

# 30 YEARS OF YOUR JOURNAL

Submitted by: Deborah Murphy, Editor, ORNAC Journal

In 1983 ORNAC launched *Canadian Operating Room Nursing Journal* with Health Media Inc. and, with that move, further strengthened the association's credibility as the voice of perioperative nursing in Canada. I have included the original publisher's introduction to the Journal for your interest. For 30 years this publication has provided a professional record of issues and developments in all areas of perioperative nursing practice and created a communication link between all ORNAC members. In 2002 ORNAC had the opportunity to obtain ownership from the original publisher. This step increased ORNAC's involvement and allowed for an increase in association related news, introduction of the peer-review process, and the opportunity to take the Journal to a new level. 10 years later I was pleased to be personally involved when ORNAC re-launched the publication, under the name *ORNAC Journal*, with a new look and a new focus.

Today every perioperative nurse in Canada can celebrate, with pride, a

professional Journal that is recognized on an international level, cited in other publications, indexed with CINAHL, and well-respected throughout the profession. In recognition of the Journal's 30th Anniversary, in 2013, this issue features items from the very first issue of *Canadian Operating Room Nursing Journal*. They serve as an interesting reminder that while some things may have changed there are many things that remain the same.

Happy 30th Birthday ORNAC Journal – long may you thrive and share the knowledge and ideas that will continue to grow this profession. 🍁



Introduction from the 1983 Publisher of Canadian Operating Room Nursing Journal - Vol I, Issue I

<p><b>The Creation of a Professional Journal</b></p> <p>The creation of this national publication for the operating room nurses of Canada seemed, initially, an impossible undertaking. Indeed, it would have been a more difficult task, but for the dedication, encouragement and advice of so many fine people.</p> <p>We were aware of the uniqueness of the group to which the Journal was to be directed, but had no idea the operating room nurses were held in such high esteem by so many surgeons, administrators and senior hospital personnel. Numerous talented and busy professionals, on very short notice, immediately and enthusiastically, came forward to participate in the educational content of this first issue.</p> <p>The National Operating Room Nurses Committee, particularly, is to be congratulated, not only for their continuing efforts on behalf of all</p>	<p>nurses in Canada to organize in a national, single voice, but for their initiative and dedication to the continuing success of this Journal.</p> <p>Commitment to professional development and growth must never be neglected. It is the objective of the Journal's editorial staff, together with the National Committee to assist the operating room nurse recognize standards of competency and stimulate professional growth.</p> <p>The Operating Room suppliers are also to be commended. Without their expression of confidence, this publishing venture would have been impossible.</p> <p style="text-align: right;"><u>Ronald Forster</u> Publisher</p>
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# HISTORY OF THE NATIONAL O.R. NURSES

**Author:** Dorothy Orr, Brooks Health Centre, Brooks, Alberta. National Liason Officer (1983)  
National Operating Room Nurses Committee



The date of May 30, 1965, may not be of any earth-shattering consequence, as far as world events, but for operating room nurses its importance becomes historically significant as the first ever attempt to form a national operating room nurses organization. That first meeting took place at the Royal York Hotel, Toronto. Representatives from British Columbia, Alberta, Manitoba, Ontario, New Brunswick, and Quebec were present. Though only a handful of O.R. nurses were in attendance, that was sufficient to establish the momentum for greater participation and true national representation for the future.

The Queen Elizabeth Hotel, Montreal, November, 1970, was set for the 1st National Conference. Isabelle Adams was voted chairman of the Interim Planning Group. Since this first meeting, O.R. Nurses throughout Canada have recommended forming a structured National O.R. Nurses Organization. There seemed to be constant obstacles such as:

1. What type of structure do we need and want.
2. Where do our finances come from.
3. Communications between provinces.

Out of this (and subsequent) meetings came the National Operating Room

Nurses Committee. Rather than a constitution and bylaws, this committee drew up a 'terms of reference' to guide its members in their pursuit of a national organization. This committee was to be their vehicle of communication, since it was recognized that communication would undoubtedly be the number one problem.

To a point, the operating room nurses committee was effective, with a lot of people across the country giving of their time and effort. The necessary interest and dedication was clearly evident, with many of the nurses who were originally involved in the establishment of a national committee still active at both the provincial and national levels.

Since the committee's inception, nine out of the ten provinces have become organized with the tenth one in the process of attaining provincial status.

National O.R. Nurses Conferences have been held in 1970, '73, '74 and '76, this last one scheduled in Vancouver, the first time the event was held outside of Eastern Canada.

With communication still the number one obstacle to hurdle, the National O.R. Nurses Conference in 1980 saw the committee come to grips with the problem. Meeting in Toronto, the committee felt that a liaison officer could ameliorate the situation.

I volunteered for the role of 'national liaison officer'. With this new office, enough of the problems associated with communications were overcome to allow the committee the opportunity to deal with more pressing matters, namely, determining the type of structure the National O.R. Nurses Organization would have.

