

# New Zealand Perioperative Nursing

## Knowledge and Skills Framework





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# NEW ZEALAND PERIOPERATIVE NURSING

Knowledge and Skills Framework

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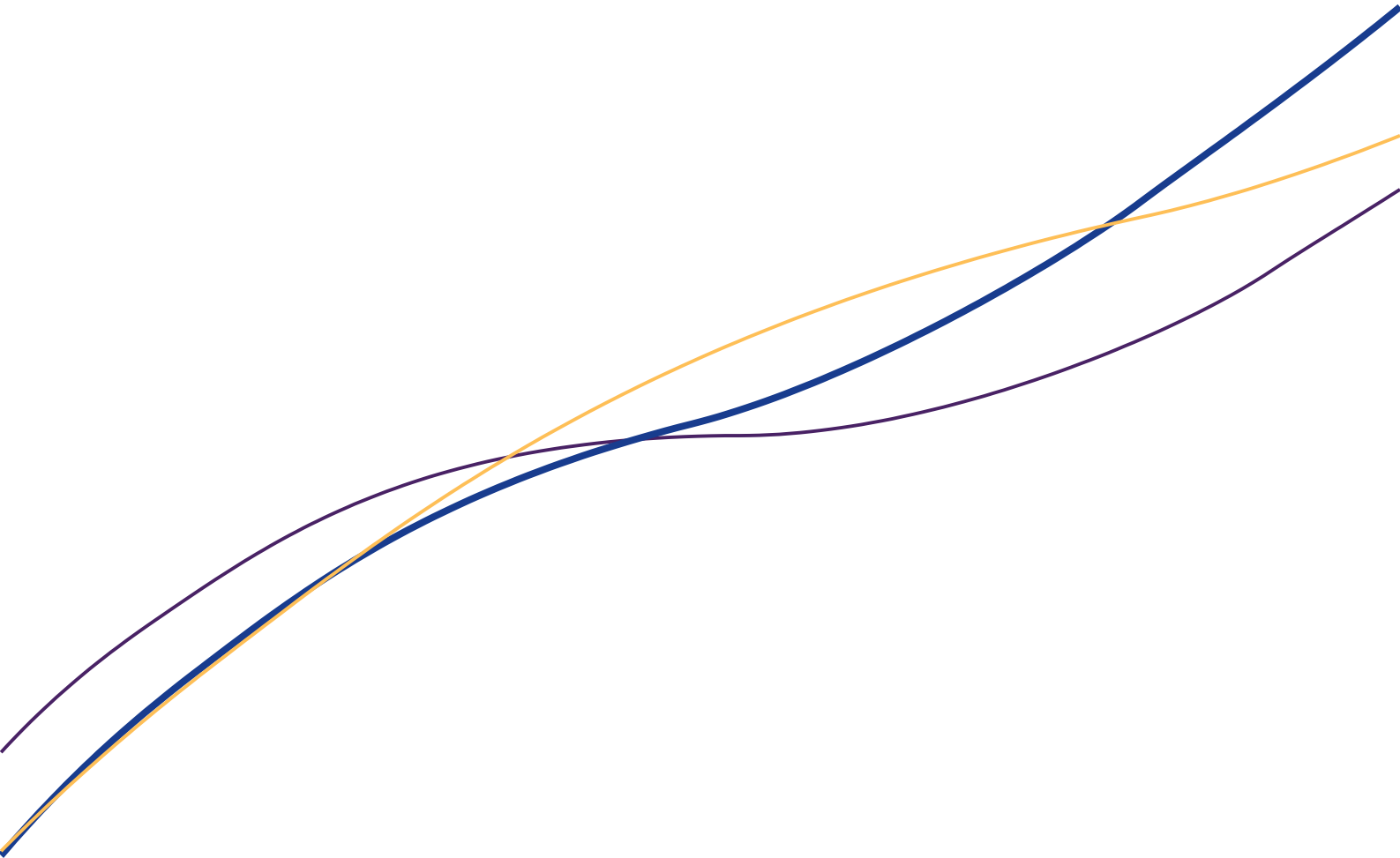
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# SECTION 1:

## Introducing Perioperative Nursing



## 1.1 Foreword

Perioperative nursing care is provided in a variety of settings including, but not limited to: preoperative assessments clinics, outpatient departments, day surgery units, intervention and investigative units, radiological departments, surgical inpatient units, operating rooms and post anaesthetic care units (Perioperative Nurses College, 2014).

Perioperative care can be frightening for patients and their family / whanau, can have high risks and devastating adverse outcomes. Having a competent skilled perioperative nursing workforce is pivotal in providing safe, timely and positive patient experiences. The New Zealand Health Strategy (Ministry of Health, 2013) has set the target of increasing elective surgery by at least 4000 discharges per year. This is in addition to meeting the growing number of acute unplanned perioperative services. A skilled perioperative nursing workforce utilising the full breadth and depth of nursing, from diploma to post graduate, from generalist to specialist, is essential to meet the growing demands for New Zealand perioperative services.

The Perioperative Nursing Knowledge and Skills Framework (PNK&SF) is first and foremost a framework to inform health providers, the nursing profession and the public about the knowledge and skills that perioperative nurses require to deliver competent nursing care. It describes the multifaceted and dynamic nature of perioperative nursing across the three New Zealand nursing scopes of practice (enrolled nurse, registered nurse, nurse practitioner). It is a diverse nursing specialty with a variety of roles throughout a wide range of sub-specialties and settings. Not only is it a very diverse nursing specialty, it is also the largest. In New Zealand, and internationally, more nurses work across the perioperative continuum than any other field of nursing (Nursing Council of New Zealand, 2015).

Describing the specific knowledge and skills for each perioperative nursing role across each sub-specialty and each setting is an unrealistic undertaking. There are literally hundreds of variables: such as a scrub nurse working in a tertiary level cardiothoracic operating room; an orthopaedic clinical nurse specialist working across the perioperative care continuum; a general surgical ward nurse; or a nurse assistant to the anaesthetists; to name just a few. This framework is not intended to be a stand-alone document, but rather to be used in conjunction with sub-specialty perioperative nursing guidelines and standards of practice.

In recognition of the universal human right to safe, affordable surgical and anaesthetic care, perioperative nurses collaborate regionally, nationally and internationally promoting best practice quality care. The Perioperative Nurses College of the New Zealand Nurses Organisation is a member of the International Federation of Perioperative Nurses which is affiliated with the International Council of Nursing. This framework describes the knowledge and skills for competent perioperative nursing practice from an Aotearoa New Zealand perspective.

Fiona Unac, Chair  
Perioperative Nurses College  
New Zealand Nurses Organisation (2016)

## 1.2 Acknowledgements

The PNK&SF development committee included the following Perioperative Nurses College<sup>NZNO</sup> members:

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This framework is the result of the dedicated efforts of many nurses and is a reflection of the collaborative efforts of all involved. In particular, the development committee would like to thank Berice Beach, PNC national committee 2014/2015, Dr. Kathryn Holloway, Heather Gifkins, Sharon Stevenson and Shelia Street.

## 1.3 Consultation and Endorsement

The Perioperative Nurses College (PNC) consulted widely with key nursing and interprofessional stakeholders during the development phase. Feedback was sought from: Perioperative Nurses College Membership; College of Nurses Aotearoa New Zealand; District Health Board: Directors of Nursing; National Nursing Consortium New Zealand; New Zealand Nurses Organisation: (Chief Executive, President, Kaiwhakahaere); Nursing Council of New Zealand; Nurse Education in the Tertiary Sector; Whitireia New Zealand; Nurse Executives of New Zealand; Enrolled Nurses Section NZNO; Office of the Chief Nurse, Chief Medical Officer, Ministry of Health; Private Surgical Hospital Association, Directors of Nursing Group; Te Kaunihera o Ngā Neehi Māori o Aotearoa (National Council of Māori Nurses); Te Runanga o Aotearoa – Te Poari NZNO; Theatre Nurse Managers and Educators Group; Post Anaesthesia Nurses New Zealand; Australian College of Operating Room Nurses; Medical Imaging Nurses Association (Australia); Royal Australasian College of Surgeons; Health Workforce New Zealand; and Health Quality and Safety Commission.

The New Zealand Perioperative Nursing Knowledge and Skills Framework (2016) has been approved by the Perioperative Nurses College<sup>NZNO</sup>, approved by the New Zealand Nurses Organisation Board, and endorsed by the National Nursing Consortium New Zealand.



## 1.4 Background

Perioperative nurses provide perioperative care to patients and their families/whānau throughout the perioperative continuum. The perioperative environment is complex and dynamic, involving a variety of health professionals and contextual specialty roles within this. In order to provide patient centered care, perioperative practice is essentially inter-professional, valuing and respecting the contribution of each discipline.

Aotearoa New Zealand perioperative nurses are required to demonstrate their competence within their scope of practice as required by the Nursing Council of New Zealand (NCNZ). There are three scopes of practice for nurses in New Zealand; enrolled nurse, registered nurse and nurse practitioner. The Perioperative Nursing Knowledge and Skills Framework (PNK&SF) acknowledges the NCNZ competencies for registration and local Professional Development and Recognition Programmes (PDRPs), and should be used in conjunction with the PNC Standards (2015). However, it does not cover all aspects of a nurse's practice. This framework is explicitly focused on supporting nurses to deliver high- quality care to people undergoing a surgical/procedural intervention.

Te Tiriti o Waitangi (The Treaty of Waitangi) underpins New Zealand's constitution. I Te Tiriti provides the health sector with a framework for Māori development, health and wellbeing (NCNZ, 2020). In order to provide culturally safe nursing care in Aotearoa New Zealand, nurses must have an understanding the articles of Te Tiriti O Waitangi, incorporating them into their nursing practice. NCNZ expects that all nurses undertake a process of reflection on their own cultural identity and recognise the impact that their personal culture has on their professional practice (NCNZ, 2011). NCNZ describe five enhanced principles nurses should understand, premised on the Waitangi Tribunal Claim – Wai 2575: The Health Services and Outcomes Inquiry. These are Tino Rangatiratanga (self-determination), Pātuitanga (partnership), Mana Taurite (equity), Whakamarumarutia (active protection), and Kōwhiringa (options) (NCNZ, 2020).

Perioperative nurses support the need for research to better understand the Māori patient journey in the surgical setting, from access through to postoperative care, in hospital and after discharge home. This research is essential in addressing disparities for Māori, such as the higher 30-day mortality rate following general anaesthesia when compared to other groups (Health Quality and Safety Commission, 2016).

This document identifies specific knowledge and skills a perioperative nurse (in accordance with their scope of practice) requires to assess, plan, deliver and evaluate care to all people. Perioperative nurses share the vision of Pae Ora and Whānau Ora and recognise the central role of whānau for many Māori, as a principle source of strength, support, security and identity (MoH, 2016). Through active pātuitanga (partnership), perioperative patients and their whānau will be supported to meet their specific health needs and wellbeing through delivery of care that is both culturally appropriate and culturally responsive.

Inherent in perioperative nursing practice is the belief that all patients have the right to be treated with dignity; to self-determination; to have accessible, high-quality care; to have their privacy respected; and to have understandable information about choices available and consequences of action or inaction. All patients have the right to nursing care that is provided in a nonjudgmental, nondiscriminatory, sensitive, and culturally competent manner. All patients also have the right to establish and maintain control over all aspects of their lives and the responsibility to make informed decisions about their future. A partnership based on mutual respect is the foundation of the relationship between the perioperative nurse and the patient (Adapted from the Academy of Medical-Surgical Nurses [AMSN], 2012).

