.

A significant factor in why I enjoy working in PACU is contributing to bridging the health literacy gap for Pacific patients and families. I have witnessed first-hand the confused looks from Pacific patients when medical/surgical terms are explained and the shyness to ask more questions. I have seen Pacific patients of the older generation agree with the doctor without hesitation to the treatments set to take place, but upon further questioning they are not well educated about the procedures. There has and will always be gaps in the health literacy of my people and that is why I chose this unit so I can put in the word to fill those gaps.

## Filling in the gaps...

To know that I was able to wake up every day and contribute my experiences, my kindness, and my Tongan/Pasifika values to ensure that the gap in health literacy between pasifika patients and non-pasifika patients is bridged, was great.

I enjoyed the thought of knowing that I could help a diverse range of patients understand their operations but also understand the recovery needed for a safe transition into the ward or home. Every shift where I was able to interact with and help recover Pacific patients gave me even more reason to continue doing what I do. Seeing the faces of my people light up just by seeing me and hearing my Tongan name, gave me all the courage to do better and be better, not only for myself, but for them.

## We are small but mighty

As a young female nurse, I constantly reflect on the privilege I have to be working alongside a team of amazing nurses and doctors. Although the department consists of a majority of European healthcare professionals, I am proud to be a Pacific face in this space. I am proud to be one of few brown faces in this unit and it does not mean we are outnumbered; “‘si’i pe kae ha” we are small but mighty. I hope that my presence in this unit inspires another Pacific person to pursue perioperative nursing because this is a wonderful unit to be in as a new nurse.

All in all, I am thankful and very grateful for years of not knowing what specialty I would choose because I finally found my way to PACU and it is a dream to be where I am now. The team I work with and the management we are under has always portrayed professionalism but also felt kind and genuine.

Thank you PACU, for molding this young nurse into someone reliable and hardworking. Tu’a ‘ofa atu.

**About the Author** *Finau Fakai is a Tongan Registered Nurse currently practicing in Level 4 (Cardiac and ORL) PACU at Te Toka Tumai Auckland. She completed her pre-registration clinical placement in the same department in 2021 and returned as a registered nurse 2022. Finau hails from Haveluloto, Tongatapu and Leimatu’a, Vava’u Tonga.*

*When Pasifika patients acknowledged my presence as a young brown female in an environment led by non-Pacific healthcare professionals, I knew I was where I was meant to be...*

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# Obituary

## DALLAS RAEWYN JESSIMAN February 25, 1941 – May 7, 1999

NURSES, especially Perioperative Nurses, know Dallas Jessiman in their own way. No obituary can say exactly what she meant to each of us individually. She touched so many of our lives that this tribute can only bring together some of the achievements, reflections, and special qualities that made Dallas the person, the nurse, the colleague, the mentor and true friend we all knew and now sadly miss.

She began her nursing career in April, 1959, at the Auckland Hospital Board's Market Road School, where classmates recollections are of "a born nurse". Dallas developed an early attraction to operating theatre, often going back at the end of duty.

Her first position was staff nurse in theatre at Middlemore, then at National Womens. She returned to Middlemore as a Charge Sister in the new Galbraith theatres until 1970-71 when she undertook midwifery training at St. Helens. Again she returned to Middlemore, this time until the very day her first son was born. Thus began a pattern of combining professional and family commitments.

Dallas's professional career was extensive and her involvement with the Theatre Nurses Section, the forerunner of the Perioperative Nurses Association, dates from its inception. It was the focused expression of her dedication and commitment to the New Zealand Nurses Organisation.

In 27 years she had many roles in the Theatre Section, including Auckland region representative, secretary and chairperson. From 1992-95 she was National Chairman of the Section.

International friendships, established at world conferences and through AORN, formed a network for collegial support and innovative practice. Her active involvement continued with *The Dissector* editorial committee and the National Education Committee, where she continued to press for perioperative education advancement.

