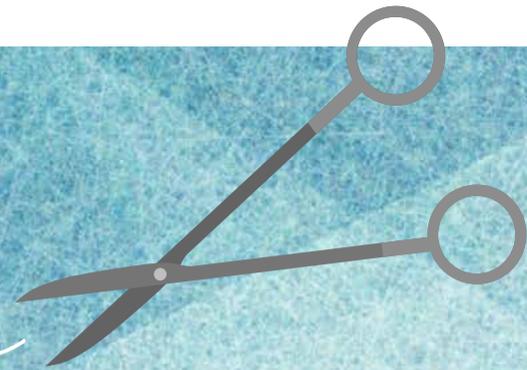


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President's Report

VPNG MID-YEAR STRATEGIC PLANNING MEETING

The VPNG Committee held their mid-year Strategic Planning Meeting via Zoom at the end of June.

Committee members were asked why they joined the VPNG Committee (see word cloud image). It is fantastic to know that the VPNG Committee has such passionate and expert perioperative nurses involved in promoting the needs of the Group.

Another question posed to the Committee was 'what should VPNG be focussing on over the next six months?' Here is what they said:

Communicate with members, more short webinars around training; continue with education events that allow members to maintain standards and keep updated with any changes to practice; contribute to standards setting; continue to build community engagement and awareness of best practice; nurture our novice nurses and encourage postgraduate qualification; provide educational opportunities to raise the professionalism of perioperative nursing; strengthen communication and relationships with ACORN; explore ways of providing education that is cost neutral; support members with issues and promote quality and safety in healthcare; promote professionalism through being a member of VPNG.

All these aspects will be incorporated into our activities over the next 6 months helping to achieve the objectives of the Strategic Plan (2020-2022).

What you will see over the next six months includes:

- Free Webinar opportunities
- Increased communication and collaboration between VPNG and ACORN
- VPNG Committee Members on the ACORN Board and involvement in the ACORN's Standards 'RoadMap Project'
- Improved processes for submitting articles, interest pieces and questions in Snippets newsletter
- Linking of Social Media sites e.g. Instagram, Facebook, Twitter, LinkedIn to improve communication with members and to grow our membership base
- Improved communication with our VPNG Reps to disseminate VPNG information and updates
- Scholarship and Grant opportunities that are easy to apply for via online forms

Why did you join the VPNG committee?



VPNG MEMBER SURVEY

VPNG recently undertook a survey of members asking about their involvement in education opportunities and how they would like to engage with educational opportunities in the future. This data will help VPNG make decisions that best serve our members, especially with COVID-19 restrictions in place. Thank you to all those who took the time to complete this survey.

EDUCATIONAL EVENTS

Due to the cancellation and postponement of our Metropolitan Professional Development Day and the Country Conference (respectively) VPNG has started to explore the provision of webinars. To date, VPNG has provided our members with three live webinar opportunities which have attracted many participants. VPNG is committed to providing further webinars and exploring the best use virtual platforms to provide our members with educational opportunities on relevant topics.

Best Wishes,

Tarryn Armour

Tarryn Armour
VPNG President



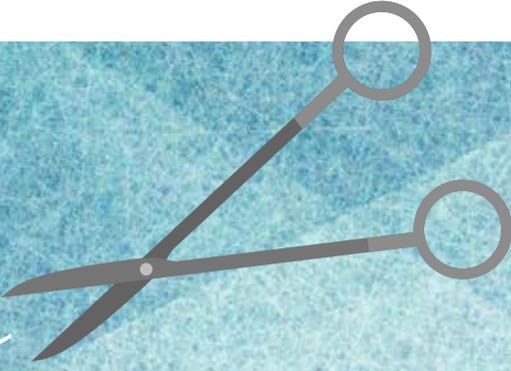


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CALL FOR ABSTRACTS WEBINAR

The VPNG Events Subcommittee is seeking abstracts for a webinar presentation that demonstrate examples of current and future initiatives which highlight best practice or innovative solutions to the challenges of providing nursing care in the perioperative environment.

PRESENTATIONS SHOULD FOCUS ON THE FOLLOWING THEMES:

- Implementing best practice and safe patient care
- Personal wellbeing and working in a supportive environment
- Patient advocacy
- Legal aspects of care and adherence to ACORN Standards

PRESENTATION LENGTH:

Presentations will be contained to 30-45 minutes with 10 minutes question time.

ABSTRACT FORMAT:

- Word Count: 250 words (maximum) including keywords
- Font: Times New Roman 12 point
- Spacing: Single spacing with double spaced paragraphs
- Paging: A4, single sided
- Headings: Title, presenter's name, team member's position title, employer, contact details
Include a short personal profile of 150 words (max)

SELECTION CRITERIA:

- Only 1-2 presenters will be accepted to present at one time
- We encourage novice presenters and VPNG will offer a 'mentor' to guide you through the process
- Abstracts will be assessed against the following criteria: Overall importance, quality, innovation, originality and content
- All applicants will be notified of the Events Subcommittee's decision in writing

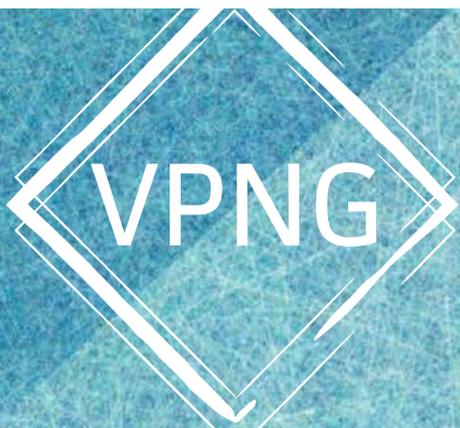
SUBMISSION:

Email your abstract as an attachment (saved as a Microsoft Word document) to enquiries@vpng.org.au.

Abstracts will be considered on a rolling basis and successful submissions will be contacted in regards to a suitable webinar date.

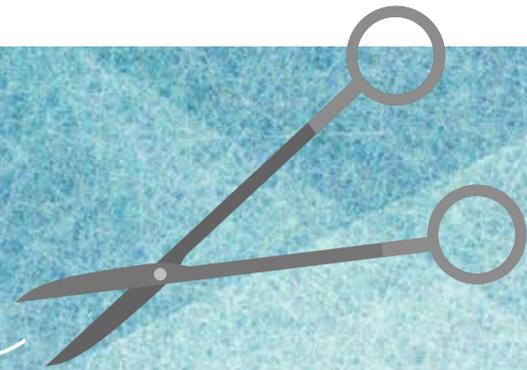
If you have any queries submitting an abstract, please contact the VPNG Office between 9.00am and 5.00pm on Tuesdays and Thursdays on **1300 721 169**.





