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AUTUMN 2024

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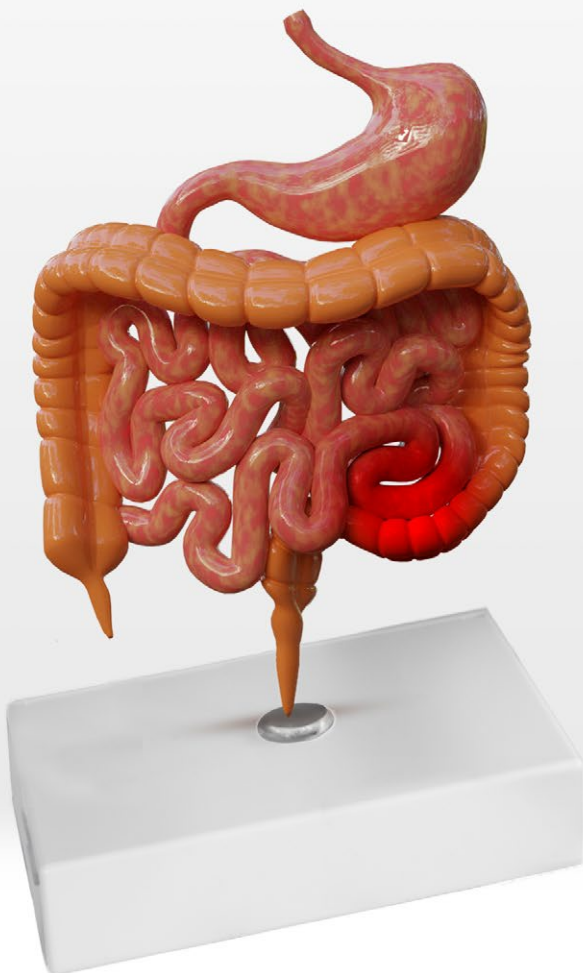
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Editor's Zone

WELCOME TO THE AUTUMN EDITION OF SNIPPETS



Are you made of the write stuff?!

Do you enjoy compiling and editing articles and topics of interest....?

VPNG is seeking new Member/s to join the Committee in the role of *Snippets Editor*. Please contact VPNG at enquiries@vpng.org.au for more information.

LETTERS TO THE EDITOR



WRITE TO US...!

Do you like the new-look Snippets? Do you have a question for the Committee? Or would you like to share a celebration or concern with your fellow perioperative nurses across Victoria?

We would love to hear from you! Please send your letters to snippets@vpng.org.au

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President's Report

HELLO 2024....



Welcome to another year and hope that you all had the chance to relax and reset over the summer break.

It's a fresh start with energy levels running high within the committee, the year kicking off with the launch of a VPNG podcast, a deep dive into the importance of trade partnerships with Adam Swan of Endovision and hosts Elyse Coffey and Kate Mitchell. Listen to how medical companies develop and partner with perioperative nurses to provide product knowledge and support (vpng.org.au/podcast).

The Education Subcommittee has been busy receiving applications for the Sister Mary Felix & June Allen Scholarship (for post graduate studies) and Mary Barry / Medtronic Education Grant (for professional development activities). If you are embarking on a Graduate Certificate or Diploma this year or planning to attend an interstate or overseas conference then one of these may provide that financial support to help achieve your goals. Please check the website for scholarship opening dates and to see what's on offer throughout the year (vpng.org.au/scholarship-vpng-scholarships/vpng-scholarships).

On 1st and 2nd March, VPNG held the Regional Introduction to Perioperative Nursing 2 day program in Leongatha. The Education Subcommittee shared their knowledge and guided practical sessions for novices to our specialty (see report and photos on [page 13](#)).

The Events subcommittee has successfully organised and delivered the Country Conference in Wangaratta - *Collaboration for Success; Strengthening Perioperative Care*. There was lots on offer at this one day event with broad topics from anaphylaxis to professionalism in advanced nursing roles, plus masterclasses, workshops and an array of trade exhibitions showcasing innovative perioperative products. A wonderful opportunity to have some hands-on and close-up experience with the latest medical devices, and network with a lively crowd of perioperative nursing peers.

We are very much looking forward to another big year of educational opportunities, scholarships and grants and engaging with you all. And if you would like to be involved in any of our activities, please consider joining the Committee. It's a great space to share your ideas and skills, as well as making new friends!

Please check the [website](#) and keep up to date on VPNG activities via our [Facebook Page](#).

I wish everyone all the very best for the year to come. 

Warm regards,

Karolin King

Karolin King | VPNG President



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†Compared to their current preferred device; 21 of 23 surgeons agreed during clinical procedures. ‡The LigaSure™ XP Maryland jaw device is indicated for use in general surgery and such surgical specialties as colorectal, bariatric, urologic, vascular, thoracic, and gynecologic. §Thick tissue is defined as nondissected vascular tissue or fatty tissue. ΩCompared to their current preferred device; 20 of 23 surgeons agreed during clinical procedures. ††29 out of 29 surgeons agree. †††Bench tissue may not be indicative of clinical tissue performance but is a controllable substitute acceptable to regulatory bodies. §§24 out of 29 surgeons agree. ΩΩCompared to legacy LigaSure™ devices. †††28 out of 29 surgeons agree.

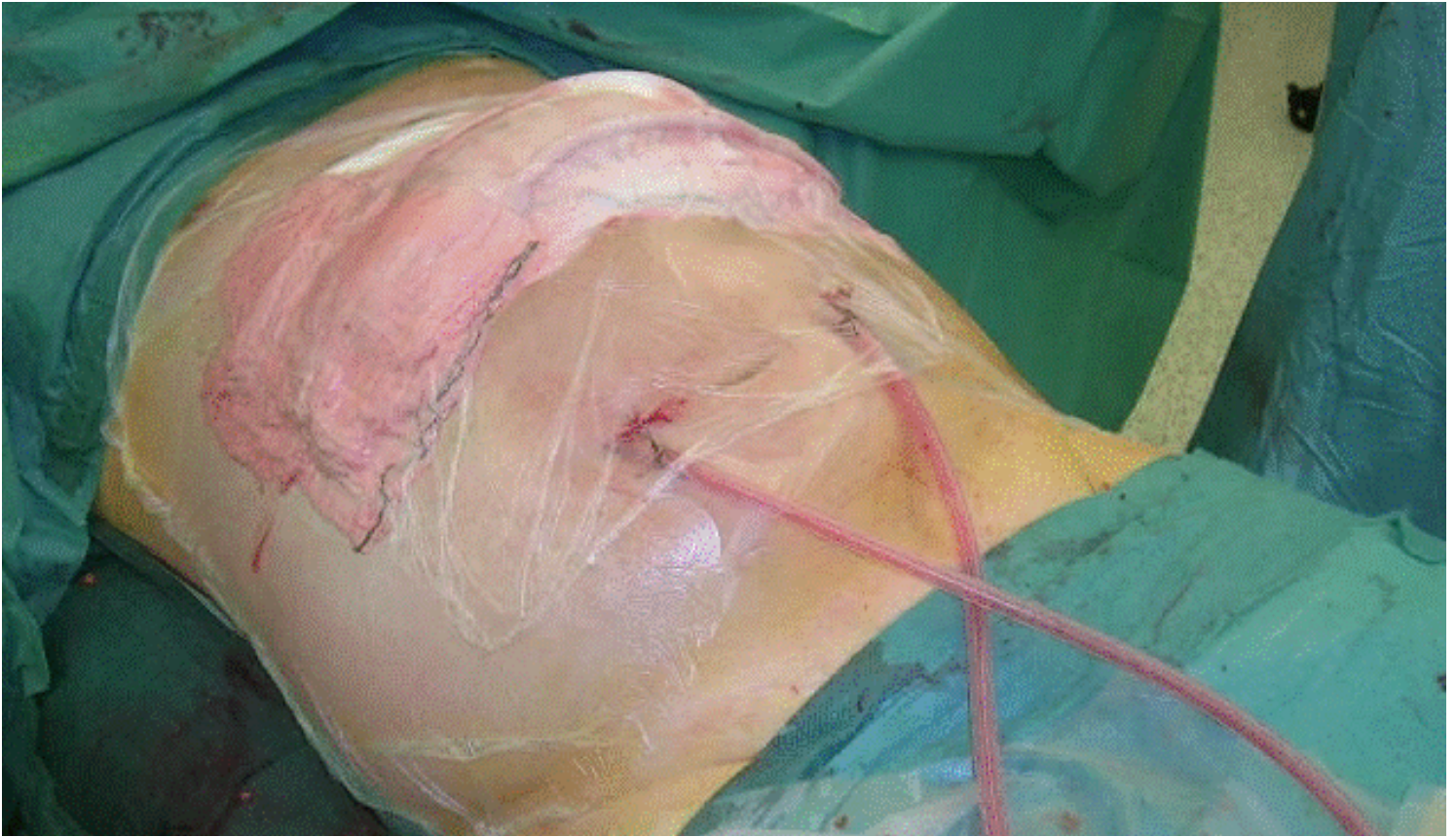


Image source: <https://sjtrem.biomedcentral.com/articles/10.1186/1757-7241-17-17>

ABDOMINAL COMPARTMENT SYNDROME FROM FAECALOMA

A recent article written by a medical team from the Gold Coast (Chuang et al., 2022) reports the interesting story of a patient with abdominal compartment syndrome as a result of a massive faecaloma, and their medical management.

