

POSER DES QUESTIONS – AMÉLIORER LA PRATIQUE

Auteurs :

Susan Knoll, infirmière autorisée, maîtrise en sciences infirmières, CPN(C), est consultante en soins infirmières et en formation. Au moment de la présentation de cet article à la réunion semestrielle de BCORNG, Sue était membre de la faculté de soins périopératoires à la BC Institute of Technology. Elle est membre du BCORNG, occupant actuellement le poste d'historienne.

Genelle Leifso, infirmière autorisée, maîtrise en sciences infirmières, CPN(C), est membre de la faculté de périopératoires au sein du BCIT Specialty Nursing Program ainsi qu'infirmière de chevet au Vancouver General Hospital à Vancouver en Colombie-Britannique. Elle est membre de BCORNG, du BC History of Nursing Group et de Sigma Theta Tau, une société internationale d'infirmières et infirmiers.

RÉSUMÉ

Éprouvez-vous de la difficulté à incorporer les recherches existantes dans votre pratique périopératoire ou avez-vous encore des questions relatives aux soins périopératoires? Le cadre de Chulay offre aux infirmières et infirmiers sans expérience de recherche une structure détaillée mais compréhensible pour questionner, et donc influencer, les soins périopératoires des patients.

Note de l'auteur : Les deux articles par Rycroft-Malone et al. (2004) et Chulay (2006) offrent d'excellentes explications pour les personnes qui préfèrent les présentations visuelles et les listes de contrôle. Nous vous conseillons fortement les ressources suivantes également.

Les normes de l'AIISOC relatives à cet article se trouvent dans les *Normes de pratique recommandées, lignes directrices et énoncés de position pour la pratique en soins infirmiers périopératoires (8^e édition)* de l'Association des infirmières et infirmiers de salle d'opération du Canada (AIISOC) (2007), module 1, page 35, normes 8 à 8.4

La Subvention de recherche Cardinal Health offerte par l'AIISOC offre une subvention de jusqu'à 5 000 \$ pour le financement de recherches en soins périopératoires. Pour plus de détails et les critères d'admission, veuillez visiter www.ORNAC.ca.

ASKING QUESTIONS – IMPROVING PRACTICE

Authors:

Susan Knoll, RN, MSN, CPN(C) is a Nursing & Education Consultant. At the time of the presentation of this information at the BCORNG biennial meeting Sue was a member of the Perioperative Nursing Faculty at the BC Institute of Technology. She is an active member of BCORNG and currently holds the position of Historian.

Genelle Leifso, RN, MSN, CPN(C) is perioperative faculty in the BCIT Specialty Nursing Program as well as a staff nurse at Vancouver General Hospital, Vancouver, BC. She is a member of BCORNG, the BC History of Nursing Group, and Sigma Theta Tau, an international Nursing Honor Society.

ABSTRACT

Are you translating existing research into your perioperative practice or finding that you have unanswered questions related to perioperative patient care? Chulay's framework offers a detailed and understandable method for perioperative nurses without a research background to become involved in questioning, and thereby influencing, perioperative patient care.

Are you an expert perioperative nurse or are you just beginning the exciting journey in to perioperative nursing? Have you ever wondered whether your perioperative nursing practices are supported by "evidence"? Experienced perioperative nurses may gain confidence in their practices simply because they have been following them for so long. Novice nurses can gain this same confidence by observing and following their more experienced colleagues. But there is another objective option for evaluating perioperative nursing practice.

"Evidence based practice" is grounded in research and can be used by perioperative nurses to support and challenge their current practices. As an answer is really only as good as the question being asked, it is important to begin the process with a clear question in order to increase the chances of a reasoned and logical answer. As Claude Levi-Strauss, a French anthropologist, said, "the wise man doesn't give the right answers, he poses the right questions".¹

What Is Evidence-Based Practice?