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REPORT AUGUST 2020

The ACORN Board met for the first time in August and held a very productive meeting discussing the following items/issues:

ROAD MAP PROJECT

The Work Stream Teams (WST) held their first meeting during July/August with their work to commence in the coming weeks. The WST are comprised of a number of different states and territories and have some remarkable talent and emerging leaders supporting the project.

Deb Thoms has agreed to provide a webinar, providing members with an insight into the road map project. This is in lieu of the missed sessions that would have been presented at the National Conference in Sydney, which had to be cancelled. Keep an eye out for the emails and the ACORN website for further information.

JOURNAL & RESEARCH

The ACORN Journal will only be published online, a decision that has been well received by members. The Research Committee is hosting a 3 min thesis competition. See the website for further details.

EDUCATION MOVING FORWARD

ACORN webinars are now being facilitated by the CEO, Rebecca East or the Standards Manager, Cath Murphy. These online sessions continue to be very popular. Check the ACORN website for the upcoming schedule.

RECOGNITION OF DIVERSE COMMUNITIES

The Board approved a proposal that will acknowledge both the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer plus (LGBTIQ+) and Aboriginal and Torres Strait Islander Communities. The ACORN website will display the flags from each community and a brief statement providing recognition and support.

PERTH CONFERENCE 2024

Plans are underway for the Perth Conference as cancellations due to COVID -19 means that there are many Colleges looking for suitable venues for 2024.



FINANCE

ACORN is presently financially sound, although there is still a projected loss for 2020. ACORN has been very fortunate to receive government subsidies and benefits as part of the pandemic considerations.

ACORN STANDARDS QUERIES

If you have any queries from members, either clinical questions or general feedback, please direct members to the 'Clinical Questions - Feedback' in the Standards section on the Acorn Website. The Standards Manager is able to answer members directly.

Elyse Coffey

**VPNG Vice President 2020
ACORN Director**

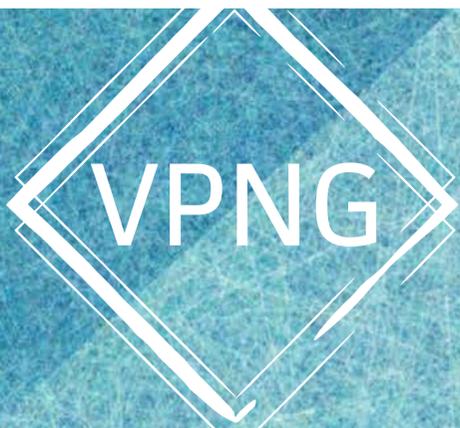
ARE YOU LOOKING TO JOIN
OR RENEW
YOUR VPNG MEMBERSHIP?

Online membership* is now available,
visit the VPNG website or click on this button

MEMBERSHIP

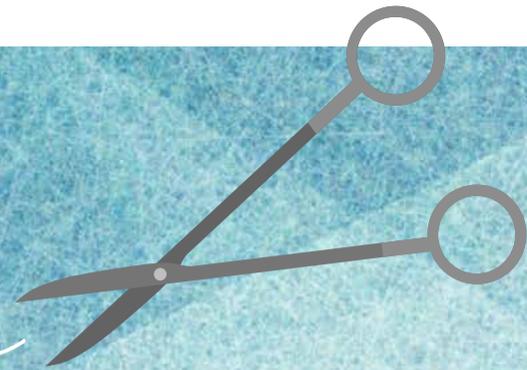
to renew or join today.....





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Introducing

KAROLINA KING

I would like to take this opportunity to introduce myself as a new VPNG (Education Subcommittee) member. I have been an operating theatre nurse for over 20 years and a theatre educator at St Vincent's Private Hospital for the past 8 years. I have previously held voluntary positions with ACORN Education and Standards Committees.

For 3 years I have been part of Interplast's nurse training program in Samoa and take part in Interplast's nurse working group. I have completed post graduate qualifications and hold a clinical fellowship at Australian Catholic University.

My particular interest is in clinical supervision (guided reflective practice)



having trained as a supervisor and would love to share this process and help to support our perioperative nurses.

I believe there is something new to be learnt every day and look forward to sharing and gaining knowledge from the VPNG Committee and all members.



SMITHA SEBASTIAN

became part of the VPNG Committee and have taken on the exciting portfolio of VPNG Reps.

I have been a Perioperative nurse for over 14 years. After graduating I decided to become a Perioperative nurse as I felt passionate and privileged to become an integral part of the patient journey through operating theatres. I soon completed my Postgraduate studies and later completed my Masters.

I look forward to promoting our professional organisation through our great teamwork.

My name is Smitha Sebastian and I work as a Perioperative Educator at St Vincent's Private Hospital, Melbourne. After being a VPNG member for several years, I recently



UPCOMING EVENTS 2020-21

HSA Group- Advanced PACU Nursing
19th September 2020 9am – 4pm
Zoom

"An update on respiratory protection in the COVID-19 pandemic: Form fit testing to a full respiratory protection program (RPP)"
Sponsored by



21st September 2020 7pm – 8pm
Webinar

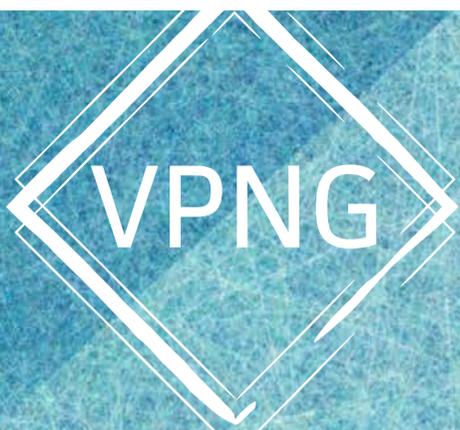
Robotics and 3D printing.
The New Era of Surgery
30th September 2020 12pm – 1pm
Microsoft Teams

Medical Laser Safety Course Safety
2nd October 2020 8.30am – 1pm
Teleconference

Non-Radiologist Fluoroscopy
Safety Course
14th October 2020 6pm – 10pm
Teleconference

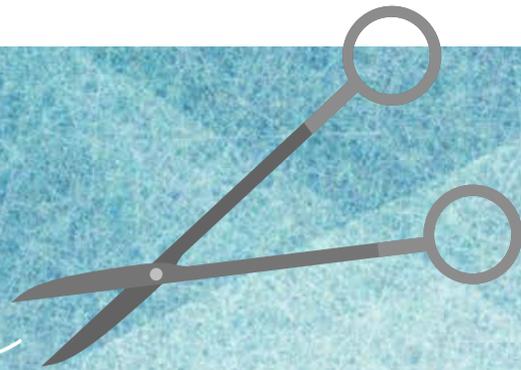
ACPAN National Conference
16th - 17th October 2020
Wrest Point Casino, Hobart, Tasmania

Assessment & Management of
the Irritable Baby
Presented by Amy Gray, Consultant
Paediatrician, RCH
28th October 2020 11am - 12pm
Zoom



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Join VPNG in 2020 and win a prize!