The Gold Coast University Hospital team recently cared for a 28 year old male, who presented to the Emergency Department (ED) with overflow diarrhoea and vomiting. He denied abdominal pain and denied changed bowel habits. On examination, he was pale, diaphoretic and dehydrated, and had a distended abdomen. He was tachycardic and hypotensive, and had a respiratory rate of 30. Blood results showed metabolic acidosis, with a potassium of 6 mmol, and pH of 7.18; lactate 7.7 mmol/L.

As you can see from the CT images, the rectum was dilated, and a fecaloma extended up to the splenic flexure of his large bowel. There was no perforation noted. The patient decompensated further in ED,

and required vasopressin and metaraminol support, alongside aggressive fluid resuscitation. After manual disimpaction in theatre, he immediately improved (Chuang et al., 2022). The authors believe the patient may have had undiagnosed Hirschsprung disease.

Monitoring for Acute Compartment Syndrome (ACS) is traditionally the domain of the orthopaedic nurse; in PACU we monitor physiological signs of increased pressures and subsequent alterations to limb sensation and perfusion. ACS is defined as 'a clinical entity originating from trauma or other conditions that cause bleeding, edema or that compromise perfusion in limbs' (Jialiang et al., 2019). ACS may become a life or limb threatening condition.

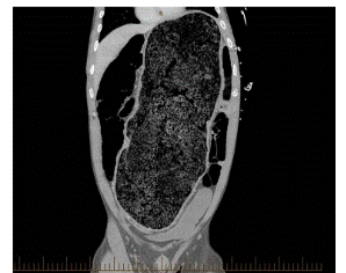


Figure 1. Coronal view of a CT image of a large faecaloma in the sigmoid.

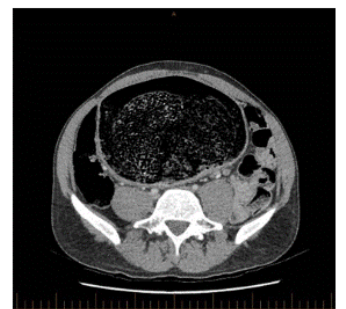


Figure 2. Axial view of CT image of abdomen

Image: Faecaloma CT

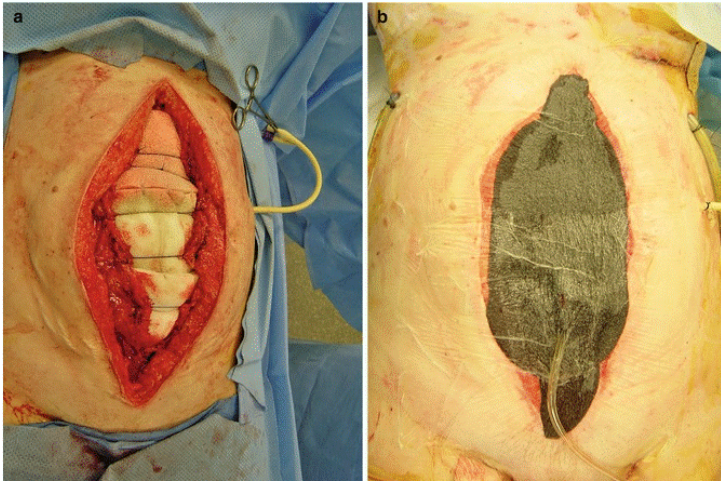


Image: Abdominal compartment syndrome - open & with black dressing
Source: <https://musculoskeletalkey.com/abdominal-compartment-syndrome-and-the-open-abdomen>

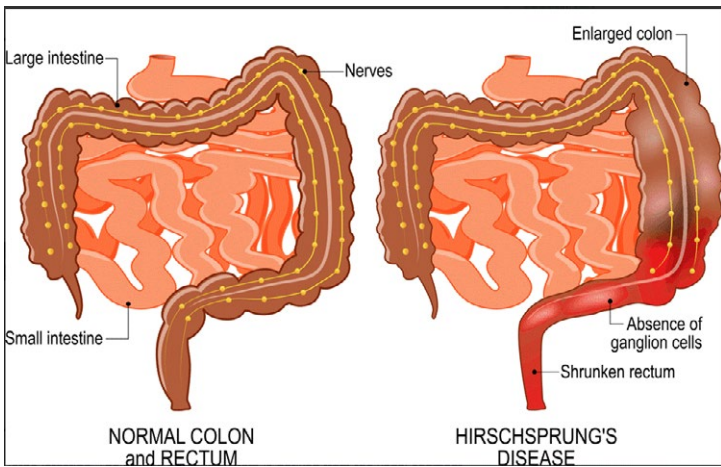


Image: Hirschsprung disease
Source: <https://teachmepaediatrics.com/surgery/abdominal/hirschsprungs-disease>

There are two main causes of ACS: Increased contents of the compartment, such as from bleeding or oedema, and decreased compartment size, such as from a restrictive dressing or a crush injury; or being trapped under heavy machinery, for example (Wollan & McLiesh, 2020). Abdominal ACS occurs when intraabdominal pressures exceeds 20 mmHg (the normal being 0-4 mmHg), with associated evidence of end organ dysfunction (Chuang et al., 2022). Increased intraabdominal pressure can lead to bacterial translocation, ischaemia and multi organ failure (De Laet et al., 2020).

Abdominal ACS occurs when intraabdominal pressures exceeds 20 mmHg (the normal being 0-4 mmHg), with associated evidence of end organ dysfunction (Chuang et al., 2022).

Increased pressure in a compartment causes a reduction in capillary perfusion, putting tissues at risk. Oedema increases the compartmental pressure, and further occludes venous return, which leads on to sustain a vicious cycle of further oedema. Arterial flow becomes compromised, and ischaemia may occur.

There are many pathophysiologies which may underlie abdominal ACS; abdominal aortic aneurysm repair; pancreatitis; trauma; post abdominal surgery to name a few. Decompression laparotomy is the standard treatment (Gawronski, 2023) and the wound is often left open until swelling subsides. **S**

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ABOUT THE AUTHOR

Erin Wakefield, RM, has degree in MN, Grad Cert Clinical Simulation, Grad Cert Perioperative Nursing & RN. Erin is an experienced perioperative nurse with a background in clinical education, and a focus on simulation. She is passionate about research and empowerment of nursing students and novices in the Operating Theatre. Erin completed her Master's thesis at Monash University, titled 'Simulation for the Practice of Crisis in the Perioperative Environment – A Qualitative Study'. She commenced PhD study in 2020.



DID YOU KNOW... ?

Blood to your organs or bust

Dr. Kris Patton, a cardiologist at the UW Medicine Heart Institute, shares that inside the human body you can find 60,000 miles of blood vessels. That's the equivalent of going around the world over two times – which is a mind-boggling distance.

Though they do have a lot of ground to cover, considering they're responsible for delivering blood to all of the organs and tissues in your body – giving them oxygen and nutrients to, you know, keep you alive.

Source: <https://rightsrain.uwmedicine.org/well/health/9-weird-body-facts>



Members' Report

JESS POUGNAULT,
BOARD CHAIR

THE OAK - EDUCATION & PROFESSIONAL DEV. | MARCH 2024

acorn.org.au/the-oak-march-2024

It's been a busy couple of months but I've been taking the time to truly understand the many ways in which ACORN supports the ongoing education of perioperative nurses in Australia. I'm excited (and a bit daunted) to add to and grow those offerings.