In Winnipeg last June, at the 7th Annual OR Nurses Conference, discussion on the structural form the national organization would take was high on the agenda.

Based on a proposal submitted by two OR nurses from Alberta (Sarah Doughty and Muriel Shewchuk), the matter was concluded with the formation of an ad hoc committee charged with the preparation of a written mandate of a proposed structure for the National OR Nurses Organization.

## National O.R. Ad Hoc Committee named

Named to this committee were: Initially, Kay Raisbeck of Vancouver General, who was later replaced by Margaret Mellan (B.C.), Dorothy Orr (Alta.), Val Shirreff (Ont.), Ann Robinson (Que.), and Joan Donald (New Brunswick).

The Ad Hoc Committee met initially at the National Conference in Winnipeg and set their second meeting for Montreal, January 21, 1983.

This group will be presenting their proposal at the National OR Nurses executive Committee meeting scheduled for Toronto in late April. This meeting will be held in conjunction with the greater Toronto OR Nurses Conference to be held at the Constellation Hotel.

The OR Nurse in Canada is on the threshold of some important events – the establishment of a nation-wide organization, and the other milestone is the establishment of the *Canadian Operating Room Nursing Journal*. ❁

This item was originally published in the inaugural issue of *Canadian Operating Room Nursing Journal*, Volume 1, Issue 1, February 1983, page 10. It is reprinted with permission of Health Media Inc.



Margaret Mellan



Shirley Hemerling



Karen Henderson



Carol Rolfe



Sarah Doughty  
'82 rep. (Alta.)



Margaret Farley



Peggy Mills



Valerie Shirreff



Ann Robinson



Jane Malach



Patricia Ralph  
'82 Rep. (Nfld.)



Donna Farid



Myrna Chapman



Lynne Taylor



Joan Donald



Dorothy Orr



Muriel Shewchuk

## NATIONAL O.R. EXECUTIVE COMMITTEE - 1983

### BRITISH COLUMBIA

**Karen Henderson,**  
President Elect,  
Maple Ridge Hospital,  
Maple Ridge, B.C.

**Shirley Hemerling,**  
Secretary,  
Kelowna General Hospital,  
Kelowna, B.C.

**ALBERTA**  
**Muriel Shewchuk,**  
President and National Chairperson,  
University of Alberta Hospitals,  
Edmonton, Alberta.

**Carol Rolfe,**  
President Elect,  
Red Deer Regional Hospital Centre,  
Red Deer, Alberta.

**SASKATCHEWAN**  
**Darlene Stuttard,**  
City Hospital,  
Saskatoon, Saskatchewan.  
**Margaret Farley,**  
Plains Health Centre,  
Regina, Saskatchewan.

**MANITOBA**  
**Fran Fenton,**  
St. Boniface General Hospital,  
Winnipeg, Manitoba.

**Catherine Schlosser,**  
Victoria General Hospital,  
Winnipeg, Manitoba.

**ONTARIO**  
**Valerie Shirreff,**  
President,  
Assistant O.R. Supervisor,  
Wellesley Hospital,  
Toronto, Ontario.  
**Peggy Mills,**  
Scarborough General Hospital,  
Scarborough, Ontario.

**QUEBEC**  
**Suzanne F. Boire,**  
Centre Hospitalier Fleury,  
Montreal, Quebec.  
**Ann Robinson,**  
Montreal Children's Hospital,  
Montreal, P.Q.

**NEW BRUNSWICK**  
**Lynne Taylor,**  
President,  
St. John Regional Hospital,  
St. John, New Brunswick.  
**Joan Donald,**  
1st Vice-President,  
A.J. MacMaster,  
School of Nursing,  
Moncton, New Brunswick.

### NEWFOUNDLAND

**Donna Farid,**  
President (carries 2 votes),  
General Hospital, H.S.C.,  
St. Johns, Newfoundland.

**NOVA SCOTIA**  
**Clarice McCarthy,**  
Victoria General Hospital,  
Tower Road,  
Halifax, Nova Scotia.  
**Gail Currie,**  
I.W.K. Hospital For Children,  
5850 University Ave.,  
Halifax, Nova Scotia.

**PRINCE EDWARD ISLAND**  
**Myrna Chapman,**  
Prince County Hospital,  
Summerside, P.E.I.  
**Debbie Roberts,**  
Vice-President,  
Queen Elizabeth Hospital,  
Charlottetown, P.E.I.

**PAST CHAIRPERSON**  
**Jane Malach,**  
St. Boniface General Hospital,  
St. Boniface, Manitoba.

**NATIONAL LIAISON OFFICER**  
**Dorothy Orr,**  
Brooks Health Centre,  
Brooks, Alberta.

# LONG LIFE TO THE O.R. JOURNAL

**Author:** *Ginette Rodger, Executive Director (1983), Canadian Nurses Association*

**I**n this first issue of the Canadian Operating Room Nursing Journal I would like to share with you some thoughts on the value, role and place of the professional association in our society.