In an AORN Journal editorial, Nancy Girard suggested that when perioperative nurses began to question the profession's "sacred cows", evidence-based practice began to appear in the perioperative setting.² Evidence based practice has its roots in the work of the British epidemiologist, Archie Cochrane, whose 1972 publication *Effectiveness and Efficiency: Random reflections on Health Services*³ later led to the creation of the Cochrane Collaboration and Library. His ideas were considered very innovative at the time as they pulled together research done in particular areas of medical care, synthesized it, and then made it available in order to help guide clinical practice. The goal was to improve health care decision making. While Cochrane's work was primarily directed toward medical education and practice, his philosophy transcends professional boundaries.

Perioperative nursing, however, is about caring as well as care. And so, "relying only on evidence about the effects of health care alone can be inappropriate. Care and compassion are vital".⁴ The evaluation of "evidence" can help determine how to provide the best possible care to perioperative patients but this evidence must still be interpreted, and used with caution.²

Have you considered how much of perioperative practice is actually built on a foundation of nursing research? Nurses, in fact, frequently adopt and apply research findings from other disciplines. While there is nothing wrong with utilizing research from other disciplines, we need to also ensure that our questions are being asked... and answered. If

they aren't, perioperative nurses must get involved and ensure that this changes!

Getting Involved with Research

There are two key ways in which perioperative practitioners can be actively involved in research so that patients receive the highest quality care. One of these ways is by translating existing research data into practice.⁵

Critical thinking which incorporates the steps in the nursing process can offer an organized and grounded way of integrating research into practice. A large part of this activity involves asking the important questions related to current practice, the evidence and the outcomes of the implementation. There are a number of examples available in the literature on how to integrate research findings.^{6,7} The second approach is by actually carrying out research studies. This approach includes thinking about what counts as data when examining practice issues.

What Counts As Evidence?

Traditionally the term evidence has been considered to mean "research evidence" – data that is counted and quantified, using statistical methods, or obtained through the systematic review (meta-analysis) of published research.⁸ But evidence incorporates more than just these important elements.

While research evidence is important in practice there is other key information that is inherent to the nurse-patient relationship. For example, both the context of that relationship and the unique attributes of the individuals involved are components that need to be considered. Rycroft-Malone et al. include professional "craft knowledge" – personal knowledge that is formed by one's life experiences – and the context in which care is provided as sources of influential evidence in evidence-based, patient-centred care.⁸

In perioperative nursing it is important that we pay attention to the craft knowledge that is gained from clinical experience. This knowledge is the practice knowledge that we learn from our colleagues and exercise daily at work. This craft knowledge can be considered as evidence if it is

ASKING QUESTIONS (cont.)

critically described, reviewed, and evaluated. Such attention removes it from the realm of opinion or anecdote and confirms it as data or knowledge. For example, many of us remember the time when patients coming for gynaecologic procedures that involved being positioned in lithotomy were given warmed leggings pre-operatively. As novice perioperative nurses, we were told that this was “nice for the patients”. Decades later, we now know the important role they play in maintaining patient normothermia. The initial practice was based on opinion; the current practice is based on evidence.

Evidence-based knowledge also encompasses the information gained from our sometimes unpredictable experiences with patients and their families. There is a dearth of research data related to this knowledge category and the literature supports this scarcity of knowledge.⁷ While it is important, perioperative nurses are not yet bothering to study it. Most healthcare settings acknowledge the importance of delivering patient/family-centred care and there is documented evidence of the value of parental presence during induction. How can perioperative nurses work to provide evidence on whether efforts in family-centred care are making a difference with adult perioperative patients in order to help improve this aspect of care?

Additional knowledge is gained through the evaluation of the context in which care is provided. Rycroft-Malone et al. refers to this as “local data”. Aspects to consider include whether a nursing care audit is part of the healthcare facility’s perioperative nursing practice. If so this audit could form part of the contextual knowledge. The process for collecting and melding such information is complicated but not impossible to understand! The only thing required in order to begin is a question. If a question is developed in a thoughtful manner then many obstacles to the success of any research project can be avoided.⁸

Roadblocks to Research

It will save angst if, when approaching any research topic, some of the common roadblocks to success are first acknowledged. Chulay identifies

and discusses them and suggests that the following points will likely need to be considered.⁹