I have enjoyed being in touch with many of you through our online education enquiries and abstract submissions. The perioperative nursing community's commitment to best practice and clinical excellence never ceases to amaze me.

PERIANAESTHESIA WEEK 2024

In February we celebrated International PeriAnaesthesia Week (IPAW). Nurses working in pre-anesthesia and post-anaesthesia care, ambulatory surgery and pain management are dedicated to caring for patients and their families. They are passionate about what they do as nurses. IPAW24 is an opportunity to educate nursing colleagues and the community about the professionalism and passionate care that is delivered by perianaesthesia nurses every day.

COURSES

Are you a new perioperative nurse, or looking for a refresher on perioperative fundamentals? Check out ACORN's range of 'Fundamentals of...' courses. These courses provide a comprehensive suite of content, designed to ensure all fundamental perioperative nursing topics are covered. Courses range from 16 to 20 continuing professional development (CPD) points and are mapped and approved in line with the National Safety and Quality Health Service (NSQHS) Standards.

To find out more about each of the courses available, visit the [Education Shop](#) or, if you know which course you want to do, click on it below and follow the prompts.

- [Fundamentals of Intraoperative Nursing](#)
- [Fundamentals of Anaesthetic Nursing](#)
- [Introduction to Perioperative Practice \(Medical Company Representatives\)](#)

And don't forget that ACORN members receive a 15% discount on all course registration fees! Simply email education@acorn.org.au to receive your member discount coupon code.

WEBINARS

Last month saw the restart of the ACORN webinar program with our series 'From the archives'. This series revives educational resources that have not been available for the past few years but are still relevant and provide significant educational opportunities. ACORN Education webinars are free for all ACORN members – this is a benefit of being part of the ACORN community. Just login to your ACORN account to access these webinars.

If you are not an ACORN member, you can [purchase a 12 month ACORN webinar subscription](#) to access all webinars. You will need to create an account, select 'ACORN webinars' from the catalog and follow the prompts.

FINANCIAL SUPPORT AND SCHOLARSHIPS

Bravura Education is offering scholarships for ACORN members to complete a laser safety officer (LSO) training course (surgical and operating suite). This laser safety officer course is suitable for those who work in an operating suite or other clinical environment that uses lasers. It provides a comprehensive understanding of the operation and hazards of lasers. The course is delivered online and takes eight to ten hours to complete. You can study at your own pace, in your own time and take as long as you like to do it. Assessment is a two-hour, online, open book exam.

Applications open in March and September. In each round, one ACORN member from each state will be awarded a scholarship to do Bravura Education's LSO training.

[Apply for this scholarship](#). Applications for this round close on 31 May 2024.

EDUCATION COMMITTEE

Are you an experienced perioperative nurse who wants to contribute to the education of perioperative nurses across Australia? Are you passionate about evidence-based practice and continuing professional development? ACORN Education is seeking an expression of interest from you to [join the ACORN Education Committee!](#)

The primary function of the ACORN Education Committee is to provide clinical insight and professional recommendations about the content of the ACORN Education offerings to ensure they are consistent with legal, professional and industry standards. We invite you to submit an expression of interest via our website.

SPECIAL INTEREST GROUPS

Are you passionate about a particular area of perioperative nursing? You may want to consider joining one of the [ACORN Special Interest Groups](#) (SIGs) to connect with likeminded passionate nurses and industry experts.

Current SIGs: Perioperative managers | Perioperative PhD group | Preceptors and facilitators. To join a SIG, please complete an [expression of interest](#) via our website. [5](#)

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CLINICAL CORNER



With due credit to the Victorian Institute of Forensic Medicine's excellent publication titled 'Clinical Communique' (available online), Snippets continues the segment, which is designed to spark education conversations specific to the perioperative area.

MEDICAL RECORD

PROGRESS NOTES

MEDICAL RECORD

PROGRESS NOTES

This case study analyses an inquest into the death of a surgical patient at the Bundaberg coroners court in 2016. This case identified crucial flaws in the delivery of care by health professionals. Findings from the inquest include inadequate assessment and escalation processes, poor communication and documentation and a lack of safeguards which contributed to poor decision making. This incident is a reminder of how failure to identify and respond to a deteriorating patient can result in a death from a surgical complication which was preventable. This article briefly analyses the factors that lead to the death of the patient as found by the court during the inquest. It was noted that recognising signs of deterioration in patients' post-surgery, effective process of escalation, importance of teamwork, effective communication and documentation are key factors to preventable adverse events to patients. Some strategies and recommendations to improve standards of care highlighted in this article.

OVERVIEW

The patient was admitted for an elective endoscopic retrograde cholangiopancreatography (ERCP) and sphincterotomy to treat gallstones. Postoperatively, patient symptoms of persistent abdominal pain with nausea were not relieved by routine medication. The patient subsequently developed urinary retention which is deemed a common post-surgical complication. To investigate the patient's persistent pain, a CT scan was ordered with findings suggesting perforation of the duodenum and common bile duct. The patient was also determined to have high lipase, white cell and neutrophil levels suggesting an inflammatory response progressing to early biliary sepsis and pancreatitis. The patient was treated conservatively despite the findings, and the patient was transferred from the post anaesthesia care unit (PACU) to ICU as they continued to deteriorate. The patient then required immediate return to the operating room for surgical intervention. Shortly afterwards, the patient died as a result of multiple organ failure. The inquest questioned the appropriateness of care given by the team in recognising and responding to clinical deterioration and failure to rescue which resulted in what was determined as a preventable death of the patient.

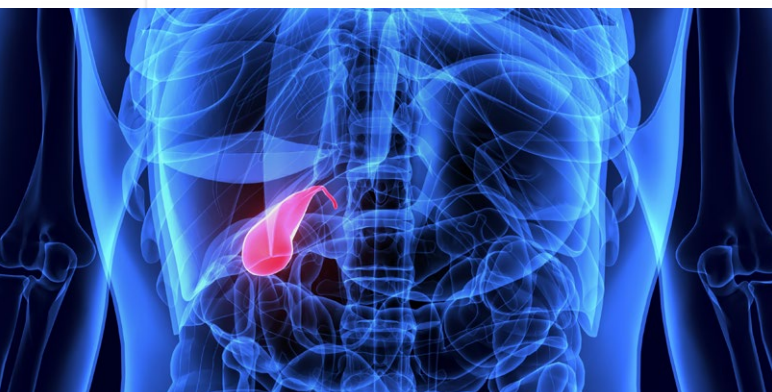
ANALYSIS

PAIN ASSESSMENT AND EARLY WARNING SIGNS

Post operative assessment showed the patient identified signs and symptoms of progressive pain and nausea which was treated with analgesia and antiemetics with no significant benefit on evaluation.

Basic principles of pain management and assessment were undertaken as per the local protocol². It is necessary for clinicians to assess pain based on sound scientific knowledge and intuitive personal interpretation³. While this patient had stable vital signs initially, there were signs of deterioration with the reports of severe pain. It is important to use clinical judgements in the decision-making process in order to accurately recognise early signs and symptoms of deterioration. Inadequate clinical knowledge remains a major barrier in achieving effective pain management for patients. In addition to the patient signs and symptoms, CT scan findings and blood pathology findings confirmed clinical deterioration. This is a situation of "missed opportunity" in diagnosing the deterioration whereby early intervention could have prevented the catastrophic outcome. The use of early warning track and trigger tools have been shown to significantly decrease patient admission to higher levels of care and reduce mortality rates, serious adverse events and preventable death⁵.

Family involvement in escalation of care is also recognised as an element in patient safety. Families are not responsible for clinical assessment but their familiarity with their family members can assist in the recognition of early signs of deterioration⁶. As part of a rapid response system, the processes for family escalation of care should include allowing family members or carers to trigger an escalation in addition to the health professional assessment⁶.



The National Safety and Quality Health Service Standards (2022), state that analysis of vital signs and awareness of other physiological measures are pivotal in the clinical setting for early recognition of abnormality. A single parameter system, which is a periodic observation of vital signs compared with a set of criteria predefined thresholds, is commonly used in many institutions. It is evident that most clinical deterioration is preceded by a time of unstable physiology and potentially preventable by early detection⁷.

