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KAITIAKI O AOTEAROA



# The Dissector

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

December 2024 – February 2025 Volume 52, Number 3

## 2024 PNC CONFERENCE

Wellington a spectacular success • Free Paper presentations  
2024 PNC Award Winners • PNC AGM Reports



### FROM THE ARCHIVES

Registered Nurse First Surgical Assistant

### HISTORY

Recap of the College's first 50 years

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# Congratulations are in order

Tēnā koutou katoa. Welcome to Volume 52, Number 3 of *The Dissector*, simultaneously the last issue of 2024 and the first issue of 2025 (December 2024 – February 2025).

First of all, I wish to extend my congratulations to the Wellington Perioperative Nurses College (PNC) Conference Organising Committee for a well-planned and successful 2024 conference at Te Papa. It was wonderful to travel back to my home town and wander around the city in-between Committee meetings and conference days.

The conference was held in our wonderful national museum, Te Papa, and though I didn't have time to visit the museum exhibitions, I did enjoy browsing the gift stores; my bag was certainly very full on the flight home!

The conference theme '*Embracing the Future-Everything Counts*,' was aptly chosen and reflected throughout the presentations.

This issue of *The Dissector* provides a summary of the conference presentations, along with the annual National Committee reports for 2023-2024.

## Our history

Embracing our history, we celebrated the 50<sup>th</sup> anniversary of the Perioperative Nurses College at the 2024 conference. It is important to celebrate and acknowledge our founding members who paved the way for the wonderful organisation we have today.

It is worth reminding members that the founders of what has become the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC<sup>NZNO</sup>) were Wellington-based. As Karen reports, it was in November 1969 that these theatre nurses met to discuss forming an operating nurses speciality group for the Wellington region.

Four years later they held a one day 'seminar' and invited operating theatre nurses from all around the country, with an astounding 187 registering. This was well before email or social media were even thought of, let alone a daily reality. It was from this that our present-day College was forged, and the name 'seminar' changed to 'conference', extending from a single day to the three-day affair we now enjoy.

The next PNC Conference will be hosted by the Auckland Region.

For those unable to attend our Conference, we have re-published Karen Hall's presentation on the history of the College in this issue. Karen focused on a few events and a few people who initiated and drove what has become our College. These pioneers are an inspiration to all of us.

It is interesting to see that the same names come up time and again; their hard work and persistence is clear to see, and we should all be very grateful for the foundations that they laid for perioperative nursing in this country.

## RNFSA

From the Archives this issue we have Kris Kvik's article '*Expanding roles: the Registered Nurse First Surgical Assistant*'. This was first published in the June 2014 issue (Vol. 24, No. 1). We again must thank Karen Hall for her diligence in the archives of the New Zealand Nurses Organisation to bring us these treasures.

Kris discusses this advanced practice role and the benefits that nurses bring to assisting surgeons to perform safe surgical procedures.

Next issue keep an eye out for Jean Koorey's article from the archives, '*Documentation of the Surgical Count*'. Ensuring none of our patients have any surgical items retained continues to be one of an OR nurse's key accountabilities, so watch for this article.

## Medical Imaging

We are still looking for an Editorial Committee member with a medical imaging background. If you are interested in joining us, please consider submitting a letter expressing your interest with a copy of your CV to the PNC secretary at: [periop.sec@gmail.com](mailto:periop.sec@gmail.com) Send a copy to *The Dissector* Chief Editor at: [dissector.editor@gmail.com](mailto:dissector.editor@gmail.com).

For further information on the role and responsibilities of the editorial committee please contact the Chief Editor.

Finally, I trust you all had a safe and happy festive season and hope you got a chance to stop, refresh and recharge your batteries.

We look forward to hearing from you with ideas for articles and how we may improve the journal. Do not be shy!

Noho ora mai.

— Bron Taylor, Chief Editor

## The Dissector

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### Touching Base

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Ruahine-Egmont - Mirelle Quin

Hawkes Bay – Ashley Walker

Wellington – Amber Cox

Canterbury-West Coast-Nelson-Marlborough  
– Rebecca Porton-Whitworth

Otago – Southland – April-Lily Sule

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# A new hand on the helm

Kia ora all, it is my honour to introduce myself as the new interim chair for the Perioperative Nurses College of the New Zealand Nurses Organisation PNC<sup>NZNO</sup>). I am thrilled and honoured to introduce myself as a part of this incredible community of perioperative nurses. My name is Emma Ladley (formerly Emma Lineham) as I got married on November 8, 2024.

A little about me. I was born in Hawaii but grew up in Nelson. All of my family members on my father's side are either teachers or nurses, so it was almost genetic that I became a nurse.

I went into nursing wanting to work in operating theatres and when I graduated in 2017, I was stoked to be placed at an elective orthopaedic surgical hospital. My passion for the perioperative field only grew over the years I was there. I completed my Master's Degree in 2023, which is the same year I joined the National Committee, representing Canterbury-West Coast/Nelson-Marlborough. I am now the orthopaedic team leader at Forte Health in Christchurch. However, I am more excited to step into this role as PNC Chairperson and join all of you in pushing the boundaries of nursing and healthcare innovation.

I am excited for my year as interim chair and look forward to connecting with all of you, thorough these Table Talks, meetings and webinars that we have planned for 2025.

I would like to thank Cassandra Raj, for her support in this role and everything she has done for the College over the years. I would also like to thank Suzanne Rolls, our Professional Nurse Advisor, the Professional Practice

Committee and *The Dissector* Editorial Committee for everything they do to help advance the perioperative nursing field. Lastly, I would like to thank the conference team for putting on an amazing 2024 conference in Wellington.

This was the 48<sup>th</sup> PNC Conference and it was nothing short of inspiring. Centred around the theme "*Embracing Our Future – Everything Counts*," we explored a range of forward-thinking approaches and cutting-edge technologies that are reshaping how we deliver care. The energy and passion in every session was palpable, and it was clear that we are on the brink of something extraordinary.

The discussions and networking opportunities provided an excellent platform to share ideas, learn from each other, and set the stage for the future of nursing. This is all a reflection on the great work College members all do on a day to day basis.

I am looking forward to getting more members through connecting with undergraduate students and highschoolers about PNC and highlighting the benefits to increase our membership in the existing workforce.

I really look forward to representing perioperative nurses, both nationally and internationally. My highlight as my past year as Vice Chair was meeting with the Health Minister, a relationship I aim to maintain into 2025.

Together, we will continue to embrace these advances and work toward improving patient care and outcomes. I'm looking forward to collaborating with each of you as we move forward with excitement and optimism for what lies ahead.

— Emma Ladley, Chairperson, Perioperative Nurses College of the New Zealand Nurses Organisation.



Incoming and Outgoing Chairs - Emma Lineham and Cass Raj at Parliament (Suzanne in the background).

# Expression of Interest for



We invite all Waikato Hospital Theatre Nurses who worked between 1960 and 2015, and still working, to please contact a member of the organising committee with an expression of interest, including contact details and any know contact details of others who worked there in this time frame. Our last reunion was in 2010.

We would love to see you there!

**Date:** 17<sup>th</sup> May 2025, 11am – 5pm

**Venue:** Waikato Suite 1, Sky City, Victoria St, Hamilton

**Format:** Registration  
Meet and Greet  
Welcome  
Luncheon (Cash bar facilities available)  
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**Accommodation:** Onsite at Sky City - discount available - or hotels nearby. Book your own.

## Organising Committee Contacts:

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Jean Petterson 021 057 9318 or 078566550

## Shona Matthews retires

After almost 30 years of work in Radiology at Greenlane Clinical centre in Auckland, Shona Matthews “hung up her lead apron” for the last time, retiring on Thursday December 12, 2024.

Shona will be greatly missed by all the Radiology team at Greenlane — not only the nurses.

Shona’s nursing career began in Wellington in 1974 in the second intake of comprehensive nursing students. Post registration she worked in Northland Base Hospital in general medicine and coronary care with a move to Auckland to undertake the cardiothoracic course at Greenlane Hospital in 1979. After working there for a year she moved overseas, returning to New Zealand in 1982 and a role as Charge Nurse in Theatre Recovery in Whangarei. With the arrival the first of her three children, Shona had four years away from nursing and living in various parts of New Zealand.

On return to Auckland, she worked as a bureau Staff Nurse at Green Lane Hospital, predominantly in Cardiac Day Stay and Radiology. At this stage postgraduate study also began, with an upgrade of her diploma to a bachelor degree. She became a permanent member of the Radiology team in 2000. When vascular radiology moved to Auckland Hospital, Shona took the role of Nurse Coordinator at Greenlane Clinical Centre (GCC) for Radiology.

A Master’s degree was completed in 2011.

In April 2019 she became Clinical Charge Nurse for Radiology at GCC, a position she executed to the highest of standards.

For many years, she played an active part in the



professional group supporting and advancing the role of Radiology Nurses, firstly with the Cardiology, Radiology & Imaging Specialist (CRISP) Nurses group. When this group voted to become an integral part of the Perioperative Nurses College (PNC) in 2009, Shona quickly put her name forward for the Auckland & Northland Regional Committee, of which until very recently she was still an active member. She also joined the Editorial Committee for the college journal *The Dissector* in May 2010, initially in an ex officio role, replacing Fiona Unaç, who served as the ex-officio representative of the Medical Imaging Nurses during the transition phase and provided valuable input into the December 2009 and March 2010.

Shona soon became a full member of the Editorial Committee and served in that role for five years before being appointed Editor in 2015, a role she filled for another six years, stepping down with the publication of the December 2020 issue.

To help out, Shona then served another four years on the Editorial Committee, finally stepping down in October 2024. All together, Shona Matthews has served *The Dissector* for 16 years, a record in the journal’s 50-year history.

Over the years Shona has shared her vast knowledge with Radiology nurses throughout New Zealand through her presentations at Conferences and study days, and numerous articles in *The Dissector*.

In 2023 Shona was awarded the ‘Tina’ Ackland Memorial Education Award in acknowledgement of her outstanding service to the perioperative community.

Thank you Shona for your many years of hard work and friendship.

— Gillian Martin, Radiology Nurse Specialist, PGdip, VABC

## Perioperative Trauma Care Course

From August 4-6, 2025 Auckland City Hospital’s Trauma Service is hosting The Definitive Surgical Trauma Care (DSTC), the Definitive Anaesthetic Trauma Care (DATC), the Definitive Perioperative Nurses Trauma Care (DPNTC) and the Definitive Anaesthetic Assistants Trauma Care (DAATC) courses.

Registration is now open. Go to: [DSTC Course NZ - New Zealand Association of General Surgeons](#)

The course is the perfect opportunity to focus on:

- Surgical decision-making in complex scenarios
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The Definitive Perioperative Nurses Trauma Care (DPNTC) and Definitive Anaesthetic Assistant Trauma Care (DAATC) courses are held in conjunction with the DSTC and DATC courses. They are aimed at instrument/scout (scrub/circ) and anaesthetic nurses or technicians with a minimum of two

years’ recent clinical experience in a perioperative setting, allowing them to develop their knowledge and skills in a multidisciplinary environment.

