MESSAGE FROM THE EDITOR

Welcome to this inaugural newsletter under our new banner of ACPAN - As of July 1st, 2016 ASPAAN emerged as ACPAN, the Australian College of PeriAnaesthesia Nurses.

So who are we now? We are the same professional provider of specialist education for Peri-Anaesthesia nurses. Please see the Presidents report for more information.

This edition showcases the humanitarian work of two of our members. Their reports give you an exciting view into the difference we can make to the lives of those less fortunate than ourselves.

As usual we have reports on the state based activities, research articles to keep you up to date, and information about the 2016 National Conference and the 2017 ICPAN conference being held at Luna Park in Sydney!

Be sure to check your junk/spam folder and add acpan.edu.au to your safe senders list.

Melanie Murray
ACPAN Co-Secretary

ABOUT US

The Australian College of PeriAnaesthesia Nurses (ACPAN) was convened to promote the professional development of perianaesthesia nurses through regular meetings, study days, educational forums, and publication of newsletters.

Membership is open to Registered Nurses or Enrolled Nurses working in the specialties of Pre- Anaesthesia Clinic, Anaesthesia, Post Anaesthesia care, Acute Pain and Procedural Sedation. Associate membership is open to others (e.g.: Representatives of Trade Companies and other Health Professionals) with a genuine interest in the field.

How can you help us influence and advance Perianaesthesia Nursing education and standards in Australia?

- Become a member
- Be involved in your state branch or national committee
- Share your knowledge and ideas with the other members by submitting an article or letter to our newsletter
- Take advantage of the education grants available to further your knowledge and be published in our newsletter
- Present at state seminars and national conferences
- Promote perianaesthesia nursing as a fulfilling career.

JOIN ACPAN NOW
PRESIDENTS REPORT

2016 has been a tremendously busy year for ACPAN. We have set the stage with our transition from ASPAAN in June to advance perianaesthesia nursing at a national level. Our first group of clinical fellows have been inducted into FACPAN following the 2016 ACPAN National Conference and we look forward to welcoming more clinical fellows into perianaesthesia throughout 2017.

In 2017 we will play host to the 4th International Conference for Peri-Anaesthesia Nurses in Sydney! This will be the first time in our specialty’s history that an international conference of this scale is held - the exchange of international perspectives and knowledge will inspire and delight. November 1-4, Luna Park Sydney – save the date.

Following our first national conference as ACPAN, the new ACPAN Board has formed and collaborated on our first strategic plan into 2017. We are moving towards developing standards of perianaesthesia care, a national foundations education program and we continue on with our delivery of the clinical fellowship program partnered with UTAS.

As we look forward to our future, we continue to develop international partnerships and strengthen our professional alliances with ACORN and ANZCA.

There is never a more exciting, yet pressing, time to stand together and strengthen the perianaesthesia nursing profession. There is much work to be done by the ACPAN Board in 2017. All roles on the ACPAN Board are voluntary. Combined with the full time workloads and external roles we collectively hold, we are committed to advancing and strengthening the roles of anaesthetic and post anaesthetic nurses throughout Australia.

We must retain and consolidate the role of the nurse as assistant to the anaesthetist and we must strengthen and advance the role of the post anaesthetic care nurse. We welcome you to join us in shaping your profession for the future. There is no time like now to stand behind your college.

Fiona Newman
ACPAN President
ACPAN BOARD MEMBERS

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Meg Bumpstead
Treasurer (VIC)

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Co-Secretary (WA) (NSW)

Dr Paula Foran
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Vacancy
President - South Australia
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We are currently calling for expressions of interest to join our councils, if you are interested please email info@acpan.edu.au for further information.

STATE COMMITTEE MEMBERS

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Sandy Presland
Laura McLeod
Jilda Levene

We are currently calling for expressions of interest to join our state committees, if you are interested please email info@acpan.edu.au for further information.
ACPAN CLINICAL FELLOWSHIP

As the peak organisation, representing the professional interests of anaesthetic and post anaesthetic nurses, The Australian College of PeriAnaesthesia Nurses (ACPAN) aims to promote the highest standards of perianaesthetic care, based on available evidence, consultation, and expert consensus.

Aligning with this objective, ACPAN has partnered with the University of Tasmania (UTAS) to deliver Australia’s first Clinical Fellowship Program for Registered Nurses. As one component of the ACPAN Clinical Fellowship program, candidates are eligible to complete a Graduate Certificate in Nursing, specialising in Anaesthetics and Recovery Nursing, with our partner UTAS and receive a full scholarship.