In line with the philosophy underpinning the PNC mission statement, the purpose of this document is to provide a framework to 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.



## 1.5 What defines perioperative care?

Seminal work by Jones (1985) clearly articulates the purpose of the perioperative continuum and clearly defines the sequential phases of perioperative care:

*"The concept of the perioperative continuum is vital to ensure continuity of care for patients undergoing surgery - this is the patient's right. It encompasses the three phases of the patient's surgical experience, in which all nurses in the surgical continuum are involved. The Preoperative phase commences with the patient's decision to have surgery and ends at induction (of anaesthetic); the Intraoperative phase is the time from the patient's induction of anaesthetic until extubation and/or transfer from the operating table, and the Post-operative phase commences with the patient's transfer from the operating room to the Post anaesthetic care unit and continues until discharge from hospital and/or health team care" (Jones, 1985).*

Perioperative nurses demonstrate the application of specialty and sub-specialty nursing knowledge in the provision of care, assessment, therapeutic interventions, treatment modalities, while working within an interprofessional team.

## 1.6 Perioperative Nursing Role Definitions

### Overview

Perioperative nurses work across the perioperative continuum (see Table 1) and their roles may vary depending on workplace requirements. All perioperative nurses working in one of these roles (described over page) work collaboratively as an interprofessional team member with the aim of providing best practice and optimal patient outcomes. The perioperative patient's journey is optimised when all team members work in unison with a systematic approach to advocate during their experience (Australian College of Operating Room Nurses [ACORN], (2014). This occurs through the use of specialised nursing knowledge and skills gained through education and professional development appropriate to the specific role. Health care facilities have detailed perioperative job/role descriptions and education programmes that support individual perioperative nurse's learning through comprehensive orientation/induction packages and encouragement for career/life-long learning (ACORN, 2013).

### Registered nurse and enrolled nurse roles

Within the perioperative environment, RNs utilise nursing knowledge, reflective practice and professional judgment to provide care, leadership and direction in a variety of clinical settings. In acute settings, ENs must work in a team with a RN who is responsible for directing and delegating nursing interventions. Within some perioperative nursing roles such as scrub nursing, and assisting the anaesthetist the EN works under the direction and delegation of a doctor, however they must also have RN supervision and must not assume overall responsibility for nursing assessment or care planning (NCNZ, 2012d).

**Table 1: Where perioperative nurses work across the perioperative continuum**

| Role   | Preoperative | Intraoperative | Postoperative |
|--|--------------|----------------|---------------|
| Surgical Outpatient Clinic Nurse                     | ✓            | ✓              | ✓             |
| Pre-admissions Nurse                                 | ✓            |                |               |
| Enhanced Recovery After Surgery Nurse (ERAS)         | ✓            |                | ✓             |
| Day Stay Nurse (depending on workplace requirements) | ✓            | ✓              | ✓             |
| Nurse Assistant to the Anaesthetist                  | ✓            | ✓              | ✓             |
| Circulating Nurse                                    | ✓            | ✓              |               |
| Scrub Nurse  |              | ✓              |               |
| Surgical Assistant Nurse                             |              | ✓              |               |
| Registered Nurse First Surgical Assistant (RNSFA)    | ✓            | ✓              | ✓             |
| Medical Imaging Nurse                                | ✓            | ✓              | ✓             |
| Post Anaesthetic Care Unit (PACU) Nurse              |              |                | ✓             |
| Surgical Ward Nurse                                  | ✓            |                | ✓             |
| Perioperative Nurse Practitioner                     | ✓            | ✓              | ✓             |

### **Surgical Outpatient Clinic Nurse**

The surgical outpatient clinic nurse is a perioperative registered nurse or enrolled nurse that contributes to the assessment, treatment and evaluation of surgical patients from first specialist assessment to post procedural discharge. They may also assist with minor surgery or other invasive procedures. The surgical outpatient clinic nurse provides care through the use of specialised nursing knowledge and skills gained through education and professional development appropriate to the role including patient safety and advocacy. Registered nurses may work in advanced practice roles in nurse-led specialty clinics, performing a wide range of services and technical procedures.

### **Pre-Admissions Nurse**

A pre-admissions nurse is a perioperative registered nurse who provides holistic care for patients to assess their perioperative needs (ACORN, 2014). The pre-admissions nurse has enhanced clinical assessment skills and provides preadmission patient assessment and education, including discharge planning and interprofessional team (IPT) liaison to ensure best practice and optimal patient outcomes (Hatfield & Tronson, 2009). They may utilise and incorporate ERAS principles into their patient care. Pre-admissions nurses may work in advanced practice roles in nurse-led pre-admissions clinics or work in IPT pre-admissions clinics.

## Enhanced Recovery After Surgery Nurse (ERAS Nurse)

Enhanced Recovery After Surgery (ERAS) is an interprofessional philosophy of care, applied to the care pathways for perioperative patients, to reduce complications and length of their perioperative stay. The Enhanced Recovery After Surgery (ERAS) Nurse is a specialist registered nurse who has a leadership role in the delivery of evidence based health care to a specific patient population whilst communicating with the interprofessional health team. The ERAS nurse provides clinical expertise, judgement and care to patients, family and multi-disciplinary team by utilising specialised nursing knowledge and skills gained through education and professional development appropriate to the role. Within the ERAS role, a priority is providing education to patients and their family prior to their surgery and support/advice during their admission and follow-up care post-operatively and post-discharge. The ERAS nurse contributes to the management of patients pre and post-operatively, while working with the surgical team, to optimise the patient's health. The ERAS nurse promotes the ERAS multimodal care pathway to the patient and multi-disciplinary team. The ERAS nurse is responsible for implementing evidence-based care-pathways, protocols and policies of the specialised care pathway whilst involving members of the interprofessional team. The ERAS nurse is responsible for obtaining data and other audit information and reporting regionally and nationally if required. The ERAS nurse is responsible for supporting and providing evidence-based practice education to nursing staff and members of the interprofessional team (ERAS society, 2015).

## Day Stay Nurse

The day stay nurse is a perioperative registered nurse or enrolled nurse that provides nursing care for the ambulatory patient during the pre and postoperative phases. They provide a wide range of nursing interventions to prepare patients for operations and other invasive procedures. They deliver post procedural care and prepare patients for discharge. Depending on workplace requirements, some day stay nurses may follow a patient's perioperative journey through the intraoperative phase, in the circulating or scrub nurse role (Voda, 2011).

## Nurse Assistant to the Anaesthetist

The nurse assistant to the anaesthetist is best suited to the registered nurse scope of practice. They provide nursing care to patients undergoing anaesthesia. They function in a supportive role to the anaesthetist during induction, maintenance and emergence of general anaesthesia as well as regional and local procedures. The "Knowledge and Skills Framework for the Registered Nurse Assistant to the Anaesthetist (RNAA) for Operating Theatres in New Zealand" (NZNO, 2014a) is the nationally recognised document for informing RN anaesthetic assisting practice. If an enrolled nurse is an assistant to the anaesthetist they work under the direction and delegation of an anaesthetist. They must also have registered nurse supervision and must not assume overall responsibility for nursing assessment or care planning (NCNZ, 2012d).

Note: The Perioperative Nurses College strongly recommends that enrolled nurses with anaesthetic assistant experience explore anaesthetic technician registration (NZNO, 2014a).

## Circulating Nurse

The circulating nurse is a perioperative registered nurse or enrolled nurse that assists in providing levels of nursing care of a patient during their intraoperative phase. The circulating nurse is the inter-professional team's conduit, ensuring all items required intraoperative to optimise the patient's outcome are available when required. The circulating nurse provides care through the use of specialised nursing knowledge and skills gained through education and professional development appropriate to the role including patient safety and advocacy. The circulating nurse observes for breaches in surgical asepsis and coordinates the needs of the surgical team. The circulating nurse is not scrubbed, but rather manages the care and environment during surgery. Other roles include confirming the consent, patient positioning, documentation of the accountable items, collection of specimens, and equipment management (ACORN, 2014).



## Scrub Nurse

The scrub nurse is a perioperative registered nurse or enrolled nurse that provides care through the use of specialised nursing knowledge and skills gained through education and professional development appropriate to the role including patient safety and advocacy. The aim of the scrub nurse role is to anticipate the surgical needs by assessing and evaluating the requirements of the surgical team and providing the sterile supplies and equipment required for the procedure. The scrub nurse also uses the nursing process as a framework to continually assess each patient's response to the surgical intervention by remaining vigilant throughout the surgical procedure in order to recognise and respond to the patient's changing condition, recognising intraoperative complications and responding promptly (ACORN, 2014).

## Surgical Assistant Nurse

The surgical assistant nurse is an experienced perioperative registered nurse whose primary role is to assist the surgeon. This role cannot be a dual role carried out by the scrub nurse. The surgical assistant nurse utilises specialised nursing knowledge and skills gained through education and professional development appropriate to the role and specific to the speciality including patient safety and advocacy. The surgical assistant is not an advanced or expanded practice role. In accordance with the NCNZ's guidelines for the scope of a RN, all surgical skills are performed under the direct supervision of the surgeon and at no time is the nurse's practice interdependent or autonomous (NZNO, 2014b). The surgical assistant nurse assists the surgeon during a patient's surgery through retraction and haemostasis.

## Registered Nurse First Surgical Assistant (RNFSA)

The RNFSA is an advanced and expanded practice role. The RNFSA is a perioperative registered nurse who has acquired additional formal postgraduate education, knowledge, training, experience, judgement and skills, as outlined in their position description. They provide care through the use of specialised nursing knowledge and skills gained through postgraduate education and professional development specific to the RNFSA role including patient safety and advocacy (New Zealand Nurses Organisation [NZNO], 2014b). The RNFSA carries out functions that will assist the surgeon in performing a safe surgical procedure with optimum results for the patient. The RNFSA practises perioperative nursing, functioning directly under the supervision of the surgeon during the surgical procedure, and does not function simultaneously as the scrub nurse (Association of Perioperative Registered Nurses [AORN], 2013). At no time will their activities lead to independent surgical intervention. Interdependent surgical activities may be included after the RNFSA has gained sufficient clinical knowledge and education to enable safe practice. Examples of interdependent surgical activities may include but are not limited to; vein procurement for cardiac and vascular procedures, formation of ileostomy and bone graft harvesting. The "Recommendations for Registered Nurse First Surgical Assistant in Operating Theatres in New Zealand: Service Policy Guidelines" (NZNO, 2014b) is the nationally recognised document for informing RNFSA practice.

## Medical Imaging Nurse

The medical imaging nurse is a perioperative registered nurse or enrolled nurse that provides nursing care to patients undergoing medical imaging procedures. The medical imaging nurse provides care through the use of specialised nursing knowledge and skills gained through education and professional development appropriate to the role including patient safety and advocacy. They are able to assess, interpret and contribute to the plan of perioperative care in collaboration with the proceduralist and other inter-professional team members. They function in a supportive role to the proceduralist during medical imaging procedures and provide nursing care to the patient. Medical imaging nurses: prepare patients effectively for imaging procedures, support patients during imaging procedures, safely care for patients following imaging procedures, assist with imaging procedures and maintain a safe environment within the medical imaging department. Medical imaging nurses may also perform the role of scrub nurses or circulating nurse in the medical imaging setting (The Royal College of Nursing, 2012; The Royal College of Nursing and The Royal College of Radiologists, 2014). Medical imaging registered nurses may also administer/monitor conscious sedation and perform specific imaging procedures in advanced practice roles, under supervision of a medical doctor.