For perioperative nurses, the DPNTC course provides equivalent hours towards annual continuing professional development (CPD) as outlined by the Nursing and Midwifery Board of Australia.

DPNTC Course for nurses or anaesthetic techs – \$1025 NZ plus GST (\$1178.75)

For enquiries contact: Bron Taylor on [btaylor@adhb.govt.nz](mailto:btaylor@adhb.govt.nz) or email [Auckland Trauma](#) for further registration information if required.

	Registration Convene	Sessions Start	Sessions End	
<b>Day 1</b>	07:15	08:30	17:30	18:00 <b>Course Dinner</b>
<b>Day 2</b>	07:45	08:00	17:00	
<b>Day 3</b>	07:50	08:00	16:45	17:00 <b>End of Course</b>

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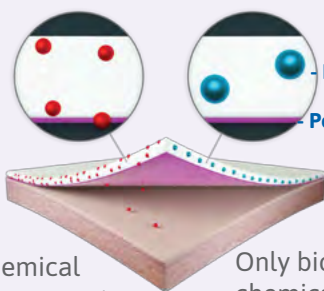
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# Perioperative Nurses College<sup>NZNO</sup>

## 2024 Awards

Seven awards totalling \$5000 were presented at the 2024 Perioperative Nurses College<sup>NZNO</sup> (PNC) Annual General Meeting, run as part of the 48<sup>th</sup> PNC Conference in Wellington.

### DEBBIE BOOTH MEMORIAL TRAVEL AWARD

This \$1500 Award sponsored by Obex Medical was made for the best perioperative practice focused paper presented at the Free Paper Session.

The award was inaugurated in 1987 following the donation of a silver rose bowl by Debbie Booth's parents to honour their daughter's memory. Debbie Booth undertook her radiographers training in Christchurch but instead of sitting her final exams she decided to go nursing at the Christchurch Technical Institute. Following an overseas trip, she went to work at Greenlane Hospital in Auckland and completed the Cardio-Thoracic Course after which she spent a few months working in C.I.R. In 1982 she was appointed Charge Nurse to the Radiology Department in Christchurch Hospital, the first Technical Institute trained Charge Nurse there.

With Linda Robert (then the Managing Director, Obex Medical), June Carpenter and Jenny Smith, Debbie was one of the founder members of the Cardiology and Radiology Interventional and Special Procedures (CRISP) Nurses NZ, which held its first annual meeting in 1985.

CRISP was a national body set up to help bring nurses working in the Cardiac Catheter Lab and Interventional Radiology field together and facilitate sharing of information and experience.

Debbie presented a paper on Stone Removal at the inaugural meeting but tragically, a month later, on October 27, 1985, she died.

Two years later the first Debbie Booth Memorial Travel Award was presented at the CRISP Conference. Following the Medical Imaging Nurses joining the Perioperative Nurses College in November 2009, the award has continued to be presented annually.

From the outset, the award has been sponsored by Obex Medical.

For 2024, the Debbie Booth Memorial Award went to **Assunta Rodrigues** for her presentation *Exploring Electrosurgical Smoke Control Practices among New Zealand Operational Theatre Personnel: A Qualitative Study*.

### DEBBIE BOOTH MEMORIAL TRAVEL RUNNER-UP AWARD

This award of \$500 is sponsored by Boston Scientific and for 2024 it was awarded to **Shona Matthews** for her presentation: *Developing a Patient-Focussed Outpatient Radiology Service*.



Assunta Rodrigues (left) receives the Debbie Booth Memorial Travel Award from Obex Medical's Gina Boniolo.



Shona Matthews receives the Debbie Booth Runner-up Award from outgoing PNC College Chair Cassandra Raj, acting on behalf of Boston Scientific.

## BEST ARTICLE IN THE DISSECTOR

A grant of \$1000 is awarded each year to the PNC member who is the author of the best article published in *The Dissector* in the preceding 12 months. For 2024 the award was sponsored by REM Systems.

Reflecting the quality of articles submitted for publication, there were four finalists for the Editorial Committee to make their final determination. They were:

- Liying Duan, *Vasovagal syncope prevention and management*, Volume 51 (2), September 2023;
- Rebecca Porton-Whitworth, *Friends of Fiji Heart Foundation (FOFHF) Mission Colonial War Hospital, Suva* – 2023, Volume 51 (3), January (December) 2024;
- Murray Hart, *Trans-catheter Aortic Valve Implantation the keys to Best Practice Outcomes*, Volume 51 (3), January (December) 2024;
- Rebecca Porton-Whitworth, *Christchurch leads NZ in Endoscopic Vein Harvesting for coronary artery bypass surgery*, Volume 51 (4), March-May 2024.

For 2024, the award went to **Rebecca Porton-Whitworth** (Christchurch). The Editorial Committee felt that Rebecca's article was comprehensive, descriptive and well written with an abundance of beautifully applicable illustrations. It clearly reflected Rebecca's personal experience and in-depth knowledge of this innovative new technology. We really enjoyed the inclusion of the research and background to the development of the technique and implementation within her department (please note that Rebecca was excluded from the judging panel for this award due to a potential conflict of interest).

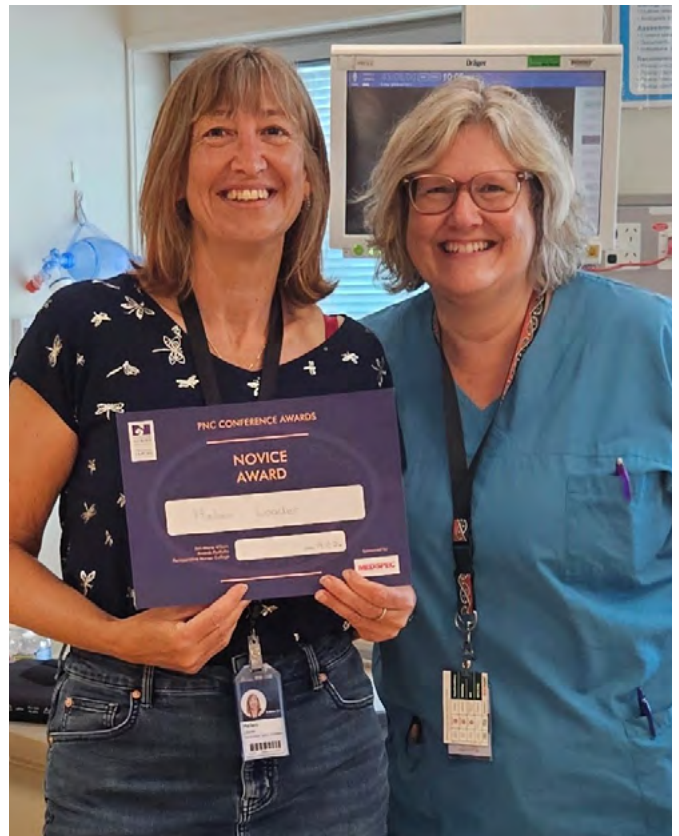
## BEST ARTICLE IN THE DISSECTOR FROM A FIRST TIME AUTHOR

**MEDSPEC Novice Writers Award** (\$750) Sponsored by MEDSPEC. The finalists were:

- Helen Loader (and Rachael Parke), *Post-discharge nausea and vomiting in ORL day stay patients*, Volume 51 (2),



Abrie Potgieter, REM Systems' National Sales Manager – Medline presents the Best Article Award to Rebecca Porton-Whitworth.



Helen Loader with her PACU colleague Karen Smedley.

September 2023;

- Emma Lineham & Dr Isabel Jamieson, *Challenges of implementing multi-professional team briefing & debriefing for surgical cases*, Volume 52 (1), June-August 2024.

The award went to **Helen Loader** (and Rachael Parke, Auckland). The Editorial Committee was very impressed with Helen's article on her original research. They wanted to acknowledge that her manuscript required minimal editing, which is an achievement even for an experienced author. It was considered that the article was relevant and transferable to PACU clinical practice and therefore well deserving of the Novice Writers award.

## CHRISTINA ACKLAND AWARD

The Christina 'Tina' Ackland Memorial Education Award for Services to Perioperative Nursing was inaugurated in 2012 in memory of Wellington Perioperative Nurses College stalwart Tina Ackland. Long time medical company representative Shirleyann Gray worked very closely with Tina and Mr Swee Tan the Plastics and Reconstructive Surgeon at Hutt Hospital. She, along with Downs Distributors' Managing Director Ann Watkin felt Tina deserved recognition because of her dedication. Downs sponsored this award until the company ceased trading in 2020.

The award is to acknowledge individual Perioperative Nurses College (PNC) members for their outstanding service to the perioperative community. For 2024 the \$750 award was sponsored by the Wellington PNC Region. The award went to former PNC Chair **Juliet Asbery**, who was also part of the 2024 PNC Conference Organising Committee.

## DALLAS JESSIMAN AWARD

Dallas Jessiman (February 25, 1941 – May 7, 1999) was one of the founding members of the Theatre Nurses Special Interest Section of the New Zealand Nurses Association, the forerunner to the present College. She began her nursing career in April 1959 and was the mentor to many of today's senior perioperative nurses and theatre managers. Each year the Perioperative Nurses College makes an award of \$500 to a PNC member who attends the PNC National Conference and AGM for the first time.

Drawn by ballot at the biennial conference Annual General Meeting, which applicants must attend. The recipient will write a resumé of the educational benefits of the programme they attended at the conference, which will be published in *The Dissector*. For 2024 the award went to Rebecca Woods (Hawkes Bay).

## SERVICES TO PERIOPERATIVE NURSES COLLEGE <sup>NZNO</sup>

This award enables PNC to acknowledge the contribution of individual members to the work of the College at a national level. The nominee must be a current or past PNC member who has/had a commitment to PNC and who has made a superior contribution to the national work of PNC. This



Long time PNC member and former College Chair Juliet Asbery (right) is presented with the Christina Ackland Award by Wellington Committee member Jenny Kendall.



Outgoing PNC College Chair Cassandra Raj presents the Dallas Jessiman Award to Rebecca Woods (right).

contribution could be made in any area of PNC activities at a national and/or international level. The award is made by the PNC National Committee and confers Life Membership to the recipient, which includes paid membership and Journal Subscription. There were no nominees in 2024.

## CATHERINE LOGAN MEMORIAL AWARD

Catherine Margaret Logan RN, RM, MA, (1946-2006) dedicated her nursing career to the Perioperative Nursing speciality. Catherine was passionate about the quality of care for patients and had a life-long interest in standards, ethics, research and education. Each year a grant of \$500 sponsored by PNC National Committee is available to a PNC<sup>NZNO</sup> member undertaking/completing post-graduate study with a perioperative focus. Applicants must supply proof of enrolment in their postgraduate study. There were no Nominees for 2024

## PERIOPERATIVE NURSES COLLEGE EDUCATION AWARD

An award of \$500 is sponsored by PNC National Committee. This is to support perioperative nurses for further education. Proposal to be on a subject relevant to perioperative nursing care, education, research or management. There were no nominees for 2024

For more information on the PNC Awards, please go to our website: [PNC Awards](#)

## PAUL DUKE AWARD

This award is in remembrance of former Orthocare and Richards Medical representative Paul Duke. In 1990, Paul, who was a keen outdoorsman, was drowned in a white-water rafting accident.