This was all concurrent and consistent with her work as a Nurse Consultant at Middlemore Hospital and latterly as Clinical Nurse Educator with now South Auckland Health. She was able to bring national and international perspectives to



*Dallas with her sons Michael and Rowan, Catherine Logan (rear) and Sue Frost (right).*

her role there. We know she viewed her perioperative role holistically, forging and maintaining rules with infection control, sterile products and supplies, clinical products committees, day surgery, CSSD/DASS. All the people in these areas knew of her concern for standards, safe practice and for them as individuals.

Everyone Dallas worked with – nurses, doctors, managers, orderlies, assistants, cleaning staff, technicians, medical representatives, students of medicine, nursing and midwifery – knew she was uncompromising in her standards for patient care. This integrity carried through in all she did.

She was understanding, encouraging and unflappable, with a genuine consideration for new staff, seeing them as the future of Perioperative Nursing. This belief was the focus for her commitment to the on-going development of the profession and bringing on new practitioners. She believed patients were better cared for during their operating room experience by having nurses there who focused on them and their surgical, anaesthetic and individual needs.

For this her energies, strength and assertiveness continued until her last days and breath. It saw her involvement with numerous courses and strong links with her many friends and colleagues in education, especially at Manukau Institute of Technology. She influenced, developed and facilitated so many nurses' perioperative education.

Dallas' family was always in her heart: somehow in a schedule that would be daunting to anyone else, she did those extra family things. Her sons were able to join her at the Hotel du Vin Theatre Managers and Educators Conference where nurses paid tribute to her with a mock *This is Your Life*.

There are many other things, which should be included, even briefly because they sum up the real Dallas. She was a hostess par excellence, to friends, international visitors, family, nurses' functions and at hospital events. There was always the smell of home baking in the house. She was a wonderful cook from the practical to the exotic. A wine enthusiast, finding time to visit the odd festival. She was a real doer of things, always practical; she knew how to make things happen. Dallas loved people and events.

In summary Dallas epitomised quality, everything was done properly and, when circumstances permitted, with humour and fun.

Dallas was an outstanding Perioperative Nurse. A leader in New Zealand and an ambassador for us internationally. It seemed appropriate for her funeral service to be on International Nurses Day. Nearly 600 gathered to pay tribute to her with South Auckland Health nurses forming a guard of honour as she left the church on her last journey.

– Catherine Logan □



# PNC Conference highly recommended

By Heather Bridle (RN)

It was with great excitement that I registered for the 2022 National PNC Conference Held in Christchurch from September 29 to October 1. I also applied for the Dallas Jessiman Award and was the successful winner.

National Conferences are organised by a Region of the Perioperative Nurses College. Even though this was my first time, I think that the Christchurch Organising Committee did an outstanding job and I'd like to thank them.

My journey started with two other colleagues and myself flying to Christchurch and attending the Thursday registration opening, the Free Papers sessions, followed by a National Committee and delegate open

forum. So the conference started with a hiss and a roar!

I would like to share aspects of the conference that I enjoyed and found interesting, thought provoking for change and relevant to my workplace. All the speakers and presentations were interesting. I found networking with other nurses and trade area representatives was beneficial and the food and dining was fabulous.

My three favourite speakers were: Sarah Eton, a registered senior nurse who works in PACU at Mercy Hospital Dunedin whose talk was 'Improving Transition in Care of the Surgical Patient (PITStop)'; Nigel Latta, Clinical psychologist who discussed 'Resilience | Wellbeing' and Amanda O'Connor, Nurse Practitioner working in a private surgical hospital across the pre-, peri- and post-operative spaces whose talk was 'High flow nasal oxygen and CPAP: do they have a role in PACU?'.

## **PITStop**

Sarah Eton was the first presenter in the Free Paper session, with her PITStop (Patient Information Time Stop and listen) Improving Transition in Care of the Surgical Patient. This looked at the safety aspects of a handover pause to improve patient safety practice to guide uninterrupted verbal handover from anaesthetist and the theatre nurse to the PACU nurse. This particularly interested me as at my workplace we have staff who have come from other hospitals where the handover practice regimes differ. It highlighted a possible need for our department to look at our current practice. Sarah's paper was followed by her Keynote talk on the Saturday which has given me information and a tool guide of her research and findings to develop and design a safer, efficient, cultural aware, patient orientated, informative handover in our PACU.