### **Post Anaesthetic Care Unit (PACU) Nurse**

A PACU nurse is a registered nurse who provides holistic care for patients to manage their safe progression through their immediate post-operative phase (ACORN, 2014). The PACU nurse provides care through the use of specialised nursing knowledge and skills gained through education and professional development appropriate to the role including patient safety and advocacy. Following a comprehensive handover from the perioperative team, the PACU nurse provides nursing care to the patient to safely manage their emergence from anaesthesia, assessing and anticipating potential complications and implementing appropriate care to minimise these until discharge criteria are achieved or alternate plan of care is arranged. This is provided by enhancing patient comfort, being alert to potential changes in the patient's condition, responding effectively and maintaining effective communication with the patient and interprofessional team (Hatfield & Tronson, 2009).

### **Surgical Ward Nurse**

The surgical ward nurse is a perioperative registered nurse or enrolled nurse that provides holistic care for patients with acute, chronic and palliative surgical health conditions. Surgical ward nurses utilise specialised nursing knowledge and skills gained through education and professional development appropriate to the role and specific to the speciality including patient safety and advocacy. They perform a wide variety of skills and procedures. Restorative care is the foundation of practice and includes initial stabilisation, minimisation of complications and promotion of holistic well-being. The goal of the surgical ward nurse is to promote, restore, and maintain the client's health (AMSN, 2012).

### **Perioperative Nurse Practitioner (NP)**

A perioperative NP is registered in the NCNZ's NP scope of practice and whose area of advance practice involves the perioperative continuum. NPs have advanced education, clinical training, demonstrated competence and legal authority to practice beyond the level of a registered nurse (NCNZ, 2014). NPs blend diagnostic inquiry, therapeutic knowledge and skills with nursing values, knowledge and practice in order to provide holistic, patient centred, innovative and flexible care (NCNZ 2012a). The perioperative NP is a member of the interprofessional perioperative team and may undertake specified surgical/invasive interventions, either under direct, indirect or proximal supervision (NZNO, 2014b). They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic/laboratory tests, prescribing medicines, administering treatments/therapies, admitting and discharging from hospital and other healthcare services/setting. They work in partnership with individuals, families and whanau to promote health, prevent disease and manage people's health needs (NZNC, 2014).



## 1.7 Perioperative Nursing Knowledge and Skills Framework Purpose

*This framework when used in conjunction with sub-specialty best practice guidelines:*

### **For nurses**

- Assists the development of a range of transferable clinical skills that can be used in care delivery throughout a nurse's career.
- Provides a framework for nurses to prepare themselves for advanced practice roles in care delivery and leadership.

### **For employers**

- Increases nursing and employer accountability on what knowledge and skills nurses require to competently practice in the field of perioperative nursing.
- Can inform workforce planning and workforce development.
- Provides guidance to employers to enable safe matching of staff skill mix to service requirements.

### **For researchers**

- Provides guidance for the evaluation and research of perioperative nursing practice.
- Provides a framework for developing and implementing quality improvement programmes that audits perioperative nursing practice and evaluates patient outcomes.

### **For education providers**

- Provides a nursing framework for planning educational programmes and clinical development; including but not limited to portfolio development and postgraduate education.

## 1.8 Desired Perioperative Patient Outcomes

Perioperative nurses use knowledge, judgment and skill based on the principles of biological, physiological, behavioural, social, and nursing sciences to plan and implement care to achieve desired patient outcomes (Goodman & Spry, 2014). The PNK&SF is intrinsically linked to PNC standards and desired perioperative patient outcomes. The following patient outcomes have been adapted from the AORN (2011) 'Perioperative Nursing Data Set' and can be used to evaluate patient response to perioperative nursing interventions.

- The patient's status is maintained at or improved from baseline levels in regards to:  
wound perfusion; tissue perfusion; gastrointestinal status; genitourinary status; musculoskeletal status; endocrine status; fluid, electrolyte and acid-base balances; normothermia; respiratory status; cardiovascular status; neurological status.
- The patient and their family/whānau demonstrate knowledge of the expected responses throughout the operative or invasive procedure journey in relation to:  
psychosocial responses; nutritional management; medication management; pain management; wound management; rehabilitation processes; and when applicable palliative care.
- The patient's operative or invasive procedure is performed on the correct site, side, and level and all patient's specimens are managed in an appropriate manner.
- The patient is free from:  
injury related to thermal sources; unintended retained foreign objects; injury caused by extraneous objects; laser injury; electrical injury; chemical injury; radiation injury.
- The patient is free from signs and symptoms of:  
Infection; injury related to positioning; injury related to restraint; injury related to transferring.
- The patient demonstrates and/or reports adequate pain control.
- The patient is the recipient of:  
informed safe coordinated care that incorporates patient's rights, values, culture and choices within ethical and legal standards of practice. Care is consistent and comparable regardless of setting.



## 1.9 Delineating Perioperative Nursing Practice

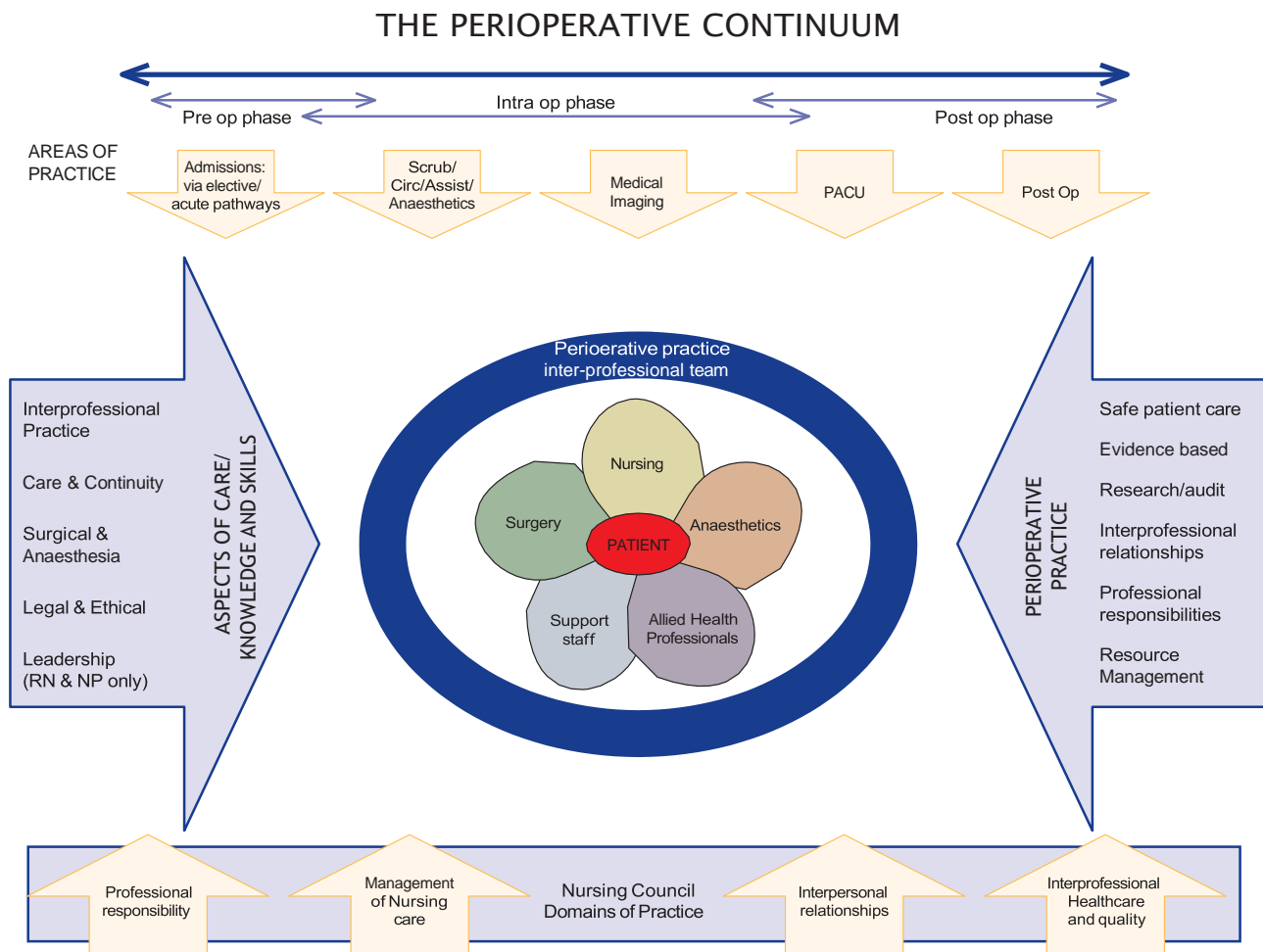


Figure 1: Nursing practice across the perioperative continuum within the interprofessional team.

### The Interprofessional Team (IPT)

- **Nursing:** Includes enrolled nurses and registered nurses, working in a variety of roles (such as scrub, circulating nurse, RNAA, RNFA, PACU, medical imaging) and scopes (such as EN, RN, and NP).
- **Surgical:** Includes the surgeon/proceduralist undertaking the patient's procedure and their assistant/s. The assistant to the surgeon may be a doctor or nurse working within their scope of practice, either in a RN or RNFA role (Radford, County & Oakley, 2004).
- **Anaesthesia:** Includes the anaesthetist and their assistant/s. The assistant to the anaesthetist may be a nurse or technician working within their scope of practice.
- **Allied health:** Refers to other qualified health professionals that are not doctors or nurses. In the perioperative practice IPT this may include, but not limited to radiographers, sterile services technicians, perfusionists, cardiac technologists, physiotherapists, social workers, pharmacists and interpreters (Ministry of Health, 2014b).

Support staff: refers to non-regulated health workers. In perioperative practice this may include but not limited to health care assistants, aides, orderlies, booking clerks, secretaries.



## 1.10 Nursing scopes and levels of practice for perioperative nurses

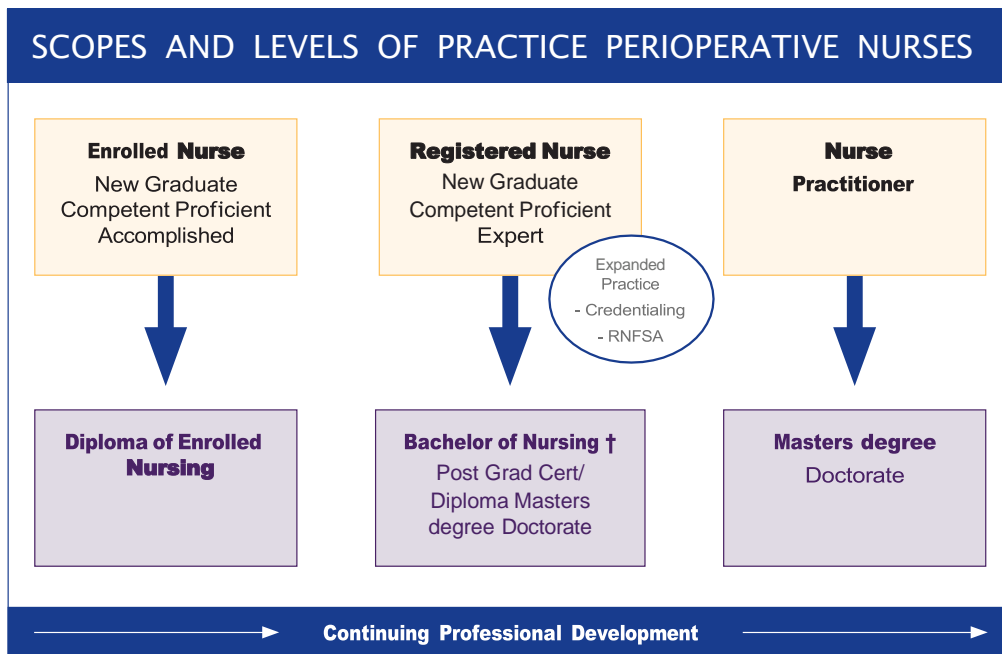


Figure 2: Scopes and Levels of Practice for Perioperative Nurses

† Bachelor of Nursing or alternative qualification determined by the Nursing Council of New Zealand for entry on the registered nurse registry.