In his memory, the then chief executive of the Medical Technology Association of New Zealand (MTANZ), Faye Sumner donated a trophy to be awarded to the company judged to have the best stand at the Perioperative Nurses Conference. For 2024 the award went to the revitalised **Device Technologies**.



Perioperative Nurses College awards coordinator Jan-Marie Wilson (left) presents the Paul Duke Award to the Device Technologies team (left to right): Bridget Road, Reynard Business Manager, Jessica Lane, Surgical Solutions Product Specialist and Jennifer Spencer Wells, Senior Business Manager and Strategic Partnerships.

# Embracing the Future Everything Counts

By Juliet Asbery

It was a pleasure to be part of the Wellington Conference Organising Committee for the 2024 Perioperative Nurses Conference at Te Papa in October. The Conference Committee was led by Reggie Williams, who managed to keep us all on track and developed a fantastic programme for the event. Reggie was supported by myself, Karen Hall, Amber Cox, Judith De Wilde, Grace Cui and Jenny Kendall. Throughout the journey we were supported by the professional conference organising company Composition.

Our Conference theme, 'Embracing the Future-Everything Counts', was chosen to reflect the dynamic environments that perioperative nurses are involved in and how this is always evolving.

We included the phrase 'everything counts' to emphasise the importance of the details of the work that perioperative nurses carry out every day. These range from regular day-to-day tasks to extremely complex nursing decisions. At the foundation of all this work is patient care and safety, and this was reflected throughout the conference.

## Free Paper Session

We started our conference with the traditional free paper sessions on Thursday afternoon:

Sandra Millis presented her session *Scrub versus Rub* which looked in detail at the traditional wet surgical scrub versus surgical hand rubs. She presented valuable data to support the safety and efficacy of surgical hand rubs and talked us through innovations at her workplace to introduce this. She even managed to provide the evidence to convince her Orthopaedic surgeon colleagues to change their practice!

Assunta Rodrigues presented her work on *Exploring Electrosurgical Smoke Control Practices among New Zealand*

*Operational Theatre Personnel: A Qualitative Study*. This in-depth presentation demonstrated the quality and details that had gone into the study and will support safe electrosurgical smoke control practices in the future.

Shona Matthews presented her work on *Developing a Patient-Focussed Outpatient Radiology Service*. Shona took us through the development of a service that is effectively managing the increasingly complex and unwell patient groups that are seen by her Radiology Service. This session showed us how clinical nursing leadership, service planning, and high quality care can benefit patient services for our ageing population.

A session on *Nurse Led Surgical Skin Lesion Clinics-An innovative model of care to tackle Skin Cancer in New Zealand* was presented by Juliet Asbery. This session looked at the development of a Nurse Practitioner led skin lesion excision surgical clinic at Capital, Coast and Hutt Valley, Te Whatu Ora | Health New Zealand. Juliet demonstrated a sustainable model of care designed to manage increasing numbers of skin cancer presentations.

*Surgical Safety and the Sterile Cockpit-a Comparison* was delivered by Ben McIntyre. This session reminded us all of the importance of identifying when the team needs to pause to pay particular focus to patient care during critical times of the perioperative journey. The similarities between the take-off and landing of aeroplanes as a critical time for focus were identified and discussed in detail.

All the Free Paper Sessions triggered questions from the audience and suggestions from the floor. It was so good to see an active audience so interested in all our speakers' topics.

Following the Free Paper sessions, we had our traditional welcome reception which celebrated the opening of the



Conference Dinner. The Hawkes Bay challenge winners with Percy.

industry exhibitions. We were very well supported by our Trade Stands and Sponsors. Particular thanks goes to our Platinum Sponsor REM Systems, and Gold Sponsors Evolution Healthcare and Stryker. We all know that without our Trade Stands and Sponsors the PNC Conference would not be possible.

## Main Session and Concurrent Sessions

We had many inspirational keynote and concurrent speakers on the Friday and Saturday. I have focussed on a few that held particular meaning to me, but I am sure many others had their own personal favourites.

These sessions certainly reflected our theme. I particularly enjoyed Bron Taylor's session *Cutting Edge Collaboration*. This session demonstrated how nursing leaders in the perioperative environment are tackling a changing workforce and making positive moves to strengthen working relationships with our colleagues.

Karen Hall's session on the History of the Perioperative Nurses College showed us all that change is not something new; perioperative nurses have a history of embracing changes, adapting, and all the while upholding the professional values of nursing and patient safety.

Keynote speaker, Rita Yang's session on *Gender Affirmation Surgery* reflected important innovations in the future of the perioperative environment. Her session focussed on the patients and how our care needs to be inclusive, safe and innovative. I particularly appreciated how she demonstrated that even small adjustments can have a positive impact on the patient's quality of life and care pathway.

Our programme provided opportunities for attendees to develop their social and cultural competence by delivering informed, safe and appropriate care to our patients. Dean Cowles delivered an inspiring session that demonstrated the importance and value of cultural competency in the perioperative environment.

## Speakers & Networking

There were so many inspirational speakers. As the Organising Committee, we wish to thank everyone who volunteered their time and shared their knowledge so effectively. Personally, I particularly appreciate nurses who have never delivered a session at a conference taking the brave step to do so at ours. You all did an amazing job—the numbers of attendees at concurrent sessions showed how much your colleagues value your time and presentations.

Aside from the valuable learning opportunities, one of the most beneficial aspects of our conferences are the opportunity to network with colleagues old and new. The ability to see each other face to face and have robust discussions allows everyone to grow and develop professionally as nurses. This was clearly seen as we all gathered after sessions and during our morning tea and lunch breaks.

## Conference Dinner

The theme for our conference dinner was '*Steam Surgical — A nurse's futuristic twist on steampunk!*' This was very well attended with some wonderful outfits put together by attendees. Judith De Wilde and Grace Cui put together a fantastic schedule with quizzes, best dressed and of course the Challenge! Congratulations to all our winners.

This year the Challenge was to design and make a steam punk hat with a nursing focus. Hawkes Bay took home the top prize and they get to keep the Percy trophy for another two years.

We are all looking forward to the next PNC Conference to be hosted by Auckland in 2026!

I wish to express my personal gratitude to the members of the Wellington Regional Section who worked so hard to deliver a professional and inspiring conference — Reggie Williams, Karen Hall, Amber Cox, Judith De Wilde, Grace Cui and Jenny Kendall—your work was very much appreciated!

# Conference Concurrent Sessions

Compiled by Amber Cox

## **A1 The challenges of implementing multi-professional team briefing and de-briefing for surgical cases: A scoping review**

**Presenter: Emma Lineham. Session Chair: Juliet Asbery**

Emma shared the focus of her Master's topic which looked at the challenges associated with implementing briefing and debriefing in the intraoperative environment for both elective and acute surgical cases. This triggered many questions from the floor with the challenge of carrying out debriefing post-procedure the main emergent theme. Some members of the multi-professional team leaving theatre before the debriefing had taken place or being focussed on other tasks was discussed in depth. Multiple members of the audience shared their experiences of how they managed this problem and helpful ideas were shared to overcome the issue.

## **A2 Perioperative management of people with diabetes**

**Presenter: Tass George, Session Chair: May Ragot.**

Tass' presentation discussed the basics of type 1 and type 2 diabetes mellitus (DM). For a refresher, type 1 is an autoimmune disease where there is destruction of beta cells causing dependence on injection of insulin. People with type 2 DM produce insulin, but it is either deficient amounts or the body has developed insulin resistance. The different medications for DM management were discussed. New Zealand Society of Anaesthetists (NZSA), Australian and New Zealand College of Anaesthetists (ANZCA) and New Zealand Society for the Study of Diabetes (NZSSD) recommend withholding all oral diabetic medications on the day of surgery/procedure, while insulin injections should be given as a reduced dose or as an infusion.

The specific requirements regarding SGLT2-i drugs such as Jardiance/Jardiamet were also discussed. These newer classifications of DM medications work by promoting glucose excretion in the kidneys, helping to reduce HbA1c levels





Debbie Mellor and Dawn Dart on the Convatec stand.

improving renal and cardiovascular health. The SGLT2-I drugs carry a higher risk of complications and need to be stopped prior to surgery (unless day surgery case). Patients on these drugs should have both ketones and BSL monitored on admission, hourly during surgery/procedures and two hourly post-operatively, until eating and drinking.

### **A3 A first for New Zealand – endoscopic vein harvesting for coronary bypass surgery in Christchurch**

**Presenter: Rebecca Porton-Whitworth, Session Chair: Gillian Martin.**

Rebecca explained how there has been an increase in the use of arterial grafts over time, but the greater saphenous vein (GSV) graft remains one of the most common conduits used in coronary artery bypass grafting (CABG). She went on to explain how in more recent years, less invasive techniques for vessel harvesting have been gaining interest, with endoscopic vein harvesting (EVH) claiming to reduce postoperative pain, incidence of wound complications, length of hospital stays and eliminating large longitudinal surgical incisions created by traditional methods of vein harvesting.

EVH is a procedure used to harvest the GSV by making a small incision and using an endoscopic camera with a blunt dissector to create a subcutaneous tissue tunnel under the skin. Implementation of this procedure has been a lengthy process; starting in 2021 when the cardiothoracic surgical unit at Te Whatu Ora Waitaha Canterbury put forward a proposal requesting new equipment to be able perform EVH. Included in the proposal was a teaching plan, patient selection criteria, equipment required, benefits to the patient and target reduction in readmissions. The aim was to reduce patient's length of hospital stay, decrease the number of outpatient appointments for wound care issues, dressings and district nursing visits. Additionally, it was expected to improve quality of life for patients by having a smaller incision and reduce social and psychological trauma due to less visible scarring.

Prior to purchasing an EVH system, different non-disposable and disposable vein harvesting systems were reviewed, with

the Getinge Vasoview Hemopro 2 system selected. Asset management included purchasing a dedicated laparoscopic tower, increasing the vein harvesting sets, camera and light leads, the Vasoview power machine and Vasoview HemoPro 2 system consumable items.

In 2023, following a successful quality initiative business proposal, Te Whatu Ora Waitaha Canterbury was the first cardiac unit in New Zealand to establish an endoscopic training proctor mentored programme. Rebecca has been trained in vein harvesting and works closely with surgeons and the rest of the team, with the nurses being integral to all stages of the vein harvesting process.

She illustrated her talk with a visual presentation and demonstration with the device used for vein harvesting.

### **A4 Bringing hope and healing - Mercy Ships**

**Presenter: Fiona Hunt Baker, Session Chair: Amber Cox**

The team from Mercy Ships was at conference and we were grateful that they were able to fill a last-minute cancellation, stepping in to provide this presentation. Currently working in Sierra Leone, where there are only five surgeons for a population of eight million, Mercy Ships provides life-changing opportunities for their patients and families. The state-of-the-art floating hospital provides not only free surgery to those that need it most, but also education and training to local health care workers. Training focuses on the safe surgery checklist, neonatal resuscitation and sterilisation.