Become a member or renew an expired membership before 24th October 2020 and you enter the prize draw

**THE PRIZE IS A FREE REGISTRATION FOR THE
VPNG STATE CONFERENCE
AT THE MELBOURNE CONVENTION & EXHIBITION CENTRE
IN AUGUST 2021!**

The winner will be announced at the next VPNG Conference
To join, go to <https://vpng.tidyhq.com/membership/memberships/new>



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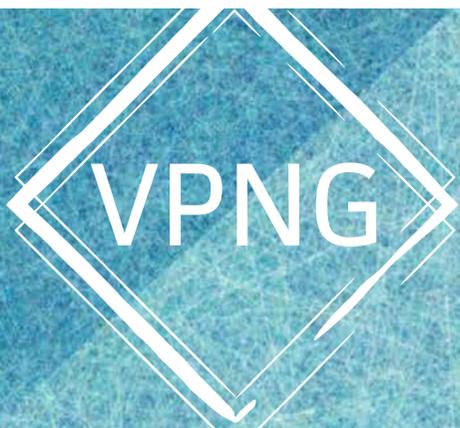
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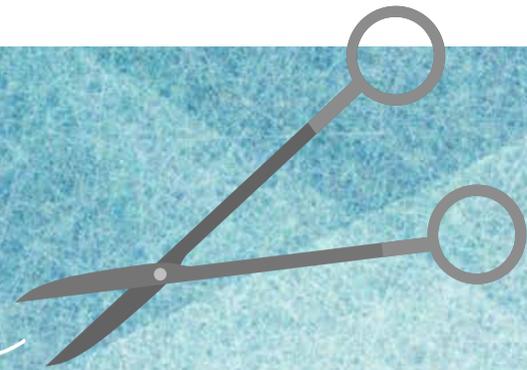
MKT003





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VPNG 2020 COUNTRY CONFERENCE CANCELLATION

VPNG

CANCELLED

COUNTRY CONFERENCE

Saturday 24th October 2020
RACV Resort Torquay

Register via www.vpng.org.au

“Navigating the Future”

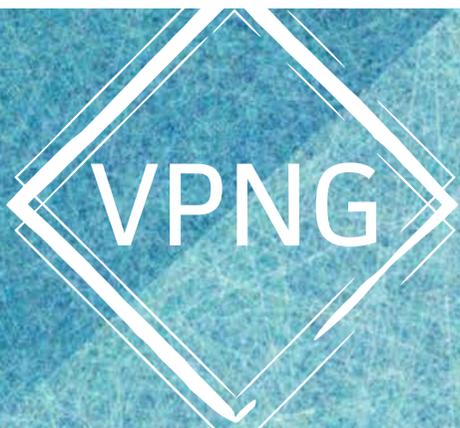
The current COVID-19 climate has created many challenges for us all, both personally and professionally. At this time, it has been necessary for us all to recognise where our priorities lie and to focus on what matters most. To maintain our health and safety, our families, our colleagues, and the wider community, we have all adhered to continuing restrictions. We are practicing physical distancing, wearing masks, and largely remaining at home.

In order to continue to maintain the health and safety of the community at this time, VPNG has made the difficult decision to cancel the Country Conference planned for the 24th October. Hosting a Conference at this time was deemed to be irresponsible, especially in light of the erratic and highly contagious nature of the coronavirus coupled, with the wider implications and influences this pandemic will likely have on our community. We hope you understand and support this decision.

VPNG is exploring other innovative and diverse ways of providing our members with educational and networking opportunities. These opportunities will be of increasing importance over the coming months, and into the foreseeable future. Please keep up to date with VPNG activities via our website, newsletters, emails, and social media posts.

Any enquiries can be directed to enquiries@vpng.org.au.

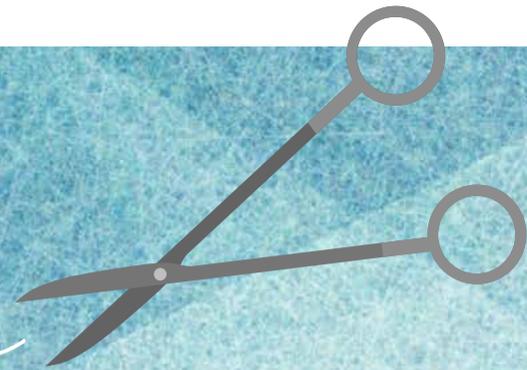
Members of the VPNG Committee hope that you keep safe and stay well. We are all in this together and together we can make a difference.



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Introducing our Hospital Reps...

JACINTA ANDREW

Organisation: Bendigo Health DOSA

Role: CNS - DOSA

How long have you been a perioperative nurse?

3.5 years

Why did you choose to become a VPNG Rep?

I wanted to encourage my colleagues to be proud to be periop nurses – not just identify as a surgical or med nurse – be proud of what we do.

How long have you been a VPNG Rep?

6 months

How do you communicate about VPNG activities with your colleagues?

Internal DOSA FB page, regular presentations, noticeboard.

Why do you think that it is important that perioperative nurses join VPNG?

For representation – we are a huge part of any hospital and need to have a voice.

Can you tell us one thing that makes you proud being a perioperative nurse?

Teamwork/sense of family in my colleagues makes coming to work fun everyday and patients see that.

What are your hobbies and interests?

Travel, wine, property.



CAROLINE RICKIE

Organisation: Masada Private Hospital - Ramsay Health

Role: ANUM Eyes Anaesthetics

How long have you been a perioperative nurse?

20 + years

Why did you choose to become a VPNG Rep?

To try and encourage other perioperative nurses to join and promote perioperative nursing and improve standards therefore to ensure better patient outcome and increased job satisfaction.

How long have you been a VPNG Rep?

Around 5 years.

How do you communicate about VPNG activities with your colleagues?

Verbally, notice board.

Why do you think that it is important that perioperative nurses join VPNG?

Very important being a part of our professional body to have up to date knowledge to improve standards in perioperative nursing.