Figure 2 above is modified from the NCNZ's nursing scopes of practice (NCNZ, 2007; NCNZ, 2010; NCNZ, 2012a; NCNZ, 2012d) and outlines the levels of practice and educational pathways for EN's, RN's, and NP's.

Nursing practice is underpinned by (but not limited to)

- Health Practitioners Competence Assurance Act (2003).
- Privacy Act (1993).
- Health Information Privacy Code (1994).
- The Code of Health and Disability Services Consumers' Rights (1996).
- Health and Safety at Work Act (2015).
- Health and Disability Services (Safety) Act (2001).
- Medicines Act (1981).
- Misuse of Drugs Regulations (1977).
- Code of conduct for nurses (NCNZ, 2012b).
- Professional boundaries for nurses (NCNZ, 2012c)
- Code of ethics (NZNO, 2010).
- Perioperative Nurses College NZNO Standards (2015).
- Health Quality & Safety Commission Programmes (MoH, 2015)

*Legislative documents includes Acts, Codes, Regulations and their amendments.*

## 1.11 Progression of perioperative nursing

Perioperative nursing is internationally recognised as a specialty field of nursing with the International Council of Nursing (ICN, 2015). There is a plethora of international literature describing the core body of knowledge and skills of perioperative nursing; whereby confirming legitimacy as a specialty field of nursing. In New Zealand the work of Holloway, Baker and Lumby (2009) conceptualises the progression of specialty practice by examining nursing knowledge and skills provided by ‘all nurses, many nurses, some nurses and few nurses’. The below table applies this work to the perioperative nursing context.

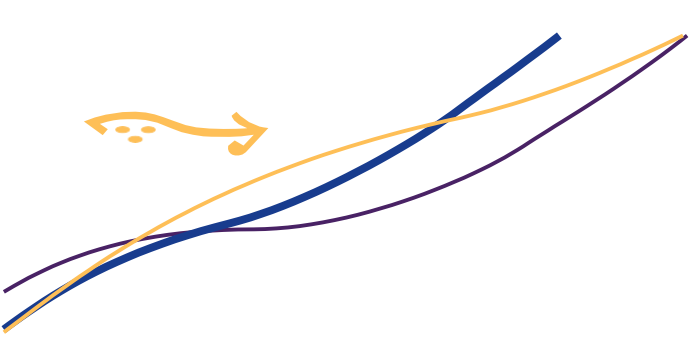
**Table 2: Progression of Perioperative Nursing**

| Enrolled Nurses  | Registered Nurses (all)  | Registered Nurses (many)   | Advanced/expert registered nurses (some)   | Advanced/expert registered nurses (few)  |
|--|--|--|--|--|
| Participates in the Interprofessional perioperative team to provide safe patient care while working under the direction and delegation of the registered nurse in cases that are less complicated and predictable in nature. | Participates in Interprofessional perioperative team to provide safe patient care. | Participates in the Interprofessional perioperative team to provide safe patient care, while guiding, supporting and acting as a resource for others.  | Participates in Interprofessional perioperative team in a leadership role to provide safe and advanced patient care.               | Advanced nursing practice.   |
|  |  | Examples: (but not limited to): <ul style="list-style-type: none"> <li>• Charge nurses.</li> <li>• Team leaders.</li> <li>• Nurse educators.</li> <li>• Clinical speciality nurses.</li> </ul> | Examples: (but not limited to): <ul style="list-style-type: none"> <li>• RNFSAs.</li> <li>• Clinical nurse specialists.</li> </ul> | Examples: <ul style="list-style-type: none"> <li>• Nurse practitioners.</li> </ul> |

Perioperative ENs and RNs have interchanging roles across perioperative settings. Section 2 (Enrolled Nurse) and Section 3 (Registered Nurse) of this document explores the ALL, SOME, MANY/FEW knowledge and skills for perioperative nursing. All sections of the ‘Essential Knowledge and Skills’ are complementary and should not be considered in isolation. When examined as a whole, the ‘Essential Knowledge and Skills’ captures the five nursing aspects of care within the perioperative setting.

- **Interprofessional Practice:** Describes nursing responsibilities in coordinating care, valuing the interprofessional team and professional development.
- **Care and Continuity:** Describes direct and indirect patient care responsibilities across the perioperative continuum. It also includes quality improvement activities.
- **Surgical and Anaesthesia:** Focuses on nursing responsibilities more suited to intra-operative settings.
- **Legal and Ethical:** Describes duty of care responsibilities.
- **Leadership:** Describes registered nurse and nurse practitioner responsibilities in directing, monitoring and evaluating nursing care. It also includes team coordination and resource management.

The knowledge and skills should be used in conjunction with NCNZ scope of practice competencies and evidence based sub-specialty nursing guidelines and standards. The examples provided are designed to help strengthen meaning, and do not represent the full body of knowledge and skills provided by ENs and RNs across perioperative settings and sub-specialties.



## 1.12 Responsiveness to Māori

Perioperative nursing in New Zealand has a specific commitment to respond to the emergent and acute health care needs of Māori, in addition to other population groups. Care is required to be delivered in a culturally appropriate manner underpinned by knowledge of local tikanga/kawa/customs and local Māori health support services. An understanding of Māori health inequities and the social determinants of health is also required.

The following knowledge and skills are inclusive within each subsequent level of practice.

### Essential Knowledge & Skills for 'All' Perioperative Nurses (PDRP – Competent)

**All** nurses support the provision of safe and effective care for Māori and their whānau.

Core concepts:

- Engage in appropriate Māori healthcare training
  - Understand/apply local tikanga/kawa /customs
  - Understand/access local Māori health support services
- Awareness of the importance of te Reo Māori / Māori language

**All** nurses act to reduce health inequity for Māori and their whānau

Core concepts:

- Recognising stereotyping and discrimination that create barriers
- Identify the role of power within health relationships
- Acknowledge the influence/impact of the healthcare and nursing cultures on Māori

### Accomplished Knowledge & Skills for 'Many' Perioperative Nurses (PDRP – Proficient)

**Many** nurses support colleagues in developing skills to provide safe and effective care for Māori and their whānau

Core concepts:

- Understanding of Whānau Ora
- Recognition and advocacy for Māori health responses

**Many** nurses support colleagues in reducing health inequity for Māori and their whānau

Core concepts:

- Understanding of how equality in health provision can create inequity in health outcomes
- Understanding social determinants of health
- Understanding issues surrounding accessibility of healthcare
- Address health literacy issues



### Accomplished Knowledge & Skills for 'Some' Perioperative Nurses (PDRP – Accomplished/Expert)

**Some** nurses are role models within their workplace providing guidance across services and disciplines in supporting the provision of safe and effective care for Māori and their whānau

Core concepts:

- Understanding of Māori models of health and wellbeing and how these relate to perioperative care delivery
- Act as support and resource
- Guide others to understand and apply knowledge

**Some** nurses are role models within their workplace providing guidance across services and disciplines in reducing health inequity for Māori and their whānau

Core concepts:

- Act as support and resource
- Guide others to understand and apply knowledge
- Increase awareness of the issues of inequality and inequity and support finding solutions

### Accomplished Knowledge & Skills for 'Few' Perioperative Nurses (Senior Nurses)

**Few** nurses lead services in the provision of safe and effective care for Māori and their whānau

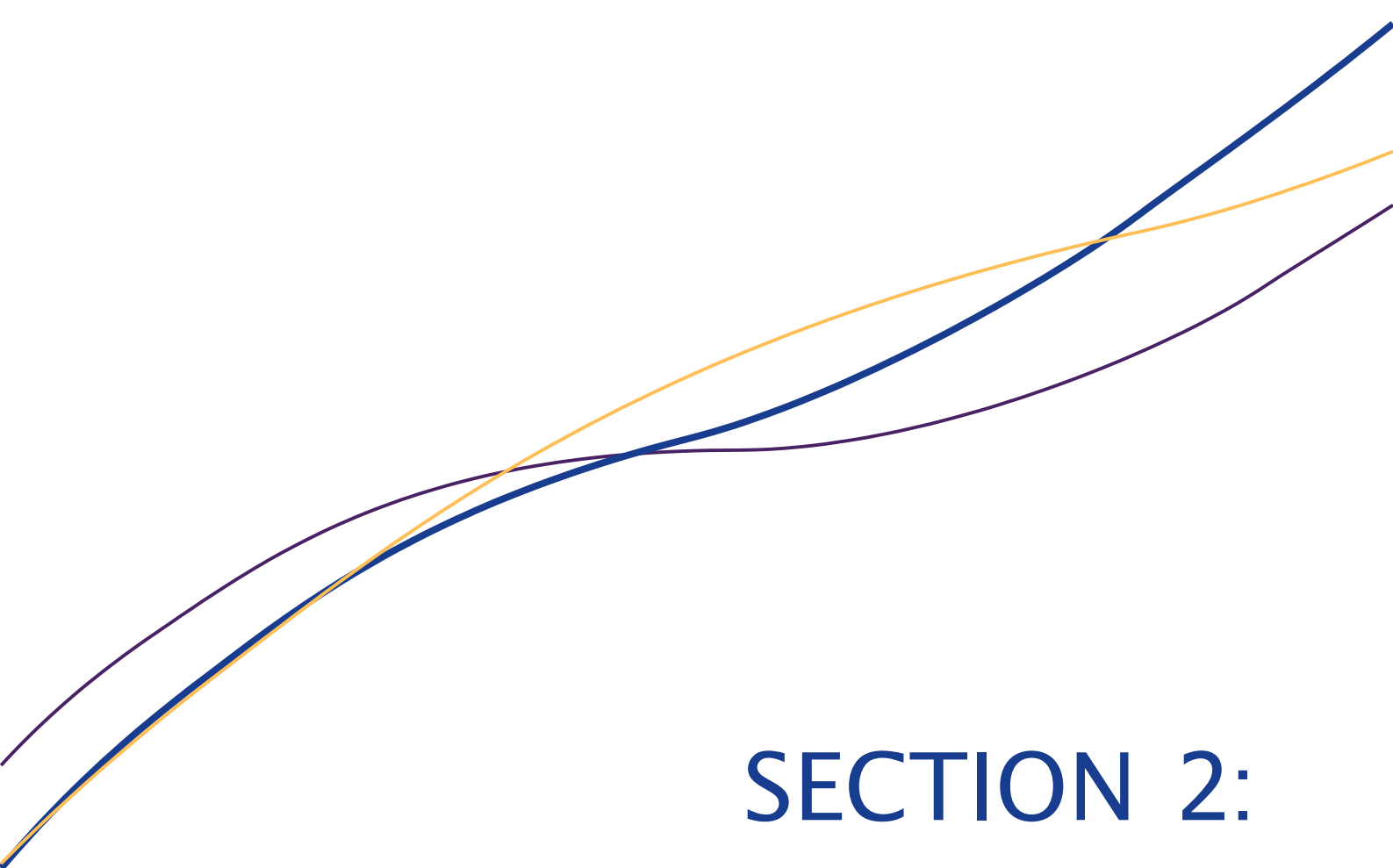
Core concepts:

- Lead services in the provision of culturally safe practice and application of the He Korowai Oranga framework
- Participate in development of systems and processes at local, regional and national level

**Few** nurses lead services in the integration of effective health policy aimed at reducing inequity for Māori and their whānau

Core concepts:

- Creating processes that monitor, examine and address Māori health inequity and improve Māori health outcomes. Actively seeking consultation from and engagement with appropriate Māori representatives
- Leading the application of the Equity of Health Care for Māori Framework
- Participate in development of systems and processes at local, regional and national level



## SECTION 2:

Enrolled Nurse – Levels of practice and perioperative professional development model

## 2.1 Enrolled Nurse Levels of practice

Enrolled Nurse Levels of practice:

- Level 1. New Graduate Enrolled Nurse.
- Level 2. Competent Enrolled Nurse.
- Level 3. Proficient Enrolled Nurse.
- Level 4. Accomplished Enrolled Nurse

A detailed summary of each level can be found in appendix one. The levels are aligned to the National Framework for Nursing Professional Development and Recognition Programmes (2005).

|                 |  |
|-----------------|--|
| <b>All ENs</b>  | Demonstrate competence in routine perioperative care under the direct supervision and delegation of a RN, NP or medical practitioner   |
| <b>Many ENs</b> | Demonstrate the ability to practice according to EN proficient competency standards for perioperative nursing care in specific practice contexts under the direct supervision and delegation of a FN, NP or medical practitioner   |
| <b>Few ENs</b>  | Demonstrate the ability to practice according to EN accomplished competency standards for perioperative nursing care in specific practice contexts under the direct supervision and delegation of a RN, NP or medical practitioner |

Figure 3: A professional development model for enrolled nurses in perioperative nursing. (Figure 3 is adapted from the Palliative Care Nurses New Zealand (2014) professional development framework for palliative care nursing practice)

## 2.2 Essential Knowledge and Skills for Enrolled Nurses (All)

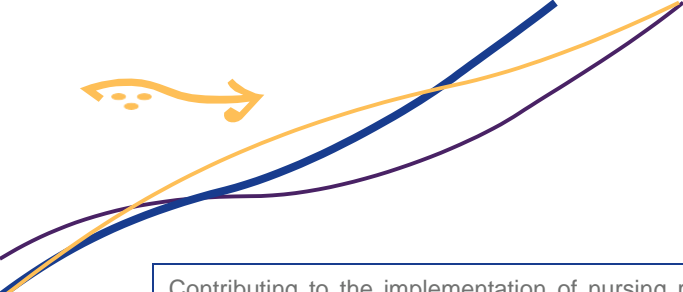


Figure 4: The essential knowledge and skills of all perioperative enrolled nurses.

ALL Enrolled Nurses in the preoperative setting work under the direction and delegation of a RN or NP and demonstrate the knowledge and skills as outlined in the tables over page. The Domain column refers to Enrolled Nurse Domains of Competence as stated by the NCNZ (2012d).

## Essential Knowledge & Skills for 'All' Perioperative Enrolled Nurses

| <b>Interprofessional Practice</b>  | <b>Domain</b> |
|--|---------------|
| Understands and values the roles, knowledge and skills of members of the IPT in relation to own responsibilities.  | 4             |
| Understands the enrolled nurse role and boundaries in relation to the scopes of practice of other registered health practitioners.   | 4             |
| Establishes rapport and trust with the patient and family/whanau, demonstrating respect, interest and empathy. Appropriately terminates therapeutic relationships.   | 1             |
| Contributes to a holistic approach to patient care when assessing the individual needs for health care planning, implementing and evaluating outcomes.   | 2             |
| Provides accurate and timely patient-related communication and IPT communication.  | 1             |
| Demonstrates professional accountability by working within one's own scope of practice, maintaining competency and promoting the role and integrity of perioperative practice.   | 4             |
| Recognises the importance of professional growth and development. Updates knowledge, skills and competence. Participates in ongoing education, reflective and lifelong learning.   | 1             |
| Acts as a resource and role model for nurse students and health care assistants.   | 4             |
| <b>Care and Continuity</b>   | <b>Domain</b> |
| <i>Works under the direction of a Registered Nurse or Nurse Practitioner:</i>  |               |
| Delivering nursing care that optimises health and recovery for a wide range of surgical health conditions. Responds appropriately and promptly to the patient's, physical, social, emotional, cultural and spiritual needs.  | 2             |
| Promoting independent and recovery while assisting patients with care management of nutrition, hydration, positioning, mobility, hygiene, skin care and elimination etc.   | 2             |
| Promoting emotional and cultural wellbeing. Recognising patient's fears and understands socio-economic, physiological and pharmacological factors which contribute to perioperative patient stress and impact on recovery. This also includes supporting palliative patients through a dignified and comfortable death experience. | 2             |
| Reporting observations and changes in health status using a range of recognised assessment tools as delegated by the RN/NP e.g. Early Warning Score, Fluid Balance Chart, Blood Sugar Level Chart, Pain Scores etc.  | 2             |
| Contributing to the management and nursing care of a wide variety of infusions, drains, and tubes.   | 2             |
| Responding to the acutely deteriorating patients by activating help, commencing basic life support as appropriate, and assisting the emergency response team as directed.  | 1             |
| Administering nursing interventions and medications. Carrying out procedures competently and safely within EN scope of practice.   | 2             |
| Understanding environment and patient specific risk factors that may contribute to adverse effects. Follows nursing action plans and best practice guidelines to reduce patient injury from falls, pressure areas, restraint, skin tears, surgical site infections, other infections, haemodynamic changes etc.                    | 2             |
| Understanding new technologies, perioperative patient care products and devices.   | 1             |
| Contributing to nursing handovers and transfer of care across the patient's perioperative journey, including community resources.  | 2             |
| Promoting health, independence and recovery by ensuring patients understand patient care instructions (health literacy) and by advocating lifestyle balance, healthy choices and being smokefree.  | 3             |
| Promoting health and safety in the workplace e.g. hazard identification and minimisation; hand hygiene, infection prevention, safe handling, safe management of cytotoxic drugs, safe use and disposal of sharps, radiation safety and protection, waste management etc.   | 3             |



|   |               |
|---|---------------|
| Contributing to the implementation of nursing responses, procedures and protocols for managing threats to safety within the practice environment.   | 1             |
| Contributing to workplace quality improvement projects as recommended by the National Health Targets; National Health Strategy; Health Quality and Safety Commission Projects (safe surgery New Zealand, infection prevention and control, reducing harm from falls, adverse events, medication safety); and the Perioperative Mortality Review Committee.    | 4             |
| <b>Surgical and Anaesthesia</b>   | <b>Domain</b> |
| <i>Works under the direction of a Registered Nurse or Nurse Practitioner:</i>   |               |
| Delivering nursing care to a wide range of patients having surgery and invasive procedures under general anaesthesia, sedation, regional and local anaesthetic. Applies the appropriate duty of care.   | 2             |
| Demonstrating vigilance throughout the surgical procedure/intervention in order to recognise and report changes to the patient's condition.   | 2             |
| Ensuring all equipment, instruments and accessories are available, and functional.  | 1             |
| Contributing to the correct and safe positioning of patients.   | 2             |
| Maintaining sterile integrity within the intra-operative phase and reports any breaches in asepsis.   | 1             |
| Accounting for all items used in the surgical intervention are intact, present and correct on closure.  | 1             |
| Contributing to the management of all body tissue and fluid for investigation, disposal, burial or retention/transplant.  | 2             |
| Ensuring instruments and items used during a procedure are appropriately checked, tracked and sent for terminal cleaning or disposal.   | 1             |
| Demonstrating knowledge and understanding of sterilisation processes, storage and handling of sterile stock and maintenance of instruments/equipment.   | 1             |
| Understanding emergency procedures and plans and lines of communication to contribute to maximise effectiveness in a crisis situation e.g. malignant hyperthermia, intra-operative cardiac arrest.  | 1             |
| Promoting health and safety in the workplace as listed in the 'Care and Continuity' Section as well as advocating for occupational intra-operative safety standards such as 7Kg surgical crate weight limit and surgical-plume free environments.   | 1             |
| Contributing to improved perioperative patient outcomes as identified in national health campaigns listed in the 'Care and Continuity' Section; particularly the Safe Surgery New Zealand campaign by participating in surgical team briefings, paperless surgical safety checklists, debriefings, and supporting other surgical teamwork communication tools | 1             |
| Demonstrating awareness of the cost of care and is prudent in the usage of material supplies e.g. 'just in time' principles instead of 'just in case'.  | 4             |
| <b>Legal and Ethical</b>  | <b>Domain</b> |
| Practises within legislative requirements, organisation policy and refers issues outside scope to a registered nurse supervisor.  | 4             |
| Ensures practice is within the EN scope of practice and adheres to legislated requirements and relevant ethical codes, policies and procedural guidelines.  | 1             |
| Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Māori in Aotearoa/New Zealand.   | 1             |
| Maintains confidentiality of documentation/records and interactions with others.  | 2             |
| Reacts appropriately to concerns in relation to unethical or unsafe practices.  | 1             |
| Demonstrates the duty of care, preservation of dignity, privacy and confidentiality appropriately for patients and their family.  | 1             |
| Acts as a patient support and/or advocate.  | 1             |



## 2.3 Specialty Knowledge and Skills for Perioperative Enrolled Nurses (Some)

In addition to the knowledge and skills demonstrated by 'all' perioperative enrolled nurses, 'some' (proficient) perioperative enrolled nurses also demonstrate speciality knowledge and skills (as outlined in the below table).

| <b>Specialty Knowledge &amp; Skills for 'Some' Perioperative Enrolled Nurses</b>   |               |
|--|---------------|
| <b>Interprofessional Practice</b>  | <b>Domain</b> |
| Liaises effectively with the IPT.  | 4             |
| <b>Care and Continuity</b>   | <b>Domain</b> |
| May contribute to workplace activities such as being a member of a health and safety or infection prevention and control committee.                                  | 4             |
| <b>Surgical and Anaesthesia</b>  | <b>Domain</b> |
| Utilises broad experiential knowledge to provide care.   | 2             |
| Contributes to the education of Enrolled Nurse students, new graduate Enrolled Nurses, care givers/ healthcare assistants, competent and proficient Enrolled Nurses. | 4             |
| Acts as a role model and leader to their Enrolled Nurse peers.   | 4             |
| Demonstrates increased knowledge and skills in a specific perioperative area.  | 2             |
| <b>Legal and Ethical</b>   | <b>Domain</b> |
| Is a resource for colleagues in relation to ethics and professional responsibilities and responds where appropriate.   | 1             |



## 2.4 Accomplished Knowledge and Skills for Enrolled Nurses (Few)

In addition to the skills and knowledge demonstrated by 'all' and 'some' perioperative enrolled nurses, 'few' (*accomplished*) perioperative enrolled nurses also demonstrate the below knowledge and skills.

| <b>Accomplished Knowledge &amp; Skills for 'Few' Perioperative Enrolled Nurses</b>   |               |
|--|---------------|
| <b>Interprofessional Practice</b>  | <b>Domain</b> |
| Acts as a role model and contributes to leadership activities.   | 1             |
| <b>Care and Continuity</b>   | <b>Domain</b> |
| May participate in workplace activities such as being a liaison member of a health and safety or infection prevention and control committee. | 1             |
| <b>Surgical and Anaesthesia</b>  | <b>Domain</b> |
| Actively performs self-directed learning to increase knowledge regarding specific surgical interventions.                                    | 1             |
| Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse scope of practice.                         | 2             |
| <b>Legal and Ethical</b>   | <b>Domain</b> |
| Actively promotes understanding of legal and ethical issues.   | 1             |



## SECTION 3:

Registered Nurse –  
Levels of practice and  
perioperative professional  
development model



## 3.1 Registered Nurse levels of practice

Registered nurse levels of practice:

Level 1. New Graduate Registered Nurse.