Fiona spoke about Mercy Ships expanding its impact in Africa with the commissioning of a second ship, and the need for skilled medical volunteers. She was pleased to announce that for 2024-2025, return flights from New Zealand to Africa will be fully funded for medical volunteers and the waiver of crew fees (food and boarding) also.

Mercy Ships has approximately 50 percent medical professionals on board, with the remainder including teachers, IT experts, HR professionals, plumbers, electricians, galley workers and chaplains.

A floating village providing ongoing care to the communities

it reaches through leaving countries with a more skilled and resilient healthcare workforce. Please go to: [workforce. Please go to \[www.https://workforce.mercyships.org.nz\]\(https://workforce.mercyships.org.nz\) for more information.](https://workforce.mercyships.org.nz)

## **B1 Cutting edge collaboration – role flexibility in the perioperative arena**

**Presenter: Bron Taylor, Session Chair: Juliet Asbery**

Bron shared work done in collaboration with Leigh Anderson looking at “the good the bad and the ugly” of implementing a flexible workforce within five operating room departments at Te Toka Tumai/Tumai/Auckland.

Bron reviewed the flexibility in the context of an evolving scope of practice of Anaesthetic Technicians. She reminded us to look at this from the patient’s perspective and how to deliver safe, sustainable and reliable care to patients across the perioperative spectrum. The opportunities for nurses to develop role flexibility was highlighted.

Bron’s passion for the development of role flexibility and ensuring patient safety was clear. Questions from the floor demonstrated enthusiasm for developing nursing knowledge and skills in the perioperative arena to promote flexibility. Support for working alongside and in collaboration with other health care professionals, such as anaesthetic technicians, was also clear.

## **B2 Taking the sting out of local anaesthetic toxicity**

**Presenter: Siân Mitchell, Session Chair: May Ragot**

Siân suggested that theatre nurses do not have the risk of local anaesthetic (LA) toxicity in the forefront of mind, despite increasing use of LA during cases. She explained that the estimated incidence of toxicity is low, 1-2 events per 1000 nerve blocks. However, with increased use of ultrasound guidance, there is an increased risk in upper and lower limb blocks & ENT cases.

PACU and ward nurses need to be observant of the signs and symptoms of LA toxicity as it can occur 8-12 hours after

injection. Nurses working in theatre need to be aware of how many milligrams of LA is given as multiple sites can be injected. The management of LA toxicity was covered, using intralipid during the management started in 1998. Fat based infusion absorbs excess LA in the vascular system, reversing symptoms of toxicity.

## **B3 Preparing patients with diabetes mellites for CT colonography**

**Presenters: Shona Matthews & Liying Duan, Session Chair: Emma Lineham**

Shona and Liying spoke well, with limited need for notes, during this session examining the development of a clinical guideline for patients with diabetes undergoing CT colonography.

Because most CT colonography is performed on outpatients, both effective written and verbal instruction on patient-specific diabetic management pre procedure is essential. An update of insulin depletion and the range of diabetic medications patients are on was presented. This presentation went into detail of the risks, such as hypoglycaemia and metabolic ketoacidosis.

## **B4 “Phone a friend”- automating reporting of organisational and clinical training requirements with business intelligence**

**Presenter: Nicola Brandsen, Session Chair: Amber Cox**

Nurse Educators can spend many unproductive hours performing clerical data entry. In this presentation, Nicola Brandsen, Nurse Educator at Southern hospital, used her contacts and “called a friend”, who helped automate the process by applying business intelligence programming. What resulted was the healthLearn online learning platform.

Initially the programme was started to address perioperative needs and has now been rolled out to other regions due to its success. The programme allows staff,



Wellington Conference Organising Committee, left to right, sitting: Amber Cox, Juliet Asbery, Grace Cui. Standing: Reggie Williams, Karen Hall, Judith de Wilde. Absent: Julie Kendall.

ward managers and educators compliance indicators against organisational training requirements.

The project was completed over six months and saved Nicola, and ultimately many others, approximately 16 hours of data entry a month. Currently there are five online learning platforms across the motu and we wait for HNZ to decide on what the future will look like for a national platform.

## **C1 QR codes: A perioperative nurse's new best friend**

**Presenters: Cassie Scott & Roneel Nand, Session Chair: April-Lily Sule.**

Cassie provided an interactive presentation that highlighted how technology can be implemented into perioperative practice to assist nurses. Cassie and Ronell have created a variety of QR codes that are located on numerous pieces of equipment and surgeons' preference cards. These QR codes can be scanned to provide easy access to surgical techniques and troubleshooting guides. With continual advances in technology the aim is to help nurses navigate the specialised equipment and stay up to date with surgical techniques.

## **C2 Advanced care plans, advanced directives, and shared goals of care.**

**Presenter: Sean Thompson, Session Chair: Karen Prendiville**

Sean discussed that these documents are legally binding in the context they are written. He explained they can be found in the 'alert' area/ tab of the patient electronic record, as well as in paper form in the patient medical records. Clinicians have a responsibility to follow the patient's wishes. Conversations need to be started among whānau/family about what is important and what wishes the patient may have, reflecting their hopes, fears and cultural or spiritual wishes.

## **C3 Preoperative Echocardiogram? Effective in changing the Surgical Pathway**

**Presenter: Sharon Gabriel, Session Chair: Jan-Marie Wilson**

Sharon discussed the value of preoperative echocardiograms (echos) and what their anaesthetic clinics did to address the need for preoperative echos in surgical patients. She presented a short case study which helped answer the question "Is it effective to perform a preoperative echo?"

Following anaesthetic review identification of problems such as aortic stenosis, poorly controlled atrial fibrillation and untreated severe obstructive sleep apnoea necessitate an echo and further assessment.

In 2009, an audit on wait times for echos was done, and this identified an eight to nine month wait to obtain an echo through referral to cardiology service. Two anaesthetists, who were interested in this area and were very experienced and motivated, gave up some of their time to train. A weekly anaesthetic-led echo clinic was established with the help of the cardiology service allowing the use of their scanning room. This has helped to improve patient clearance and wait time for surgery.

## **C4 Pre-assessment nursing**

**Presenter: Amanda Macindoe, Session Chair: Amber Cox**

Amanda shared her journey of becoming a preassessment CNS and the challenges in setting up a community based preassessment clinic. The purpose of the clinic was to overcome the negative experiences of wait times and travel for patients and their support persons.

Currently there are six RNs working in Wellington Outpatients Department for a range of clinics including CHRISP service, complex paediatric, routine adult services and also RN phone call services. Pathway from GP referral to surgery was discussed.

## **D1 - Safe surgery**

**Presenter: Judith de Wilde, Session Chair: Juliet Asbery**

Judith looked at data reviewing the uptake of the WHO Guidelines for Safe Surgery and Surgical safety checklist



Wellington's Boulcott Hospital was well represented at the 2024 PNC Conference. Back row, left to right: Moira Garside (Ward), Michelle Hodgson (Ward), Karen Hall (OR), Lynda De Sa (OR), Karen Arlidge (OR), Paula Rackliff (PACU), Penny Fergusson (DSS). Front row, left to right: Cath O'Connor (PACU), Gemma Maher (Ward), Grace Cui (OR), Diya Yang (OR), Penny McColl (OR), Tim Hill (OR).



which was published in 2009. She was also looking at how the checklist is implemented in practice and its use in the complex, fast-paced environment of ophthalmology theatres. She has developed the checklist to include the CCSD team to ensure that they are part of the planning process to ensure that the correct instruments are available to the operating team.

Judith provided multiple examples and quality improvement activities in the ophthalmology theatre lists that reflected use of the Surgical Safety checklist, with adaptations to the checklist which made it fit for purpose in their environment. Questions from the floor reflected the challenges in adhering to the checklist and the adaptations teams have made to ensure that multi-disciplinary co-operation occurs. The focus from Judith and from the floor was to ensure patient safety and efficient utilisation of theatre time. Judith's take-home message was "to continue to learn and improve".

## **D2 Post-obstructive pulmonary oedema**

**Presenter: Amber Cox, Session Chair: Grace Cui**

Amber clarified that post-obstructive pulmonary oedema is a life-threatening emergency that can lead to significant morbidity and mortality if left untreated. Early recognition & timely interventions are crucial to saving lives. Amber's presentation outlined current literature regarding the incidence of POPO in the Asia Pacific region. Understanding the pathophysiology behind the condition will enable the perioperative nurses, specifically nurses working in the post anaesthesia care unit (PACU), the ability to recognize the early signs and symptoms of this anaesthetic complication, identify patients at risk and apply treatment options to provide safe patient care.

## **D3 Placements in private: the challenges and experiences of student nurses in the private hospital's perioperative environment**

**Presenter: Reggie Williams, Session Chair: Karen Hall**

This was a challenging topic to present in 35 minutes, raising more questions than answers. Coming into the intraoperative

environment for nine weeks or less poses challenges as 'time is money — with a focus on turnaround'.

The student is coming into a high intensity environment with multi-disciplinary teams and a high level of advanced technologies. Some of the challenges they face are the hierarchical relationships, consultants, high expectations and pressure, adapting to advanced technology, limited scope of what they can practice, specialisation pressure and navigating Māori culture considerations, to name a few.

Building the student's confidence and competence (comes with time), strengthening communication skills, cultivating adaptability and resilience (also comes with time); the need to be able to change the "game" quickly, understanding the different language used in the private vs public health environment.

There needs to be guidance from the training institution to help the student meet their objectives. Comments from the floor were around the need for an educator within the department and this person be given the time and training in order to best support and educate the student.

## **D4 – Nurses' knowledge and experience of preoperative cognitive assessment for the older elective surgical patient**

**Presenter: Paula Rackliff, Session Chair: Jenny Kendall**

Preoperative cognitive assessment is not routinely done in the private sector. Delirium post-operatively is the most common complication for adults over 65 years age. Research reveals risk factors are higher in Māori (19 percent), Pasifika (18 percent) whereas European is eight percent. Complications of post-op delirium are longer hospital stays, discharge to another place other than patient's home, and unplanned readmissions. Therefore, there is a place for preoperative screening in the private sector. The future — there should be routine pre-screening and written policy in preoperative cognitive assessment. All nurses need to be aware of this topic and advocate for automatic cognitive assessment. Go online for more information and find Mini ACE NZ Dementia Association. This is a valuable resource. ■

# Perioperative Nurses College of NZNO

# Our History

*The following article is derived from Karen Hall's presentation at the Perioperative Nurse College (PNC) of the New Zealand Nurses Organisation (NZNO) conference in Wellington in October, 2024. Karen has focused on a few events and a few people that initiated and drove what has become our College.*

*History provides us with a sense of identity. By understanding where we have come from, we can better understand who we are. It involves people, events and ideas of the past.*

## Origins

In November 1969 small group of like-minded Wellington theatre nurses met. They called themselves the 'Wellington Operating Theatre Nurses'. Joan Curle, the then Theatre Supervisor at Wellington Hospital, said, it was "To explore the feasibility of forming a group for mutual support through communication and discussion". Further encouragement came in the form of a generous cash donation from Ethicon (Johnson & Johnson). This was the forerunner of a level of support from many companies supplying theatre equipment and soft goods, which has never abated.