Our fellowship program is designed for practicing perianaesthesia nurses who would like to demonstrate their advanced specialisation and emerge as clinical leaders in our field of healthcare. The program is suitable for nurses with a minimum of 2 years full-time (or equivalent part-time) anaesthetics and/or PACU experience.

To be eligible for the ACPAN Clinical Fellowship Program the following essential criteria must be met:
  o Financial Membership of ACPAN,
  o Registered Nurse (Div. 1) registered with AHPRA,
  o Currently employed in the perianaesthetic area (Anaesthetics and/or PACU), and
  o Minimum 2 years full-time (or the equivalent part-time) experience in Anaesthetics and/or PACU.

To successfully complete the fellowship program, candidates are required to meet the following requirements:
  o Successful completion of Graduate Certificate of Nursing (Anaesthetics and Recovery) through UTAS or equivalent,
  o Obtain Adult and Paediatric Advanced Life Support certification,
  o Complete a Management of Perianaesthesia Crises course,
  o Maintain a logbook of workplace experience (via the ACPAN APP)
  o Obtain Multi-source feedback of your performance, and
  o Pass the Oral Viva assessment.

Duration: Minimum 1 year (maximum 2 years)

Applications open: 1st August for the following year intake.


Cost: $1,500+GST

Go to the ACPAN website, click Apply Now and complete the online application.
ACPAN GRANTS

ACPAN was convened to promote the professional development of perianesthesia nurses through regular meetings, study days, educational forums, and publication of newsletters.

ACPAN has grown considerably and has an established Education and Research Fund. The ACPAN board extends to members an invitation to apply for grants to attend relevant continuing educational opportunities. All of these events contribute to providing our patients with optimal care.

These grants may relate to a programme of study, a scientific and/or continuing education meeting, research project, or conference presentation/poster. The activity must have content that is relevant to the nursing care of the patient in the perianesthesia setting. It may relate to perianesthesia education or clinical practice.

1. The size of the grant is variable, and will depend upon the nature of the activity, available funds, and be up to a maximum of $2,000 per grant.

2. Applications will be accepted until April 30th. Grant applicants will be notified of success or rejection of their application by email by May 14th after ratification at National committee meeting in May.

Eligibility for a grant requires 2 years continuous financial membership.

For further information about our education and research grants, please go to www.acpan.edu.au and click on the grant link found in the footer section.
HOW THE ASPAAN GRANT HELPED ME – MELANIE MURRAY (GRANT RECIPIENT)

I was fortunate to be extended an opportunity to present a research poster at the 3rd Commonwealth Nurses and Midwives Conference “Toward 2020: Celebrating nursing and midwifery leadership” in London, UK, in March 2016. An opportunity I couldn’t accept without the grant assistance of ASPAAN.

A congregation of approximately 250 nurses and midwives from Commonwealth countries around the world converged upon the Royal College of Physicians in Regents Park, London on the weekend 12-13th March 2016 to chilly ‘spring’ conditions.

Both days were filled with international speakers across 5 areas:
- Leadership in clinical practice
- Leadership in policy and projects
- Leadership in research and innovation
- Leadership in management and administration
- Leadership in education and training

Plenary speakers gave informational and inspirational lectures on such an array of topics, the one that touched the entire audience was the nurses from Sierra Leone speaking about the management of Ebola in their hospital. While we heard about the disastrous outcomes of the outbreak in the news, the conference attendees heard nurses speaking about closing their hospitals to protect themselves, watching their colleagues die and not being able to mourn, and how a community education program delivered by those nurses on the ground helped contain the spread of the virus and ease the crisis in their community. It certainly gave a different perspective to crisis management.

The keynote speaker, Professor Mary Chiarella from Sydney Nursing School, University of Sydney, took us on a journey through the last 200 years since Florence Nightingale’s birth with her paper “nursing and midwifery leadership: 200 years of making the extraordinary ordinary”. Following the Nightingale theme, Dr Lynn McDonald, editor of the 16th volume of the Collected Works of Florence Nightingale, highlighted Nightingale’s role in mentoring our early nurse leaders.