- A perceived lack of time for research. Because we are so busy doing the “real” work of caring for patients in the operating room, it is hard to even contemplate activities that would result in more work! We often believe we don’t have the time, that our energies are better directed toward patient care, and that research is something to be conducted by academics;
- Inexperience in conducting clinical research or lack of expertise in the content area being explored. Who will review the literature, write the research proposal, and obtain ethics approval? Perioperative nurses often lack an understanding of how to analyze the validity and reliability of research studies.² Research language seems foreign to those in the “trenches”;
- Challenges surrounding data collection. If a study involves patients, will the researchers be able to gather enough subjects (and data) in a reasonable period of time? This is an important aspect of keeping those collecting the data interested in the project;
- Covering associated costs. Are there costs related to the planned research? Will the study be conducted as part of the researcher’s regular workload? If not, who is going to pay for the study? Recognize that there are costs associated with any study (i.e. paper, audio taping, transcription services, and personnel);
- Lack of support for the research project. Lack of managerial support for a study can present challenges. Who are the champions of this venture? Do you have sufficient administrative support? Lack of administrative support can defeat good work.
- Lack of relevance of the research to practice. When contemplating research it is necessary to ensure that the research is seen to address real-time, real-life clinical issues that are being dealt with on an ongoing basis in the operating room. If those in the profession can’t see the relevance of the project they will wonder what the point is which will undermine the credibility, and usefulness of the study.

Continued on Page 33



Know the Math Before You Cath.™

Fewer catheters can mean better outcomes with the BladderScan® BVI 9400.

Urinary catheters are associated with higher UTI rates, longer stays and increased costs.¹ The BladderScan® BVI 9400 bladder volume instrument helps you change the equation by avoiding unnecessary catheterizations in the first place.

BladderScan® instruments:

- Prevent unnecessary catheterization and related patient trauma
- Help reduce rates of nosocomial UTIs¹
- Are noninvasive, portable, and easy to use
- Improve efficiency, reduce costs and save staff time

When you know the math, the numbers are clear: fewer UTIs, better patient outcomes, and lower costs.

Call 800.331.2313 or go to verathon.com
Our email is: canadasales@verathon.com

Reference: 1. Data on file, Verathon Inc. 0900-2505-00-86
BladderScan, Know the Math Before You Cath, and Verathon are trademarks of Verathon Inc. © 2009 Verathon Inc.

Proud sponsor of nursing education:

Urological Excellence Conf. - Urology Nurses of Canada
September 23 - 26, Edmonton, AB

DYNAMICS - Canadian Assoc. of Critical Care Nursing
September 27 - 29, Fredericton, NB

RNAO - Pediatric Nursing Conference
October 22 - 23, Toronto, ON



BladderScan®
BVI 9400 with
onboard 4-minute
video tutorial
to train staff.

BladderScan®
Bladder Volume Instruments
Noninvasive, Accurate, Reliable, Easy to Use



2009 AWARD RECIPIENTS / RÉCIPIENDAIRES DES PRIX 2009



Cardinal Health Research Grant – L to R: Marlene Weeks, ORNAC Awards Chair; Margaret Farley, SK; Carol Bentley, VP & General Manager, Cardinal Health

Gloria Stephens Award for Excellence as an Educator in Perioperative Nursing – L to R: Gloria Stephens; Merritt Burstein, ON; Marlene Weeks, ORNAC Awards Chair



Isabelle Adams Award for Excellence in Perioperative Nursing
L to R: Marlene Weeks, ORNAC Awards Chair; Karen Frenette, NB.



Medline Mentorship Award
L to R: Ray Larkins, MB; Zach Pocklington, Executive Vice President, Medline Canada; Marlene Weeks, ORNAC Awards Chair; Tina Kennah, NB; Tyler Schueler, President, Medline Canada; Heather Rossi, ON; Absent: Gita Purkis, ON



Medline Mentorship Award
Award Presentation to Gita Purkis at Southlake Regional Health Centre, Newmarket, ON. Gita is shown with her work colleagues. Front – left to right, Tracey Elliott, Gita Purkis, Terri Ward, Christine Madill. Back – left to right, Derek Moynan, Lou Ceccarelli, Kathy Morrison, Stacy Adamczyk, Michelle Palmieri, Tammie Chuang.