Anne Johnston recalls: "Out of these meetings grew a tight colleagueship, then friendship and exchange of knowledge and ideas which brought us out of isolation. The telephone was our lifeline connection with this peer group. We were the only ones who understood our particular problems and issues. Unfortunately, our 'superiors' didn't classify us as "real" nurses and we have always been up against this barrier within the profession, which is why it was

essential that we formalise it."

At the February 1970 meeting it was agreed to seek recognition of the group as a Special Interest Section of New Zealand Nurses Association (NZNA), later to become NZNO. This was accepted in August 1971. At the October 1972 meeting, Joan Curle mooted the idea of a National Seminar to be held in Wellington. Pam Marley explained it was called a Seminar because "we didn't think the hospital boards would happily support their nurses attending a Conference but would regard a seminar as beneficial". The green light was given by members, medical colleagues and trade representatives. A committee of four was elected and a fifth member was later co-opted. Trade representatives spread the word from Bluff to North Cape.

## The First Seminar

The first Seminar was held in October 1973 in Wellington. This



*The inaugural seminar committee dubbed 'The Babes in the Woods'. Left to right: Tina Ackland; Joan Curle; Beverley Dunlop, Sister Mary Francis, Pam Marley (Convenor).*

Seminar was to be the forerunner to today's Perioperative Nurses College Conferences. Topics that we are so familiar with were presented: Aspects of Nursing Education, by Miss Christensen and Miss Salmon; The Problem of staffing theatres and training, by Miss Dunlop and Sister Anne; and Contributions from a Polytechnic student and an English trained technician, which provoked some heated exchanges!

The afternoon had a more clinical focus with a run down on current techniques in orthopaedics, cardiothoracic and renal replacement surgeries. After afternoon tea, consideration was given to the formation of a National Theatre Nurses Section.

## Development of the Committee and the College

Following this inaugural seminar, momentum built and a steering committee of five was elected. These were: Pam Marley, Joan Curle, Margaret Reeves, Brenda Miles and Jan Dunn.

The brief was to work towards forming a National Theatre Nurses Section and to report back to the Auckland Seminar in 1974. It was also suggested that each member assume a responsibility for Districts:

- Brenda Miles; Auckland, North Auckland;
- Joan Curle; Waikato, Bay of Plenty and Hawkes Bay;
- Pam Marley; Taranaki, Manawatu and Wairarapa;
- Margaret Reeves; Wellington-Hutt, West Coast Nelson-Marlborough;
- Jan Dunn; Canterbury, Otago-Southland.

Over the years the districts evolved and until recently there were nine, each with its own elected representative to the National Committee, Chairperson, Secretary and Treasurer.

By 1975 the steering committee achieved its goal with the creation of the National Theatre Nurses Section, with Brenda Miles as National Committee Chairman and the first publication of our journal *The Dissector* in September of that year.

By 1976, the Districts became Sections and the fourth Seminar had been held. In 1977 the name changed to the Perioperative Nurses Association of NZNO. The use of 'Perioperative' recognised the extended role of operating theatre nurses into preoperative and postoperative roles. College status was achieved in 2001.

## PNC Badge

At the October 1975 the Association of periOperative Registered Nurses (AORN) held its International Symposium in Auckland. Members were impressed with the attractive pins from AORN members. An emblem design competition was initiated, won by Miss Anne Johnston of Palmerston North. With some modifications, the National Theatre Nurses badge was launched in 1978.

This was used until the 2002 Conference in Rotorua when a new Perioperative Nurses College logo was unveiled, designed by Tia O'Reilly.

- Gold letters and detail signifies quality and qualification
- Blue background represents NZ
- The three theatre lights – represents knowledge, skills, and care as well as the three aspects of Perioperative Nursing: Preop, Intraop and PACU care
- The line with arrow and koru represents moving forward in partnership



## The Challenge and the Trophy

Friendly rivalry



*The Inaugural National Committee, left to right: Margaret McDonnell, Jan Dunn, Gordon Elliot, Pam Marley, Jeanette Clarke, Brenda Miles (Chairman), Judy Miles.*

between Brenda Miles, Auckland and Gordon Elliott, Otago, led to an annual Challenge being initiated. This was originally between the Auckland and Otago sections. Brenda Miles wrote:

“At this stage we would like to issue a challenge to Dunedin Hospital Theatres, under the leadership of Gordon, to enter a team of ten, to compete against our Auckland team, to decide who are the fastest shovelers, this side of the black stump. We are prepared to meet you on your own ground. If, on the other hand, you do not feel as if you are, as experienced as we are and require more time to perfect your techniques, we are prepared to wait until the Auckland Seminar in 1979. Just name the time and place, Gordon!”

Otago picked up the gauntlet, or should it have been “the shovel”, and the Challenge was on. The winner – well let’s just say a “truly political decision” was made with all contestants receiving a bottle of wine.

Otago issued an invitation to gather in Dunedin for the 1980 Seminar. The challenge from Otago was to see which section had the most hot air, by having a bagpipe playing competition. Needless to say, Otago won hands down.

In Napier the now annual Otago/Auckland challenge took place — this time the theme was in honour of The Year of the Disabled, with team members dressed in theatre garb either blindfolded or reduced to one leg, being guided or hopping across the road to the beach where they had to build a sandcastle, decorate it and then run back across the road. The result was said to be a draw but on inspection of the photo finish it was declared Auckland had won “because Dunedin won in 1980!”

In Palmerston North a “get even” challenge saw Gordon in Brenda’s skirt! Anne Johnston presented a Challenge Trophy donated by the host section, Palmerston North, as a memento of the 10th Anniversary. It was also announced that the Challenge was to be opened to all sections with the theme to be set by the host section.

## Not to forget our trade supporters

Acknowledgement of trade. We would not exist without their support. These are the companies that supported our 2024 Conference:

B. Braun  
Big Green Surgical  
Connected Healthcare Systems  
Convatec  
Cubro  
DBM Medical Group  
Device Technologies  
Evolution Healthcare  
Fisher & Paykel Healthcare Ltd  
Hallmark Surgical  
Healthcare Australia-International Agency  
Jackson Allison Medical & Surgical  
KARL STORZ Endoscopy NZ Ltd  
Lohmann & Rauscher Pty Ltd

Medicalert Foundation NZ Inc

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Molnlycke

Molnlycke

Multigate NZ

Obex Medical

Obex Medical

Orthomedics

ParagonCare REM Systems

ParagonCare REM Systems

Schulke New Zealand

STERIS New Zealand Ltd

Stryker

W M Bamford

## Conclusion

To conclude, these colleagues, events and support from the medical supplies trade helped create our future.

Referring to the 2024 Conference theme “Embracing the future, Everything counts”, Karen asked all attendees to reflect on what Sister Francis and Pam Marley wrote in 1975:

- Why are we in existence?
- What do we hope to achieve in the future for theatre nursing in New Zealand?
- From where are we to get our theatre staff now?
- Can technicians do ALL we do in the operating room?

“The Challenge of change – the winds of change are blowing through the nursing profession in New Zealand and theatre nurses cannot afford to ignore them... The strength and effectiveness of any group is derived from the quality of its members and the depth of their involvement”

Thank you all for helping to celebrate this momentous occasion our 48th Conference, 50th year of *The Dissector* and 51 years from inception to College.

## About the Author:

Over the years Karen Hall has been deeply involved in the Perioperative Nurses College — as a member of the Wellington Region (attending the odd meeting in the 1970s) then standing in at National Committee meetings for the Wellington Representative. For six years she was the Secretary of the Wellington PNC Region and has also served on the organising committees for the National Conference, in 2003 and 2012. She has also served on the Theatre Managers and Educators Conference (TMEC) committee three times. Karen also has a keen insight to the work that goes into producing each issue of *The Dissector*, having served on the Editorial Committee from November 2000 to September 2006. Karen is now the College’s National Committee Secretary.



Replacing the original Challenge Trophy, Percy Peacock arrived in 2005, donated by Murray and Cath Cooper of Cooper Medical. The artist was Hannah Kidd.

# Expanding roles: the Registered Nurse First Surgical Assistant

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By KRIS KVICK

## ABSTRACT

The Registered Nurse First Surgical Assistant (RNFSA) is an asset to the perioperative team. Their role within the perioperative environment enables a more effective and efficient journey for our surgical patients. This paper discusses the Registered Nurse first surgical assistant and how this expanded role contributes to the perioperative environment.

**KEYWORDS:** Registered Nurse First Surgical Assistant, expanded roles, perioperative, principles.

## Introduction

ADVANCED practice is defined as practice in which the nurse uses an extended knowledge and skills base to initiate the delivery of complex nursing care, either autonomously or in a model of collaboration with the healthcare team (Royal College of Nursing Australia, 2006). Continual changes in healthcare have required professionals to use this advanced practice to redefine and expand their roles in order to respond more effectively and efficiently to the needs of patients (Harmer, 2010). This article will cover the common principles for expanding healthcare roles and how the Registered Nurse First Surgical Assistant (RNFSA) role resonates within these principles.

The term expanded refers to nurses carrying out tasks not included in their 'traditional' scope of practice (Boss, 2002). The National Nursing and Nursing Education Task Force (2005) draws the distinction between practice that is extended, which includes tasks such as medication administration, and practice that is expanded, which includes the performance of a role at an advanced level.

Role expansion includes principles, such as developing professional knowledge and skills, exercising accountability and responsibility and collaboration. It also includes being the patient's advocate at all times, practising with holistic care, serving the interest of the patient, and utilising an advanced level of evidenced based practice and research knowledge base (Boss, 2002; Harmer, 2010; Morgan & Kent, 2008; Nursing Council of New Zealand, 2010; New Zealand Nursing Organisation, 2008; Wright, 1995).

## NZNC role

The Nursing Council of New Zealand (NZNC) is responsible under the Health Practitioners Competence Assurance Act

(2003) for regulating the practice of nursing (2006). It has developed a guideline to assist Registered Nurses (RN) and their employers in making decisions about expanding scopes of practice in different and evolving health contexts. Within this document competencies have been developed to describe the skills and knowledge of nurses working in expanded roles. These are in addition to those already described in the Registered Nurse scope of practice.

A nurse in an expanded role will also show competence in initial and on-going knowledge, skills for specific expanded role and activities through post-graduate education, clinical training and competence assessment (NZNC, 2010).

The perioperative RNFSA is the most recognised expanded role for the RN within the perioperative environment. They play a significant role in the delivery of patient care and are an asset in this setting. Traditionally, the Perioperative Nurse has largely followed instructions from the medical staff in relation to the types of interventions permitted and the defined role of the nurse within the operating theatre (Morgan & Kent, 2008). The doctor and nurse relationship, which was once based on hierarchy, has shifted since nurses began to assert their autonomy (Wright, 1995).