As operating room nurses you have already demonstrated a keen interest in this subject. In 1965 you took the initiative to form a special interest nursing group and since then you have continued your efforts to make your group nationally representative.

Working in an environment which distances you at least physically from the activities of the rest of the hospital facility, your awareness has grown of the value of teamwork and of the need for and worth of an association designed to achieve common goals.

Although aware of the need for a professional association, we have all at one point or another questioned the value of this type of organization. Questions of this kind are certainly not unfamiliar to you: "What's the use of a professional association?", "What is there in it for me?", "What happens to the money I pay into it?"

While it is clear that membership in an association is, as a matter of course, required of all professionals, the benefits are not always visible. This, however, does not mean that they do not exist.

While they may indeed be difficult to assess, the benefits as well as the essential role played by professional associations in our society are beyond question.

All of us in our day to day activities have been made well aware of the value of collective action whether it be in a nursing care unit or any other kind of work setting. We know that group action has a much more considerable impact and a much greater chance of success than disconnected individual interventions.

This is equally true at the provincial, national, and international level. We are dealing here with collective, not with

individual values. Such is the merit of group efforts.

There is no better definition, in my view, of the role of an association than that provided by the American sociologist Robert K. Merton: "A professional association is an organization composed of practitioners who mutually recognize their own competence within their profession and have come together to perform functions which they would be unable to perform separately as individuals."

Merton adds that the primary responsibility of a professional association is to offer social and moral support which will help the individual practitioner to fulfill his professional role and to establish and maintain high professional standards. The association also plays the role of mediator between, on the one hand, the practitioner and the profession and on the other hand the practitioner and his social environment.

The adequate performance of this role requires a high degree of involvement on our part, especially now, in the '80s, when we are faced with so many complex challenges. The proposed Canada Health Act, designed to effect a complete restructuring of the health care system of this country, is a case in point. Nurses, as a group, must convince the government that a more efficient use of nursing personnel can make for higher quality care at no extra cost.

In another frame of thought the spectacular developments in the body of technical knowledge associated with nursing have caused us to consider the baccalaureate as a minimum condition for entry into practice by the year 2000. The consequences of such a decision on our part are considerable. It is a challenge which we can only face collectively.

Finally, how could we possibly ignore economic constraints and their effect on



the entire health care system? Nursing care, which is by far the largest expense in hospital budgets, is a prime target for cost-cutting efforts.

In such instances professional associations must assist in the critical analysis of the services we provide to the community and help bring about a healthy reassessment. It is the role of professional associations to encourage the development of novel ways to provide care. This particular challenge, which is sure to affect operating room nurses, calls for a highly visible degree of involvement on the part of your National Committee.

I am convinced that, in creating a national periodical such as the Canadian Operating Room Nursing Journal your group has found the means both of increasing your professionalism and of strengthening and expediting your drive to unite all provincial groups in to a national association. This will be achieved through the exchange of ideas and the educational opportunities your Journal will provide.

On behalf of our President, Dr. Helen Glass, the Board of Directors, and all of my 138,000 colleagues I offer my congratulations on this initiative of yours. Long life to the *Canadian Operating Room Nursing Journal* 🍁

This item was originally published in the inaugural issue of *Canadian Operating Room Nursing Journal*, Volume 1, Issue 1, February 1983, page 10. It is reprinted with permission of Health Media Inc.

# LONGUE VIE À L'O.R. JOURNAL

**Author:** *Ginette Rodger, Directrice générale (1983), Association des infirmières et infirmiers du Canada*

Dans ce premier numéro du *Canadian Operating Room Nursing Journal*, j'aimerais partager avec vous quelques réflexions sur la valeur, le rôle, et la place de l'association professionnelle au sein de notre société.

En tant qu'infirmières et infirmiers au bloc opératoire et au service central vous êtes déjà sensibles à ce sujet puisque d'une part vous avez, depuis 1965, choisi de vous regrouper afin de rejoindre tous les collègues travaillant dans votre secteur, pour former un groupe nationale.

D'autre part, le contexte dans lequel vous œuvrez – qui vous isole physiquement tout au moins du reste de l'activité d'un centre hospitalier – vous sensibiliser d'autant plus au travail d'équipe, à la nécessité et à la valeur du regroupement pour atteindre des objectifs communs.

Bien que sensibles au besoin, nous avons tous, à un moment ou un autre, questionné la valeur d'une association professionnelle. Ces réflexions ne vous sont certainement pas inconnues : « À quoi ça sert une association professionnelle? Qu'est-ce que ça me donne d'en faire partie? Où vont les argentés que le lui verse? »

Même si l'appartenance à une association constitue l'un des critères d'une profession, il n'est pas toujours facile d'en reconnaître clairement les bienfaits. La difficulté de parvenir à percevoir cette réalité, n'annule pas pour autant les avantages et le caractère essentiel des groupements professionnels dans notre société.