Following the inquest, two key recommendations were made. The first recommendation was to create an acute pain management policy to ensure pain management principles and management expectations were clear and applied clinically throughout the hospitals. The second recommendation was to develop and adjust current monitoring and documentation tools to provide greater clarity and triggers for action in management of all patients based on NSQHS standards.

RECOGNISING DETERIORATING PATIENT

When organisational culture and communication failures are recognised and addressed, this aids in the prevention of progressive deterioration and death⁸. Timely identification of postoperative complications with quick and effective management is critical for patient safety. The delayed response and escalation process by the treating team contributed to the progression of complications. Recognising, communicating and intervening promptly prevents deterioration leading to irreversible complication and death⁹. In addition, rapid response systems (RRS) are a logical solution for patient safety and quality⁹. The principle and strength of any rapid response system is to address the mismatch between a patient's need and the available resources⁹⁻¹⁰.

Effective leadership that promotes the use of educational resources combined with a positive organisation culture including financial adequacy, empowering nurses to advocate for their patients can influence patient outcomes¹¹. Appropriately trained nurses can identify early signs of deterioration, conduct through patient assessment, and ensure timely transfer and communication with multidisciplinary teams¹².

COMMUNICATION AND TEAMWORK

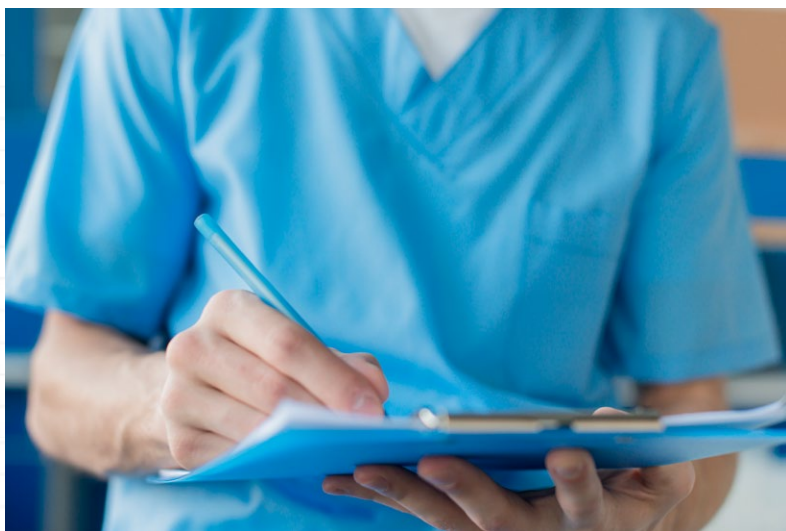
ACSQHC (2019) defines patient safety as "prevention of error and adverse effects associated with health care"; and quality as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." This can be achieved with efficient and well-structured communication and teamwork strategies. The inquest identified that the transfer of essential information between clinicians at different times was below the standard required, which resulted in a serious delay in treatment. To ensure continuity of care, a process and mechanism of transferring information is crucial for optimal patient outcomes¹³. Unclear and omitted vital information can be

a "missed opportunity"¹⁴. Handover practices that are inconsistent and unstructured are prone to error and are the root cause of most adverse events¹⁴. A structured and standardised tool such as ISBAR (identification, situation, background, assessment or action and response or rationale) can transfer key patient information while identifying outstanding issues and task¹⁴.

Nurses prefer their communication contributions to be received and to be part of decision-making for safe in-patient care¹⁵. Whilst medical professionals may make clinical decisions, input from other team members is essential for the best patient care¹⁵. This case identified a deficit in inter-professional teamwork during patient care and was a contributing factor for preventable death.

SPEAK UP FOR SAFETY

Staff education with the aim to empower staff to raise patient safety concerns is essential. There is a need for further education and training in non-technical skills to address barriers in communication and enhance teamwork to improve patient safety¹⁶. The inquest recommended improvements on the patient communication board which has been placed in rooms to improve communication amongst the entire care team, the patient and their family.



DOCUMENTATION

The lack of documentation, notification and communication between the caregivers was below the accepted standard and was found to have contributed to the delay in appropriate treatment for this patient. The transfer of comprehensive patient information in a timely manner between healthcare providers was identified as crucial¹⁷.

Inadequate staffing level - inadequate staffing level and skill mix was also identified as a contributing factor. Adequate patient to nurse and patient to doctor ratios is associated with increased survival rates and lowers risk of failure to rescue¹⁸. It has been reported that this ratio has led to safer patient care, more manageable workloads, increased job satisfaction and better recruitment and retention of nurses¹⁹.

ETHICAL AND PROFESSIONAL STANDARDS

Registered professionals must meet the registration standards and range of professional codes and guidelines²⁰. A range of deficits in the care given to this patient highlights the importance of continuous professional development for the health workforce. A correlation exists between education, improved patient outcome and nurses ability for critical thinking and clinical judgement²¹. Organisations that facilitate an environment that fosters continuous education and advancement of nurses provides greater opportunity for shared experience and knowledge amongst inter-professional colleagues²². While the court did not find a direct causal link to the death of this patient by the nurses, it cannot be denied as a contributing factor.

AUTHOR BIO: INDRA DORESAMY

I graduated as a registered nurse in 1991 in Malaysia and since then have been working as an operating theatre nurse. At that time, I was trained as an operating theatre assistant on the job as well as perioperative nursing. While working fulltime, studied Bachelors of Law (University of London, External) and graduated with LLB. Hons. Couple of years later I was offered a job at the Charing Cross Hospital (Hammersmith NHS Trust) in London and subsequently worked at Queen Elizabeth NHS Trust at Woolwich Arsenal London. I have worked in all specialties throughout my career as a theatre nurse but now my passion is in urological surgery and procedures. Held many roles throughout the years, from managing day surgery, ANUM in Urology, procurement and inventory manager in theatre and clinical coach. Currently clinical nurse specialist at Casey operating suite, Monash Health. Qualification received are Diploma in mentorship in practice Greenwich University London, Postgraduate Diploma in Perioperative Nursing from Thames Valley University London and currently undertaking masters in perioperative nursing, La Trobe University with the goal to become a clinical educator in the operating theatre.

CONCLUSION

The care of patients in hospital settings can be complex at times. To provide the highest standard of care to achieve the right outcome, a multidisciplinary approach which prevents avoidable complications and ensures against preventable death is crucial. Efforts to mitigate adverse events are achievable through well-structured, organisational policies and tools that are effectively communicated through education and training. **S**



Special achievements in my career are inventor/designed sterile surgical drape for modified PCNL procedure which is used by some hospitals in Victoria currently. Received recognition for excellent nursing innovation 2014 from ANZUNS. Founder of the successful annual Monash Urology 'Advances of Urology Seminar' since 2010. 10 years with the Global Health Pacific Island Program to Tonga. Education Sub Committee with the Victorian Perioperative Nurses Group. Helped to develop the career pathway for perioperative nurses for the VPNG website. Presented papers at international conferences for innovation in nursing (USANZ 2014) & Speaker at Malaysian Urological Society Conference (2021) on Radiation Safety in Operating Theatre (Guide to Best Practice). Have been nominated several times at Monash Nursing and Midwifery Awards 2022 – Nursing Innovation, 2014 – Leadership, 2011 – Excellent Service, 2010 – Future Emerging Leader. Recipient of recognition and reward award 2011 for outstanding demonstration of ICARE value for Integrity.

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Join the VPNG COMMITTEE & make a difference

Do you want to be involved in promoting excellence in perioperative nursing for the benefit of the community?

Are you committed to promoting the professional and educational interests of nurses engaged in perioperative nursing?

BECOME A VPNG COMMITTEE MEMBER!

WE WOULD LOVE TO HAVE YOU JOIN US.

We are looking for perioperative nurses with passion and motivation to join our vibrant Committee.

The VPNG Committee consists of volunteers who work in the area of perioperative nursing and have been a financial member of VPNG Ltd for at least 12 months prior to nomination.

Committee Members are expected to:

- Participate at monthly online Committee Meetings according to their ability, interest and/or expertise.
- Participate on Sub Committees as appointed.
- Participate in VPNG sponsored educational programs.

Sub Committees that you can be involved in are:

COMMUNICATION

The purpose of this Sub Committee is to promote professional roles and the image of perioperative nurses through Snippets, Hospital Representatives, Website and Facebook.

EDUCATION

The purpose of this Sub Committee is to foster education and research through an annual education program and the provisions of Grants and Scholarships.