The RNFSA is a Perioperative Nurse who has acquired additional formal knowledge, training, experience, judgement and skills. They carry out functions that will assist the surgeon in performing a safe surgical procedure with optimum results for the patient (Boss, 2002).

The RNFSA originated from the United States and was formally recognised by the Association of peri-Operative Registered Nurses in 1982, in the UK in 1989 and both Canada and Australia in 1998 (Abood, 2005; Brennan, 2001; Registered Nurse First Assistant Network of Canada, 2003).

Although the RNSFA was first created out of the need to extend healthcare services to private, rural and remote areas that would otherwise lack services, the role has since been introduced and expanded for other reasons (Morgan & Kent, 2008). These include political and social pressures to improve access and waiting times for consultations and treatments, the decrease in the number of junior doctors and technological advances in treatment and care (Paniagua & Stewart, 2005; Royal College of Surgeons, 1999).

## Professional knowledge & skills

Underpinning role expansion, through education nurses are able to make clear decisions about what should or should not be within their frame of practice. This occurs through continual professional development, post-graduate education, clinical training and competence assessment (Wright, 1995; NCNZ, 2009a).

In 2008 the NCNZ reconfirmed that nurses working in the RNFSA role were doing so outside their nurse scope of prac-

tice therefore an authorisation process was set up which lead to the first New Zealand-based university level RNFSA course (NCNZ, 2008).

The RNFSA training programme prepares RNs with scientific concepts, knowledge and skills for the role of the RNFSA (NCNZ, 2009a). To learn the concepts, knowledge and skills, a RNFSA must be able to analyse information and critique research which is evidence-based (Health Workforce, 2010). The Royal College of Surgeons (1999) recommended that the RNFSA role should follow education and training programmes based on national standards. The Nursing Council of New Zealand developed guidelines for the RNFSA practice, ensuring consistency and unity nationally and providing an excellent building platform (NCNZ, 2010).

In September 2010 a new scope of practice came into effect, enabling nurses to undertake expanded roles (NCNZ, 2009a; NCNZ, 2010). The new scope included enabling phrases such as 'Registered Nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence.....' (NCNZ, 2010, pg. 2). This new scope of practice, together with post-graduate education, ensures that appropriate standards are met to enhance patient safety. The experienced RNFSA is able to articulate and demonstrate the concept of advanced nursing practice within a framework of relevant legislation and play a significant role in patient care (Boss, 2002).

### **Accountability & responsibility**

Autonomy in clinical practice relates to professional accountability, the power to make clinical decisions, to act upon them and to take responsibility for those actions (Hughes, 2002). The operating theatre is well known as an area of high risk and theatre nurses must have vigilant awareness of possibilities of litigation (Burgess, 2002). The RNFSA is responsible for their own practice within the legislation governing nurses and the policies of their employing organisation. They can identify clinical risks and based on their experience and extended knowledge, they are able to take appropriate action. The RNFSA must also be aware and articulate the limitations of their practice and not practice outside of these (Hamlin Richardson-Tench & Davies, 2009).

Accountability is a requirement under domain one of the competencies of the RN Scope of Practice (NCNZ, 2009b). In addition, competencies have been developed to describe the skills and knowledge of nurses working in expanding roles.

A nurse working in an expanded role would need to meet both sets of competencies, which are assessed as part of a professional development and recognition programme (PDRP) (NCNZ, 2010). The hospital in which the RNFSA is working in is also accountable by having their own formal policy which stipulates their obligations. These include: ensuring the RNFSA functions according to the organisation's position descriptions, credentialed process and the standards and practice guidelines. They monitor the RNFSA's competence by ensuring they assist with a minimum of 20 surgical sessions per annum and evaluate their competence through the PDRP (NZNO, 2009).

### **Being the patient advocate**

Patients who undergo surgery require a continuity of care that can only be achieved by embracing the perioperative role. Within the 'RNFSA for Operating Theatres in New Zealand Guidelines' the key duties the RNFSA performs are described (NZNO, 2009). Preoperatively they assess the patient, assist with preparation and pharmaceutical agents. The majority of key duties are performed within the operating theatre. The RNFSA assists with patient positioning, skin preparation and draping. They provide haemostasis, wound exposure, handle tissue, perform closure of layers and apply dressing and assist with the application of casts.

Postoperatively the RNFSA writes postoperative orders according to agreed protocols which is countersigned by the surgeon, assists with transferring to the PACU, and performs postoperative care by way of patient evaluation, assessment, teaching and discharge instructions. Having one person continually undertaking procedures and being involved in all aspects of care provides continuity in standards and provides the patient with an advocate throughout their surgical process. This is said to improve patients' recovery and the delivery of a quality service (Boss, 2002).

### **Collaboration**

Collaboration plays a major role in the delivery of health care to patients and in the ability of the RN to act as the patient advocate. Embedded in perioperative culture is the notion of teamwork of which effective communication and leadership is fundamental (Hamlin, et al., 2009). The role of communication in maintaining patient safety is essential in high risk environments (Makary, Sexton, Freischlag, Holzmueller, Millman, Rowen, Pronovost, 2006). The RNFSA can utilise their clinical skills and knowledge to provide collaborative practice with existing surgical team members by communicating with the patient, surgeon and the operating theatre team. This will help ensure a safe operating environment. They can also provide leadership and act as a resource for expert nursing practice (Farrell, 1999).

Collaboration can only occur when each party takes accountability, responsibility and authority for their own profession and practice. The surgeon will manage the complex medical problems while the RNFSA will talk with the patient, involve the family and counsel the patient about health promotion and prevention. The patient will benefit from receiving care derived from each disciplines unique strength and capabilities (Morgan & Kent, 2008).

Tanner (2001) questioned whether some of the activities described in the RNFSA role were already incorporated into the traditional roles undertaken by theatre nurses. For example, the National Association of Theatre Nurses (NATN) identified patient prepping as a skill required by the RNFSA (NATN, 1993) but is something Perioperative Nurses perform regularly. This overlapping has been addressed in New Zealand in the NZNO document 'RNFSA for Operating Theatres in New Zealand Service Policy Guidelines' (2009). In this document, the roles undertaken by the Perioperative Nurse, the experienced Perioperative Nurse and the RNFSA are described as a

continuum of roles, with expanding levels of responsibility. For example, when retracting tissue, the Perioperative Nurse can hold a retractor placed by the surgeon while under the direct instruction and visual supervision. The experienced nurse may initiate retraction while under direct and visual supervision and the RNFSA may initiate tissue handling and dissection (NZNO, 2009). It is important that some areas overlap and that staff maintain a collaborative team approach for theatres to function efficiently.

### Holistic care and serving in the best interest of the patient

Role expansion not only benefits professionals, it also improves the quality of care for patients. The safety and well-being of patients is paramount and must be the basis for every action taken (Hughes, 2002). Wright (1995) questioned that the RNFSA would concentrate too much on the achievement of technical skills and relinquishing their caring role (Wright, 1995). Based on the evidence, taking on more technical skills is not seen as 'less caring' but enabling the nurse to make care more effective, personal and holistic. Each principle covered clearly shows the RNFSA has the interest of the patient as their priority. They assist the surgeon to ensure a safe surgical procedure and endeavour to provide the patient with optimum results, making the RNFSA role an asset to the perioperative environment.

### Conclusion

Expanded practice refers to healthcare professionals working outside the 'traditional' scope of practice. This concept has de-

veloped over the years due to continual changes in healthcare and has led to the formalisation of expanded roles. International and national literature provides principles which healthcare professionals working in an expanded role must adhere to. These include professional knowledge and skills, exercising accountability and responsibility, collaboration, being the patients advocate at all times, practising with holistic care, serving the interest of the patient and utilising an advanced level of evidenced based practice and research knowledge base. The RNFSA provides advanced practice in the perioperative setting. They assist the surgeon in performing a safe surgical procedure by working within the principles of expanded practice. By achieving and maintaining these principles in their practice the RNFSA becomes an asset to the theatre environment and ensures that the patient receives optimal care.

### About the author:

Kris Kvick is a 25 year old Registered Nurse. Since graduating in 2009 she has been working in a private surgical hospital, predominantly in orthopaedics in the circulating and scrubbing roles. "I thoroughly enjoy my work and the technical aspects of our care. I gathered information on expanding roles as part of my post-graduate certificate which I completed in 2012 through Eastern Institute of Technology," she says. Working in this area she has seen first-hand the impact a RNFSA can have in the perioperative environment. "By publishing this article I can reach a wider group of Perioperative Nurses to inform them on expanded roles and how the RNFSA contributes significantly to patients receiving quality care," she adds.

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*The following reports were presented at the 51st Annual General Meeting of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC<sup>NZNO</sup>), held on Saturday October 19, 2024 in Wellington – the final day of the conference.*

Perioperative Nurses College <sup>NZNO</sup>

## CHAIRPERSON'S REPORT 2023-2024

It is with great delight and some sadness that I deliver my second and last Chairpersons report. The last two years have been truly rewarding, challenging, but also, they have been successful, celebratory and satisfying.

The Perioperative Nurses College (PNC) and perioperative nursing in Aotearoa, over the last two years, has definitely brushed off the last threads of pandemics, natural disasters and more recently taken on the challenging government changes. We learnt that we can adapt, modify and use our political leverage to fight for staff safety and patient safety. Although we are in the thick of these negotiations as I present this report, we can use what we learnt from past years to guide what we need as nurses and deliver high quality and safe nursing practice both in the wards and perioperative environments.

These two years have been busy with pay equity, bargaining acts that have rolled after each other, leveraging health and safety in the regions and trying to raise the profile of a nurse and define the role of the nurse in the perioperative space.

I want to thank all those who have worked in these spaces and supported each other to rise to each occasion and embrace the future. Our ability to keep the spirit of nursing true and continually deliver safe practice and protect our patients for safe surgery has been an amazing effort. I especially would like to thank the national committee and sub committees of Perioperative Nurses College for a challenging, busy and active year. We have persevered to deliver our member needs and requests, our strategic plan including regular, relative, and nursing focused education and we have dedicated our time and effort to uphold the profession of perioperative nursing in New Zealand.

I would like to acknowledge their achievements over the year.

National Committee has had several planned Zoom meetings, two face-to-face meetings and many unscheduled industry and perioperative stakeholder meetings ensuring we are an active contributor to all changes in the workforce of perioperative nursing Aotearoa and internationally. Our contributions include:

- Crate Weight Standard update with NZSSA in early 2024;
- NZNO constitutional reviews -2024 NZNO Conference;
- Free perioperative webinars delivered by the regions -ongoing;
- Medical Sciences Council review and response to AT changing workforce -on-going;

- Conference development for 2026 – on-going;
- RNAA Skills and Knowledge framework review – on-going;
- 2024 Regional rules structure and development;
- Multiple submissions to practices and changes that intersect with Perioperative practice in Aotearoa;
- International meetings with IFPN, AORN and ACORN.

### Strategic plan

All this work coincides with our strategic aims and plan of providing excellence in patient care, ensuring PNC is a healthy and sustainable organization, with a strong perioperative nursing workforce contributing to the on-going professional development of perioperative nurses.