Chacun et chacune d'entre nous, dans son quotidien, est à même de constater que les gestes posés collectivement, soit dans une unité de soins, soit dans un autre milieu de travail, ont un impact beaucoup plus grand et une chance de succès beaucoup plus grande et une chance de succès beaucoup plus efficace que les gestes posés individuellement.

Ce phénomène existe aussi dans le contexte provincial, national ou international. La valeur du regroupement demeure donc toujours une valeur collective et non une valeur individuelle.

Je pense que c'est Robert K. Merton, sociologue américain, qui a le mieux défini le rôle d'une association. « Une association professionnelle est un organisme composé de praticiens qui se reconnaissent mutuellement compétents dans leur profession et qui se sont regroupés pour remplir des fonctions qu'ils seraient incapables d'accomplir séparément comme individus. » Merton souligne que la première responsabilité d'une association professionnelle est d'apporter un soutien moral et social qui aidera le simple praticien à accomplir son rôle de professionnel, à établir et à faire respecter des normes professionnelles rigoureuses. L'Association sert aussi de médiateur entre le praticien et la profession d'une part, et entre le praticien et son environnement social, d'autre part.

Afin de jouer adéquatement ce rôle, nous devons être activement impliqués, plus particulièrement en ses années '80 où les défis sont nombreux.

Complexes et nombreux. Prenons par exemple le projet de Loi sur la santé (Canada Health Act) qui se prépare à remodeler le système de santé canadien. Il nous appartient comme groupe de convaincre le gouvernement de l'importance du nursing dans ce système et de faire comprendre comment une meilleure utilisation du personnel infirmier peut améliorer la qualité des soins prodigués sans pour autant augmenter les coûts.

Ou encore, pensons à l'évolution effrayante des connaissances techniques et scientifiques dans le domaine du nursing qui nous amène à considérer le baccalauréat comme norme d'admission à la pratique d'ici l'an 2000. Cette orientation est lourde de



conséquences et ce n'est que collectivement que nous pourrions relever le défi.

Finalement, comment passer sous silence les contraintes économiques qui affectent tout notre système de santé. Le budget des soins infirmiers – accaparant la plus large part du budget des centres hospitaliers – est un cible privilégiée de coupures.

Dans de tels cas, le regroupement professionnel doit aider dans l'analyse critique du service que nous donnons à la population et susciter une saine remise en question. Il doit nous encourager à envisager de nouvelles façons de prodiguer nos soins. Ce défi ne sera pas sans toucher les infirmières et infirmiers du bloc opératoire et votre association peut jouer un rôle de premier plan.

Je suis convaincue que la création d'un organe de communication pan-canadien tel le *Canadian Operating Room Nursing Journal* ne peut que renforcer votre association et augmenter votre professionnalisme de par les idées que vous pourrez échanger et les occasions d'éducation qu'il permettra.

Au nom de la présidente, le Dr Helen Glass, du conseil d'administration et de mes 138,000 collègues, je vous félicite de cette heureuse initiative et souhaite longue vie au *Canadian Operating Room Nursing Journal*. 🍁

Cet article a déjà été publié dans le tout premier numéro de la *Revue de l'Association des infirmières et infirmiers de salles d'opération du Canada*, volume 1, numéro 1, février 1983, page 10. Il est réimprimé avec la permission de Health Media Inc.

# GOLD FISH IN A BOWL

**Author:** Muriel G. Shewchuk, RN, B.Sc.



**W**hat has a gold fish to do with nursing and patient care? Come with me and gaze through the glass into the world of the operating room nurse.

Nowhere in the field of nursing is a nurse as exposed as in the operating room theatre where intense, complex, multifaceted patient care is at its height. Many nurses, outside the operating room, would probably say, “How can that be?”

Let us set the scene in the morning during the daily assignment of scrub and circulating duties. First we must review the pre-operative visits, special patient needs, specific needs of surgeons and anaesthetists as well as the pressing problems and concerns of the overall department. Shortages of personnel in terms of quantity and/or quality,

equipment and supplies will avail the nurse of the varying intensities of frustration. Anger, sarcasm, verbal and non-verbal abuse may be forthcoming from any number of anaesthetists, surgeons, and even co-workers and supervisors.

A moment of privacy! The scrub nurse commences her five minute scrub. Varying degrees of nervousness, lack of complete knowledge, speculation of moods, and behaviours of the forthcoming surgical team, self expectations and expectations of the circulators run through her mind.

Under the eagle eye of the circulator, eyes often in the back of her head, the drying of hands and arms is observed. Where else are you closely supervised on how well you dried between the fingers, how many centimeters the towel is from your dress and, furthermore, where is each hand positioned on the towel? Now if only the gown and gloves could magically get their way on – sterile that is – step one would be complete. Already an astute assessment of skill, coordination, efficiency and standard of aseptic technique has been made.