## **Resilience / Wellbeing**

Nigel Latta is as dynamic in person as he is on television: no filter. He has a talented way of educating and keeping people engaged. His talk on Resilience / Wellbeing captivated the audience with his life experiences demonstrating dealing with stress, work culture and how to respond. Focusing on what you can control in a situation, work as a team, have belonging, feel safe and be purposeful. On a humorous note, Nigel entertained us with an old therapy session from years ago where the counsellor got everyone in the group to act out their favourite animal — Nigel was not a keen participator so proceeded to sit in his chair disengaged. On confrontation by the counsellor asking him why he wasn't engaging he announced he was "a dead cat" (i.e. he was engaged!).

A book he recommended was *Man's Search for Meaning* a 1946 book by Viktor Frankl chronicling his experiences as a prisoner



Above: Heather Bridle, winner of the Dallas Jessiman Award at the 2022 PNC Conference. For a background on Dallas Jessiman, see the *From the Archives* article on the facing page. This is a reprint of the obituary published on page 7 of the July 1999 (Vol. 27, No. 2) issue of *The Dissector*.

in Nazi concentration camps during World War II, describing his psychotherapeutic method, which involved identifying a purpose in life to feel positive about and then imagining that outcome.

### High flow nasal cannula

Amanda O'Connor did an interesting talk on O<sub>2</sub>, High flow nasal cannula (NFNC) and Continuous Positive Airway Pressure (CPAP), highlighting Postoperative Pulmonary Complications (PPC), which was relevant to PACU. These are tools that can be utilised and provide respiratory support in your PACU.

It was great that the trade stands also had the devices on display so you could go and check out whether this equipment would be suitable for your workplace and gather costing / contact information to take back to present to your team and managers.

The three aspects of the 2022 PNC Conference I have taken back to my workplace are: PACU handover; how to prepare a Free Paper; and the value to my practice of attending the conference.

Overall, the conference was a very beneficial and encouraging experience for my practice. It was educational, colleague bonding/sharing with like-minded professionals, paired with loads of entertainment; an opportunity to appreciate one another in our challenging profession. I have food for thought and some ideas to present to my colleagues for collaboration to better our service.

On the social side, the food was amazing and we were well catered for. You didn't go hungry and it was nice to have healthy balanced portions presented. Drinks were constantly available with wine and bubbles at the trade area welcome on Thursday evening. All meal breaks were held in the trade area so you could mingle and chat with others and see the displays of the trade stands.

Friday evening was the conference dinner. We were collected by double-decker coaches and transported to the Wigram Air force Museum where an incredible buffet meal was supplied. The theme was



Above: Heather on a back-to-back 40 km endurance ride, January 2023. (Photo: Equestrian Sports New Zealand). Left: As well as her equestrian pursuits, Heather also enjoys getting away from it all by going tramping. Here she is with colleague Grace Allan.



'Always the Bridesmaid' and the museum was decked out just like an actual wedding venue. Table dressing was beautiful and thoughtful. Quiet piano music was softly playing while we entered and mingled, then later a live band duo played where most people danced and had fun. There were fun moments when perioperative regional teams had the Challenge of making a bride's dress out of theatre recyclable materials. This was not restricted and company reps and sponsors also took part to win the Challenge trophy: Percy Peacock.

I enjoyed to diversity of speakers and could go on, but I highly recommend all my colleagues to join the Perioperative Nurses College for regular webinars and ongoing education. Also apply for the next conference. I totally recommend it. Whether funded by your workplace or yourself, you will not be disappointed. The next conference is hosted by Wellington and I'm sure they will have a wonderful plan!