Can you tell us one thing that makes you proud being a perioperative nurse?

Good Patients outcomes.

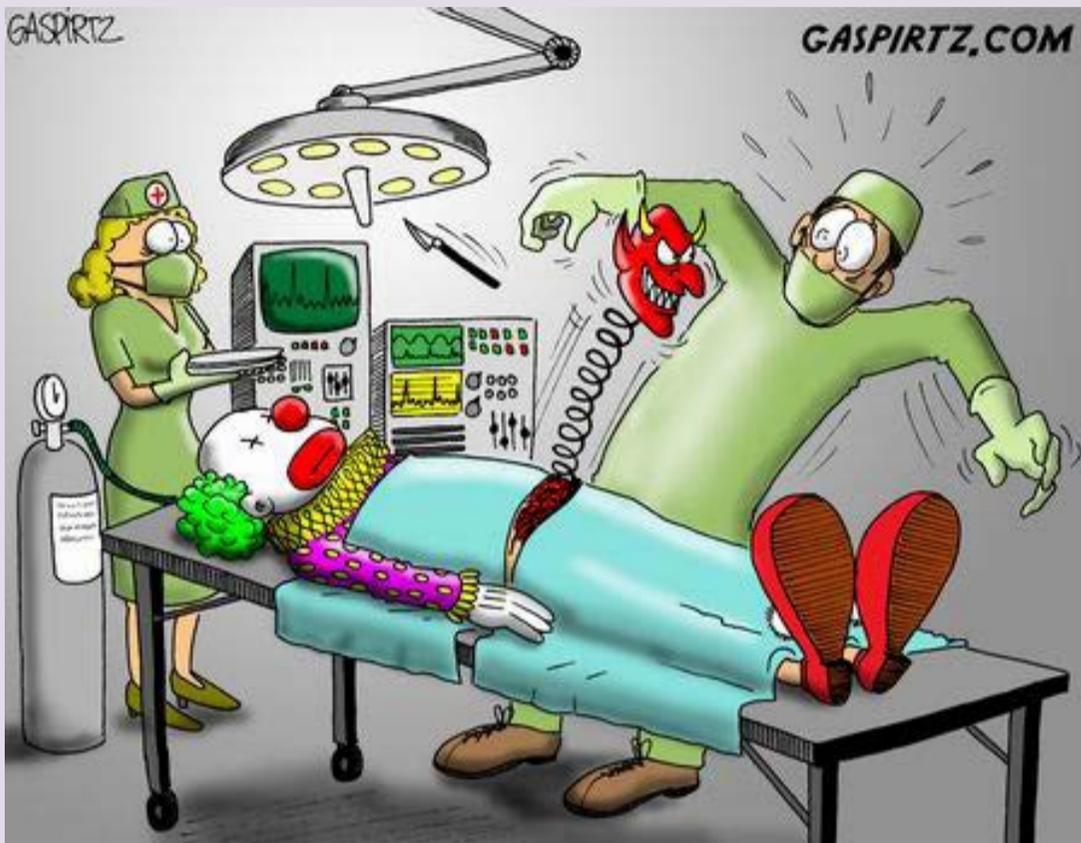
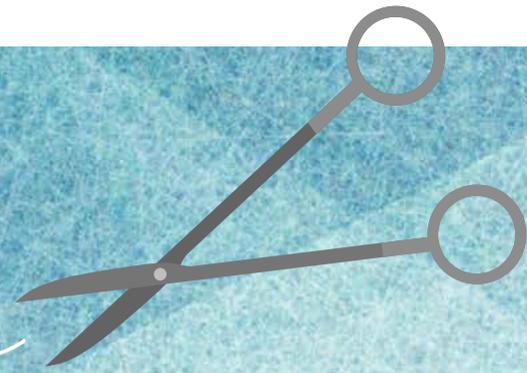


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Funny caption

To lighten everyone's mood, we invite you to come up with a funny caption for this cartoon!

We know that there are many witty and creative perioperative nurses, so we look forward to reading your captions.

Please send your suggestions to snippets@vpng.org.au.

The funniest caption will be published in the next edition of Snippets.

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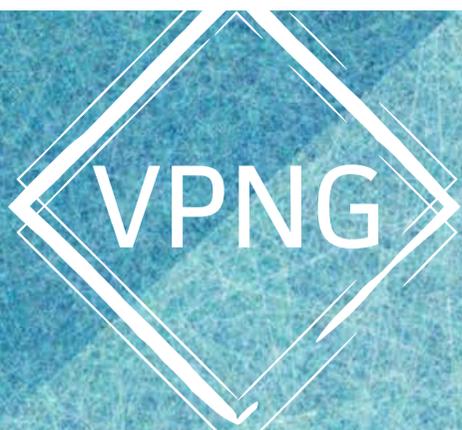
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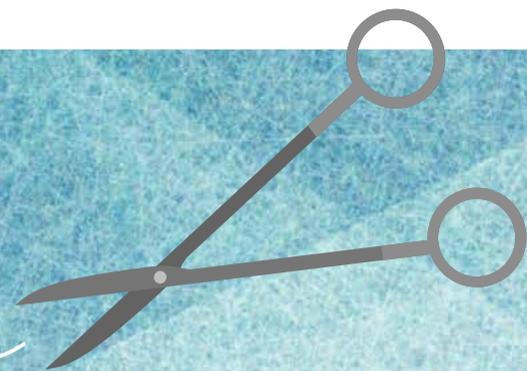
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A Reflection About Being Deployed To a COVID Ward

The Pandemic has thrown a variety of challenges at us all. For some perioperative nurses who were redeployed to COVID Aged Care Wards, it has been a daunting yet rewarding experience.

Samantha Goundar, a novice perioperative nurse and new VPNG member shares her experiences and lessons learnt:

I started working at St Vincent's Private Hospital East Melbourne in May 2019 when I started my graduate year. My first rotation was in the orthopaedics wards and second was my theatre rotation. I enjoyed theatre so I decided to stay on after completing my graduate program. I have been working in ENT and plastics and had started to do some orthopaedic lists.

During the pandemic I was redeployed to COVID and suspected COVID (SCOVID) wards and working with patient transfers and PPE of relatives coming into the hospital to visit their loved ones. It was very different to working in the theatres. I enjoyed the communication and the connection that was built while working alongside ward staff. It was great to work with staff as a team, to take care of the most vulnerable patients.