Nurse leaders from health services around the world shared their experiences in major projects that for some led to Magnet recognition. Not an easy feat, but one attainable with the right leadership. This conference isn’t peri-anaesthesia based, so why did I choose to attend? Not just for a trip to London!! I am a student of the Doctor of Health Science: Clinical Leadership and Management program at Edith Cowan University, and the WA ASPAAN state president. Leadership is on my agenda. Hearing the viewpoints and stories of nurses across the globe about how they used leadership to provide the best care for the best patient outcomes is the business of all nurses, no matter the discipline. We come together to share our stories in the hope that we can help someone else.

If you too would like to share your experiences with others, or learn from the experiences of others, apply for an ACPAN grant.

You may want to attend a local seminar/CPD opportunity, be enrolling in a graduate certificate/diploma to further your skills in our specialty, or would like to attend the national conference and need travel or accommodation assistance.
Deakin University School of Nursing and Midwifery ASPAAN Award

Mr Jamie Mann-Farrar
President
ASPAAN
PO Box 5134
Burnley VIC 3121

12 May 2016

Dear Mr Mann-Farrar

Re: School of Nursing and Midwifery Student Annual Awards held 3 May 2016

On behalf of the School of Nursing and Midwifery, thank you for your support of the Annual Student Awards.

The Student Awards evening is a fantastic opportunity to recognise students who have worked hard and achieved excellent results. Having the support of the Australian Society of Post Anaesthesia and Anaesthesia Nurses demonstrates that quality in health care is a team effort and reinforces to our students the importance of striving to achieve excellence.

Please accept our sincere thanks for your support of the School of Nursing and Midwifery and we look forward to your participation next year.

Yours sincerely

[Signature]

Professor Maxine Duke
Head and Professor of Nursing Development
School of Nursing and Midwifery
Deputy Executive Dean (Health)
Deakin University School of Nursing and Midwifery ASPAAN Award Winner

Each year ASPAAN sponsors student awards at Deakin University, the ASPAAN award being presented to the highest achieving student enrolled in the Master of Nursing Practice (Perioperative).

This year ACPAN would like to congratulate Renae Lee of Green Point Victoria. She has received a complementary one-year membership.

Dr Pat Nicholson presenting the ASPAAN award to Renae Lee at the awards held on 11th May 2016.
ACPAN National Conference 2016

Following our transition to ACPAN at the end of June, ACPAN is pleased to have delivered our first conference as our profession’s College - the 1st Annual Conference of the Australian College of Perianaesthesia Nurses (ACPAN).

The conference was held on Saturday, 12th of November 2016 at the Park Hyatt in Melbourne where we had a fantastic program of high caliber nurse presenters and Professor Andre van Zundert as the keynote speaking on the benefits of videolaryngoscopy for the positioning of supraglottic airway devices.

The day also saw the induction of the inaugural ACPAN fellows upon completion of the fellowship through UTAS. We would like to congratulate the following successful inductees:

**ACPAN Clinical Fellows 2016**
- Dr Paula Foran
- Fiona Newman
- Janeen McIntyre
- Lesley Hardy
- Jodie Edwards
- Benjie Bayta
- Lyndal Moore
- Albyson Johnston
- Anita Noronha
- Christopher Neilson
- Alexander Pador
- Kaori Yamashita

**ACPAN Associate Fellow 2016**
- Megan Bumpstead

**ACPAN Clinical Fellow Scholarship Winner 2016**
- Lesley Hardy

The inaugural AGM was held during the day with official voting in of the executive to the ACPAN board.

This event would not be possible without our sponsors and we’d like to extend sincere thanks to our platinum sponsor Teleflex, as well as Fresenius Kabi, Bendigo Health, Parker Healthcare, Device Technologies, Verathon, Medtronic, MSD, MDevices, Mollyccke Health Care, and Intersurgical.

It would also not be a success without membership attendance so many thanks to all those members who made their way to Melbourne to attend.

There will be no ACPAN conference held in 2017, instead ACPAN are delighted to be hosting the ICPAN – 2017 Conference, 1 - 4 November 2017, Luna Park, Sydney, NSW.

Please note the following dates as can be found on the ICPAN website [http://www.icpan2017.com.au/](http://www.icpan2017.com.au/). Please consider submitting an abstract for either oral presentation or poster display.

**KEY DATES**
- 31st January 2017 – Oral Abstract Submission Deadline
- March 2017 – Full program available
- 1st June 2017 – Poster Abstract Submission Deadline
- 1st June 2017 – Early bird Registration Deadline
- 1st September 2017 – Accommodation Booking Deadline
STATE ACTIVITY – 2016 REPORTS

New South Wales /Australian Capital Territory Report

We have been off to a slow start this year however the second half of the year will see us back & busy.