**About the Author** Heather Bridle (R Comp N) trained at Waikato Polytechnic, graduating 1989. She has worked in Thames medical and surgical/post-op wards, theatre and the emergency department. She was the educator for epidural and central venous lines during her surgical years. She is now based permanently in Thames Theatre as a PACU, scrub and circulating nurse and loves her job. She had also done anaesthetics until anaesthetic technicians were employed. Heather is a keen equestrian and self-torture hiker. She and her husband have three adult children.





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# IVNNZ Conference

## a valuable experience

By Gillian Martin

Intravenous Nursing New Zealand (IVNNZ) was founded in 1993 with the focus of establishing infusion therapy as a specialty nursing practice. The objectives, goals and values of IVNNZ overlap those of Perioperative Nurses College of the New Zealand Nurses Organisation (PNC<sup>NZO</sup>), as do services provided to members. Medical Imaging Nurses would gain additional benefit from membership of IVNNZ, especially those regularly inserting Peripheral Intravenous Catheter (PIVC), Peripherally Inserted Central Catheters (PICC) and other central lines, or using central lines for administration of medications, including contrast media.

The group holds regular conferences and specialist forums; the most recent was held in Christchurch on November 17-19, 2022. The theme, *Take the Reins*, was appropriate as the conference was held at Addington Raceway.

### Specialist forum

The specialist forum on November 17, was titled The 3Ps – Practitioner, Paediatrics and Procedures, with specialist guest speaker Tricia Kleidon, a Paediatric Vascular Access Nurse at Queensland Children's Hospital and research fellow at the Alliance for Vascular Access Teaching and Research (AVATAR). Tricia spoke of her journey from paediatrics into vascular access, starting at Great Ormond Street Hospital (GOSH) in the United Kingdom, and continuing on her return to Australia. She described the trials and tribulations of establishing nurse-led vascular access insertion services in both locations, where complications with IV devices, both peripheral and central, are considered 'inevitable and acceptable'. What other medical device is treated this way, and why is it OK for IV access to fail?

A PICC session followed focusing on PICC securement, advancements in Central Venous Access Device (CVAD) insertion and management, and introduction of tunnelled PICC to the PICC inserters' repertoire.

The take home message for the day was 'improving patient outcomes by timely IV device insertion'.

### Antimicrobial dosing strategies.

To get the first day of the conference underway, Dr Sharon Gardiner, Antimicrobial Stewardship Pharmacist at Canterbury District Health Board, spoke passionately about her area of expertise. She co-led

national initiatives for World Antimicrobial Awareness Week (2020 & 2021) and spoke of her research centred on antimicrobial dosing strategies.

Tricia Kleidon followed with a presentation titled *Meeting the vascular access expectations of patients whilst remaining fiscally responsible*.

The day progressed with a packed programme including invited speakers, and papers submitted by IVNNZ members on a wide variety of topics; Patient/whanau focused infusion therapy from admission to discharge; Early detection of Sepsis to facilitate rapid treatment and optimization of outcomes, and work from the Health and Disability Commissioner (HDC), optimising patient outcomes in care delivery with references to recent HDC decisions. An interesting fact is that one per cent of all HDC complaints are Radiology based.

### Heparin use questioned

One interesting topic initiating discussion amongst attendees was the use of heparin for 'locking' CVADs to prevent occlusion. Rachel Wilson, Nurse practitioner in paediatric Oncology/Haematology at Christchurch Hospital, questioned, *Is this the right thing to continue doing?* Discussion centred on heparin use compared to efficient flushing technique with 0.9% sodium chloride. The use of heparin is not evidence-based but purely anecdotal or historic.

The jury remains out on this with a definitive clinical trial needed. Any volunteers?

The topic, *Why Infection Control Nurses do surveillance on PIVC related Bloodstream Infection's (BSIs), and extravasation injuries*, was interesting learning that extravasation tissue injury was initially negligible but worsened as time progressed. This made me consider my practice where I do patient follow-up only 24-48 hours after the incident. Should I extend this?