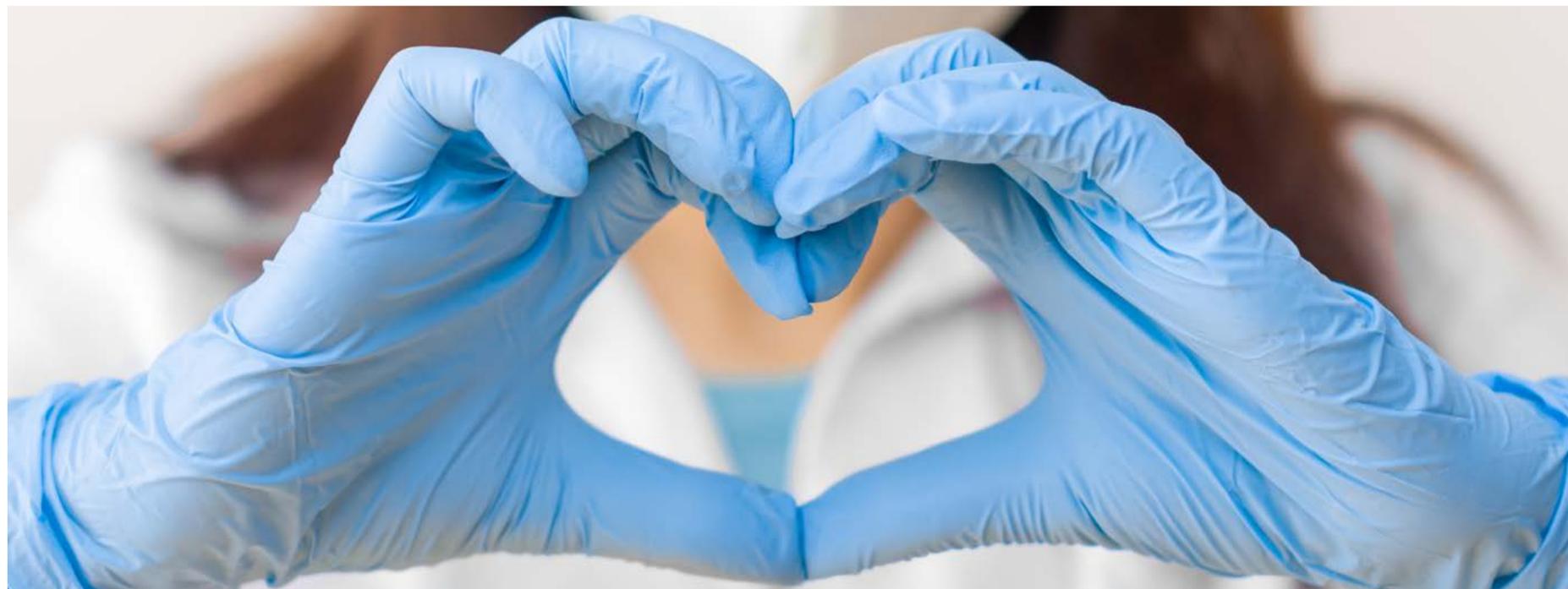
Working in the COVID ward required us to work alongside a buddy nurse to conduct medication rounds, attend to hygiene requirements and feeding, complete progress notes and daily phone calls to the patients' relatives to give them an idea of the progress of their loved one. After my previous ward experience I found the medication rounds went smoothly.

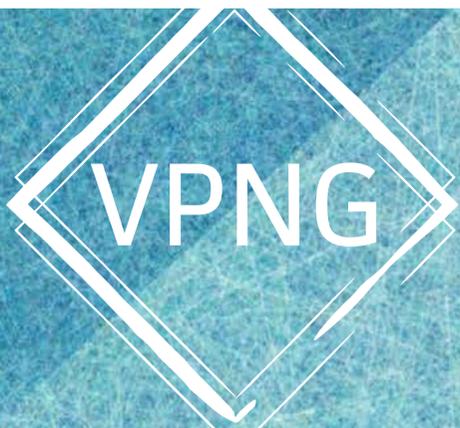
The greatest challenge was wearing and managing the full PPE.

At times it was warm but I got used to it pretty quickly. Doffing was vital due to the circumstances. Taking your time when it came to removing your PPE was key, making sure you always got a spotter to check for correct technique. Wearing full PPE becomes second nature and easier once you do it for days and weeks. Like anything you become used to it.

The team work, working with amazing nurses and the connection with the team was valuable and an honour to be part of when caring for the residents. We all cared about the patients and during these COVID times it felt meaningful to be part of the challenges and helping out where we were needed. It was heart-warming seeing patients recovering and seeing smiling faces. Every day was different and being able to witness and experience something new was difficult but something I will never forget.

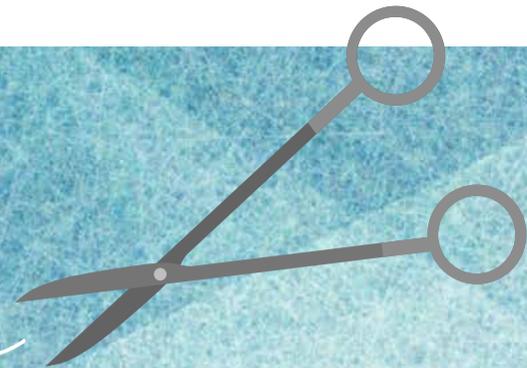
The team work, leadership and working as one team, is something that I will continue forward and draw from in my nursing career. This practical experience has led me to a better understanding of the necessity of interdisciplinary communication within healthcare. Working alongside multiple team members and the spirit of collaboration made my transition back to the wards easier.





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COOKING CORNER

We look forward to sharing your favourite recipes with VPNG members. You can hand them to your VPNG Rep or send them directly to snippets@vpng.org.au

KETO LOADED CAULIFLOWER CASSEROLE. GLUTEN FREE.

Ingredients

- 1 whole cauliflower
- 1 packet philly cheese, at room temperature
- 1 cup shredded tasty cheese
- 1 cup of cream
- 2 sprigs of spring onion, sliced
- 4 rashers of bacon, diced and cooked
- 1 teaspoon crushed garlic

Method

- Par steam cauliflower (not soft but started).
- In a large bowl, mix cheeses and cream until combined.
- Add bacon and hot cauliflower.
- Stir gently so as not to break into smaller pieces.
- Place in a baking dish, top with extra shredded cheese and bake at 180 degrees for approx. 30-40 minutes, until cheese brown on top.

