

SPOTLIGHT ON ORNAC MEMBERS

AN INTERVIEW WITH PAT POCOCK RN, DIPNE, BNS

Submitted by: Catherine Harley, RN, eMBA, ORNAC Executive Director.

Pat Pocock is a Registered Nurse who has worked in the perioperative field for fifty years. She started her career as a Perioperative Registered Nurse at the Grace Hospital in Windsor, ON, followed by a year working in the Operating Room at the University of Alberta Hospital in Edmonton. The next 14 years were spent in leadership and teaching roles in Windsor. The last 28 years of her hospital career were spent in leadership roles at St Joseph's Hospital in London, ON. Pat is past Co-Chair of the Canadian Operating Room Leaders (CORL) network and has committed her career to issues related to leadership within perioperative nursing.



Pat Pocock RN, DipNE, BNS

How long have you worked in the OR and what is your current role?

I have worked in the perioperative area/operating room for more than fifty years. I graduated from Grace Hospital, in Windsor, ON, and in 1960 went to work in the Operating Room as I had spent much of my student experience there. I had intended to take a post-graduate program, in perioperative care, but in 1961 I went to work for one year at the University of Alberta Hospital in order to gain practical experience. I started as a staff nurse in the OR and moved into a charge nurse position. I scrubbed for the first Harrington Strut procedure that was performed in Alberta for scoliosis. Fast forward to 2005 and, before I knew it, I was retiring from the position of Director of Perioperative Services, Urology Clinic, Lithotripsy Program (Provincial) and Central Processing after 28 years in leadership positions at St. Joseph's Hospital in

London, ON!! Since then I have worked as a perioperative leadership, management, and practice consultant. For close to three years I was a Senior Consultant, with the Ministry of Health in Ontario, on the Surgical Efficiency Targets Program.

What was it about perioperative nursing that attracted you?

I really enjoyed working in the operating room. I thought that it was a changing environment and I saw a promising future with the great strides being made in the field of surgery. The potential for the advancement of surgery and technology was exciting and I believe working in the OR touches people's lives at the most vulnerable moment. I really wanted to be there as a patient advocate. The interdisciplinary practice and teamwork also attracted me as I like to work in a team environment.



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

I have experienced the roles of student, staff nurse, charge nurse, leader and director. The roles have evolved so much due to the explosion of technology and new knowledge over the years. Early in my career I would never have believed the progress I would see. In the early days of my career removing a kidney would have resulted in a very large incision across the patient's body a more than six week recovery time. Now they remove a kidney through an incision no greater than an inch and the patient is back at work in a few days.

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

My passion has always been that leadership is accepted by any nurse who

fulfills his or her accountability for the role. RNs have the skill ability, and the heart, to influence the level of care given to patients and to make a difference in the outcomes. Every RN who works in the OR has the potential and responsibility to be a leader. It is a shared leadership that creates accountability, equity, partnerships, and ownership. People in administrative leadership roles are accountable for the context and people in staff roles are accountable for the content. Decisions need to be made by those who do the work at the point of care or service. Leaders need to ask questions, guide, and ensure that the key stakeholders are involved in the process.

What continuing education has supported your journey?

I believe in life-long learning where learning is a continuous journey. I went to the University of Windsor and Huron University College in London, ON, and studied courses at the baccalaureate level. After developing an interest in burn care, through my work in the OR, I completed a Burn Nurse Certificate and set up a Burn Unit in Windsor. I also attended many annual CORL workshops and courses on Leadership including the Achieve Leadership program: Crucial Conversations and Crucial Accountability and have been involved in the planning of all of the CORL Conferences.

Who do you consider a key mentor and how did s/he influence you as a leader?

I would say that all of my colleagues have had an influence on my career. I admired Isabelle Adams and Victoire Odette from Quebec. Muriel Shewchuk from Alberta and I were mentors to each other. Dr. Tim Porter-O'Grady influenced my views on shared leadership and worked quite a lot with our staff. Mentorship is a two-way street

and I do hope that I have also been a mentor to people I have come in contact with during my career.

Tell us about the Canadian Operating Room Leaders (CORL) Network and your involvement.

In 1998, Muriel Shewchuk and I talked about starting a network for OR leaders across Canada. We saw a need for leadership development and knowledge sharing. We met with Peter Goodhand, VP of J&J Medical Products, and discussed our dream. He encouraged us to put a group together. Muriel and I established CORL, and took on the role of Co-Chairs, and Valerie Zellermeier (retired from St Michael's hospital in Toronto) joined us as Treasurer. CORL began with a small group of people and hosted its first conference following the ORNAC Conference, in Halifax, in 1999. CORL's goal is to provide an opportunity for Canadian OR leaders and staff to share knowledge that will enable everyone to thrive in their roles. We were hoping to provide an opportunity for leaders to share their experience and provide mentorship and thus strengthen the number of Operating Room Nursing Leaders across Canada. We felt this was important for the development and growth of our profession and our colleagues. We wanted to work in conjunction with ORNAC so as to stay aligned with, and be a support to, Perioperative Nurses across Canada.

At CORL conferences we have had many presentations related to all areas of leadership -- Shared Leadership; Leadership Competencies; Transformational Leadership; The Perioperative Nursing Data Set and Research in Ambulatory Care; Leadership Safety and Bench Marking; and presentations from the Canadian Patient Safety Institute. We believe that leadership and patient safety are intertwined so patient safety has always been a strong theme. CORL has also

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supported a Leadership Stream at several ORNAC Conferences.

CORL needs to continue to support leadership development... and nurses need to step up to the plate to take on administrative level leadership roles. There are people from different healthcare areas that are moving into leadership roles in the Operating Room and they don't have the same knowledge about the OR that a nurse has. We need leaders who understand the system and can provide knowledge about the impact to the care of patients.

CORL is now in the hands of the next generation of Perioperative Nurse Leaders. Muriel and I have stepped down now as Co-Chairs and Carol Kirkwood from Sudbury, ON, and Kelly Chapman from Calgary, AB, have now taken on those roles. Valerie Zellermeier remains the CORL Treasurer and Deborah Roberts is now our Education Coordinator. ORNAC members can now, when joining ORNAC, choose to also become a member of CORL for an additional \$10/year.

What was your motivation to become an ORNAC Board Director?

Being on the ORNAC Board, for the past 5 years, has allowed me to bring leadership skills and issues to this national organization and to be active in a decision making and voting capacity. I felt that being involved with ORNAC would help to create a strong organization that could collaborate and advocate for excellence in the perioperative environment and to

ensure that Leadership issues remained a strong part of this progress.

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

Perioperative nurses will continue to exist but their role will evolve into a different form. I believe the future holds three key things for our profession:

- 1) Self-awareness: Being able to accept ownership of one's self and our ability to influence others;
 - 2) Collaboration: Creating and sustaining a high level of communication;
 - 3) Connection: networks of people who can move together and develop and prepare for leadership roles, adapt to change, and learn to do things differently.
- Perioperative nurses will continue to exist but their role will evolve into a different form.

Any last words of wisdom?

Nurses need to embrace shared leadership, demonstrate accountability at the point of care or service, contribute to excellence in care, and serve with enthusiasm and engagement throughout the journey of their career. They need to love what they are doing and always promote the growth and development of others. Seize every opportunity develop, motivate and empower yourself and those around you! That is the key to true leadership!