### Final day

The final day of conference (Saturday) dawned bright and early with a breakfast session speaker looking at the implementation of PIVC insertion starter packs. The speaker provided background to the project introduction in his workplace, and highlighted the 2021 updated Infusion Nurses Society Standards, recommending the implementation of PIVC





*infusion therapy.* For the past 20 years Chris has been a primary carer for three family members living with Intestinal Failure (IF) requiring Home Parenteral Nutrition (HPN).

From a carers' perspective he illustrated the world of patients living at home with a drip.

Managing Patient Distress was a presentation by Dr Chris Kennedy, a General Medicine Physician and a Liaison Psychiatrist at Auckland City Hospital. His presentation explored the management of patient distress with particular reference to patients who find invasive intravenous procedures traumatic and intimidating.

Conference sessions were alternated with coffee and lunch breaks where delegates could visit the trade stands displaying and demonstrating 'all things intravenous'. Delegates were encouraged to wear a fascinator, given that the conference venue was Addington Raceway. The most impressive were home creations

insertion bundles, including single-use patient tourniquet, aseptic non-touch technique (ANTT), and safety cannulas. The cost to purchase the kits is a major stumbling block, but this compared favourably to the financial cost of a blood stream infection caused by a PIVC infection.

Later that day, two speakers from the Australian AVATAR research group, firstly Prof Nicole Marsh, talked about *How do we choose the type of vascular access needed*, PICC, Midline or PIVC, a two sequential single site, two arm parallel-group pilot- randomized controlled trial (RCT).

Professor Claire Rickard followed by speaking about her involvement in a RCT looking at PICC dressings and securement.

Chris Walker, president of the patient support group, Parenteral Nutrition Down Under (PDNU), presented *A change of approach to IV*

decorated with syringes, needleless connectors and medication phials amongst their embellishments.

The IVNNZ Conference provided an invaluable opportunity to learn, network and socialise. As PNC members we may be professionally 'classified' as Perioperative Nurses, but the wide range of roles, skills, knowledge and responsibilities we have as nurses takes us into other spheres of nursing, not just the main area we associate with.

Having the opportunity to attend a conference not defined by my 'classification' widens my experience and knowledge that I can then share with my colleagues and fellow PNC members.

**NOTE:** The next IVNNZ Conference is scheduled for Wellington in March 2024.

# Six-month pilot for ANZCA Guideline on Procedural Sedation

By Amber Cox

In 2021 the Australian and New Zealand College of Anaesthetists (ANZCA) began the review of their position statement on procedural sedation (PSOg). Due to government travel restrictions around the SARS-CoV-2 viral pandemic, meetings were held via Zoom and, once travel between the two countries was permitted, a face-to-face meeting was held in Melbourne.

Much email correspondence and two years later it has finally arrived for a six-month pilot. It is now called PGOg(G), reflecting a change from position statement to position guideline from ANZCA. This reflects the college's authority to guide safe practice by sedationists, regardless of their qualification (medical, nursing practitioners, allied health practitioners, dentists, and dental specialists) who are registered with their jurisdictional regulatory authority and work within their defined scope of practice.

The undertaking of the review was extremely broad and was superbly led by Dr Peter Rossler of ANZCA. A total of 29 colleges and key stakeholders were consulted in the professional document review group, the largest collaborative professional document review ever undertaken by ANZCA (ANZCA, 2022).

The list of all the colleges and stakeholders spanned Australia and New Zealand and their names and credentials are credited at the end of the document. The New Zealand Nurses Organisation (NZNO) was one of the stakeholders and formed part of the document development group.

## What does the release of the pilot mean?

In short — lots. Head over to the ANZCA website — <https://www.anzca.edu.au/> — to read the full background paper and new position statement to familiarise yourself with the changes. Alternatively, for a quick overview, you can read on.

The following is a summary of the ANZCA PGOg (G) document released on November 16, 2022, as well as key information from the PGOg document and background paper itself.