Our Canberra seminar will be held at Calvary John James Hospital on Saturday 9th July with a focus on the Geriatric perioperative patient. Registration is still available.

Our first Coffs Harbour seminar has seen some keen interest already. This simulation seminar will be held on Saturday 20th August at Coffs Harbour Public Hospital & run from 0800 – 1600. Make sure you get your registration in as this one is already very popular & will most likely sell out!

After our extremely popular full day seminar last year in Wollongong, we returned for our first Twilight Seminar of the year, held at Wollongong Public Hospital on Thursday 22nd September from 1800 – 2130.

We look forward to welcoming you all to our seminars & appreciate the ongoing support.
If you have any ideas for locations or seminar topics please send us an email at nsw.committee@acpan.edu.au

See you soon
NSW/ACT Committee

Queensland/ Northern Territory Report

The 1st seminar for 2016 was held on 12th March. Topic: ‘Hot, Cold and Ugly’. This half day seminar was hosted by Redcliffe Hospital. 31 members attended this seminar and provided the committee with invaluable feedback. Thank you to our company representatives for their assistance in providing morning tea for this seminar.

Two lucky ASPAAN members who won the Drager quiz prize.

ACPAN member and Clinical Fellowship candidate Lesley Hardy enjoying the Malignant Hyperthermia hands-on component.

Speaker Nic Morice preparing for his Malignant Hyperthermia talk with committee member Sherice Burgess.
2nd Seminar to be held on 16 April, 2016. Topic: Paediatric PeriAnaesthesia. This seminar was very popular (73 attendees) and was hosted by Mater Health Services. Several company reps were in attendance. Seminar feedback from attendees positive, with all returned feedback forms indicating the topic of paediatrics should be a regular seminar topic. Attendees travelled from Victoria and New South Wales for this event. Thank you to our wonderful company representatives for their assistance in delivering this seminar.

The first full day workshop was held on 25th June. An extremely popular event which covered the major components of ANZCA PS 08. QLD committee was pleased that once again, our members are considering the topics provided worthy of travelling. This seminar saw 2 members travelling from both Tasmania and Victoria and several from New South Wales. Thank you to our wonderful sponsors for their assistance in delivering this workshop.

The 3rd seminar was held at the Gold Coast Private Hospital on 20th August. Topic: “New Beginnings - Obstetric Peri-anaesthesia”.

The first NT seminar was held in Darwin on 19th March. The National and QLD Presidents will be attending. Special thanks must go to Danielle Steen from NT for organising the venue and speakers. Danielle was the recipient of a ASPAAN grant to attend the 2015 national conference. In total 14 attendees participated in this seminar. This seminar saw an increase in membership for the Territory, giving our current NT membership the highest it has ever been – well done NT!.

With the transition to ACPAN, QLD/ NT Committee remains committed to bringing educational seminars relevant to our members. Please contact us if you have would like to speak at an event, have a suggestion for a themed topic, or your facility is interested in hosting an educational event. See you at a seminar soon!

The QLD/ NT Committee

Victoria Report

The Vic committee have been busy planning the 2016 National Conference but also had the chance to arrange a seminar in Geelong on Sat July 30th.
Western Australia Report

The WA committee has held two successful seminars so far this year. The first seminar held at Royal Perth Hospital was described by attendees as a “quality education activity” that was “interesting, engaging and enjoyable”. Thank you Jamie Mann-Farrar for your workshop on TIVA/TCI anaesthesia. Thank you to the 15 attendees for the positive feedback for this form of seminar.

The 2nd seminar “Rumble in the PACU” held at Royal Perth Hospital’s Bruce Hunt Lecture Theatre on the 11th June was popular with 37 attendees. Topics covered included Paediatric airway management in the PACU, Innovations in the PACU, Detection of concealed haemorrhage in #NOF pts in PACU, and complications in the PACU.