Sitting within the PNC are our valuable and ever producing Perioperative Practice Committee (PPC) and *The Dissector* Editorial Committee.

The PPC, led by Gillian Martin, plays an important role in partnership with National Committee. The PPC over the last year has been very active with our PNC Knowledge and Skills framework review and the review of the Registered Nurse Assistant to the Anaesthetist (RNAA) framework and the Registered Nurse First Surgical Assistant (RNFSAs) document. These documents are on our website and are updated ensuring we can support you as members as practice and national frameworks get updated.

A large piece of work that is ongoing with the PPC is working with Māori health leaders in the perioperative space reviewing our STANDARD 3: Perioperative Nurses apply the principles of the Treaty of Waitangi within their practice. This is within our Knowledge and Skills Framework 1.12: Responsiveness to Māori. This work the Perioperative Practice Committee is doing is comprehensive and important to members. These documents can be used in your workplace to guide and support your practice and leverage health and safety to your leaders protecting staff and patients.

### The Dissector

*The Dissector* committee lead by Bron Taylor ensures PNC, you and its members receive up-to-date knowledge on all practices of perioperative nursing through our journal. You will have by now received several emails of the new digital version. This switch to a digital platform ensures we can be sustainable in the changing model of advertising, up-to-date products of perioperative practice and deliver educational content straight to your devices. This online platform enables you to read it at home, at work and even use it as evidence-

based practice in your workplaces and with colleagues.

*The Dissector* allows us to celebrate nurses changing practice, sharing their research and quality improvements in their workplaces. *The Dissector* is no small feat to create four times a year; to recruit content, edit, proof and support writers who contribute. Thank you to the writers, thank you to the nurses who celebrate their changes in practice and thank you to *The Dissector* Editorial Committee who bring all of this together. Your accomplishments are valuable, your commitment is commendable and your effort is more than worthy.

### The regions

This now brings us to our largest group: the regions and our membership. Over the last 18 months there has been much changing of the guards within the regional committees with recruitment in some regions to an all-new committee representatives. This is heartening to see the representation but also sad to see some of our most active and impactful members no longer with us.

I spoke in last year's report of our membership declining in areas and we can now see new growth in these areas and support for PNC in the workplaces. We must work together ensuring we are networking, creating education and professional development in person sessions as this is where you can identify your succession and plan for your region's future.

We see some real uptake of memberships around the motu and I congratulate you on your hard mahi ensuring PNC maintains its visibility within the workplace. Maintaining our voice and real estate within the perioperative space will come down to each and every one of us now in into the near future. We need to know why a nurse is in the operating theatres, why a nurse is in the PACU space and why nurses should be nursing in the Perioperative continuum. We will be challenged on this now and before the end of the year. So keep recruiting to your regions, keep the communication flowing within your workplaces and encourage new nurses to the perioperative environment by being a preceptor, a role model and a leader.

Finally, I round out this report by sending out a challenge to all perioperative nurses to know and understand our three key strategies which will support and guide you in your workplaces but most of all protects our patients in the perioperative continuum of care.

### 1. Perioperative composition of the intra operative team remains that of nurses.

New Zealand remains focussed on retaining registered nurses and enrolled nurses as the team of the intra operative workforce. PNC is a key stakeholder in the responsiveness to the creation of other perioperative workforces and are working to ensure nurses in New Zealand maintain the representation of perioperative healthcare professionals. PNC is aware of international and local workforce changes and is responding and supporting the creation of future perioperative professionals within New Zealand.

### 2. Workforce development.

Surgical delays — PNC continues to be a part of workforce development and raises concerns that healthcare professionals in the perioperative space need urgent succession and recruitment to sustain the need for

planned elective care including acute and cancer surgery. PNC is concerned that workforce developments of all perioperative healthcare professionals are not sufficient and that alternatives may be utilised to fill the gaps, i.e., Anaesthetic Technician's and Healthcare Assistants. PNC currently supports and guides nurses in the perioperative environment to further the workforce development of registered nurse assistants to the Anaesthetist role.

### 3. Role of the nurse in Perioperative environment

Last year in July, Te Whatu Ora, Health New Zealand published the health workforce plan through to 2024. It documented large workforce gaps in staffing levels across the board particularly in surgical services. What we need to ensure is that nurse's practice in the positions that require nurses. If we do not understand what the role of the nurse is, then we will and currently are being side-lined for workforces that will step up and indicate they can do our role. Understanding the role of the nurse is the first step in valuing our profession. We need to make an impact. We need to make a mark so employers and manager's circle back to the nurse and nurses making the right decisions and the right choices that impact on healthcare and patient outcomes. The choices that lean on the science of standards, the choices that lean on the evidence of science. This is the role of the nurse and it is our role to encourage new nurses to the perioperative environment by being a preceptor, a role model and a leader.

*"The integrity of nursing is yours to uphold". – Cassandra Raj*

— Cassandra Raj, Chairperson 2022 – 2024, Perioperative Nurses College, Tōpūtanga Tapuhi Kaitiaki O Aotearoa

## Membership Portfolio Report

This concludes another year on the National Committee of the Perioperative Nurses College and it is with pleasure that I present the annual PNC membership report for the period of 2023-2024. The total membership for this period was 492 members. This number reflects 458 financial members, 26 life members and eight students.

Unfortunately, a decline in membership is evident, with this being the lowest recorded membership numbers in the previous five years. Illustrated below is the data from the previous years to better show where are membership is changing.

The majority of membership decline is seen within the Auckland and Canterbury Regions with all other regions remaining consistent or increasing their membership. Membership is strongest among nurses aged 50 to 59 with 20 to 40 years of nursing experience. It is evident that PNC is lacking appeal to our younger nurses.

Despite membership appearing to be on the decline, we are still getting new nurses joining PNC with 88 'new to college members'. As we welcome more international qualified nurses into New Zealand, we are seeing the ethnic diversity of our

members shift, with a record number of Filipino nurses joining PNC. The number of nursing students has also increased.

Going forward into 2024-2025 we need to continue our membership drive and encourage nurses to join. This steady decline in membership needs to change; PNC's ability to support and educate perioperative nurses is reliant on membership.

I would like to thank the committee for their continued support with the membership portfolio. A special acknowledgement to Sharyne Gordon, Sally Chapman and Leanne Dalley for their assistance in maintaining the membership database. Thank you.

— April-lily Sule, Otago Regional Delegate

Membership by Region	2023-2024	2022-2023	2021-2022
Auckland	85	108	122
Central North Island	57	57	69
Wellington	91	81	94
Ruahine/Egmont	33	28	36
Hawke's bay	45	45	45
Canterbury/West Coast/ Nelson/Marlborough	102	140	143
Otago/Southland	72	60	69
Not Stated	7	8	0
TOTAL	492	527	578
Membership Type	2023-2024	2022-2023	2021-2022
I'm New to the College	88	106	86
I'm Renewing my College membership	369	384	454
Regional Life	18	18	18
PNC Life	8	8	8
Student Nurse - Renewing	1	3	0
Student Nurse New to College	8	3	2
Not Stated	0	5	10
Involvement	2023-2024	2022-2023	2021-2022
Active involvement	49	52	56
Not at this time	238	268	297
Want to be involved	40	38	43
Wish to assist with government submissions	2	0	0
Wish to assist with policy development	4	1	2
Would like further information	45	44	44
Years in Nursing	2023-2024	2022-2023	2021-2022
0-4 years	28	19	30
5-9 years	44	62	51
10-19 years	97	104	110
20-29 years	86	78	108
30-39 years	105	108	120
40 years and over	72	88	90
Life Member	26	26	26
Student Nurse	9	6	2

Age of Members	2023-2024	2022-2023	2021-2022
<30 years	30	34	30
30-39 years	84	99	102
40-49 years	78	86	111
Gender	2023-2024	2022-2023	2021-2022
Female	422	462	537
Male	26	26	38
Gender Diverse	2	0	0
Prefer not to disclose	1	1	3
Primary Area of Practice	2023-2024	2022-2023	2021-2022
Anaesthetic nursing	0	2	1
Medical Imaging	11	18	29
Operating Theatre	303	340	366
PACU	69	68	69
Day Surgery unit	16	15	22
Surgical Outpatient	3	1	1
Surgical Preadmissions	6	7	9
Surgical Ward	12	10	20
Other	31	29	33
Role	2023-2024	2022-2023	2021-2022
Advance Nurse – Clinical	45	41	40
Advance Nurse – Education	19	22	26
Advance Nurse – Management	38	51	55
Nurse Practitioner	5	4	2
Enrolled Nurse	13	15	16
Registered Nurse	331	356	411
Undergraduate	9	6	2
Highest Qualification	2023-2024	2022-2023	2021-2022
Bachelor's Degree	150	157	191
Diploma	65	65	64
Doctorate	0	1	0
Graduate Certificate	16	10	13
Hospital Certificate	21	39	58
Masters	40	36	42
PG Certificate	71	94	103
PG Diploma	57	64	56
Ethnicity:	2023-2024	2022-2023	
NZ European	315	350	
Other	53	59	
Filipino	42	36	
Indian	13	19	
NZ Māori	10	14	
Chinese	1	5	
Samoan	3	3	
Cook Island Māori	2	2	
Tongan	1	1	
European	1	1	
Niuean	1	0	
Romanian	1	1	

# The Dissector Annual Report

It is with pleasure that I present the annual report of *The Dissector* Editorial Committee. I wish to thank Shona Matthews, Rebecca Porton-Whitworth and Finau Faka'i for their support and input throughout the year.

We have two new Editorial Committee members; Sue Clynes has recently joined us, and Amber Cox will join us following the conference, when her Regional Representative role concludes.

Shona Matthews will be stepping down at the end of the year and I would like to acknowledge her dedication and service to *The Dissector* Editorial Committee. Shona has been the longest serving Committee member with an extraordinary 16 years of service. She joined the team for the June 2010 issue as an ex-officio member, representing Medical Imaging Nurses and took over the editorship with the December 2015 issue. Shona stepped down from the Chief Editor role after the publication of the December 2020 issue, though has remained on the Committee in a consult/caretaking role and we have been very grateful for her knowledge, advice and support.

There is a need for more Committee members, especially those with a medical imaging background as we will have no Medical Imaging representative when Shona steps down.

The Committee has had two meetings via Zoom this year and we had a face-to-face meeting at the PNC Conference in October. As usual we have communicated throughout the year via email and through the use of Dropbox.

## Binding of 'The Dissector'

With the unavailability of someone to index the 2006-2017 bound journals being completed, the Editorial Committee looks forward to an update on binding these past issues.

## Content

The September 2024 issue marked the 50th anniversary of *The Dissector*. We have been celebrating this by including an archival article in each of the 2024 issues. We are very grateful to Karen Hall (our longest serving Editorial Committee member), who has been reviewing *The Dissector* journals for the Best Article Award winners and has worked with us to select a stand-out article from each decade to re-publish in each of this year's issues.