Eva Burton, Latrobe Regional Health



JELLY SLICE

Ingredients

Base

- 1x packet Marie biscuits
- 180 grams melted butter

Lemon Layer

- 1x 400 gram tin of sweetened condensed milk
- Juice of 2 lemons (approx 1/2 cup)
- 2 teaspoons gelatin dissolved in 3/4 cup boiling water

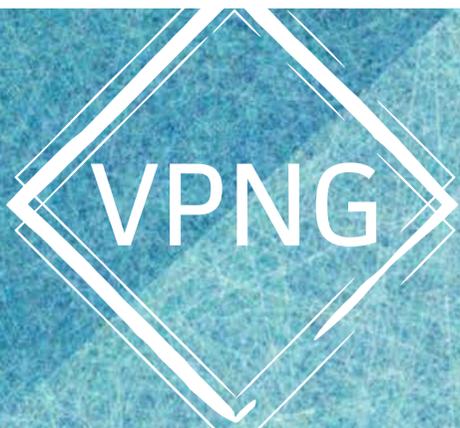
Topping

- 1 packet strawberry jelly
- 1 teaspoon gelatine
- 2 cups boiling water

Method

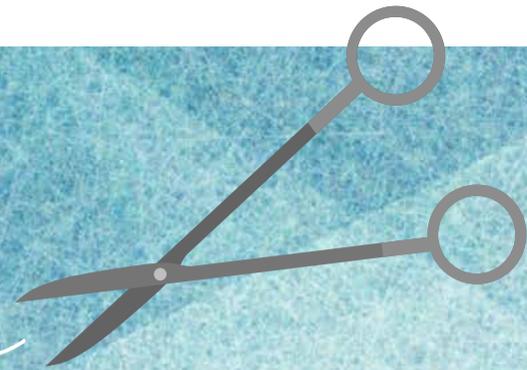
- Mix melted butter and crushed biscuits well together.
- Press evenly into a greased 25cm x 18cm slice tin (fairly deep tin). Chill well.
- Blend condensed milk with lemon juice, add gelatine dissolved in boiling water.
- Mix well and spread over base. Chill until set.
- Make topping, when consistency of egg white, pour over slice. Chill until firmly set.
- Cut into squares or slices to serve.





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VPNG - 2019 MARY FELIX & JUNE ALLEN SCHOLARSHIP RECIPIENT.

Essay: Facilitating Clinical Learning.

Undergraduate nursing students on clinical placement using Bloom's taxonomy of learning

BY KATE MARSHALL

Clinical placements are essential for nursing students to consolidate the nursing theory they have learnt in the classroom and transferring into clinical practice. Successful clinical placements provide learning opportunities, enabling students to develop their nursing knowledge, skills and attitudes (Levett-Jones, Lapkin, Hoffman, Arthur, & Roche, 2011).

Clinical educators (CE) play a vital role in the education of nursing students during their undergraduate placements, by assisting in the development of clinical knowledge, skills and attitudes. An undergraduate nursing students clinical experience and success is influenced significantly by the CEs and preceptors who facilitate productive and positive learning opportunities (Needham, McMurray, & Shaban, 2016).

The perioperative suite is an ideal setting to support undergraduate students through clinical placement as it is rich in learning experiences through all aspects of learning nursing knowledge, skills and responsibilities (Callaghan, 2011). Bloom's taxonomy of learning is a framework designed to build upon a learner's knowledge, develop critical thinking and deeper levels of learning (Su & Osisek, 2011). Undergraduate nursing student's knowledge, clinical skills and attitudes can be categorised into Bloom's taxonomy of learning domains: cognitive, affective and psychomotor (Russell, 2019).

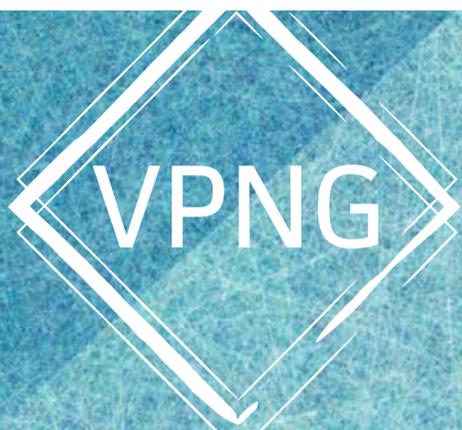


A cognitive learning strategy used to develop student's knowledge and understanding is supportive questioning. This strategy builds on the students existing knowledge to gain further understanding and the ability to apply these concepts in practice (Su & Osisek, 2011). Bloom's taxonomy of learning provides a structured progression for CEs and preceptors to ask learners increasingly technical and thought-provoking questions from recalling information to being able to apply, analyse and evaluate this knowledge (Su & Osisek,

2011). The supportive questioning strategy allows the learner to think about the knowledge they already have but may not yet be able to apply in practice. It is necessary for the learner to feel supported and safe during clinical placement, as this provides the opportunity for questions to be asked and develop higher level thinking (Dahlke, Baumbusch, Affleck, & Kwon, 2012; Schumacher, Englander, & Carraccio, 2013).

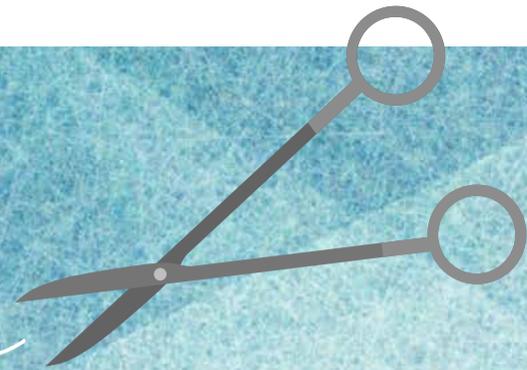
A psychomotor learning strategy that is utilised to improve hands-on skills is

continued...



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repetitive practice of a clinical skill. Repetition and feedback of a new skill is essential to improving technique, becoming proficient and enabling long-term retention of a skill (Oermann, Muckler, & Morgan, 2016). Clinical placement is an ideal opportunity for undergraduates to practice clinical skills with a variety of patients and settings under supervision (Stayt & Merriman, 2013). The preceptor's role when supervising a student is to give prompt constructive feedback in a positive manner on a skill and further explanation if required. This gives the learner an opportunity to improve (Oermann et al., 2016).