Every second now counts as the sterile set up must be rapidly assembled in preparation for the surgical count. The efficiency of every motion counts, the appropriate placement of each item is critical. As many as three nurses may be dispensing materials on the sterile field. Information overload can rapidly place tremendous stress on the scrub nurse – she must remember all. Observing every move, the placement of each item, as well as its name, use, and how to handle it; what order the drapes will be applied and sutures and instruments, and on and on the

scenario goes! “If they hurry me much more, I won’t even remember how to put the surgeon’s gloves on.”

“Oh help, the patient is being pushed through the door and what’s more the surgeon is scrubbing already – will I ever be ready in time?”

The all knowing eyes of the surgeon surveys the room as he scrubs. Who is the scrub nurse? Can she put the drapes on? Will she be a capable, efficient scrub nurse anticipating his actions (giving him what he needs, not what he asks for) at the instant of need? Does she know the anatomy, will she have all the supplies should a crisis occur, will it be handled efficiently and safely for his patient?

How about the circulating nurse? Are all her movements purposeful or are they disorganized, inefficient, and perhaps unknowing? What type of atmosphere are the nurses going to perpetuate? Will it be one of distress, hassle, uncertainty, chatter and upset; or one of calm, collected, organized, and quiet efficiency? The team can be enhanced to perfection or distraught with frustration by these facets.

The anaesthetist plays a major role in the life of the operating room nurse as well. His speed of entry into the theatre, the introductory remarks or silence, will affect the type of conversation and actions of the nurses. The anaesthetist also easily surveys the room for level of expertise, quality of assistance he will receive, ready availability of supplies and expected efficiency with which the day will proceed.

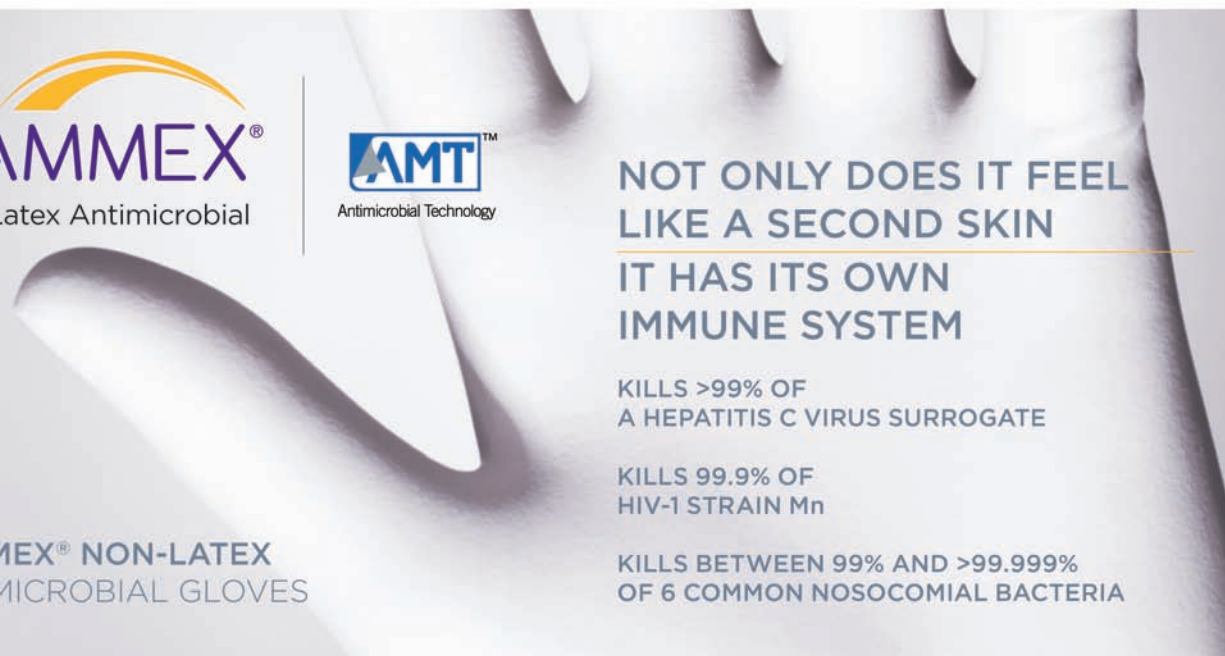
It behooves every operating room nurse to strive to be the bright shiny gold fish in a bowl because of the tremendous overall effect on everyone including the patient.



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ORNAC Network - 30th Anniversary Feature

## GOLD FISH IN A BOWL (cont.)

The patient has arrived, all attentions must now be channelled to direct patient care. The data collection, assessment, goal setting and nursing plan must now be transformed into the specific patient care. The pre-induction positioning, the induction assistance, the surgical positioning, skin preparation and draping must now proceed under the critical observation of supervisors, co-workers, surgeons, and anaesthetists.

The intra operative progress can be greatly enhanced by the highly skilled, educated, caring nurse – truly a gold fish of bright shining colours. The efficiency, preparation, atmosphere, technique, and astute attention to all phases of the nursing process can make each operating room nurse invaluable to the patient, co-workers, surgeons and anaesthetists. On

the other hand, the lack of knowledge, preparedness, efficiency, organization and insufficient attention to patient care and teaching can make the theatre an undesirable place for the entire surgical team – a dull, unattractive, gloomy, lacklustre fish in a bowl.

