

SPOTLIGHT ON ORNAC MEMBERS

AN INTERVIEW WITH MARGARET FARLEY RN, BSN, CPN(C)

Submitted by: Heather Dow, ORNAC Executive Director.

Margaret Farley RN, BSN, CPN(C), began her career as an Operating Room Technician (ORT) at the Winnipeg General Hospital in 1972. In 1979 she became an RN and worked at St. Boniface General Hospital in Winnipeg. She received a document of completion for Sterile Supply Technician Theory Program, from Vancouver Community College, in 2008, and in 2012 she completed her degree in Nursing from the University of Saskatchewan. Margaret spent her time behind the closed doors of the surgical suite until the Fall of 2012 when she became a part-time faculty member of the Saskatchewan Polytechnic (formerly SIAST) School of Nursing, in the Perioperative Nursing Program, fulfilling her dream doing one of her favourite things... teaching OR nursing!



Margaret Farley RN, BSN, CPN(C),



Tell us a bit about your career path

My perioperative nursing career began in the very early 1970s. After several decades in the acute care hospital setting and surgical suite I moved, in 2012, into the education field as a part-time faculty member of the Saskatchewan Polytechnic, School of Nursing, Perioperative Nursing Program.

What was it about perioperative nursing that attracted you?

I enjoy exploring and figuring things out – including people! I like to know how things function and what can make them function better. This makes anatomy, principles of asepsis, and surgical procedures interesting and intriguing to me.

How has your role in the OR changed over the years?

It has changed enormously. When I began in the operating room, for

example, many centres used the operating room to “pick trays” for cases, “flash” autoclaved the instrumentation for each class, and (it sounds crazy) but we had jars of needles, in solution, and silk to thread through the needles (just like hemming a pair of pants) and bowel resections were done all by hand... not a stapler to be found!

But more important, to me, than the technological changes is the fact that Perioperative RNs have progressed in the role of patient advocates, patient safety advocates, and perioperative experts.

What value do you believe RNs bring to the leadership of OR teams?

Where to begin on this subject? Recently I was researching the topic Surgical Conscience. While I wasn't able to locate a ton of articles on the subject I did find one, from 1926, by C. Lockwood, that articulated what it meant in that era. The author stated that “the term aseptic conscience came to have a definite significance not for surgeons alone but nurses. It did much

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toward creating the esprit de corps of the operating room and stimulated all who had to do with surgery to practice that infinite care which we now recognize as necessary to successful surgery and which has become standardized.”¹

Another quote, from this almost 100-year old article, is “the highly trained surgical nurses have relieved him of all the important minutiae of asepsis”.¹

The other continues with “the surgeon is now responsible for his own technique during surgery after preparing his hands he enters the operating room with a clear conscience confident that every precaution has been taken to prevent infection,”¹ and, lastly, “We surgeons often forget that much success depends on conscientious untiring nurses.”¹

So, I guess I am trying to say perioperative practice is an area rich in possibilities that offers RNs endless opportunities to take on leadership roles. And what would they do without us?

What continuing education has supported your journey?

As a life-long learner I have, over the years, taken university classes, attended local perioperative nursing education sessions, and participated in multiple perioperative nursing association meetings and conferences (including the majority of ORNAC Conferences starting with the 1982 conference in

Winnipeg). I also learn a lot from my involvement in perioperative nursing associations including the Saskatchewan provincial association/council (SORNG) as well involvement with the ORNAC Executive including my time as ORNAC President from 2003 to 2005.

What mentors have influenced you as a nurse and a leader?

I’d have to give you my top 3 as I can’t pick one favourite. Dolly Gemby, my first OR instructor, who made me realize this is the only area in which I wanted to work. Gloria Stephens and Muriel Shewchuk who are both perioperative stars who have shone for decades and been influential in moving perioperative nursing to where it is today and for inspiring leadership and growth in our profession.

Tell us about your involvement with ORNAC

I have been a part of the ORNAC journey for many decades – right back to the founding of ORNAC and of SORNG. I have always felt these associations were critical to our professional recognition and growth. My continued involvement with SORNG, in recent years, came from a desire to see SORNG revitalized as a vibrant, solid, presence in Saskatchewan, to continue to have a strong voice at the national level, and to ensure perioperative RNs in my province have

access to a local network that can help them find focused continuing educational opportunities, grow their specialty, and pursue excellence in their chosen practice environment.

What future do you see for Perioperative RNs interested in developing leadership skills?

With the advancing technology and evolving surgical procedures we find ourselves working in a variety of perioperative practice settings and on ever-advancing surgical procedures. No profession is better positioned, in this ever-changing healthcare environment, to work to ensure the provision of safe patient care, the growth of strong leadership, and the development of new knowledge, skills, and expertise. We are in the perfect profession to lead this change and drive further growth – I have no doubt that many of the changes over the years have been the result of strong perioperative nurses and I feel the future holds more of the same.

Any last words of wisdom?

Every new day in a theatre brings new challenges, joys, and successes. To quote a dear friend and former perioperative colleague (and yes, one of the perioperative stars I mentioned earlier) who likes to say “if you are getting on the OR train go to the front and help lead and create change for the better... instead of sitting at the back moaning and whining.” When we choose to be leaders we choose to take charge of our profession and create excellence for everyone.

References:

1. Lockwood, C.D. (1926). The surgical conscience, Arch Surg, 13(6):887-894.