Muriel Shewchuk Leadership Award:
L to R: Marlene Weeks, ORNAC Awards Chair; Karen Frenette, NB; Muriel Shewchuk.



ORNAC Writing Contest
L to R: Agata Repec, ON, 2nd Place Winner; Jessica Gerrits, NS, 3rd Place Winner; Marlene Weeks, ORNAC Awards Chair; Dawn Affleck, MB, 1st Place Winner



All photos courtesy D. Maher

ASKING QUESTIONS (cont.)

Each of these potential road blocks can also be used as the criteria to evaluate research questions in order to help assess which questions are more likely to result in a successful research study (see Step 3 later in this article).

Guidelines for Choosing a Research Question

As previously mentioned, one of the big reasons to consider conducting “in the trenches” research, with a clinical focus, is to discover what, exactly, contributes to positive patient outcomes. While knowledge gained from personal practice experience is valuable, conclusions drawn from them about the care provided to patients may reflect personal biases. Chulay not only identifies the roadblocks to clinically focused research but also uses these parameters to identify the types of clinical questions most likely to result in the successful completion of research projects.⁹ The researcher can, as a result, avoid many potential ‘potholes’. Chulay’s guidelines are invaluable to perioperative nurses who are eager to begin exploring their clinical practice. Chulay makes the following recommendations:

- A successful study will be applicable to a large number of patients being treated in the department as this provides a greater potential pool of subjects for the study. This means that the collection of data using the eligible patients (potential research subjects) can likely take place during OR time. This will also increase the chance that data collection will be completed within a reasonable time frame which increases the consistency of the data and reduces the chance of loss of staff interest. A large number of patients also increases the perception of the importance and accuracy of the study;
- Have a study sample of less than 75 subjects so that the actual study sample is limited to a manageable number. This criterion is also key to ensuring the data collection is completed in a timely fashion. While it is essential to calculate the number of participants required to make the study valid and reliable it is also important to recognise that the larger the sample the greater the data collection time. To reiterate,

the larger the number of participants, the longer data collection will take and the greater the likelihood that interest in the study will wane;

- Focus the study on something important to patient outcomes. Following this advice will maximize the chances that the research will receive the recognition and support of others. It is likely that a study that not only improves patient outcomes but also has potential cost savings will be easier to propose to the perioperative managers, thus increasing the likelihood of receiving strong administrative support;
- Determine if additional funds will be needed. Exploring a research topic that allows you to use existing equipment and measurement tools is ideal. There are research grants available but the time required to develop a grant application can sometimes be daunting;
- Assess whether or not a tried and tested research measurement tool is available. This is fundamental as the development of such items can be costly in terms of both time and money. Without it the study may actually involve **two** research studies: one to test the new measurement tool and the second to conduct the actual study;
- An ideal research topic allows for data collection to be easily accomplished during the normal course of regular patient care. If the study, for example, is investigating an issue related to patient hypothermia in the OR, the patients’ temperature throughout the perioperative period could easily be monitored and recorded and may already be available in their charts;
- Consider working with others. Sharing the project, and the workload, among a group of peers makes it more likely to succeed. As perioperative nurses we have the advantage of knowing the benefits of team work;
- Choose a topic that interests the entire group. Given the year that it will likely take to complete a research study, having a topic that is of interest to everyone involved will be key to success and to maintaining enthusiasm for the project.⁹

But what if attempting research is a new and

somewhat intimidating venture for those involved? Chulay offers these considerations for novice researchers:

- Consider a replication study. Following the map laid out in a previous study saves time and angst while still providing important and informative data. Even if the study is, for example, studying the population at a different clinical site or in a different age group of patients, the researcher is able to ask the same question and apply the methodology used in the original study, rather than having to spend time developing a new question and finding a suitable methodology;
- Don't make life any more difficult than necessary. If there is heated debate in your hospital surrounding a particular topic or practice then it is best to avoid such research ideas until you have some experience in the area;
- It is important, as a novice, to build on personal clinical expertise. Without having worked with paediatric patients, as an example, there would be little point in taking on a study relating to paediatric issues. Doing so would create a need to spend time learning about paediatric patients before the study can commence;
- Selecting a topic that is within the scope and control of nursing avoids the need to convince other disciplines of the importance of the study.⁹