It behooves every operating room nurse to strive to be the bright shiny gold fish in a bowl because of the tremendous overall effect on everyone including the patient.

*Muriel G. Shewchuk, RN, B.Sc, is the Operating Room Instructor, University of Alberta Hospitals, Edmonton, AB. Mrs. Shewchuk is currently serving as President and National Chairperson of the National Operating Room Executive Committee. 🍁*

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# SPOTLIGHT ON ORNAC MEMBERS

## A LOOK BACK: THE BEGINNING OF ORNAC AND THE CONTRIBUTIONS OF PERIOPERATIVE NURSING LEADERS

### AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK



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

Gloria Stephens, RN, was an operating room nurse for over forty years. She joined the “National Committee for Operating Room Nurses” in 1970 and was a member until 1980. She also took on the role of secretary during this time and was the coordinator of the 4th National Committee Meeting (Montreal, 1974) and the 1976 National Conference (Vancouver). After the formation of ORNAC, in 1983, Gloria was an original member of the ORNAC Standards Committee and the Chair for the Technical and Competencies section. She was the coordinator of the 10th National Conference (Vancouver, 1988) and went on to serve as the ORNAC President from 1990-1993. She remained actively involved with ORNAC until 1996. Gloria is currently retired and lives with her husband in Halifax, NS.

Muriel Shewchuk, RN, BScN, CPN(C) has over 50 years of operating room experience including as a charge nurse, educator, manager, assistant director, director and consultant. She was, from 1983-1993, a member of several ORNAC Board and Executive committees. Her involvement with ORNAC included the role of the first Chair of the ORNAC Awards Committee, Chair of the first ORNAC Conference in 1984 (Jasper, AB) and Chair of the 1991 ORNAC Conference (Banff, AB). Muriel was also one of the founding members of the ORNAC Standards Committee and remained involved with that committee for 10 years. She was a founding member, and Co-Chair, of Canadian Operating Room Leadership (CORL) Network and was the first CORL representative on the ORNAC Board. Muriel is currently a part-time consultant and lives in Calgary, AB.

**Question:** Why did you choose to specialize in perioperative nursing?

6 months before we participated in the first open heart surgery. It was a milestone for me to be a Scrub Nurse on the first open heart surgery in BC.

**Gloria:** We didn’t call it perioperative nursing at the beginning - we called it Operating Room (OR) nursing. I had a lot of operating room experience as a senior nursing student. Extra help was needed in the operating room and I found I loved this specialty area. I actually started working in Public Health right after I graduated but I missed the excitement of the operating room. I started taking specialized courses in neurosurgery and orthopaedics in Halifax and then relocated to Vancouver where I took a job in the OR at St. Vincent’s Hospital. I then joined a research team for open heart surgery at St. Paul’s Hospital. We were put through extensive training for

**Muriel:** As a seventeen year old, right out of high school, I landed a job working as a ward aide in a ten bed hospital in northern Alberta. We had newly immigrated nurses and a Doctor who had come to Alberta from Germany. The nurses would be occupied downstairs and they would assign me “nursing tasks” that included assisting the doctor suctioning during a tonsillectomy. Would this be a “ward aide first assist role” forerunner to RNFA? I was hooked and I knew that I wanted to be an operating room nurse.

I studied nursing at the University of Alberta in Edmonton. I felt that I had to



Photo Courtesy G. Stephens

L to R Gloria Stephens and Muriel Shewchuk at the 1991 ORNAC Conference

**SPOTLIGHT ON ORNAC MEMBERS (cont.)**

AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK

**What are the major changes you've seen since starting in the OR?**

We didn't call it perioperative nursing at the beginning - we called it Operating Room (OR) nursing.

be in the Operating Room as much as possible. It was fast paced and had a focus on detail and excellence that suited me. On graduation I found there was no position in the Operating Room and so I worked for three months on a medical unit until transferred. I started in the Operating Room in 1962 and remained in that field throughout my career except for two years when I taught orthopaedics on the unit.

**Gloria:** The types of surgical cases have changed over the years. When I first started in orthopaedics we had mainly industrial related surgeries. When industry began to implement safety programs the number of orthopaedic cases dropped. Then prosthetic implants started – a whole new revolution. We became more involved with patient cases related to total hips, knee replacements and reconstructive surgery. You could really see the transition of patient cases from mainly acute to reconstructive. The technology changed as well and required continuous learning.