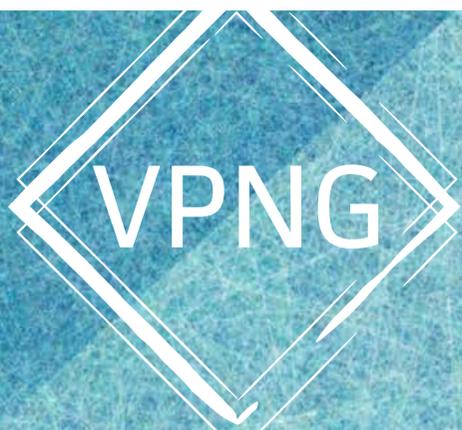
The affective domain pertains to beliefs, feelings and attitudes, it is often assumed nurses are natural care givers with ingrained emotional intelligence, however some health professionals especially early on in their career need assistance in developing these attributes (Kinman & Leggetter, 2016; Russell, 2019). Reflective practice is a learning strategy designed to help train individuals to look back on a clinical situation to recognise and analyse feelings. It is the process of constructively critiquing and identifying areas done well, or in need of improvement (Shaw, Crampton, Rees, & Monrouxe, 2018). Reflective practice is believed to develop empathy, awareness of patient suffering and cultural sensitivity, and benefits students by encouraging therapeutic rapport and patient centred care (Lee, Yu, Hsieh, Li, & Chao, 2018). Through reflective practice students have an opportunity to think about, identify and discuss issues, clarify concerns, look at different perspectives, critique their own practice and plan for improvement if required or celebrate success (Krause, 2016).

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VPNG
victorian perioperative
nurses group

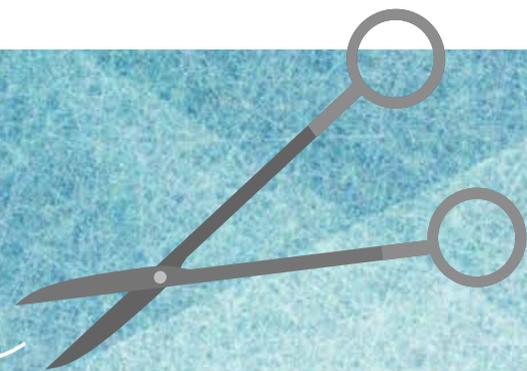




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SPRING 2020



VPNG - 2019 MARY FELIX & JUNE ALLEN SCHOLARSHIP RECIPIENT

Essay: Could Covid-19 be the opportunity we need to excite practice change?

BY SAMANTHA BENNETT

Global warming is destroying ecosystems and biodiversity while simultaneously reducing agricultural land and freshwater availability. These irreversible environmental changes are leading to increased global mortality of approximately 250,000 deaths annually due to natural disasters, famine, and heat waves. What if the opportunity we needed to spark a change in our sustainability practices was upon us? With so much already changing with COVID-19, could be the time to create new social norms and establish environmentally sustainable systems?

With over 70% of practice change initiatives failing in clinical practice what makes some more successful than others? I recently researched the barriers to practice change as part of my postgraduate studies and identified 3 distinct levels: individual, departmental, and organisational. Individual level barriers include issues such as individual behaviour, lack of knowledge and resistive attitudes towards change. Whereas department level barriers included established department culture, social norms, and conflicting projects splitting focus of staff. On the other hand, wider organisational level barriers include lack of resources, inadequate policies, and differing clinical priorities. Factors that strongly improved the success of practice change initiatives included a clinician leader, team engagement in the planning process and strong managerial support.

The unprecedented consequences of COVID 19 have forced practice change to ensure minimal clinician exposure and halt viral spread. Demonstrating that with a big enough motivator, practice change can be successful. With strict policy development, co-ordinated motivation towards a common goal, and strong managerial support, teams can successfully achieve practice change. The aforementioned barriers above appear insignificant in the face of strong public health fears.

Considering the recent upheaval to practice, could this provide a unique opportunity to further change things for the better? In the aftermath of COVID-19 with social norms already left behind, this could be the opportunity we have been looking for to establish a new norm, with more sustainable and economically friendly practices. Examples could include the reduction of desflurane use, better recycling systems or limiting single use items. The potential projects are endless. What does your department want to change?

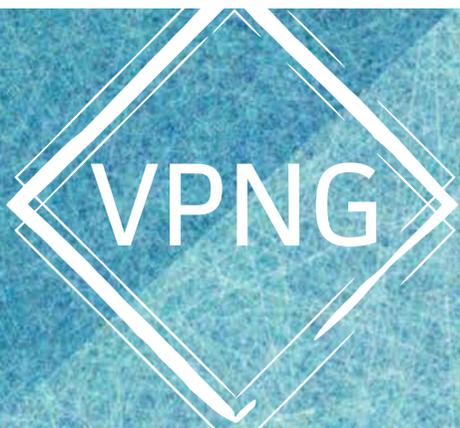
Could we create a silver lining to this global COVID-19 tragedy?

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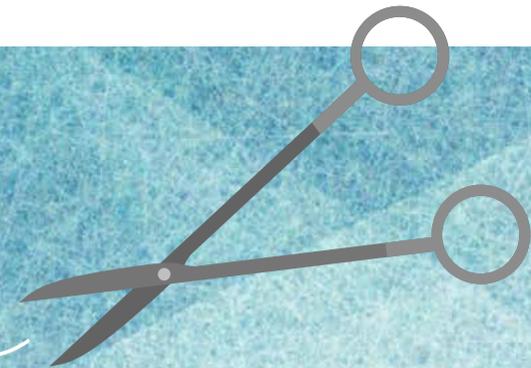
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SPRING 2020

Q I have completed a perioperative postgraduate qualification and am a little unclear on becoming a nurse surgical assistant? Are you able to shed some light on this for me please? Thank you.

A Dear VPNG Member,
As stated in the Australian College of Perioperative Nurses (ACORN) (2020) Standards for perioperative nursing in Australia: Professional standards, the Perioperative Nurse Surgical Assistance (PNSA) is a specialised role. PNSAs practise at an advanced nursing practice level which requires additional education and training. Perioperative nurses with appropriate qualifications and experience aspiring to become a PNSA should complete an accredited tertiary course to qualify and gain credentialing as a PNSA.

The PNSA is required to satisfy credential requirements of the health service organisation in which they practise in the role and fulfil the following requirements:

- Hold current registration as a Registered Nurse with AHPRA
- Have a minimum of 3 years perioperative experience if a postgraduate certificate in perioperative nursing has been completed
- Have successfully completed or be currently enrolled in a postgraduate degree (minimum graduate certificate level) at an accredited university; the degree must be relevant to the professional requirements and scope of practice being sought in PNSA studies by an approved university
- Fulfil the minimum practicum hours of supervised surgical assisting hours as detailed by the approved university and / or required by the credentialing institution
- Have evidence of public liability and professional indemnity insurance
- Maintain professional competence by undertaking continuous professional education and participate in learning opportunities in the field of surgical assisting with a yearly assessment by an assessor as approved by the health service organisation.