Level 2. Competent Registered Nurse.

Level 3. Proficient Registered Nurse.

Level 4. Expert Registered Nurse.

A detailed summary of each level can be found in appendix one. The levels are aligned to the National Framework for Nursing Professional Development and Recognition Programmes (2005).

## 3.2 Nurse Practitioner professional development progression

In New Zealand there is no nationally recognised levels or Professional Development Recognition Programme (PDRP) for nurse practitioners. NPs practice portfolios are directly audited by Nursing Council of New Zealand. With ongoing professional development and experience the nurse practitioner continues to acquire higher knowledge and skills.

|             |   |
|-------------|---|
| <b>All</b>  | Demonstrate knowledge and skills in perioperative care.   |
| <b>Many</b> | Demonstrate the ability to apply knowledge and skills in perioperative care at a more advanced level in specific practice contexts.   |
| <b>Some</b> | Demonstrate the ability to practice according to proficient/ expert competency standards for specialist perioperative nursing care.   |
| <b>Few</b>  | Demonstrate the ability to apply the expert competency standards to specialist perioperative care at an advanced level or in expanded RN practice roles. This includes nurse practitioners. |

Figure 5: A professional development model for registered nurses in perioperative nursing. (Figure 5 is adapted from the Palliative Care Nurses New Zealand (2014) professional development framework for palliative care nursing practice).

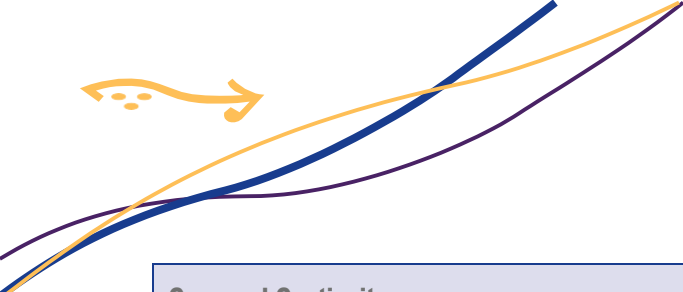
### 3.3 Essential Knowledge and Skills for Perioperative Registered Nurses (All)



Figure 6: The essential knowledge and skills of all perioperative registered nurses

**ALL perioperative registered nurses**, demonstrate the essential knowledge and skills (as outlined in the below table). Examples of “all” perioperative nurses include but are not limited to staff nurses. Domains refers to Registered Nurses Domains of Competence as stated by the NCNZ (2007).

| Essential Knowledge & Skills for ‘All’ Perioperative Registered Nurses   |        |
|--|--------|
| Interprofessional Practice   | Domain |
| Uses philosophical and perioperative nursing concepts within IPT practice.   | 4      |
| Establishes rapport and trust with the patient and family/whanau, demonstrating respect, interest and empathy. Appropriately terminates therapeutic relationships.   | 3      |
| Demonstrates a holistic approach to patient care and evidence based best practice to assess the individual’s needs when planning, implementing and evaluating outcomes.  | 2      |
| Provides accurate and timely patient-related communication.  | 3      |
| Demonstrates working together with other professions to learn about, from and with each other in order to collaborate effectively and provide quality patient care.  | 3      |
| Communicates effectively, accurately and timely with the IPT to prioritise and provide optimal patient care.   | 3      |
| Recognises the importance of personal growth and development within the team through: updating knowledge, skills and competence; participating in ongoing education and lifelong learning; providing peer review and mentoring as appropriate; creating an environment conducive to learning in the perioperative context. | 3      |
| Demonstrates professional accountability by working within one’s own scope of practice, maintaining competency and promoting the role and integrity of perioperative nursing.  | 4      |



| Care and Continuity  | Domain |
|--|--------|
| Plans, delegates and delivers nursing care that optimises health and recovery for a wide range of surgical health conditions. Responds appropriately and promptly to the patient's, physical, social, emotional, cultural and spiritual needs.   | 2      |
| Promotes independence and recovery through planning, delegating and assisting patients with care management of nutrition, hydration, positioning, mobility, hygiene, skin care and elimination etc.  | 2      |
| Promotes emotional and cultural wellbeing. Recognising patient's fears and understands socio-economic, physiological and pharmacology factors which contribute to perioperative patient stress and impact on recovery. This also includes supporting palliative patients through a dignified and comfortable death experience.   | 2      |
| Recognises normal and abnormal physiological responses to a wide range of perioperative conditions and interventions e.g. pain, infection, altered levels of consciousness, drug side effects, fluid and electrolyte imbalances, acid-base imbalances, shock, sepsis and other haemodynamic changes. Manages nursing care and collaborates with IPT when patient health status deviate from expected care pathway. | 2      |
| Assesses changes in health status using a wide range of recognised assessment and diagnostic tools e.g. Early Warning Score, Fluid Balance Chart, Serum levels, Cardiac Rhythm Analysis, Pain Scores, Sedation Scores etc. Manages nursing care and collaborates with IPT when patient health status deviate from expected care pathway.   | 2      |
| Inserts, monitors and/or removes a wide range of infusion devices, drains, and tubes in accordance with patient care pathway and specialty field.  | 2      |
| Responds to the acutely deteriorating patients by activating assistance, commencing basic or advance life support depending on specialty expertise, and assisting with emergency team response.  | 1      |
| Demonstrates a comprehensive understanding of the concepts of pain management and plans, delegates and delivers appropriate perioperative pain management strategies in accordance with regulation and policy.   | 2      |
| Demonstrates a comprehensive understanding of anatomy, physiology and pathophysiology changes in a wide range of surgical health conditions. Able to assess, respond to and evaluate haemodynamic changes. Manages nursing care and collaborates with IPT when patient health status deviate from expected care pathway.   | 2      |
| Administers nursing interventions including medications, intravenous therapies and other therapeutic therapies for a wide range of surgical health conditions. Performs procedures competently and safely within RN scope of practice.   | 2      |
| Understands environmental and patient specific risk factors that may contribute to adverse effects. Plans, delegates and performs nursing actions to reduce patients risks from injury including falls, pressure areas, restraint, skin tears, surgical site infections, other infections, haemodynamic changes etc.   | 2      |
| Critically examines research and incorporates best practice into care planning, delegation and delivery. Keeps abreast of new technologies and perioperative patient care products and devices.  | 4      |
| Delivers nursing handovers and prepares patients for transfer of care across the patient's perioperative journey, e.g. making referrals, utilising community resources.  | 2      |
| Promotes health, independence and recovery by ensuring patients understand patient care instructions (health literacy) and by advocating lifestyle balance, healthy choices and being smokefree.   | 3      |
| Promotes health and safety in the workplace e.g. hazard identification and minimisation; hand hygiene, infection prevention, safe handling, safe management of cytotoxic drugs, safe use and disposal of sharps, radiation safety and protection, waste management etc.  | 1      |
| Plans, delegates and implements nursing responses, procedures and protocols for managing threats to safety within the perioperative practice environment.  | 1      |
| Contributes to workplace quality improvement projects as recommended by the National Health Targets; National Health Strategy; Health Quality and Safety Commission Projects (safe surgery New Zealand, infection prevention and control, reducing harm from falls, adverse events, and medication safety) and the Perioperative Mortality Review Committee.   | 4      |

| <b>Surgical and Anaesthesia</b>   | <b>Domain</b> |
|---|---------------|
| Plans, delegates and delivers nursing care to a wide range of patients having surgery and invasive procedures under general anaesthesia, sedation, regional and local anaesthetic. Applies the appropriate duty of care.  | 2             |
| Demonstrates vigilance throughout the surgical procedure/intervention in order to recognise and respond to the patient's changing condition, recognising complications and responding promptly (ACORN, 2014).   | 2             |
| Supports the anaesthetist during induction, maintenance and emergence of general anaesthesia, sedation, regional and local anaesthetic.   | 1             |
| Ensures all equipment, instruments and accessories are available, and in working order. Accounts for all items used in the surgical intervention are intact, present and correct on closure.  | 1             |
| Contributes to the correct and safe positioning of patients.  | 2             |
| Maintains sterile integrity within the intra-operative phase and reports any breaches in asepsis.   | 1             |
| Manages appropriately all body tissue and fluid for investigation, disposal, burial or retention/transplant.  | 2             |
| Demonstrates knowledge and understanding of sterilisation processes, storage and handling of sterile stock and maintenance of instruments/equipment.  | 1             |
| Promotes health and safety in the workplace as listed on Pg.21 as well as advocating for occupational intra-operative safety standards such as 7Kg surgical crate weight limit and surgical-plume free environments.  | 1             |
| Contributes to improved perioperative patient outcomes as identified in national health campaigns listed in the 'Care and Continuity' Section; particularly the Safe Surgery New Zealand campaign by participating in surgical team briefings, paperless surgical safety checklists, debriefings, and supporting other surgical teamwork communication tools. | 4             |
| <b>Legal and Ethical</b>  | <b>Domain</b> |
| Adheres to the principles of the Treaty of Waitangi (te Tiriti o Waitangi) when caring for Māori patients.  | 4             |
| Practises in accordance with legislation, professional regulation and policies/guidelines relevant to the nursing scope of practice and the perioperative setting.  | 4             |
| Demonstrates and applies an accurate understanding of ethical principles within one's scope of practice.  | 1             |
| Reacts appropriately to concerns in relation to unethical or unsafe practices.  | 1             |
| Demonstrates the duty of care, preservation of dignity, privacy and confidentiality appropriately for patients and their family.  | 1             |
| Acts as a patient support and/or advocate.  | 1             |
| Demonstrates understanding of informed consent and takes appropriate action as required.  | 2             |
| <b>Leadership</b>   | <b>Domain</b> |
| Understands accountability for directing, monitoring and evaluating nursing care provided by enrolled nurses and other RN's, student nurses and HCA's.  | 1             |
| Takes into consideration the role, scope of practice and competence of staff when delegating work.  | 1             |
| Shows awareness of the cost of care and is prudent in the usage of material supplies.   | 4             |
| Makes appropriate decisions when assigning care, delegating activities and providing direction for enrolled nurses and others.  | 1             |
| Acts as a role model providing consistent delivery of quality patient care.   | 4             |
| Facilitates development opportunities for others in a safe manner.  | 4             |
| Identifies priorities of care based on clinical judgement of patients' health and information received.   | 2             |
| Manages resources in a responsible and accountable manner to ensure seamless delivery of care.  | 4             |