There have been significant delays with distribution of issues this year, with the planned December issue not published until January and the March 2024 issue, our first digital issue, published as 'March-May 2024' (Vol 51, No 4) not distributed until June. The delays were in part due to ongoing difficulties with sourcing advertising revenue, and the Editorial Committee would like to express their gratitude to National Committee for making up the shortfall so the issue could be published. We are hoping to get the publication dates back on track; however, this will be dependent on the publisher.

The quality of articles provided has continued to be high and again this year we have managed to publish a clinical article in most issues. We have tried to include both medical imaging and post anaesthesia care unit related articles, however content has not always been available.

The March-May 2024 issue featured two complementary articles about Endoscopic Vein Harvesting (EVH) for coronary artery bypass surgery, an article discussing the physiological impact of tourniquet use, brief bios of our National Committee members and an historical essay originally published in *The Dissector* in February 1980 (Vol. 7, No. 1, pp 23 – 25).

## Circulation

The digital version of *The Dissector* is now distributed by NZNO. The May-June issue was distributed to 517 unique subscribers. The NZNO reports on issue distribution is shown below – March-May issue on the left, and June-August issue on the right.

### 2024-06-13 PNC Dissector Journal

Sent: Jun 14, 2024 at 9:03AM

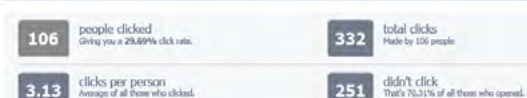
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#### Campaign Overview



#### Links Clicked



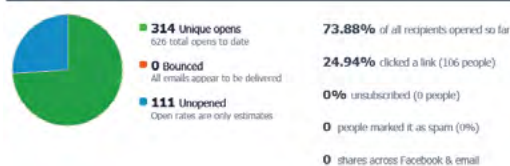
### 2024-08-30 PNC Dissector Journal

Sent: Aug 30, 2024 at 1:59PM

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#### Campaign Overview



#### Links Clicked



The June-August contained an overview of PET Scanning, a literature review on the challenges of implementing multi-professional team briefing and de-briefing for surgical cases, Dean Cowles' article on Te Tiriti o Waitangi in Perioperative Practice (based on his webinar) and an archival article by Shirley McGirr (Wellington) which was the winner of the Davis & Geck Theatre Nurses Scholarship in 1990 (Vol 17: No 1 & 2).

#### Incentive to Publish

*The Dissector* publishes articles with a strong focus on education, research within perioperative nursing, evidence-based practice and news items of special interest. The scheme was instigated in 2009 by then Dissector Editor Kathryn Fraser with the support of Advantage Publishing. It is essential to ensure ongoing generation of original articles as this assists PNC in meeting our professional obligation of maintaining our College status.

The incentive to publish payment continues to see College members benefit from writing. PNC provides \$100 and Advantage Publishing provides matching funds. Four authors have received this incentive this year.

#### Awards 2024

Two *Dissector* awards for contributing authors will be announced at the 2024 College AGM; Dissector First-Time Writer Award, \$750 sponsored by MEDSPEC and Dissector Best Article published Award in *The Dissector*, \$1000.

#### Dissector online

*The Dissector* continues to be available to a wide

international audience through which the College benefits as being the voice of perioperative nursing within New Zealand. Access to the articles published since 2011 is available through:

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

NZNO members can also access *The Dissector* electronically in the Academic OneFile database via the NZNO website. A PDF copy of the May-June issue is available to members on the PNC website.

#### Future Plans

As always, the Committee would welcome more articles featuring clinical practice, quality and/or innovation initiatives, case studies or other articles of interest to members. We would also appreciate any ideas for themes and articles. The committee are always willing to assist so please contact one of us with your ideas. Regular feedback from regions on their activities will continue to be actively pursued. Thank you once again to Michael Esdaile and his team at Advantage Publishing for their support and valuable sponsorship of the Journal and membership.

Bron Taylor,  
Chief Editor, *The Dissector*

## Website Report

The New Zealand Perioperative Nurses College (PNC) is committed to advancing the future of its members. Our website serves as a valuable resource hub, providing information on educational events at regional, national, and international levels. We are proud to have continued offering online education in partnership with My Health Hub.

In addition to promoting educational opportunities on the website, we are expanding our reach through social media to ensure members stay informed.

Our website offers direct access to the Association of periOperative Registered Nurses (AORN) standards and recommended practices, empowering our members with up-to-date, research-based information to uphold international standards of care in their daily practice.

The PPC has recently updated a wide range of standards, and the knowledge and skills framework is easily accessible in a printable PDF format. Emphasising health and safety, our website also provides relevant information on crate weight and surgical smoke plume.

At PNC, we are dedicated to providing a

comprehensive platform for members to remain informed and engaged in their professional development.

#### NZNO PNC web pages analytics overview 2016-2024

Late in 2023, Google changed the way Analytics works when it released Google Analytics 4 (GA4).

GA4 still counts page views, though it counts them slightly differently. We've noticed page view counts dropping a little because GA4 page counts are more accurate now.

Instead of Unique pageviews, GA4 now counts Users, i.e. people.

Instead of Average. time on page, GA4 now measures average engagement time, as in, people doing something on the page.

GA4 does not report Bounce and Exit rates anymore since they don't reflect usefully on actual user engagement.

Accordingly, I have had to start a new data series, since we really can't compare GA4 with the old Google Analytics. The datasets are too different.

# Professional Practice Committee Report

The Members of the Professional Practice Committee (PPC) currently are: Gill Martin - Lead; Jillian Carlton (Richardson); Sharon Deo; Ferne Brain; Bron Taylor; Marion Jones (in a consultative capacity); Dean Cowles (in a consultative capacity for current project).

Our most recent meeting was held on May 23, 2024 via ZOOM.

We are continuing to review the Standards and Knowledge and Skills framework with regard to Cultural Safety and our responsiveness to Māori.

This is a complex project, made more difficult by the ongoing review of enrolled nurse (EN) and registered nurse (RN) Competencies by the Nursing Council of New Zealand (NCNZ) and political discussion around Te Tiriti o Waitangi.

We decided that our work should not be based on any political views or decisions but to stick to the basis of Te Tiriti, the four principles, as these cannot be changed.

A Critical Tiriti Analysis for National Policy / Guideline / Strategy / Project / Curriculum Design & Development: Standard 3 and Knowledge and Skills framework was done by Dean Cowles.

Dean currently works as the Māori Nurse Advisor, within the Nursing Directorate, for Southern Cross Healthcare and was generous enough to give his time and knowledge to PNC. The document has been forwarded to Te Rūnanga group of NZNO for their input and approval and with a request that they pass it on to a Māori consumer group as they feel fit.

We await their response.

It was agreed that work on the remaining standards should be "on hold" until this initial work has gone through consultation.

Any further work required on the PNC Standards and Knowledge and Skills Framework to remain on hold until NCNZ Competency review is completed and new Competencies have been approved and published.

The Registered Nurse First Surgical Assistant (RNFSA) document on the PNC website had not been reviewed since it was written in 2014. The original author (Yvonne Morgan) was contacted and she has done this work. Minor changes were needed and updating of references.

This updated version is approved and uploaded to PNC website.

Loan Instrument Kits document – the version on PNC website had not been updated since 2019. NZSAA contacted who confirmed they no longer have an overall document as each hospital should have their own. Document removed from PNC website.

I would like to give special thanks to Bron Taylor who did the initial work on the Knowledge and Skills framework in relation to Responsiveness to Māori and to Dean Cowles for all his excellent work on the Critical Analysis.

— Gill Martin, Lead for Professional Practice Committee



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# International Collaboration of Perianaesthesia Nurses (ICPAN)

In some ways the history of the International Collaboration of Perianaesthesia Nurses (ICPAN) is similar to that of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC NZNO). A small, dedicated group of nurses worked toward a common goal — and a new organisation was born.

The genesis was in 2008 when several international nurse colleagues were socialising in a London pub while attending the annual meeting of the British Anaesthetic & Recovery Nurses Association (BARNA). Discussion turned to the possibility of hosting a global conference by welcoming participation from similar nursing associations.

The first meeting to discuss this was held in April 2009. The result was a very successful inaugural conference hosted by NAPANc in Toronto, Canada in 2011. Subsequently, in 2013, at the conclusion of another successful conference hosted by IARNA in Dublin, Ireland, a Steering Committee was established, tasked to independently represent the interests of the broader specialty nursing community and work toward the goal of incorporating an enduring global collaborative prior to the 2015 conference.

Today, the International Collaboration of PeriAnaesthesia

Nurses, Inc. (ICPAN) organisation continues to evolve and facilitate the hosting of biennial conferences around the world. Through the dedicated work of the Steering Committee and under advice of legal counsel, formal incorporation in Delaware (USA) and non-profit status was achieved in August 2015. The first ICPAN Biennial General Meeting was held in 2015 at the conclusion of another amazing conference hosted by the Danish Association of Anaesthesia, Intensive Care and Recovery Nurses in Copenhagen, Denmark.

The ongoing involvement and support from international perianaesthesia nursing organisations and volunteer nurse colleagues has enabled the creation of this enduring global advocacy and networking group. A once formidable goal, to formalize and sustain an international perianaesthesia nursing collaborative, has now become a reality.

ICPAN acknowledges the organisations that provided the necessary seed monies for establishment of a global perianaesthesia nursing collaborative:

American Society of PeriAnesthesia Nurses, Australian College of PeriAnaesthesia Nurses (formerly ASPAAN), British Anaesthetic and Recovery Nurses Association, Danish



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Association of Anaesthesia, Intensive Care and Recovery Nurses, Irish Anaesthetic and Recovery Nurses Association, National Association of PeriAnesthesia Nurses of Canada.

#### Global Advisory Council (GAC) Annual Report to PNC, 2023

Mosgiel's Sarah Eton served as the PNC delegate on the Global Advisory Council of ICPAN and reports that in 2023 they had several Zoom meetings over the course of that year, planning the biennial conference. That was hosted by the Dutch Recovery Nursing Association (BRV) in Amsterdam in September 2023. This was the sixth ICPAN Conference.

In the lead up to that, ICPAN continued to collaborate with 'Operation Smile International', supporting educational programmes for perianaesthesia nurses abroad. The pilot programme is planned to be implemented in Africa.

ICPAN also joined the G4 Alliance to advance shared strategic goals, such as, creating a skilled global workforce in SOTA (Surgery, Obstetrics, Trauma, Anaesthetics).

At the ICPAN General Meeting, held alongside the Amsterdam conference, a new chair for the ICPAN Board of Directors was chosen: Dr. Joni M. Brady, DNP, RN, PMGT-BC, CAPA of the United States.

Sarah Eton thanks PNC for supporting her to attend the sixth ICPAN Conference.

Emma Ladley, RN now represents PNC on the 11 member ICPAN Global Advisory Council, which will meet face-to-face at the seventh International ICPAN Conference in Dublin, Ireland from September 3-5, 2025.

—Sarah Eton, NZ Delegate on the Global Advisory Council, ICPAN



The design of the original NZ Operating Theatre Nurses logo from 1978, and the later badge (top right). Note that the national nurses organisation name was the New Zealand Nurses Association (NZNA), which later became the New Zealand Nurses Organisation (NZNO).



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