A further twilight session was held, in August – Anaphylaxis by Laura McLeod RN at Sir Charles Gairdner Hospital.
ABSTRACTS FOR CPD READING

A TRIP DOWN MEMORY LANE: FROM THE RECOVERY ROOM TO PACU

Guest Editorial
Cecil B. Drain, PhD, CRNA, FAAN, FASAHP
2015 Published by Elsevier Inc. on behalf of American Society of PeriAnesthesia Nurses
1089-9472/$36.00
http://dx.doi.org/10.1016/j.jopan.2015.04.003

ABSTRACT
IT WAS IN APRIL of 1967 when it all began. I was a senior nursing student, and it was my chance to choose a 3-month clinical rotation. It was my one and only chance to enhance my clinical practice—how neat is that! I chose the toughest and most demanding specialized clinical area in our hospital, a combined unit consisting of both the intensive care unit (ICU) and the recovery room (RR). The head nurse, Mary Shaufner, had been there for years, and always came to work in a finely starched white uniform, including the white cap with one black stripe that was worn in the military at that time. Ms. Shaufner was indeed in complete charge of that unit. Her mere presence demanded excellence, and her primary focus was the patient. In many ways, Ms. Shaufner was ahead of her time. For example, she combined the ICU and RR. Patient safety was the key. She also made the RR a unit and the ICU a separate unit within her workstation. Nurses who staffed Mary’s RR were specially trained in all aspects of postanesthesia care. She did not support pulling nurses from other units to staff her RR. She managed that unit with a demanding style and expected nursing care to be administrated according to her criteria, which was described in countless Standards of Practice Manuals in that unit. Only four senior students asked to spend their last 3 months of nursing education on Ms. Shaufner’s unit, and only two were selected by Ms. Shaufner (one of whom was myself). I was the first man to be selected by her. Those were 3 months of boot camp! Each day was an experience I will never forget. That clinical experience had a phenomenal impact on my nursing career. More importantly, it gave me a wonderful appreciation of postanesthesia care. It helped me to conclude back in 1967 that anesthesia has a three-prong clinical approach: preoperative, intraoperative, and postoperative. Each of the components has equal importance.

FINDING JOY, GRATITUDE, AND MEANING IN ROUTINE PACU TASKS

Sheri McVay, MSN, RN, CPAN,
Donald D. Kautz, PhD, RN, CRRN, CNE, ACNS-BC_2015 by American Society of Peri Anesthesia Nurses
1089-9472/$36.00
http://dx.doi.org/10.1016/j.jopan.2014.11.002

ABSTRACT
AIRLINE INDUSTRY SAFETY RECORDS have gained the attention of the health care system in recent years, and surgical centers and hospitals are adopting many of the safety protocols used by airline pilots and crew members to maintain passenger safety. Checklists and standardized procedures are being used in health care facilities that mirror the procedures used in the airline industry, with the goals of minimizing errors and maintaining patient safety. Although implementation of such protocols has proven beneficial, these mundane and routine procedures can interfere with the opportunity to “connect” with passengers or postoperative patients. The two stories here (one from the airline industry and one from a PACU nurse) remind us of the joy, gratitude, and meaning we can experience when connecting with our customers and surgical patients amid the often imperative but mundane tasks that must be done every day.
INFECTION CONTROL IN THE OPERATING ROOM

Marianne S. Cosgrove, CRNA, DNAP, APRN
http://dx.doi.org/10.1016/j.cnc.2014.10.004

ABSTRACT

KEYWORDS
- Infection control
- Surgical site infection (SSI)
- Operating room
- Anesthesia provider
- Hand hygiene

KEY POINTS
- Surgical site infections (SSIs) occur in 160,000 to 300,000 patients per year, at a rate of 2% to 5%.
- SSIs increase postoperative hospitalization stay and the likelihood of postoperative mortality by a factor of 2- to 11-fold.
- The estimated financial impact of SSIs on the health care system ranges from $3.5 to $45.0 billion annually.
- Anesthesia providers have the potential to increase the patient’s risk for developing an SSI.
- The use of antibiotics, attention to patient normothermia, and sound hand hygiene have been shown to decrease the rate of postoperative SSI.

ANESTHESIOLOGISTS AS OPERATING ROOM DIRECTORS: RESULTS OF A SURVEY

Steven Boggs1*, Elizabeth Frost1 and Jessica Feinleib2
1Department of Anesthesiology, Icahn Medical School at Mount Sinai, New York, USA
2Department of Anesthesiology, Yale Medical Center, New Haven, USA
*Corresponding author: Steven Boggs, Department of Anesthesiology, Icahn Medical School at Mount Sinai, New York, NY 10029, USA, E-mail: stevendaleboggs@gmail.com

International Journal of Anesthetics and Anesthesiology 2016, 3:041
ISSN: 2377-4630
Volume 3 | Issue 1

ABSTRACT

Background: Many ideas have gone into the development of the concept of the Perioperative Surgical Home (PSH) and Enhanced Recovery after Surgery (ERAS). Many anesthesiologists have advocated for an increased role in operating room (OR) management, advancing from OR managers to OR directors with greater decision making and improved means of communication. However, there is little uniformity at present in the running of ORs around the country.