Inquiring Minds at Work

During the 2008 BC Operating Room Nurses Group conference, this article's authors presented Chulay's material and her 4-step process for selecting a research topic. The perioperative nurse delegates at the conference then formed a focus group and brainstormed in order to identify high-volume patient care situations about which they had questions. Chulay recommends this process (Step 1) for discovering questions that may have the potential to meet the criteria of an ideal research question.⁹ The questions generated by this group included:

- Surgical masks – Are they needed by anaesthesia and circulating nurses and,

specifically, for MIS cases?

- Which pre-op surgical skin prepping practices are best?
- Post Anesthetic Room (PAR) – Is Tylenol #3 appropriate for pain management/control during the first 24 hours post-op?
- What intraoperative arm positioning contributes to neuropathy?
- What distraction techniques work for children requiring IV starts?
- Is Maruka honey an effective treatment for sinus fungal disease?
- What is the most effective surgical skin prep and urinary catheterization procedure prior to abdominal hysterectomy?
- If there is parental presence during induction do the parents need to wear cover-gowns and hats?
- What is the impact of staff arriving late for work?
- How do extended stay and long surgeries impact pressure sore risk?
- Does all body jewellery need to be removed from the patient prior to surgery?
- What about artificial nails worn by hand surgery patients?
- How does personnel hygiene (i.e. showering, bathing) affect a patient's post-op infections?
- What changeover efficiencies might be possible?
- How can patients be moved safely from the OR table?

There are many other possible questions, which Chulay suggests can be grouped according to patient populations, diagnosis or age (i.e. bariatric patients, elderly patients, day care patients), patient needs or problems (i.e. deep vein thrombosis (DVT) maintenance of skin integrity), common symptoms managed by nurses (i.e. anxiety, mobility challenges, pain), frequent nursing interventions (i.e. pre-operative patient education, hypothermia), commonly used medical equipment or technologies (i.e. Electro-surgical units (ESU), forced air warmers).⁹ There might also be questions relating to important patient outcomes relating to perioperative nursing interventions (i.e. freedom from infection, freedom from injury). Or perhaps it is

important to address issues surrounding the "greening" of perioperative nursing practice given the current interest in the environment and the atmosphere of cost-containment. There are many potential topics on which perioperative nurses can provide credible evidence.

Refine Your Ideas... Ask More Questions!

Step 2 involves reviewing the list of questions generated by the focus group and revising it based on completeness. For example, does the group identify additional or related questions associated with the high-volume patient care situations previously brain-stormed? Further questioning can lead to an even more thoughtful, well conceived research question. At this point, it is also important to ensure the inclusion of only those patient care situations that are experienced in significant volume.⁹ To evaluate the potential research question, Chulay suggests asking more questions, such as:

- What other questions do you have about these high volume care circumstances?
- Are there other ways to provide care or implement this practice? Which approach might work best? Do we know? What are other centers doing?
- Do you have ideas for more efficient ways to provide care?
- What is the best way to apply/use medical devices for the benefit of patient comfort and equipment operation?

Step 3 involves narrowing the list that has been produced based on the criteria of an ideal research project.⁹ While there are a variety of ways to do this, a first step might be to set up a scoring or voting system to remove those research topics in which the OR staff will have little interest. But some topics may be important even if they are not popular. Look at the potential sample size and identify those questions that require less than 75 participants in order to further narrow potential research topics. Questions requiring more than 75 participants can then be eliminated and the remaining questions rated using Chulay's criteria for ideal research questions.