## 3.4 Specialty Knowledge and Skills for Perioperative Registered Nurses (Many)

In addition to the knowledge and skills demonstrated by ‘all’ perioperative nurses, ‘many’ perioperative nurses also demonstrate speciality knowledge and skills (as outlined in the below table). Examples of speciality perioperative nurses include but are not limited to clinical speciality nurses and RN assistant to the anaesthetist.

| <b>Specialty Knowledge &amp; Skills for ‘Many’ Perioperative Registered Nurses</b>  |               |
|---|---------------|
| <b>Interprofessional Practice</b>   | <b>Domain</b> |
| Liaises effectively with the IPT.   | 1             |
| <b>Care and Continuity</b>  | <b>Domain</b> |
| Ensures all members of the IPT are providing a safe and effective environment for efficient patient care.   | 1             |
| Is proactive in promoting and contributing to evidence based practice.  | 4             |
| Initiates quality improvement initiatives to monitor and improve perioperative patient care.  | 4             |
| Demonstrates sound knowledge of infection prevention principles, practices, and aseptic technique.  | 1             |
| Uses appropriate strategies to identify and manage patients with existing infection.  | 2             |
| Manages the perioperative environment to maximise infection prevention.   | 1             |
| Is a resource person for the unit for troubleshooting and speciality knowledge.   | 4             |
| <b>Surgical and Anaesthesia</b>   | <b>Domain</b> |
| Coordinates patient care across surgical and anaesthetic team requirements  | 4             |
| Demonstrates proficient practice within the various roles of perioperative nursing.   | 2             |
| Demonstrates an advanced understanding of the concepts of pain management and uses, documents and monitors appropriate perioperative pain management strategies in accordance with regulation and policy. | 2             |
| Demonstrates and applies an accurate and comprehensive understanding of ethical principles within one’s scope of practice.  | 1             |
| <b>Legal and Ethical</b>  | <b>Domain</b> |
| Is a resource for colleagues in relation to ethics and professional responsibilities and responds where appropriate.  | 1             |
| <b>Leadership</b>   | <b>Domain</b> |
| Prioritises patient care using speciality nursing skills and clinical judgement.  | 1             |
| Manages resources in a responsible and accountable manner to ensure seamless delivery of care.  | 4             |
| Maintains currency of speciality knowledge.   | 2             |
| Ensures less experienced staff are supervised as required.  | 1             |
| May participate in workplace activities such as being a member of a health and safety or infection prevention and control committee.  | 4             |



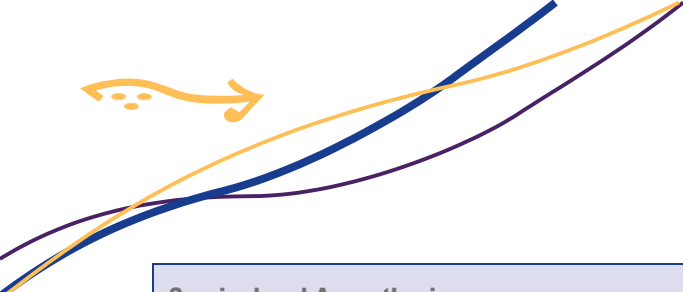
## 3.5 Advanced Knowledge and Skills for Registered Nurses (Some/Few)

**In addition to the skills and knowledge demonstrated by ‘all and many’ perioperative registered nurses, ‘some and few’ (advanced/ expert) perioperative nurses also demonstrate the below knowledge and skills.**

This section incorporates both ‘some and few’ in recognition that there is a dynamic progression of knowledge and skills in these perioperative nursing roles. Additional competencies must be demonstrated by nurses working in extended practice roles, as per NCNZ Guideline: Extended Practice for Registered Nurses (2011). Examples of advanced/expert speciality perioperative nurses include but are not limited to Clinical Nurse Educators, Clinical Nurse Specialists, Charge Nurse Managers, Clinical Nurse Managers, Associate Clinical Nurse Managers, Registered Nurse First Surgical Assistants, and Perioperative Nurse Leaders. Advanced perioperative nurses practising as a NP must be registered in the NP scope of practice.

The nursing domains below refer only to the competencies for registered nurses (NCNZ, 2007). For the nursing domains of the nurse practitioner, refer to the NCNZ (2012) ‘Competencies for the nurse practitioners scope of practice’.

| <b>Advanced Knowledge &amp; Skills for ‘Some/Few’ Perioperative Registered Nurses</b>  |               |
|--|---------------|
| <b>Interprofessional Practice</b>  | <b>Domain</b> |
| Role models and coaches Interprofessional practice through;  |               |
| • Communicating effectively with the IPT to promote patient safety.  | 1             |
| • Providing nursing leadership within the IPT.   | 4             |
| • Having excellent situational awareness to proactively, appropriately and promptly address any situational needs as they arise by applying perioperative crew resource management strategies.         | 2             |
| • Always demonstrating good collegial relationships and the highest degree of professionalism.   | 4             |
| • Collaborating, consulting and leading reflection on the effectiveness of nursing & IPT care, professional development, NCNZ requirements.  | 4             |
| <b>Care and Continuity</b>   | <b>Domain</b> |
| Role models and actively coaches to ensure perioperative care that is focused on patient safety and supports others to do the same.  | 2             |
| Leads quality improvement initiatives to monitor and improve perioperative patient care.   | 4             |
| Role models and actively coaches to ensure evidence-based practice in relation to health and safety, infection control, medication safety, and specimen management and supports others to do the same. | 1             |
| Is able to lead emergency scenarios and provide an advanced level of care.   | 1             |
| Leads debrief sessions and facilitates reflection following emergency scenarios.   | 4             |
| Participates in Interprofessional perioperative mortality reviews.   | 4             |



| <b>Surgical and Anaesthesia</b>   | <b>Domain</b> |
|---|---------------|
| Applies in-depth knowledge of anatomy, physiology, and pharmacology in relation to surgical and anaesthesia and share this knowledge with colleagues.   | 2             |
| Excels within the various roles of perioperative nursing.   | 2             |
| Assesses, interprets, contributes and leads the plan and implementation of perioperative care in collaboration with the anaesthetist and other inter-professional team members.   | 2             |
| Recognises the needs of the unconscious patient, applies the appropriate duty of care   | 2             |
| Demonstrates an in-depth understanding of the concepts of pain management and uses, documents and monitors appropriate perioperative pain management strategies in accordance with regulation and policy.                   | 2             |
| Observes for breaches in surgical asepsis, and manages the surgical environment.  | 1             |
| <b>Legal and Ethical</b>  | <b>Domain</b> |
| Practises in accordance with legislation, professional regulation and policies/guidelines relevant to the nursing scope of practice and the perioperative setting and is proactive in supporting colleagues to do the same. | 1             |
| Is proactive in ensuring current evidence practice is observed in relation to workplace policies and procedures.  | 4             |
| Role models the duty of care, preservation of dignity, privacy and confidentiality appropriately for patients and their family.   | 2             |
| Responds appropriately to concerns in relation to unethical or unsafe practices.  | 1             |
| <b>Leadership</b>   | <b>Domain</b> |
| Collaborates, consults and leads audit/ research/reflection on effectiveness of nursing & IPT care.   | 4             |
| Addresses disparities for Māori and ensures colleagues/service apply Te Tiriti o Waitangi into their nursing practice, while also role modelling this within their own practice.  | 1             |
| Engages with consumer groups to ensure perioperative services meets the needs of the population.  | 4             |
| Is proactive in ensuring own professional development. Undertakes post graduate education. Assists/ supports others in their professional development.  | 4             |
| Applies principles of organisation, human resources, stress and conflict management.  | 4             |
| Contributes to regional perioperative health policy and may participate on national perioperative working parties or advisory groups.   | 4             |

## 4.0 Glossary

**Associate Clinical Nurse Manager or Associate Charge Nurse Manager:** is a RN that performs a supportive role to the CNM and/or Nurse Manager. Provides continuing clinical coordination and expertise to enable an effective practice environment. Has delegated ongoing responsibility for aspects of the CNM role (e.g. performance management, rostering). Provides direct patient care as required. Provides clinical leadership for staff and assists with coaching and supervision as delegated (NZNO, 2012).

**Clinical Nurse Coordinator:** is a RN that coordinates people, systems and resources for a shift or group to ensure service delivery is efficient and effective. May contribute to supervision and coaching of nursing staff. No formal delegated management authority (NZNO, 2012).

**Clinical Nurse Manager or Charge Nurse Manager:** is a RN that manages the systems, processes and resources that enable staff to meet the needs of the patient/consumer/tangata whaiora in an efficient and effective manner. Manages people, systems and resources within a defined care area to ensure that service delivery is of a high standard. May include budget holding accountabilities. Responsible for one or more defined care areas. Provides professional leadership to the nursing team, developing the nursing services and monitoring quality, including standards of practice and service standards. Contributes to the achievement of strategic direction for defined care area/s (NZNO, 2012).

**Clinical Nurse Specialist:** is a RN that is focused on quality care delivery. Provides specialist nursing care and expertise, both in direct care delivery and in support to other staff in the management of a defined patient group/area of specialty practice. Researching, evaluating, developing and implementing standards of nursing practice in the specific area of practice. Leads the development of pathways, protocols and guidelines in the specific area of practice (NZNO, 2012).

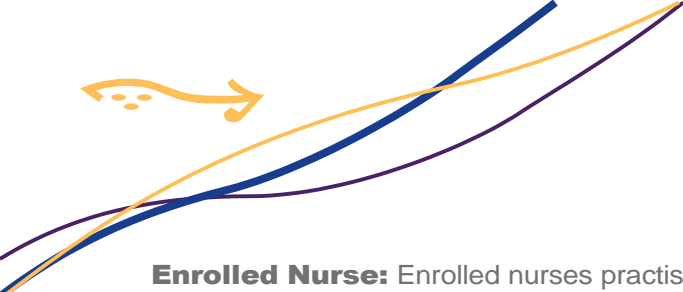
**Clinical Resource Nurse:** is a RN that provides clinical leadership, advice and support across a service. No delegated operational management responsibility after hours (NZNO, 2012). In some organisations this role may have similarities to a Clinical Nurse Manager or Charge Nurse Manager described previously.

**Delegation** is the transfer of responsibility for the performance of an activity from one person to another, with the former retaining accountability for the outcome.

- The delegation decision is a professional judgement made by a RN, taking into account the health status of the health consumer, the complexity of the nursing intervention required, the context of care, and the level of knowledge, skill and experience of the person who is to perform the delegated activity.
- The RN should ensure that the person who has been delegated the activity understands the nursing interventions required, knows when to ask for assistance, and when to report back to the RN.
- The RN retains responsibility for monitoring and evaluating the outcomes of the delegated nursing care (NCNZ, 2011; Canterbury District Health Board [CDHB], 2013).

**Direction** is the active process of guiding, monitoring and evaluating aspects of nursing care performed by another.

- Direction is provided directly when the RN is actually present, observes, works with and directs the person.
- Direction is provided indirectly when the person delegated the task is not constantly observed in their activities by the RN. The RN must be available at all times on the premises or immediately contactable by telephone (NCNZ, 2011; CDHB, 2013).