Methods: In an attempt to better understand how ORs are run and to gauge the response and attitude of both academic and general practice anesthesiologists to playing an increased role, we performed an international literature review, followed by a survey both by internet and at a national meeting.
Results: Of 19 identified articles, 7 were from primarily non-English speaking countries. All articles noted that rational management of the OR requires appropriate data collection to make both strategic and tactical decisions. The email and meeting survey garnered 350 responses. Analysis indicated that the OR was managed by an anesthesiologist in 52% of cases, by a nurse in 46%, by a surgeon in 18% and by a team approach in 18%. Only 34% responded that the OR leaders had any training in management. An overwhelming 94% gave a positive response to the query about whether anesthesiologists possess the skills to be OR directors as either the team leader or as part of a team. While 71% were aware of PSH/ERAS, only 34% used these models.

Conclusions: Almost all the anesthesiologists polled believed that they were in the best position to direct the OR. Complex skills are required and currently are not adequately taught.

PATIENT SAFETY IN ANESTHESIA: LEARNING FROM THE CULTURE OF HIGH-RELIABILITY ORGANIZATIONS

Suzanne M. Wright, PhD, CRNA
Critical Care Nursing Clinics North America 27 (2015) 1–16
http://dx.doi.org/10.1016/j.cnc.2014.10.010

ABSTRACT

KEYWORDS

- Patient safety
- Human error
- Human factors
- Education and training
- Complex systems
- High-reliability organizations

KEY POINTS

- Reason’s Swiss cheese theory of human error describes errors as results of active failures coming into contact with latent factors.
- It is conceivable that human factors, such as fatigue, stress, production pressure, and situation awareness, are latent factors in clinical practice.
- As a health care specialty, anesthesiology is recognized as a leader in patient safety.
- It is important to maintain awareness of the vulnerabilities associated with clinical practice and evidence-based strategies and thought.
FOCUS POINT – HUMANITARIAN MISSIONS

Interview with Chris Harris RN

Tell me about your current work?
I am a Clinical Nurse Specialist - Anaesthetics/ PACU in the 12 operating room main theatre at Cabrini Health and also work part time as an Aural Care Nurse at Clear Ears.

What mission work have you been involved with?
I have been involved in a couple of very different missions.

My first mission was with Operation Rainbow providing cleft palate and cleft lip surgery in the Philippines. We performed 90 operations in 6 days. I was part of a team consisting of 2 Plastic Surgeons, 2 Consultant Anaesthetists, 2 Scrub Scout Nurses, 1 PACU Nurse, 1 Anaesthetic Nurse (Me), 1 CSSD team member and 2 ancillary members.

My latest mission was through my Aural Care work at Clear Ears with The Starkey Hearing Foundation’s mission to Vietnam to deliver the gift of hearing to over 500 children and adults. I was part of a professional team of about 20 people from over 10 countries assisted by many local volunteers. My role was in the otoscopy team to conduct wax removal, foreign body removal, and manage any other ear pathology that needed further assessment to enable hearing testing and fitting of hearing aids.

Can you tell me more about each of the missions?

The Operation Rainbow mission:
We flew to Cebu on Friday with about 300 kg of equipment including 2 x Midget Anaesthetic machines, 2 x Suction Units, 2 x Diathermy Units, sutures, medications, sterile packs, instruments and everything needed to perform cleft palate and cleft lip surgery.

We spent the first day buying extra supplies locally such as sevoflurane, antiseptic preps and cleaning solutions. Then the action started. On Sunday we arrived at General Cortes Private Hospital, a small hospital with one Operating Theatre, an Emergency Department and several wards. Even though it was 3 stories high, there were no lifts, just long ramps and stairs. No wall suction
or wall gases. Theatre was the only place I saw an air conditioner (lucky for us). The portable x-ray machine dated back to World War 2. With the temperatures in the high 30’s and very humid, it was not a pleasant environment for unwell patients.

Clinic started Sunday morning with 150 patients being seen and assessed by the Surgeons and Anaesthetists. Only 90 of the patients aged between 6 months to mainly 8 years old, some patients having travelled for days, were selected for surgery. Five and half days of operating were scheduled, starting Sunday afternoon.

While the clinic was on, my role was helping set up the Theatre. We had one theatre, two operating tables, one theatre light and 20 bags of equipment.