## Who is the document intended for?

PGOg (G) is intended to apply to all sedationists administering and managing minimal or moderate sedation in all patients including children. It does not cover deep sedation, nor emergent time-critical, or life-threatening situations (where risks are carefully balanced

against patient safety requirements) (ANZCA, 2022, p.1). It is purely for proceduralists or those assisting proceduralist who give sedation. The purpose of the document is to improve the quality of care around procedural sedation and maintain highest levels of patient safety where the specialty of anaesthesia moves into the broader span of medical disciplines (ANZCA, 2022).

## Patient Safety

PSOg was all about keeping patients safe when undergoing sedation by proceduralists who are not anaesthetists. Obviously, when an anaesthetist is present there is a specialist, highly trained practitioner available to manage the sedation and any airway issues or physiologic issues that may arise due to increased depth of sedation. In PGOg (G), the emphasis continues to be on safety and gives strict guidance on depth of sedation rather than what drugs are being administered by who. You will therefore notice that any mention of deep sedation has been removed as it is not an expectation that a patient will be deeply sedated when non-anaesthesia sedationists are administering sedation for procedures (ANZCA, 2022). This is a really important point for nurses assisting with sedation to understand, that at any time during procedural sedation a patient may quickly move from moderate to deep. As healthcare practitioners in our own right, we must be able to advocate for patient safety.

## A close look at Paediatrics

There is a strong paediatric component in PGOg (G). This has been supported with input from the Society of Paediatric Anaesthetists of New Zealand and Australia (SPANZA) and dental practitioners working with paediatric clients and their whanau.

## Personnel for sedation

This was a complex and in-depth area of discussion during the document development review process. Sedation is given in a wide range of locations and by varied medical practitioners. Issues included depth of sedation, patient age, health status, competence and the skillset of sedationists and assisting practitioners, facility equipment and support services. It is important to continue to be able to safely offer services in a variety of locations and settings in which procedural sedation is given.

Both Australia and New Zealand share similar equity issues across their rural areas including availability of specialist practitioners.

### The use of propofol for sedation

There is discussion in the background paper over the use of propofol by non-anaesthetists. ANZCA has provided strict guidelines around the use of propofol by non-anaesthetists focusing on safe procedural sedation competencies. These competencies are outlined in Appendix IV of the guideline and listed in table 1 and 2 of this article.

### Patient assessment and selection

As stated in the document, assessment is dependent on the targeted level and method of sedation for the procedure. Patient selection using ASA scoring and age helps to identify associated risk. A dental procedure using inhaled gas or oral anti-anxiolytics for a paediatric patient will be different to the complex comorbid elderly patient requiring synergistic intravenous medications. Careful assessment among all patient populations is required for complex pain syndromes and any history of airway difficulties including obstructive sleep apnoea.

### Facilities and equipment

Access to ambulance services is necessary, should the need arise, when sedation is being administered outside the hospital setting. A strong recommendation is made for continuous waveform capnography for all moderate sedation in both children and adults undergoing intravenous sedation where verbal contact is not maintained.

### New Competency Component

In the author's eyes, one of the biggest gains for patient safety is the need for all procedural sedationists to undergo competency assessment regarding the safe administration of sedation including additional paediatric-specific competencies.

The safe procedural sedation competencies can be gained through relevant college training programmes or within an institution itself as stated in the PGOG (G). See table 1 for a list of the minimum requirements for practitioners to deliver safe procedural sedation. Table 2 lists the training requirements for the assisting practitioner.

While the establishment of safe sedation competencies across Australia and New Zealand can only be seen as a positive move, the implementation of this strategy across the medical colleges that administer sedation as part of their practice will be interesting to watch unfold along an uncertain timeline.

Feedback for PGOG (G) and its background paper PGOG(G)BP is encouraged during the pilot and can be emailed to ANZCA.