**Muriel:** The technical advancement and the greater availability of supplies, instruments and packaging are the major advances. It is hard to believe

that we used to have to make saline! We only had steam sterilization and a hot air oven. There was a general lack of knowledge about chemicals, such as formalin and ETO, in the early days. With what we used to breathe in I am amazed we survived. Making Vaseline and Batemans gauze was interesting! Imagine sharpening the barbs off the needles on a wet- stone prior to sterilizing. Washing, drying and powdering gloves, followed by testing for holes prior to packaging in cloth wraps, with corrugated cardboard inside, took hours. There was nothing to stop bleeding but hot wet, wrung-out sponges -- there was only one only one cauterizing machine for the whole suite so cardiac got it! To reduce temperature in neuro-aneurysm the patients were packed in ice pre-op to establish hypothermia needed for safe surgery. Now there are high tech temperature controlled blankets with monitors.

**Join ORNAC's 30th Anniversary Celebration!!**

**Venez célébrer le 30e anniversaire de l'AISOC avec nous!!**

The Operating Room Nurses Association of Canada (ORNAC) invites all delegates of the 2013 ORNAC & IFPN Conference to attend ORNAC's 30th Anniversary Celebration.

L'Association des infirmières et infirmiers de salles d'opération du Canada (AISOC) invite cordialement tous les délégués de la conférence 2013 de l'AISOC et de l'IFPN à participer aux célébrations organisées en l'honneur du 30e anniversaire de l'AISOC.

Join your fellow ORNAC Members as we celebrate 30 years of YOUR Association and all it has meant to perioperative nurses across Canada. Enjoy some refreshments, music, and reminiscing with a view overlooking the Parliament Buildings.

Venez célébrer avec vos collègues de l'AISOC les 30 ans de VOTRE association et tout ce qu'elle signifie pour les infirmières et les infirmiers en soins périopératoires du Canada. Nous vous invitons à venir prendre un verre et à écouter de la musique tout en vous rappelant de bons souvenirs et en appréciant la vue sur les bâtiments du Parlement.

**When:**  
Wednesday, April 24th, 2013 – 5 pm to 7 pm

**Quand :**  
Mercredi 24 avril 2013 – 17 h à 19 h

**Where:**  
Level 4 of the Ottawa Convention Centre,  
55 Colonel By Drive, Ottawa, ON

**Où :**  
Niveau 4 du Palais des congrès d'Ottawa, 55,  
promenade du Colonel-By, Ottawa, ON



## SPOTLIGHT ON ORNAC MEMBERS (cont.)

AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK

Who do you consider your greatest mentor in perioperative nursing?

**Gloria:** Someone that I really admired was Joan Flower who was the President of BCORNG. She encouraged me to participate and to work towards being the BCORNG President. I have always respected Muriel Shewchuk who I consider a nursing leader in perioperative nursing in Canada. I met Muriel while working on the ORNAC Standards committee and we became very close friends.

**Muriel:** Gloria Stephens has been the star! Gloria's focus on education, standards and professionalism to promote excellence of practice has had a major impact on Canadian OR nursing over decades. Her commitment to patient safety and publication of documents makes her an outstanding role model.

Tell us about your early days with ORNAC.

**Gloria:** In 1970 I joined the National Committee for Operating Room Nurses and the first meeting & National Conference took place in Montreal, QC.

A decision was made to host a National Conference every two years and, in the alternate years, to host a National Committee Meeting in conjunction with the Greater Toronto OR Nurses meeting. At a National Committee Meeting, in 1982, Muriel Shewchuk tabled a motion to develop a national organization with a voting Executive. Joan Donald from NB supported the assembly discussion

by forming a committee to discuss Muriel's motion. They came to agreement and the Operating Room Nurses Association of Canada (ORNAC) was formed.

When ORNAC was officially launched in 1983 Val Shirreff, from ON, was elected President. The Standards Committee was launched with Joan Donald as the Chair and Muriel Shewchuk and I were as the committee members and later I became the Chair.

I was the chair of the first ORNAC research committee and started a National teleconference system to support continuing education. Every third month I would set up a continuing education teleconference with speakers from large and small hospitals across the country. It was a great way to reach smaller hospitals where many nurses did not have the opportunity to attend conferences to obtain continuing education. It ran for three years and then it lost momentum and stopped due to technological changes. People started to look at other ways to obtain education besides being tied to the telephone.

**Muriel:** We really wanted to have a truly Canadian organization representing all Provinces. The initial attempt, in Winnipeg, to present the proposal that supported a National organization, met with major resistance as many individuals believed the National Committee was sufficient. One turn of events that helped our cause was that Agnes Forster, a publisher and editor, attended the meeting in Winnipeg where this concept was being discussed. She wanted to start an Operating Room Nursing Journal but in order to do so there needed to be a recognized Canadian Association in place. The National Committee liked the idea of the journal, which made the decision easier, and ORNAC was born!

The first *Canadian Operating Room Nursing Journal* was published in 1983 by Health Media Inc., of Toronto, ON.