What to do?? “Chris here are your bags of supplies and equipment, set them up how you like.” Sounds easy - however I like. All good if I had been in this situation before, but this was my first mission experience, first time using a midget anaesthetic machine, no trolleys, and just some bench space. I was a little - make that - a lot overwhelmed.

I had to set up 2 anaesthetic machines, 2 anaesthetic stock areas and make sure we were covered for any emergency or any situation that may arise, knowing that it was only us, no met or code blue team or anyone else as backup. With some guidance, we achieved setup within a few hours.

Next was putting 2 patients off to sleep within a few minutes of each other. This was confronting, but was just the beginning. We operated on 7 patients Sunday afternoon to get the ball rolling and check our systems. So far, so good.

For the next 5 days we operated on 16-18 patients per day, with each procedure taking about 45 minutes to 2 hours each. We started operating by 0800, finishing after 2100 some nights and started operating by 0700 for the last 2 days. There were no scheduled breaks, nor was there anyone to relieve each person. It was one team on a mission to help as many people as we safely could in the given time.

We managed to operate on all 90 patients that were scheduled. It was one of the most tiring, but rewarding weeks of healthcare I have ever been involved in. We did have several anaesthetic emergencies, mainly airway related, over the week, but each one was handled calmly and professionally with no adverse outcomes.

The mission was very successful due to the combined team effort of, the Operation Rainbow team, General Cortes Hospital and its staff, Kiwanis Club of Cebu and the many volunteers that all played pivotal roles.

**Starkey Hearing Foundation mission:**

Starkey Hearing Foundation currently has a 3-phase continuous-action model. It is designed to be simple, sustainable and scalable, utilizing local partners and teams to support all three phases and to then provide after care once the global teams have moved on.

The first phase for Vietnam was undertaken in January. Patients were screened for a hearing aid. Ear moulds were taken and the external auditory canal was cleaned/cleared.

We left Melbourne on Monday 2nd May 2016 to be involved in the Otoscopy team for phase 2. Our first city was Hanoi, with 213 patients to be seen. Patients arrived, were screened and if needed were sent to the Otoscopy team for either wax removal, foreign body removal, otitis externa or any other ear disease that needed further assessment.

Surprisingly we saw nearly 80% of the patients. The ear pathophysiology was amazing; it was like looking at textbooks. From bacterial and fungal infections to tympanic perforations, to total middle ear erosion and foreign bodies, I thought there was no limit. Unfortunately for our patients, 80% do not have access to hearing professionals. The other 20% potentially do not have the funds to seek medical help, which is explained some of the gross pathology seen.
Our station, of 3 members, saw approximately 160 patients in about 5-6 hours. Our arms were constantly up clearing ears, which not surprisingly gave us sore neck and shoulders muscles, but nothing that didn’t settle on its own. It was difficult to communicate with the patients due to a language barrier, although we did have interpreters, and also due to some patients not ever hearing before they saw us.

The excitement was then to come. Using the WFA (William F Starkey) fitting method, each patient was fitted with a hearing aid. This refined process took between 5-30 minutes, utilizing fitted ear molds and the appropriate powered hearing aid.

Our mission extended to Ho Chi Min City where we saw about 280 patients and went about the same process. Unfortunately, this part of the mission had us working in 38 degree Celsius temperature with high humidity. We soldiered on and maintained a professional and caring approach to treat all patients within about 6-7 hours.

**What were your fondest moments on each of the missions?**

I have learnt many things doing the Operation Rainbow Mission that include the power of a team, the strength of a community to come together to achieve the same aim, my reflection on my own practice and how rewarding helping others is and seeing first-hand the need to help those less fortunate. The appreciation of the patients and their families was enormous. It was a very proud moment in my life to have helped all 90 patients, but it was disappointing to be only able to help those we did.

I feel very fortunate to be involved with the exciting, life changing Starkey Hearing Foundation and have made some very special friends around the world. The joy and excitement on the patients’ faces as some of them heard for the first time was unexplainable. It bought warmth to all who saw it.

**Do you have any recommendations for other Nurses?**

I would recommend to anyone who gets the opportunity to be part of a mission to jump at the opportunity, as the rewards are life-long.
VOLUNTEERING WITH MERCY SHIPS - BY CAROLINE (CAZ) MCLoughlin

In March-April 2016 I travelled to Antananarivo, Madagascar to volunteer for 3.5 weeks with Mercy Ships, in PACU. I had never heard of Mercy Ships prior to my application and even during the application process, the details were faint – on my part due to a lack of research. However, it was the best decision I have made in my life.