CONFERENCE

The purpose of this Sub Committee is to plan and coordinate the biennial State Conference and Country Conference, as well as regional and metropolitan Study Days.



VPNG
victorian perioperative
nurses group

IF YOU WOULD LIKE TO BE A VPNG COMMITTEE MEMBER PLEASE REGISTER YOUR INTEREST:

www.vpng.org.au/pages/committee-nomination

VPNG EDUCATION SUBCOMMITTEE

AUTUMN 2024 | NEWS, SCHOLARSHIPS & GRANTS

Introduction to Perioperative Nursing Course: Leongatha

On the 1st and 2nd of March, the VPNG Education Subcommittee volunteered their weekend and took a road trip to Leongatha to run the Intro Course in Gippsland.

The Introduction to Perioperative Nursing Course offers a comprehensive guide to nurses of varied years of experience and specialities, but with less than 6 months in the OR, equipping them with a basic understanding of the principles and practice of perioperative nursing. Over 2 days, the participants gained the basis of the knowledge and skills required to pursue a career in the perioperative speciality.

The course began by exploring the diverse skills of the various perioperative nursing roles. Day One then moved into the principles of CSSD Sterilization, exploration of the surgical safety checklist, understanding electro safety and a crowd favorite - the gowning and gloving workshop. The day then wrapped up with another crowd pleaser - management and safe handling of sharps where everyone had the opportunity to try their hand at loading blades and atraumatica and handling instruments.

Day two opens with outlining the fundamental principles of the pre-operative assessment and checklist. We then discuss the various types of anaesthesia and a show and tell of the vast array of airway devices available. After morning tea is my personal favourite session where we run both basic and advanced workshops for the participants to familiarise themselves with intubation techniques and associated equipment. This time we were able to run the advanced workshop inside the operating theatres giving the participants a more realistic in-situ experience. After lunch we turn to all things PACU and put all our learning together with case studies to solve. (And yes, we did save the patients!)

We were once again fortunate to have the sponsorship of *Medline, Medtronic and Ansell*, their help to facilitate the workshops and provide the catering is invaluable. We are grateful for the ongoing sponsorship, without which, we would not be able to provide a worthwhile course at such reasonable rates.

I would also like to take this opportunity to thank Jane Thomas who is responsible for the creation of the Intro course and this was her last time leading the facilitation. Jane has been a wealth of knowledge and support and we will miss her leadership in the Education Subcommittee.

The metro Intro Course will be held in the second half of the year with venue and date to be advised via the VPNG website.

Lisa Tricarico | VPNG Education Subcommittee



Interested in this course? Please visit the [vpng website](#).

VPNG Reflections

JOHN PAUL SO

2022 MAREA FENNELLSCHOLARSHIP
REFLECTION

Why did you undertake studies?

I completed a master's degree in health administration via coursework to further develop my knowledge and skills in leadership and management within the healthcare setting. Through this degree I was able to develop my health administration and health professional education knowledge and skills. These learnings have been beneficial to me in my current role as I have been able to immediately apply them and put it into practice.

What were the challenges?

There were a lot of challenges going back to studies including juggling full-time work and full-time study. I started my master's degree during the COVID-19 pandemic when the university shifted from face-to-face classes to online lectures. Another challenge was managing tight deadlines, completing assessments and exams through group work or single submissions while having other competing demands.

What were the significant learnings?

This master's degree expanded my knowledge and skills in administrative and management foundations while ensuring relevance to contemporary healthcare provision. The coursework units conceptualised new and creative approaches to healthcare administration to support service delivery in diverse healthcare settings while connecting theory, practice and research within healthcare.

"Through this degree I was able to develop my health administration and health professional education knowledge and skills."

How has it benefitted your practice?

The master's degree in Health Administration (Leadership and Management) supported my understanding of different aspects of personal, professional, social, cultural, environmental, ethical and institutional changes within contemporary healthcare delivery and responds to such changes and reflects on options and opportunities to enhance professional practice in current local, regional and global healthcare contexts.


Where will this take your career?

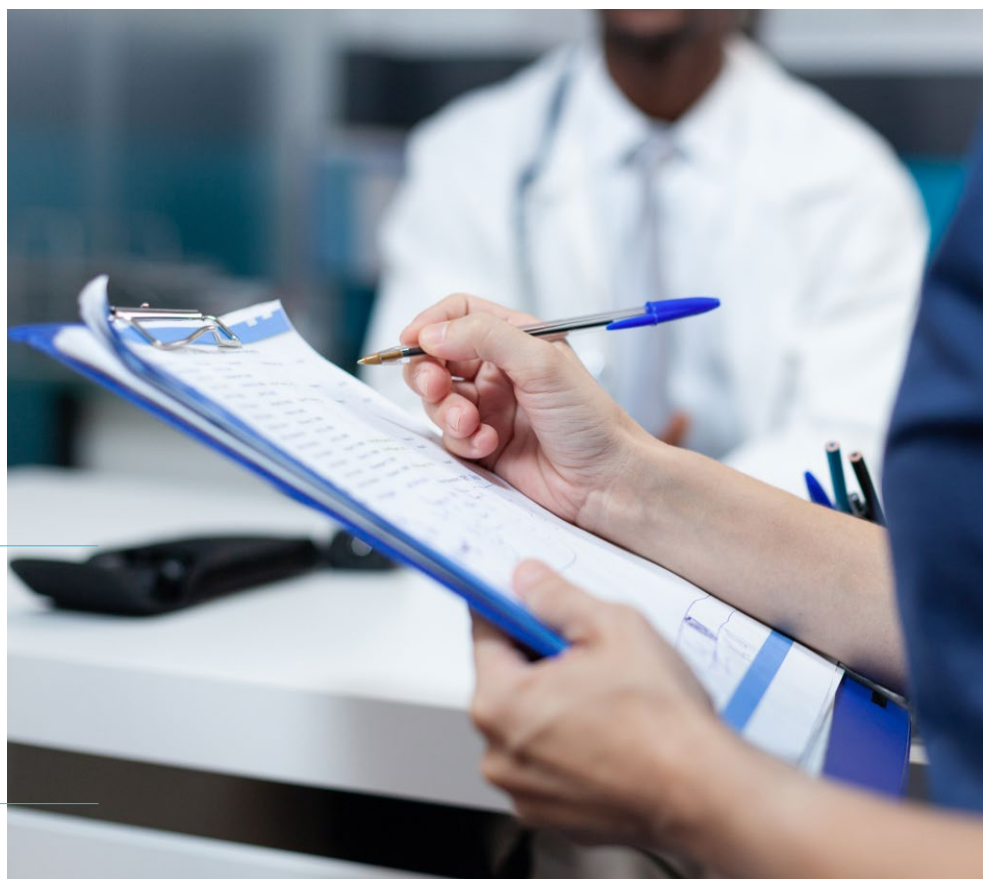
The master's degree in health administration allowed me to work in different senior nursing roles, such as a nurse educator, coordinator and manager. It also expanded my professional network as it facilitated my introduction to several nurse leaders and managers completing the course while sharing and contributing to values-based professional practice in dynamic and challenging environments.

Any tips/recommendations to share with prospective students?

My tip to all prospective students is to allocate time daily to study the units gradually so they don't feel overwhelmed. Focus on weekly tasks by planning ahead of time by scheduling tasks and activities based on the course outline. I also suggest speaking with your manager or educator, who can serve as a mentor and guide you to achieve career growth and professional development while studying.

Acknowledge any funding or scholarships that assisted with your studies.

I am very grateful to the Victorian Perioperative Nurses Group and acknowledge the funding I received through the "Marea Fennell scholarship grant", which assisted me in paying for my course fees, especially as a full-fee-paying student. 



Formalin in Perioperative Settings: Prioritising Safety Measures



During the VPNG 2023 State Conference, I attended a workshop hosted by Milestone Medical about formalin safety. The workshop focused on a their innovative solution for formalin safety called UltraSAFE, a unit designed for the safe handling of histology specimens. UltraSAFE is a fully enclosed, automated formalin dispensing system that ensures safe, standardised, and documented biospecimen transport by minimising exposure to formalin fumes (Milestone Medical, n.d.).

This workshop underscored the critical importance of formalin safety and the potential risks associated with formaldehyde exposure in the perioperative environment.