**Table 1. Safe sedation Competencies listed in PGOG (G) (ANZCA, 2022, p. 5)**

1.	Describe the goals of sedation
2.	Conduct a thorough pre-sedation assessment, identifying clinical features, pre-existing conditions and current medications that predisposes patients to adverse sedation-related events
3.	Stratify patients according to risk
4.	Determine the suitability of and requirements for the targeted level of sedation
5.	Clearly communicate the risks of procedural sedation to the patient or parent/carer to obtain valid informed consent and address patient expectations

6.	Describe key safety features when conducting a risk assessment of the facility capability and proposed sedating environment
7.	Prepare for an episode of procedural sedation
8.	Administer sedation medications, titrating them to effect, taking into consideration the differing onset times, doses, peak effects and duration, to ensure completion of the entire procedure
9.	Continually monitor patient comfort and record regular observations, according to local guidelines
10.	Recognise age-applicable key features of patient deterioration, initiate management or rescue and call for help as required
11.	Ensure patients are safe to be transferred to a recovery area and complete a formal handover of care, along with documentation of the sedation and plan for ongoing care
12.	Ensure continual observation and monitoring of patients in the recovery area until they meet pre-defined criteria for discharge
13.	Ensure written discharge information is provided to all patients before they leave the facility with their carer, including instructions for steps to take in the event of an emergency.

**Table 2. Competencies applicable for Assisting Practitioners administering sedation under the direction of proceduralist or sedationists (ANZCA, 2022)**

1.	Apply age-appropriate techniques of communication with children to alleviate anxiety and minimise the use of sedative medications
2.	Discuss the use of age-appropriate non-pharmacological techniques of procedural management or conduct in order to minimise the use of sedative medication
3.	Perform age appropriate BLS if assisting with ASA 1 and 2 patients, or ALS and airway management if assisting with ASA 3 or 4 patients. In addition, they will be able to assist in the management of anaphylaxis

### References

- Australian and New Zealand College of Anaesthetists (ANZCA). (2022). PGOG(G) Guideline on procedural sedation, Retrieved from <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- Australian and New Zealand College of Anaesthetists (ANZCA). (2022). PGOG(G)BP Guideline on procedural sedation Background Paper Retrieved from <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>

### Websites

- Australian and New Zealand College of Anaesthetists (ANZCA) <https://www.anzca.edu.au/>
- Society of Paediatric Anaesthetists of New Zealand and Australia (SPANZA) <https://www.spanza.org.au/>

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# Cubro lands new

Cubro has added six new surgeons’ stools to its Milano range. There are three new models providing the choice of brake occupied, brake unoccupied and the brake-less versions and each option is available with or without a backrest.

The brake occupied stool has castors that lock into place when the stool is in use and unlock with full mobility when not in use.

The alternative is the version with unoccupied braking. This sees the castors lock into place when the stool is not in use and unlock with full mobility when in use.

The comfortable surgeon stools are designed for use in operating theatres as well as in ambulatory procedures. Foot-operated pneumatic height control enables easy adjustment of seat height, keeping hands free. Five antistatic castors ensure perfect stability, and mobility, while the option of a backrest provides good postural support.



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## surgeon stools

The new models complement existing stools in Cubro's Milano range, which includes a stool with hand-adjustable height settings and a Hydraulic Water Drop Cushion model featuring dual-density foam along with 180 degrees of rotatable armrest support and an adjustable contoured backrest to provide maximum comfort and support.

For full details on the Milano range of surgeon stools, contact the Cubro Hospital Care team on 0800 101 255 or [hospitalcare@cubro.co.nz](mailto:hospitalcare@cubro.co.nz).



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# Always the bridesmaid...

At each National Conference of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC<sup>NZO</sup>), there is a Challenge for representatives of each PNC Region, with a trophy awarded to the regional team which performs best in whatever task is set at the conference dinner.

Originally a contest between the Otago and Auckland Regions to see which of them could do the best job of fund-raising to enable delegates to attend the PNC Conference (Esdaile, M., 2021), ten years after its inauguration, the contest was opened up to all PNC Regions. At that point a Challenge trophy, made by Wanganui's Anne Johnston, was presented to the winners.

After the original Challenge Trophy was lost, a new one was commissioned by the then Ruahine-Egmont Region Chair Dianne McClelland. Murray Cooper of Cooper Medical had his daughter, Methven-based artist Hannah Kidd, produce what is today known as 'Percy the Peacock'. Ms Kidd made Percy by using old equipment and instruments and on September 1, 2005 Murray Cooper presented him to the PNC at that year's conference in Palmerston North.