The remaining criteria that Chulay suggests are based on ensuring the question will avoid most, if not all, of the road blocks previously identified.⁹ These criteria are, among other things, that the research question builds on the staff's clinical expertise, that it is important to clinical practice, and that it involves an area that will improve patient outcomes. The question also needs to be within the scope of nursing and to allow for easy data collection. The topic needs to be of interest to staff and have methods available to measure the variables. Finally, determine whether the research question avoids politically charged areas of practice, can be done as a replication study, or requires additional funding.⁹ For all potential research questions the criterion should each be ranked to determine whether it is a bit present, a lot present, or not there at all. In this way the potential research questions with the highest scores can be identified.

Step 4, the final step in the selection of the research topic, can occur via a group vote. Alternately the group members can read relative research articles on the remaining topics, to gain an appreciation of what will be involved in conducting research on each of the remaining questions, and thus inform their decision-making before discussing the subjects as a group and selecting the final topic.

Just Do it!

While the Canadian perioperative research environment is somewhat barren it is not totally devoid of life. Canadian perioperative educators are initiating research related to perioperative education. ORNAC and regional perioperative conferences feature poster presentations – some of which describe research topics. And the ORNAC website offers further information on the projects of recipients of the *Cardinal Health Research Grant*.¹⁰

On reviewing the post-presentation evaluation forms submitted by delegates who attended the authors' presentation at the 2008 BCORNG Conference, it was noted that some of the nurses in the focus group expressed disappointment that answers to all the

questions posed were not made available during the presentation. Unfortunately not all the answers are available – yet more proof that perioperative nursing needs to be asking questions!

Perioperative nurses must never underestimate the importance of asking “Why?”¹¹ Are we doing what is best for our patients or most convenient for ourselves? It is vitally important that perioperative nurses develop a spirit of inquiry and ask questions about practice issues that can improve the outcomes for perioperative patients.

In the search for funding be sure to research all possibilities. There is ORNAC funding available, for nurses interested in doing perioperative research, in the form of the *Cardinal Health Research Grant*. Additional funding may also be available through Foundations and Provincial Ministries of Health.

Perhaps the answers to some perioperative patient care questions aren't readily available. Chulay's framework offers a detailed and easy to understand method that allows perioperative nurses without research backgrounds to become involved in questioning, and influencing, perioperative patient care.

Authors Note: Both the Rycroft-Malone et al. (2004) and Chulay (2006) articles offer excellent schematics for readers who like visual presentations and checklists. We urge you to review these resources as well.

ORNAC Standards pertaining to this article can be found in the Operating Room Nurses Association of Canada (2007) (ORNAC). *Recommended Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice* (8th edition). In Module 1, p. 35, Standard 8 to 8.4

The ORNAC Cardinal Health Research Grant provides funding of up to \$5,000 to assist with perioperative nursing research activities. For details and criteria visit www.ORNAC.ca.

REFERENCES

1. Billings, D. M. & Kowalski, K. (2007). “The Value of Asking Questions.” *The Journal of Continuing Education in Nursing* 38(5): 200.
2. Girard, N. (2006). “Show Me the Evidence.” *AORN J* 84(2): 181-2.
3. Cochrane, A. (1972). *Effectiveness and Efficiency: Random Reflections on Health Services*. – The Cochrane Collection. Retrieved March 2, 2008 from <http://www.cochrane.org/docs/archieco.htm>,
4. Cochrane Collaboration Disclaimer. (2008). Retrieved March 2, 2008 from <http://www.cochrane.org/docs/ebm.htm>
5. Rycroft-Malone, J., Bucknall, T., & Melnyk, B. (2005). “Getting Evidence into Practice: A “Contact Sport.”. *Worldviews on Evidence-Based Nursing* 2(1): 1-3.
6. Cantrell, S. W., Ward, K. S., & Van Wicklin, S. A. (2007). “Translating Research on Venous Thromboembolism into Practice.” *AORN J* 86(4): 590-602.
7. Tarrac, S. E. (2008) “Application of the Updated CDC Isolation Guidelines for Health Care Facilities.” *AORN J* 87(3): 534-542.
8. Rycroft-Malone, J., Seers, K., Titchen, A., Harvey, G., Kitson, A., & McCormack, B. (2004). “What Counts as Evidence in Evidence-Based Practice?” *Journal of Advanced Nursing* 47(1): 81-90.
9. Chulay, M. (2006). “Good Research Ideas for Clinicians. *AACN Advanced Critical Care* 17(3), 253-65.
10. Operating Room Nurses of Canada. (2008). Cardinal Health Research Grant. Retrieved August 11, 2008, from <http://www.ornac.ca/grants.phtml>
11. Girard, N. (2005). “Never underestimate the importance of asking “why?”” *AORN J* 82(6): 961-2. ♣

Mardi, Exhibit Hall a ouvert ses portes aux 366 exposants dans 139 kiosques où 70 entreprises étaient représentées.