Perioperative nurses are well acquainted with formalin, a solution of formaldehyde gas in water crucial for preserving tissue specimens and facilitating optimal laboratory analysis (Kinlaw & Whiteside, 2019). While indispensable to our work, it is imperative for perioperative nurses to remain vigilant about potential health risks linked to formalin exposure. This article provides a comprehensive overview of formalin use, potential hazards, and best practices to ensure the safety and well-being of our dedicated nursing staff.

Formalin serves as a potent disinfectant and tissue fixative, playing a vital role in maintaining tissue integrity and cellular structure for accurate pathological examination and diagnosis in perioperative care. Respiratory hazards associated with formalin include inhalation, leading to irritation and potential long-term respiratory issues. Direct skin contact may result in irritation, dermatitis, and allergies, necessitating proper handling techniques and consistent use of personal protective equipment (PPE). The carcinogenic potential of formaldehyde, a component of formalin, underscores the importance of strict adherence to safety protocols to mitigate the increased risk of certain cancers (Protano et al., 2021). Sensitisation, leading to allergic

reactions upon repeated exposure, emphasises the need for comprehensive safety measures and ongoing monitoring of nurse health.

The Australian College of Perioperative Nurses (ACORN) standards (2023) outline best practices for the safe handling of formalin to ensure the well being of perioperative personnel. These standards highlight the meticulous handling of fixative solutions, with a particular emphasis on formalin. Adhering to these guidelines is crucial for creating a secure working environment in perioperative settings, safeguarding both the health of personnel and the integrity of medical procedures.

Compliance to specific precautions is imperative, including pouring formalin only in areas equipped with a downward ventilation system (41.1). Wearing appropriate personal protective equipment (PPE) is mandatory to mitigate potential risks (41.2), and having a spill kit readily available (41.3) addresses unforeseen situations. Consulting safety data sheets when necessary (41.4) provides crucial information for informed decision-making, and formalin must be stored correctly per the manufacturer's instructions to maintain safety standards (41.5). Incorporating these measures enables perioperative personnel to contribute to a secure working environment when dealing with fixative solutions.

Formalin, an essential tool in perioperative care, necessitates our utmost respect and attention to safety. Understanding the potential hazards associated with formalin exposure and implementing rigorous safety measures, including comprehensive training, adequate provision of PPE, proper ventilation, and strict adherence to local safety protocols, helps to ensure a safe working environment (Rai et al., 2021). This empowers perioperative nurses to carry out their vital roles with confidence and peace of mind, continuing to provide the highest standard of care for our patients.

The novice workforce of Perioperative nurses is our future and they will need to continue to break barriers. Together we can ensure that our patient's quality of care is upheld, and first-class Perioperative care continues to be experienced now and into the future. **S**

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VPNG Reflections, cont.

GEORGIA BARNETT

2023 FELIX / ALLEN
GRANT REFLECTION

MY EXPERIENCE OF COMPLETING POSTGRADUATE STUDIES

Undertaking postgraduate studies in perioperative nursing has been a transformative experience for me both personally and professionally. When I decided to pursue this field, I had a strong desire to enhance my knowledge and skills in perioperative nursing, as well as contribute to the advancement of safe patient care in the operating room. My decision to undertake postgraduate studies was driven by my passion for perioperative nursing and the belief that continuous learning is essential for professional growth.

Throughout my postgraduate studies, I faced several challenges that tested my resilience and determination. One of the most significant hurdles was the need to balance the demanding coursework, research, and contact hours with my personal and professional commitments. Meeting the requirements of my degree took a considerable amount of time and effort that often stretched me beyond my comfort zone. Another challenge was the evolving nature of perioperative nursing, where new technologies and procedures are continuously introduced. Keeping up with these advancements and staying updated with evidence-based practices required continual self-directed learning.

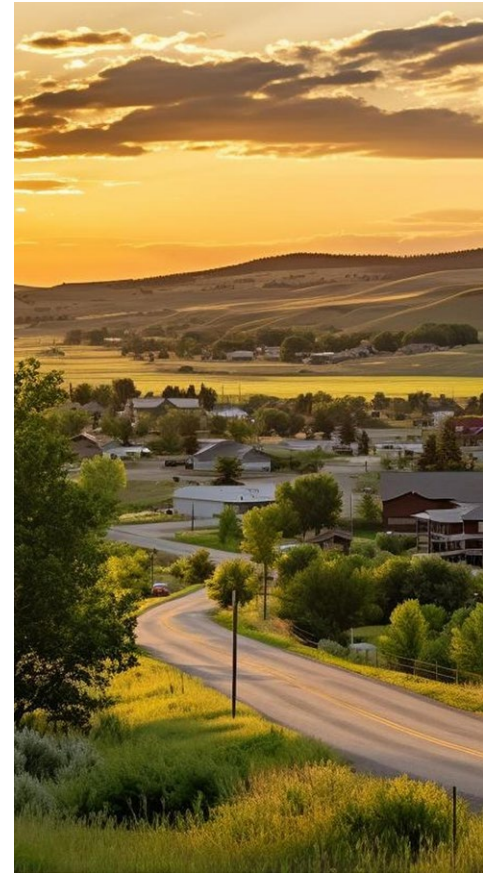
Despite the challenges, completing postgraduate studies in perioperative nursing has profoundly impacted my practice. Firstly, I gained a comprehensive understanding of the perioperative environment, including the roles and responsibilities of various healthcare professionals, the importance of teamwork, and the critical role of communication in ensuring patient safety. Secondly, I developed advanced clinical skills and expertise in perioperative nursing, such as pre-operative assessment, intraoperative care, and postoperative management. This learning has enhanced my technical proficiency as well as my critical thinking and decision-making abilities, particularly in high-pressure situations.

Undertaking postgraduate studies in perioperative nursing has been immensely beneficial for my practice. It has provided me with the knowledge and skills to deliver safe and high-quality care to surgical patients. The advanced

theoretical knowledge, coupled with hands-on clinical experiences, has equipped me with the confidence to handle complex surgical procedures and effectively manage perioperative complications. Additionally, the research component of my studies has enhanced my ability to critically evaluate evidence and implement best practices in my daily practice.

In terms of my career, postgraduate studies has provided further opportunity for professional growth and advancement. It has positioned me as an educated and skilled nurse in the field, and significantly increased my chances of securing leadership positions or roles in education and research in the future. **With the knowledge and skills acquired, I can actively contribute to the development and implementation of evidence-based perioperative practices in rural Victoria, consequently improving patient care on a larger scale. I believe that it is essential for the rural nursing industry to have high-quality nurses who are willing to pursue further studies to broaden their knowledge and skills.** Furthermore, my postgraduate studies have created a pathway for lifelong learning and continuous professional development, ensuring that I remain at the forefront of perioperative nursing advancements throughout my career.

If you are considering postgraduate studies in perioperative nursing, here are some tips and recommendations. Firstly, it's important to establish a strong support system that includes mentors, peers, and family members who can provide guidance, encouragement, and understanding throughout your



journey. Time management is crucial, so it's necessary to develop effective organisational skills and create a study schedule that accommodates your other commitments. Be proactive in seeking out additional learning opportunities, such as attending conferences or joining professional organisations, as these can greatly enrich your educational experience. Lastly, stay motivated and focused on your goals, remembering that with hard work and dedication, you can achieve success.

Finally, I am extremely grateful to the Victorian Perioperative Nurses Group for selecting me to receive the St Mary Felix/June Allen scholarship. I want to express my heartfelt appreciation for the financial support provided by this scholarship, which has helped me to bear the burden of educational expenses and fully focus on my studies. These scholarships have opened up many opportunities for me and have made a significant impact on my educational and career journey. **5**

VPNG Reflections, cont.

SARA ALDRED

2023 FELIX / ALLEN
SCHOLARSHIP
REFLECTION

Throughout 2023, I have worked towards obtaining the Graduate Certificate in Nursing specialising in Anaesthetic and Recovery with the University of Tasmania. I'm currently in my third year working in the anaesthetic and recovery field, so I feel that I have had sufficient time to settle into this specialised area after completing a supported specialist year program.

I felt that although I was comfortable with the "doing" aspect of the role and understood how and when interventions were completed, I needed to know more about "why" we do what we do and the evidence behind it. I aimed to have a more thorough understanding of the human body, anaesthesia and how the two interact. As nurses it is our responsibility to help educate and support junior nurses, to ensure our workforce can provide care of the highest standards. Another reason for pursuing further studies is due to my recent role working as a Research Nurse for the Anaesthetic Department of my hospital. My job is focused on improving current practice and optimising patient outcomes thus, it's necessary for me to understand the most recent evidence that supports our current standards and practices.