So what made me volunteer for an organisation I knew very little about, leave my job, my family, my boyfriend and cat, and travel to Madagascar – again a country I knew very little about except from the Disney movie. About 3 years ago, I was having a career crisis. I didn’t realise it at the time, but that’s exactly what it was. I had reached ‘my peak’. I had followed the steps most nurses follow from progressing from a graduate nurse, RN, CNS, ANUM, acting NUM to NUM. I had also completed my studies – certificate IV in education and training, diploma of perianesthesia nursing, Masters of Nursing Practice, Frontline management and Diploma of Business. I was even accepted to complete my MBA. Yet I wasn’t happy. My personal life was great! I had met a new man, I had my ‘dream job’, I was healthy and I had a great group of friends. However, going to work every day filled me with dread. What had nursing become? Rosters, allocations, people management…what happened to the patients? A colleague at the time had just returned from volunteering with a different organisation & suggested I give it a go. I applied & waited over 6 months with no response. I was told there were more volunteers than programs. Then my mum mentioned she had seen a documentary on SBS on a floating hospital ship. I got on the internet, printed the application forms and the rest is history.

The lead up to my time on Mercy Ships was full of excitement, but to be honest I was also very nervous. I had applied to this organisation, where I was told the internet can’t be guaranteed, so I could be ‘disconnected’ from my world, and I had done very little research. I didn’t know anyone who had been before and although the head office in Queensland was great & returned all my emails with answers to all my questions, and the educator on the ship sent me information and answered my questions, I really had no idea what I was in for.

My travel itinerary was to travel from Melbourne to Perth, Perth to Johannesburg, Johannesburg to Antananarivo. In Antananarivo there would be a member from the Mercy Ship team there to meet me. When I got to Johannesburg I saw a women wearing a Mercy ship top & another Aussie guy with a Mercy Ship top. The excitement was palpable. We landed in Antananarivo it was like meeting family, a group of 8 had arrived and we were all busy asking ‘where are you from’, ‘how long are you here for’, ‘what’s your role on the ship’. We were then transported to a guest house for the first night before we travelling by 8-9hrs by mini bus to the ship the ‘African Mercy’. It was great having that first night together. We were already disconnected from TV and had very little Wi-Fi, so it was a great time to get to know each other. In the morning at 0600 we heading off on the mini bus, before picking up another group from a different guest house. Together there was 14 on the bus, and we affectionately call each other ‘the bus family’. Although we worked in different areas on the ship, serving on the ship for different time periods and came from every country of the world – we were family. We went away on the weekends, met for dinner, and are still regularly in contact via WhatsApp.

Living on the ship is a love/hate relationship. It has its perks having everything ‘under one roof’…meals are upstairs; the operating theatres are down stairs. However, some days it feels like there is no escape! You can be contained in the ship all day, with the same people. That’s why the long term crew stress to make some time for yourself and you are free to explore the country on your days off. Of course, this has to be approved by the security team and varies from country to country. Madagascar was fairly safe, so I was able to go for dinner in town and travel on the weekends.

The patients and stories you hear, stay with you for a life time. Predominately in Madagascar they operated on women – vaginal fistula’s (VVF), children – cleft lips, cleft palates, burns and young people with facial growth such as lipoma’s or goitres. The Malagasy people are very sincere and humble, and I was amazed at
how much could be communicated through body language. Desperate looks from parents coming to PACU to see their children for the first time with a goitre removed or a cleft lip repaired. The Malagasy people speak French or different Malagasy dialects, and although there are translators in theatre, a simple gesture of a hug or a reassuring smile can go a long way. Showing the parents to hold their child upright instead of supine, after ENT surgery because their airway would become obstructed all through body language, and their faces acknowledging they understood. Providing a young woman with a mirror after her facial surgery, and her reaction – staring at the mirror in disbelief – these are the memories I will hold dear.

As well as the patients, the crew on the ship, my bus family and the translators will all hold a special place in my heart. I could talk for hours on my time on Mercy Ship and would definitely recommend to those who have thought about volunteering, take the leap! It will be the best decision you make.

My time on Mercy ships reminded me why I become a nurse and provided me with confidence. Nurses are a unique group of people. We can travel the world with very few ‘tools’ and help others. With our heads, our hands and our hearts we can change someone’s life.

If you would like any further information on Mercy Ships, can contact Mercy Ships Australia.
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