**Enrolled Nurse:** Enrolled nurses practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings. Enrolled nurses contribute to nursing assessments, care planning, implementation and evaluation of care for health consumers and/or families/whanau. The registered nurse maintains overall responsibility for the plan of care. Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumers' conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their assessed competence. In acute settings, enrolled nurses must work in a team with a registered nurse who is responsible for directing and delegating nursing interventions. In some settings, enrolled nurses may coordinate a team of health care assistants under the direction and delegation of a registered nurse. In some settings, enrolled nurses may work under the direction and delegation of a registered health practitioner\*. In these situations the enrolled nurse must have registered nurse supervision and must not assume overall responsibility for nursing assessment or care planning. Enrolled nurses are accountable for their nursing actions and practice competently in accordance with legislation, to their level of knowledge and experience. They work in partnership with health consumers, families/whanau and multidisciplinary teams.

\*A person who is registered under the Health Practitioners Competence Assurance Act e.g. midwife, medical practitioner, occupational therapist. (NCNZ, 2012d). ENs are unable to perform anaesthetic nurse role. ENs wishing to perform this role need to complete the anaesthetic technician training programme.

**Interprofessional team (IPT):** Involves teams of nurses, doctors and allied health professionals working collaboratively (as opposed to within each professional group) to meet a patient's holistic needs (Quick, 2011).

**Nurse Consultant:** is a RN that provides professional nursing leadership, consultancy and advice. Increases the effectiveness of patient care delivery by leading and developing quality improvement projects and facilitating development and maintenance of frameworks for policy and education. Facilitates nursing input into policy and framework decisions, at an organisational level. May perform other responsibilities as delegated by the director of nursing (NZNO, 2012).

**Nurse Educator:** is a RN that facilitates learning that may include:

- Development and/or delivery of education programmes and resources that apply within the service.
- Delivery in both clinical and classroom settings.
- Meeting quality and safety standards.
- Developing the competency and capability of the nursing workforce.
- Informing and contributing to the development of organisational policy (NZNO, 2012).

**Nurse Manager:** is a RN that is responsible for the efficient and effective operational management of a perioperative service/services. Manages and leads the people, systems, processes and resources that facilitate efficient and effective service delivery. Responsible for business planning, financial, human resource management and budget accountabilities for the service/facility. Contributes to the development of the strategic direction of the organization (NZNO 2012).

**Nurse Practitioner:** Nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs. They provide a wide range of assessment and treatment interventions including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whanau and communities across a range of settings. Nurse Practitioners prescribe medicines within their specific area of practice. Nurse Practitioners also demonstrate leadership as consultants, educators, managers and researchers and actively participate in professional activities and local and national policy development (NCNZ, 2012).

**Post Anaesthetic Care Unit:** The primary purpose of the Post Anaesthetic Care Unit (PACU) is the critical evaluation and stabilisation of the post-operative patient with emphasis on the anticipation and prevention of complications' resulting from anaesthesia or surgical procedure (Drain, 1994).

**Registered nurse:** Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses, healthcare assistants and others. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice (NZNC, 2007).

**Specialty Clinical Nurse:** Is a perioperative RN that works in a narrow field but with more in-depth knowledge and skills than an RN. They enhance health outcomes for patients by working directly with them and the IPT to provide assessment, care and education within a specific area of practice. Contributes to development of pathways, protocols and guidelines in the specific area of practice (NZNO, 2012).



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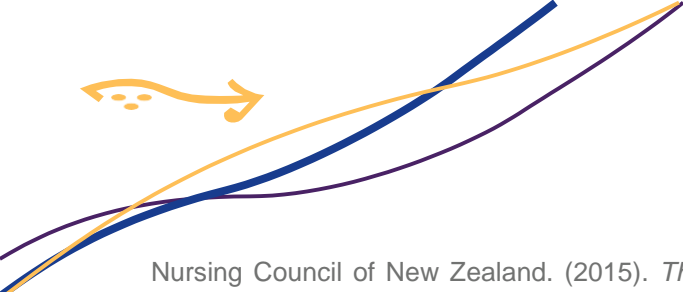
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## 6.0 Appendix 1: Enrolled Nurse Scope of Practice and professional development levels

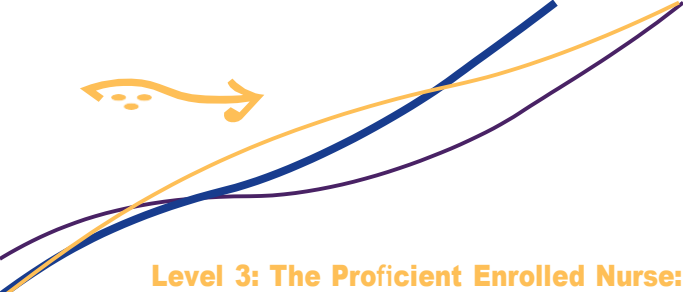
| <b>ENROLLED NURSE (EN) NCNZ DOMAINS OF PRACTICE</b>   |  |
|---|--|
| <b>Domain one: Professional Responsibility</b>  | <b>Domain two: Provision of Nursing Care</b>   |
| This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being accountable for one's own actions and decisions within the enrolled nurse scope of practice. | This domain contains competencies related to assessment and provision of nursing care for health consumers when working under the direction of a registered nurse. |
| <b>Domain three: Interpersonal Relationships</b>  | <b>Domain four: Interprofessional Healthcare &amp; Quality Improvement</b>   |
| This domain contains competencies related to interpersonal communication with health consumers, their families/whanau and other nursing and healthcare staff.   | This domain contains competencies related to working within the interprofessional health care team and contributing to quality improvement.                        |

### Level 1: The New Graduate Enrolled Nurse:

- Is a newly Enrolled Nurse with a practising certificate.
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.
- Works in close collaboration with other health practitioners.
- Provides nursing care to the elderly or those requiring assessment or rehabilitation.
- Is reliant on learning from the experience of other nurses and his/her own experience.
- Learns from appropriate delegated tasks.
- Is able to manage and prioritise assigned client care/workload under direction.
- Learns and develops confidence from practical situations.
- Is guided by procedures policies and protocols.

### Level 2: The Competent Enrolled Nurse:

- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.
- Applies knowledge and skills to practice.
- Has developed experiential knowledge.
- Is confident in familiar situations.
- Is able to manage and prioritise assigned client care/workload.
- Demonstrates increasing efficiency and effectiveness in practice.



### **Level 3: The Proficient Enrolled Nurse:**

- Develops partnerships with clients that implements Te Tiriti o Waitangi in a manner which the client determines is culturally safe.
- Utilises broad experiential knowledge to provide care.
- Contributes to the education of Enrolled Nurse students, new graduate Enrolled Nurses, care givers/ healthcare assistants, competent and proficient Enrolled Nurses.
- Acts as a role model and leader to their Enrolled Nurse peers.
- Demonstrates increased knowledge and skills in a specific clinical area.
- Is involved in service, professional or organisational activities.

### **Level 4: The Accomplished Enrolled Nurse:**

- Develops partnership with clients that implement Te Tiriti O Waitangi in a manner which the client determines is culturally safe.
- Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse scope of practice.
- Contributes to the management of changing workloads.
- Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution.
- Undertakes an additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.
- Actively promotes understanding of legal and ethical issues.
- Contributes to quality improvements and change in practice initiative.
- Acts as a role model and contributes to leadership activities.

## 6.1 Appendix 2: Registered Nurse Scope of Practice and professional development levels

| <b>REGISTERED NURSE (RN) NCNZ DOMAINS OF PRACTICE</b>  |   |
|--|---|
| <b>Domain one – Professional Responsibility</b>  | <b>Domain two – Management of Nursing Care</b>  |
| This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for their own actions and decisions, while promoting an environment that maximises client safety, independence, quality of life and health. | This domain contains competencies that relate to client assessment and managing of client care, which is responsive to the client/clients' needs, and which is supported by nursing knowledge and evidence based research.        |
| <b>Domain three – Interpersonal Relationships</b>  | <b>Domain four – Interprofessional Healthcare &amp; Quality Improvement</b>   |
| This domain contains competencies that relate to interpersonal and therapeutic communication with clients and other nursing staff, and interprofessional communication and documentation.  | This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team. |

### Level 1: The New Graduate Registered Nurse:

- Is a newly Registered Nurse with a practising certificate.
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determine is culturally safe.
- Is a multi-skilled beginner nurse with theoretical and practical student experiences.
- Is able to manage and prioritise assigned client care/workload with some guidance.
- Is reliant on learning from the experience of other nurses and her/his own experience.
- Learns and is developing confidence from practical situations.
- Is guided by procedures policies and protocols.

### Level 2: The Competent Registered Nurse:

- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.
- Effectively applies knowledge and skills to practice.
- Has consolidated nursing knowledge in their practice setting.
- Has developed a holistic overview of the client.
- Is confident in familiar situations.
- Is able to manage and prioritise assigned client care/workload.
- Demonstrates increasing efficiency and effectiveness in practice.
- Is able to anticipate a likely outcome for the client with predictable health needs.
- Is able to identify unpredictable situations, act appropriately and make appropriate referrals.



### **Level 3: The Proficient Registered Nurse:**

- Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety.
- Has a holistic overview of the client and the practice context.
- Demonstrates autonomous and collaborative evidence based practice.
- Acts as a role model and a resource person for other nurses and health practitioners.
- Actively contributes to clinical learning for colleagues.
- Demonstrates leadership in the health care team.
- Participates in changes in the practice setting.
- Participates in quality improvements in the practice setting.
- Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes.

### **Level 4: The Expert Registered Nurse:**

- Guides others to implement culturally safe practice to clients and apply the principles of Te Tiriti o Waitangi.
- Engages in Postgraduate level education.
- Contributes to specialty knowledge.
- Acts as a role model and leader.
- Demonstrates innovative practice.
- Is responsible for clinical learning/development of colleagues.
- Initiates and guides quality improvement activities.
- Initiates and guides changes in the practice setting.
- Is recognised as an expert in her/his area of practice.
- Influences at a service, professional or organisational level.
- Acts as an advocate in the promotion of nursing in the health care team.
- Delivers quality client care in unpredictable challenging situations.
- Is involved in resource decision making/strategic planning.
- Acts as leader for nursing work unit/facility.
- Within the Perioperative environment examples of level 4 expert nurses include, but are not limited to clinical nurse specialists and RNFSAs. As RN's transition into specialty nursing roles their competence will advance. For example, a beginning CNS may commence at the proficient level but develop into an expert.

## 6.2 Appendix 3: Nurse Practitioner Scope of Practice

| <b>NURSE PRACTITIONER (NP) NCNZ DOMAINS OF PRACTICE</b>  |  |
|--|--|
| <b>Domain one – Professional Responsibility and Leadership</b>   | <b>Domain two – Management of Nursing Care</b>   |
| This domain contains competencies that relate to professional understanding of the role of the nurse practitioner and the associated responsibilities and leadership. This includes competencies reflecting the ability to provide clinical leadership to population/client groups and within the profession of nursing. | This domain contains competencies related to independent and collaborative practice in delivering and managing client care within a specialty area of practice. The practice of a nurse practitioner is at an advanced level and extends across a range of situations and contexts. Competencies include the ability to think critically and to advance nursing practice and health care outcomes. |
| <b>Domain three – Interpersonal &amp; Interprofessional Care &amp; Quality Improvement</b>   | <b>Domain four – Prescribing Practice</b>  |
| The nurse practitioner operates within a nursing framework and ensures the centrality of the client in all aspects of practice. Health outcomes are evaluated and advanced through quality improvement and scholarship activities.   | Nurse Practitioners are able to prescribe under the Medicines Amendment Act 2013. This domain describes the competencies to be achieved by those applicants seeking prescribing rights.  |



## Notes