Whilst working through my graduate certificate has been interesting and rewarding, it certainly wasn't without challenges. The challenges of balancing study in addition to full-time clinical work has been a rather new concept for me and has meant I've had to really ensure I managed my time effectively during each semester. It was certainly difficult finding motivation to study after a long day at work thus, I had to

learn to prioritise my time in order to complete coursework when I would be most engaged and productive. Another challenge I experienced was more of a personal one, putting high pressures on myself and doubting my ability to complete the work. In times, like these I found it beneficial to lean on friends and colleagues for support – as I believe that utilising the experiences and knowledge of my nursing and medical colleagues is greatly beneficial to my learning.

The Graduate Certificate has helped me develop a more thorough understanding of anatomy and applied pathophysiology and relate this knowledge to the management of acutely ill patients. I have built upon my prior knowledge of anaesthesia physiology, pharmacology and prevention and management of adverse events. I have become more aware of and can apply human factors and principles of ethics and law to the perioperative environment.

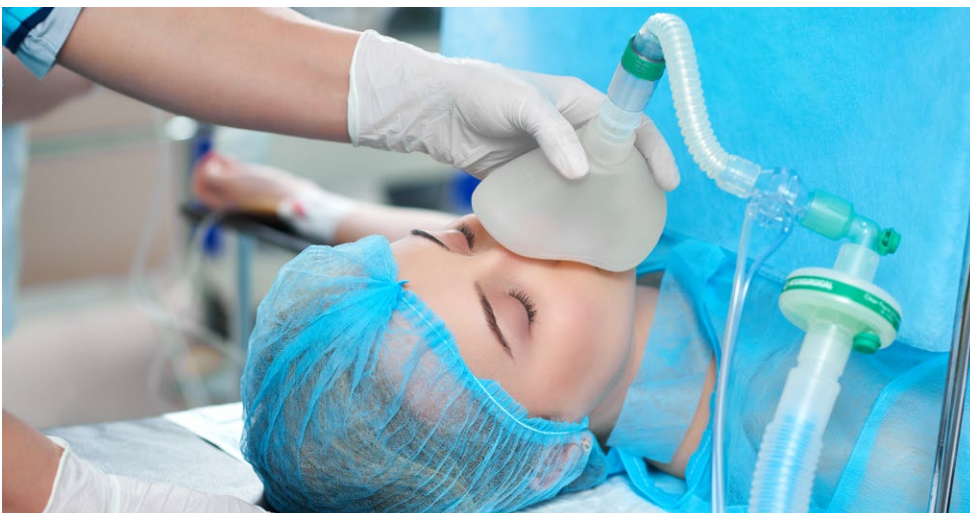
As a result of this course, I feel that I am now better equipped to analyse and reflect on relevant policies and guidelines to help guide my clinical decision-making and most importantly, reflect on my own practice to ensure I make improvements to increase patient

safety and care. I'm also in a better position to offer education and advice to patients within my scope when working in my research nurse role.

For anyone considering whether to begin post-graduate studies, I would love to recommend that they take the plunge and go for it! As nurses we have access to paid study and exam leave, so don't forget to utilise these days and aim to plan them around upcoming assessments. Make it known to your managers and colleagues that you are completing your studies, as they can be your greatest support. Many people you work alongside have also completed post-graduate studies and can be a wealth of knowledge to assist with content or proof-read assessments prior to submission.

Post-graduate study is absolutely achievable but can certainly be overwhelming at times, so I highly recommend prioritising yourself and ensuring that all your passions or hobbies aren't neglected. You undeniably will have less time than usual for these activities, but I have realised how important it is to ensure I still allow time each week for myself and the things I enjoy to prevent burn out and decrease stress levels.

My final piece of advice is to stay on the lookout for scholarships and grants. I was extremely fortunate to be awarded the Sister Mary Felix and June Allen Scholarship. This took away the financial stress of undertaking university studies, allowing me to better focus on my studies. I am very grateful to have received this assistance and must thank the VPNG for selecting me as a recipient and thereby assisting me in developing my professional skills and knowledge. **5**





SCHOLARSHIPS AND GRANTS

Are you a Registered or Enrolled Nurse looking at attending a conference, getting involved in research or project work or enrolling in postgraduate study?

We may have a scholarship or grant to assist you in undertaking professional development activities.

Sister Mary Felix and June Allen Scholarships

The Sister Mary Felix and June Allen Scholarships are for postgraduate studies at Graduate Certificate and Graduate Diploma level in perioperative nursing. These Scholarships are only for nurses practicing in Victoria in the area of perioperative nursing. The scholarship is worth **\$2,000**.

The number of Scholarships awarded annually will be determined by the VPNG Committee and by the annual budget. Non VPNG members eligible to apply. Membership is a requirement for all successful applicants.

[Applications open 1st Feb | close 31st Mar](#)

Mary Barry / Medtronic Education Grant

The Mary Barry Medtronic Education Grant, is awarded to support Victorian Perioperative Nurses Group members in their ongoing professional development in perioperative nursing by project work or research.

The Grant is worth up to **\$2,000** with two rounds of applications per year. Only VPNG members for at least 2 years are eligible to apply.

[Applications open #1 1st Feb | close 31st Mar](#)
[open #2 1st Aug | close 30th Sep](#)

Marea Fennell Scholarship

The Marea Fennell Scholarship is awarded to support Victorian Perioperative Nurses undertaking postgraduate studies at a Masters level majoring in Management or Education. This Scholarship is only for nurses practicing in Victoria. Applicants are required to demonstrate the relevance of the postgraduate study to their current professional practice in perioperative nursing.

The Scholarship is awarded up to **\$2,500** annually. Only VPNG members for at least 2 years are eligible to apply.

[Applications open 1st Aug | close 30th Sep](#)

VPNG and ACORN Conference Grants

Grants for VPNG members to attend the biennial VPNG and ACORN Conferences are made available each year. The number of Grants awarded will be determined by the annual budget.

The Conference Grants are valued at **\$500** each and the number of Grants awarded will be determined by the annual budget.

[Applications open at various times during the year](#)

Please check all the details including selection criteria and the closing dates, and complete an online application form on the VPNG website.

If you have any questions please contact us on the details below.

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VPNG Reflections, cont.

TAYLAH HEATH

2023 FELIX / ALLEN
SCHOLARSHIP
REFLECTION

My name is Taylah Heath and I successfully completed a Graduate Certificate of Perioperative Nursing at Deakin University in 2023. Receiving the 'Sister Mary Felix and June Allen Scholarship' enabled me to complete this course. I have been able to consolidate and grasp a deeper, holistic understanding of the perioperative nursing environment. This insight allows me to implement evidence-based research into my current practice, providing high quality, safe nursing care.

Why did you undertake studies?

I chose to undertake further post-graduate studies to improve both my current practice and enhance my ability to educate other staff within the perioperative field. After preceptoring graduate and new nurses in earlier stages of my nursing career, I identified knowledge gaps of my own.

Encouraging young nurses like myself has given me a thirst for knowledge. Completing this course has enhanced my confidence and ability to support and educate across the perioperative department. I have always aspired to become a resourceful staff member that can assist across the entire perioperative department, empowering all staff to deliver high quality, safe nursing care.

What were the challenges?

Throughout the year, one of the most challenging aspects was maintaining a balance between work, study and resting. In order to be attentive and concentrate during class and when preparing assignments, I made a conscious effort to plan out my week to allow sufficient time to study, however allow adequate rest time to avoid burnout.

What were the major learnings?

This course has provided many learning opportunities in complex specialty areas of perioperative nursing. This includes paediatric, thoracic and cardiac nursing, as well as caring for emergency cases of deteriorating patients. Additionally, I have been able to learn fundamental skills involved within the instrument and circulating nurse role. This has allowed me to be an adaptable and resourceful staff member within the entire department.

How has it benefitted your practice?