Grâce aux activités sociales, nous avons pu jouir de l'hospitalité pour laquelle sont connus Terre-Neuve et Labrador. Tout délégué a reçu, lors de la présentation des tirages lundi soir, un tirage officiel de la conférence en édition limitée commandité par Susan Parsons. Ensuite, les délégués ont visité *The Rooms*, où se trouvent les archives provinciales ainsi que le Musée des beaux-arts, pour voir l'exposition spéciale sur l'Afghanistan et apprendre davantage sur l'héritage et la culture de la région. Ce fut vraiment une soirée extraordinaire, car nous avons pu réjouir de l'incroyable vue le jour comme la nuit et nous régaler de plusieurs des fameuses délices de l'Atlantique.

Le thème du souper mardi soir, « *A Scoff, A Scuff and A Swalley* », était la soirée traditionnelle à Terre-Neuve, la « kitchen party ». Plusieurs délégués étaient parés de leurs meilleurs costumes de cuisine et tout le monde était mort de rire en écoutant les histoires de salle d'opération hilarantes de Bernie Stapleton. Nous avons même été surpris par des Mummies qui nous ont accompagnés à la soirée où la musique traditionnelle de Terre-Neuve et Labrador était fournie par Siochana.

Le programme du jeudi soir était un vrai coup de cœur, car le « *Rally in the Alley* » s'est terminé nulle part ailleurs que dans George Street. Imaginez 878 délégués et exposants portant des écharpes vivement colorées précédés par violons, cornemuses, tambours et autres instruments se promenant de bar et bar, sans oublier les chansons, les danses, le poisson et frites, et enfin le « *screech in* » pour que tout le monde soit un Terre-neuvien honoraire!

Carol Taylor, une de nos dernières conférencières, a présenté « *Navigating Icebergs: Leadership Skills for All Professional Nurses* ». Sa présentation inspirante et pleine d'énergie nous a montré que l'essentiel du leadership, c'est influencer les autres lors de la



Bylpar Dan Maher

Exhibitor Floor at ORNAC National 2009

poursuite de leurs objectifs. Une pensée claire sur les objectifs pertinents dans notre milieu de pratique et les compétences interpersonnelles requises pour l'animation de groupe sont essentielles pour atteindre ces objectifs.

Pour clore la conférence, la conférencière principale TA Loeffler, une aventurière qui a visité 35 pays et cinq continents. Elle essaye d'escalader « les sept sommets », les cimes les plus hautes sur tous les sept continents. Sa présentation, « *From Deep Valleys to High Peaks: Lessons from an Amazing Journey* » a parlé de comment nourrir ses rêves et apprendre tout au cours du trajet de sa vie. Elle a parlé de la réalité des leçons de la vie et de comment accepter ses propres Everest. Que de mieux pour terminer la semaine!

Tout membre du comité souhaite sincèrement que tout délégué a pu approfondir ses connaissances sur ce qui se cache en dessous et déborde maintenant d'énergie pour faire la promotion des soins périopératoires.

Enfin, le nouveau conseil exécutif de l'AIISOC 2009-2011 a été présenté aux participants. La présidente entrante Bonnie McLeod a fermé la conférence et a souhaité à tout le monde un bon retour. La prochaine conférence nationale de l'AIISOC aura lieu le 8 au 13 mai à Regina (Saskatchewan), où, encore une fois, nous profiterons de cette merveilleuse occasion de connaître ses collègues et ses partenaires dans l'industrie des soins de santé. À bientôt! ♣