The PNSA in Australia can be directly employed by the surgeon as an independent practitioner or employed by the health service organisation as either an independent practitioner or member of staff. Commonly in Victoria, the PNSA is directly employed by the surgeon in speciality areas such as obstetric surgery, plastic surgery and orthopaedic surgery. VPNG encourages you to read more about the role and responsibilities of the PNSA and about perioperative nurses as surgical assistants in the Standards of perioperative nursing in Australia (ACORN, 2020).

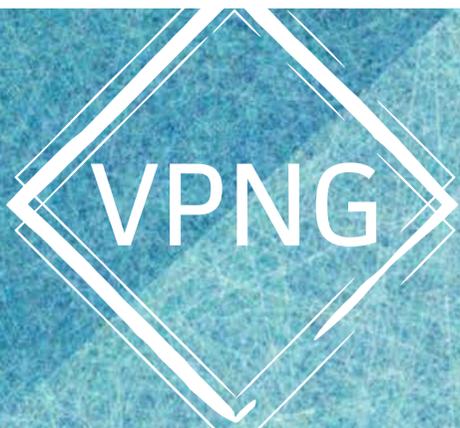
VPNG wishes you all the best for your future career.

References

Australian College of Perioperative Nurses (ACORN) (2020) Standards for perioperative nursing in Australia: Professional standards (Vol. 2) (16th ed.). Adelaide: South Australia: ACORN Ltd.

MEMBER CORNER Q&A

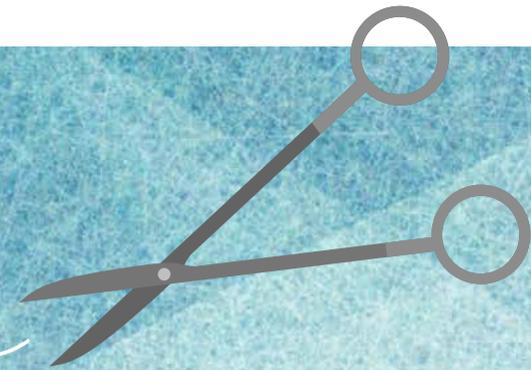
NB: All member enquiries are reported anonymously for publication



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SPRING 2020



Q Hi. Where I currently work, does not allow staff to count in the setup room, however they allow staff to set up for cases there. As the staff are not allowed to count there, staff tend to take instruments out of the trays, remove consumables out of their inner packaging in readiness to count when they get into operating room to prevent a rush. I am not comfortable with this practice, as I have been taught that no instruments should be taken out or inner packaging removed until count is done. I have worked in other places where count has been allowed in the setup room before trolleys are pushing into operating room. I have been taught that one should count where they set up regardless of whether it is in the setup room or the operating room. What is the acceptable practice? Can the initial count be done in set up room? Please advise. Regards

A Dear VPNG Member,
Thanks for your question. According to the Standards of Perioperative Nursing Practice in Australia (Australian College of Perioperative Nurses (ACORN), 2020) sepsis Standard Statement 2.4 and 2.5 state that perioperative personnel have a duty to "prepare the aseptic field as close as possible to the time of use" and to "prepare an aseptic field for one patient at a time and within the confines of the operating / procedure room where the procedures is intended to occur". (P. 38). Any local variations to this should be clearly outlined within the policy of the organisation.

Additionally, as per the 'Accountable items standard (ACORN). 2020) statement 4.2, two RNs have a duty to "perform the initial count immediately prior to the commencement of the surgery / procedure." (p. 16). Ideally, the instrument nurse who set the case up, is the same nurse who will be scrubbing for the case. The initial count can only be performed with the instrument nurse responsible for the case. Standard statement 2.1 (ACORN, 2020) states that "whenever possible, the same two nurses should be present and responsible for all counts during the surgery / procedure to ensure continuity of care" (p. 15).

We will assume here that the nurse setting up the case is not the same nurse who will be scrubbing for the case. In this instance, as you state, no consumable items should be removed from their original packaging. This is only done during the initial count by the instrument nurse who is commencing the procedure as per standard statement 3.2 "ensure items remain intact in their inner packaging or as originally secured, until they are counted so that they do not become separated prior to counting" (p. 16).

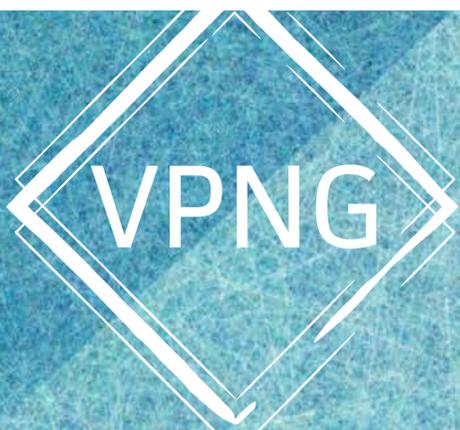
Changing practice behaviours and cultures within the Operating Room can be challenging. Ensuring that perioperative nursing staff and managers are aware of the ACORN standards of practice will help. These standards of practice are developed against the best available evidence and exist to help reduce adverse events and improve patient outcomes.

References

Australian College of Perioperative Nurses (ACORN) (2020). Standards for perioperative nursing care in Australia. Adelaide, South Australia; ACORN Ltd.

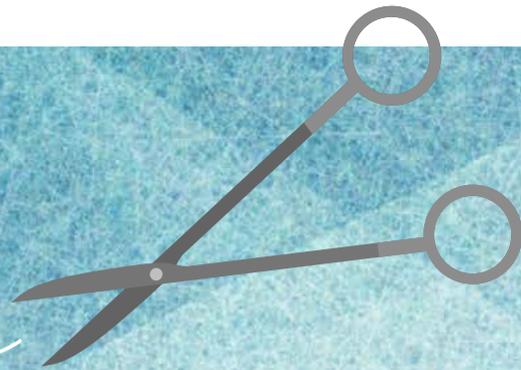
MEMBER CORNER Q&A

NB: All member enquiries are reported anonymously for publication



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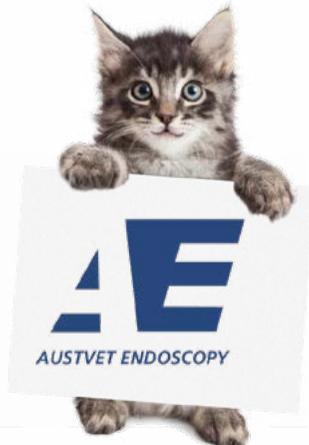
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**If you have anything,
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We look forward to hearing
from you soon**



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