Completing this postgraduate course has benefitted my nursing practice in many ways. It has provided insight into human anatomy, pathophysiology and fundamental perioperative nursing techniques. This involved learning



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- **Zero waste to landfill** at all manufacturing sites by 2030
- **>95% of packaging will be recyclable** and >80% to be made of recycled (PCR¹) and/or renewable material by 2030²
- Assess the sustainability profile of Mölnlycke's product portfolio³ by 2025

2022 achievements

- 10% reduction of GHG emissions across the entire value chain (Scope 1, 2 and 3) compared to 2021
- 11% reduction of Scope 1 and 2 absolute GHG emissions (compared to baseline 2016)
- 51% fossil-free electricity use
- Four zero manufacturing waste-to-landfill sites
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about complex surgical specialties, advanced haemodynamic monitoring and safe surgical instrument handling. I have been able to utilise current best evidence learnt from this course and directly implement this into my current nursing care.

Where will this take your career?

Undertaking this course has provided me with improved leadership and communication skills that are vital within the nursing profession. In the long term, a goal of mine is to continue broadening my career into a leadership position. I have recently been successful in receiving a role as a Clinical Nurse Specialist (CNS) at my current workplace. Within this role, I plan to increase staff knowledge and optimise practice regarding the condition of Malignant Hyperthermia. I will do this by providing in-services to educate staff, as well as standardising the current protocol and emergency trolley within my workplace. In 2023, I have


"Completing this course has enhanced my confidence and ability to support and educate across the perioperative department."

also been successful in receiving an acting Associate Nurse Unit Manager (ANUM) role within the anaesthetic and recovery department for 2024.

Any tips/recommendations to share with prospective students?

A tip to any new prospective students is to not overwork and burnout. When commencing the course, I was hopeful to continue working full-time whilst studying. After completing this course, I believe finding balance between working part-time, studying and maintaining your social life is the key to staying on track, whilst looking after your mental and physical wellbeing.

Acknowledge any funding or scholar-ships that assisted with your studies.

Lastly, I would like to reiterate my gratitude to the VPNG for their generosity in providing me with the 'Sister Mary Felix and June Allen Scholarship'. This funding and support enabled me to pursue further studies and continue growing professionally within the perioperative field. With this experience, I aim to continue being a resourceful, adaptable and valuable perioperative team member for future years to come. 

JOSHUA HERMANS

**MARY BARRY/
MEDTRONIC EDUCATION
GRANT (RD 1) REFLECTION**

Why did you undertake studies?

I decided to undertake postgraduate studies in perioperative nursing to deepen my knowledge and expertise in this highly specialised area of nursing. My motivation was primarily to improve patient care in the perioperative context, as my undergraduate degree provided only a limited amount of foundational knowledge.

What were the challenges?

Pursuing these studies presented multiple challenges, predominantly in balancing work and personal life commitments. Juggling the demanding schedule of a full-time healthcare professional with academic studies can be challenging, requiring careful planning and sacrifices to leisure time.

What were the major learnings?

The course expanded my theoretical understanding and honed my practical skills, especially by critiquing perioperative nursing case studies and undertaking clinical based assessments. I found that expert nursing perspectives

have encouraged me to continue to advance my practice, where my decision making remains evidence based and relevant to issues that are arising in the perioperative nursing field.

How has it benefitted your practice?

The direct impact on my nursing practice has been immense. Applying the knowledge acquired during the course has notably elevated the quality of care I provide to patients undergoing surgical procedures. This includes improved patient assessment skills, enhanced patient advocacy, and a deeper understanding of perioperative complications which have empowered me to contribute more effectively to patient outcomes. I have also been challenged to evaluate best practice standards at my workplace and how to best manage patient safety in the future.

Where will this take your career?


Postgraduate nursing education sets a strong foundation for future opportunities in my perioperative nursing career. It may involve pursuing future leadership

roles within the operating suite, research opportunities, and the potential to influence policies shaping perioperative healthcare practices.

Any tips/recommendations to share with prospective students?

I recommend reading all the course materials at the beginning of the course, including learning outcomes, assignment due dates and the course handbook. This will help you manage the workload across the semester where you can identify key dates that may impact your work schedule. Also, find someone who can support you throughout the course, this will involve a discussion with nursing educators and leaders at your workplace.

Acknowledge any funding or scholar-ships that assisted with your studies.

I am immensely grateful for the support received from the Marry Barry/Medtronic Education Grant. This scholarship alleviated financial burdens and allowed me to focus wholeheartedly on my academic pursuits, for which I am sincerely thankful. 

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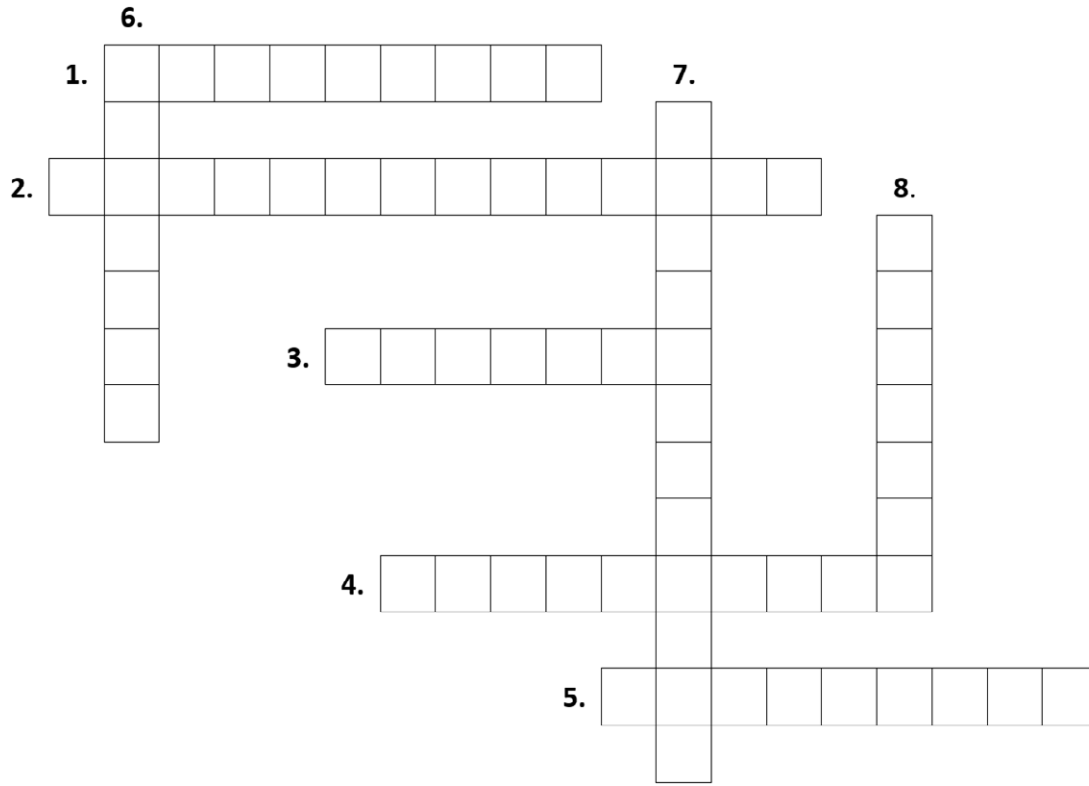
SPOTIFY



AMAZON-AUDIBLE

🎮 GAME
📝 TIME

OPERATING ROOM EQUIPMENT CROSSWORD



♥ Across

1. Table where the patient lies during surgery (9 letters)
2. Device used to cauterise blood vessels (14 letters)
3. Instrument used to cut tissue (7 letters)
4. Machine that delivers anaesthesia (10 letters)
5. Tool used to retract tissue (9 letters)

♥ Down

6. Light that illuminates the surgical field (7 letters)
7. Instrument used to suture wounds (12 letters)
8. Device used to review the patient's vital signs (7 letters)

TEAROOM
TABLE
TALK ☕

Do you have a joke, image or story to make us laugh? Feel free to share it with us at snippets@vpng.org.au

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Tired of dusting? You may have yourself to blame. About 70% of the dust in your home is human skin cells. You slough off roughly 1.5 pounds of dead skin a year. That's equal to about 3 ½ cups of sugar!

Source: <https://www.webmd.com/a-to-z-guides/ss/slideshow-fascinating-body-facts>



Crossword Answers | Across: 1. OPERATING, 2. ELECTROCAUTERY, 3. SCALPEL, 4. VENTILATOR, 5. RETRACTOR | Down: 6. ORLIGHT, 7. NEEDLEHOLDER, 8. MONITOR

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