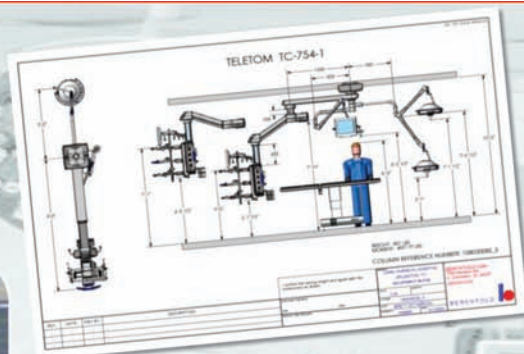
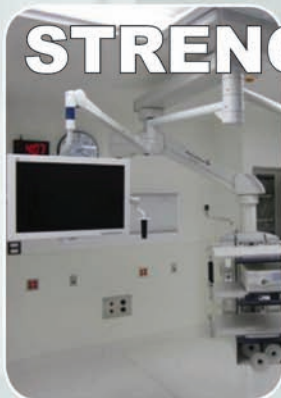
Photo by D. Murphy

L to R Gloria Stephens and Muriel Shewchuk at Gloria's home in 2012. The table they are standing behind is nicknamed the 'confederation table' – it was the table on which they worked towards the creation of ORNAC.

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ORNAC Network - 30th Anniversary Feature

## SPOTLIGHT ON ORNAC MEMBERS (cont.)

AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK

The ability to communicate with OR Nurses six times a year created a greater awareness within the operating room nursing specialty and assisted substantially in the development of ORNAC and of several of the provincial groups.

The organization of the provincial Operating Room nursing groups was also well under way. Quebec started organizing their group in the late 1950s, the Greater Toronto OR Nurses Group emerged in 1960, in 1963 Halifax started an OR nursing group, and in 1966 the British Columbia Operating Room Nurses Group (BCORNG) became official. In the late 1970s and early 1980s the remaining provinces organized groups.

Tell us about the first "Official" ORNAC Conference.

**Muriel:** Before the first official ORNAC Conference in 1984, there had been seven previous conferences hosted by the National Committee that rotated between locations in Quebec, Ontario and BC. I chaired the first official ORNAC Conference in 1984 in Jasper, AB. It was no easy task to convince the nurses and vendors that Jasper was a viable option! It was, however, a phenomenal success. The theme was "Mountains to Climb". At this conference, I turned the Conference Chair position over to the first official ORNAC President, Val Shirreff. The first "Surgicos" J& J Award was established as well as the first J&J sponsored painting – of Mt. Edith Cavell (named after an English nurse who was executed by the Germans during World War I for having helped allied soldiers escape from occupied Belgium).

The ORNAC Standards are a key part of ORNAC's Mission. How did this start?

**Gloria:** During a meeting in 1983 the decision was made was to initiate a "Standards of Practice Committee". The first meeting of this committee took place in Montreal in October 1983. The first Committee Chair was Joan Donald from New Brunswick, and the committee members were Muriel Shewchuk and I.

**Muriel:** CNA was establishing Certification for recognized Specialty groups. Gloria and I attended a 1986 meeting as ORNAC representatives only to be told that as our profession "did not have a specific recognized body of knowledge" we could not become a registered Specialty with CNA. Emotions ran high on receiving this new

## SPOTLIGHT ON ORNAC (cont.)

AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK

and resulted in the immediate formation of a small group to write the Standards for Operating Room Nursing Practice and create an Audit Tool. Gloria's Vancouver dining room table became "The Confederation Table" for these Standards. Two years later we published the Technical Standards and reapplied to CNA for specialty Certification – and ORNAC became the largest certified group at the time! The ORNAC Standards Committee is still going strong thirty years later.

What changes have you seen within ORNAC over the past 30 years?

**Gloria:** ORNAC has become much more sophisticated over the years. It has evolved in to a formal organization and even become incorporated. The original ORNAC group were pioneers and broke ground to establish ORNAC. When ORNAC started we all had to pay for our own conference registration and all our expenses. ORNAC today is in a much stronger financial position. In the early days everything was done with pen and paper and 'snail mail'. With the advent of computers everything is done faster and in a shorter timeframe. But some things have not changed -- CNA Certification continues to be very important!!

**Muriel:** The development of the multiple Standards documents is a key change. Identification of competencies of practice for staff nurses, managers and RNFAs provides direction for orientation and performance management. The quality of education at Conferences has continually improved as has the professionalism of the members.

The Canadian Operating Room Leaders (CORL) group was established in 1999 as a volunteer network of perioperative leaders dedicated to advancing leadership education and share expert resource information to obtain best practice information and support for leadership decisions. I was involved with CORL and was pleased to work with Pat Pocock to establish as an affiliate member of ORNAC in 2005. Affiliate membership has further expanded ORNAC's reach.

Any words of wisdom to leave us with?

**Gloria:** I believe that every perioperative nurse should do at least three things. First, always be cognitive of the fact that you are the patients advocate. Second, support and practice the ORNAC Standards. And third, take advantage of every available opportunity to advance the profession of Operating Room Nursing. This is what I believe in.

**Muriel:** Remember the value of education!!! Get CNA certified, maintain certification and be a role model of excellence with a focus on patient safety. Share your knowledge by teaching, writing and publishing articles, and mentoring. 🌸

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