The Challenge also evolved. No longer a contest to see which PNC Region could raise most funds to enable delegates to attend the National Conference, it is now a contest dreamed up by whichever Region hosts the Conference. The Challenge Trophy is awarded to the Regional team which performs best in whatever task is set at the annual dinner.

Sales representatives from the medical supply industry in each region are regularly co-opted into the teams on the night of the Challenge.

For the PNC Conference Dinner in Christchurch on September 30 the Challenge reflected the theme 'Always, the Bridesmaid, Never a Bride'. This alluded to the multiple times the Canterbury-West Coast Region's

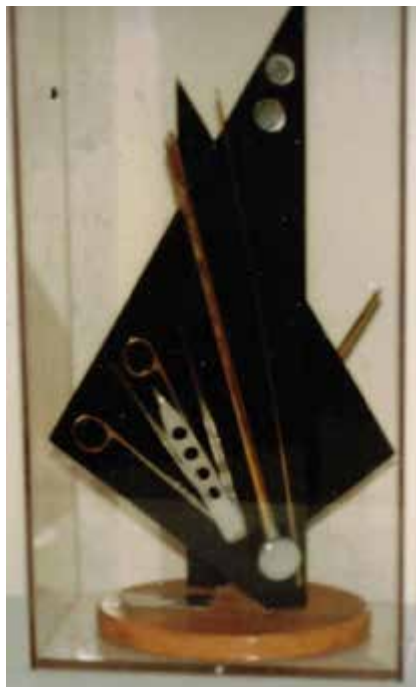


*Conference 2022 convenor Vanessa Bacaltos (second from left) congratulates the team from Hawkes Bay Region who won the 2022 Challenge.*



*Tables were placed in the main aircraft hall at the Wigram Airforce Museum so attendees were surrounded by a stunning backdrop of vintage aircraft.*





Left: Wanganui's Anne Johnston created the original Challenge Trophy, in time for the 1982 National Conference. (Photo courtesy Berice Beach). Below: Percy the Peacock has been the trophy presented to winners of the Challenge since 2005. (Photo, Michael Esdaile).



conference organising committee had tried to organise a dinner in keeping with the conference theme.

For 2022, Regions had to design, create and model a bridesmaid's dress at the dinner. Each team was allocated a box complete with recycled surgical consumables to create these dresses. Staplers, tape etc. were included to ensure the finished dress stayed intact on the runway. In the end most teams prepared a 'bride', mostly a blue colour due to the surgical wrap! The delegates' creations were original and imaginative and there was a lot of fun and noise from both Challenge participants and observers.

The 2022 Challenge winner was judged by Tony Boyce from the conference's platinum sponsor REM Systems and Master of Ceremonies Pio Terei. The enthusiastic and talented team from the Hawkes Bay Region won 'Percy Peacock', who will be next up for grabs again at the National Conference in Wellington in 2024.

The 2022 Conference Dinner followed a successful opening night on Thursday and Friday's full conference sessions. The Wigram Airforce Museum was the venue and the 49th PNC Conference dinner went ahead on cue.

The museum, formerly the Royal New Zealand's Air Force first operational base, has an array of military aircraft and historical memorabilia for viewing and it was in this setting that conference delegates could eat, drink and socialise with their colleagues and new conference friends.

Dinner tables were placed in the main aircraft hall and attendees were surrounded by planes of various generations. There were two De Havilland Vampire jets, a Douglas DC3 Dakota, an Avro 626, a Supermarine Spitfire and numerous other aircraft, which created a stunning backdrop.

Following the evening meal and Challenge fun, attendees were able to relax, enjoy the music and dance until the last buses departed. A really enjoyable and memorable evening for all.

## Reference

Esdaile, M. (2021). *The Dissector*, Vol. 49, No. 2 September 2021, p44



Tony Boyce (left) from Platinum Sponsor REM Systems got the Challenge underway.

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