

## Submit Your Article to the OR Journal and Win \$3000

The Canadian Operating Room Nursing Journal is intended to serve the information needs of perioperative nurses in hospitals and clinics throughout Canada. Readers include staff nurses, head nurses, nursing supervisors, coordinators, clinical instructors, directors of nursing and other perioperative nurses. The journal is peer-reviewed and published quarterly by Health Media Inc. under the aegis of the Operating Room Nurses Association of Canada (ORNAC).

Manuscripts are reviewed by the editorial review board members appointed by ORNAC, and when necessary by outside experts. Submissions are invited on new surgical procedures, descriptions of new technologies or new programs and educational material. Selection is based chiefly on the following criteria: originality, timeliness and relevance to the needs of the journal's 3,300 OR Nurses.

Preferred length is approximately 10 to 15 typed, double-spaced pages, numbered consecutively throughout (including tables, figures, references, which should be on separate pages). Authors should submit three copies (one should be the original or an excellent photocopy) of the manuscript and include:

1. An abstract summarizing the article.
2. An autobiographical statement that includes the author's full name, current title and academic qualifications. e.g. Jane M. Smith, RN, MNSc, is head nurse, Thoracic Surgery, General Hospital, Perth, ON.

### Open Letter to all nurses who wrote the 2001 CNA Certification exam

The staff of the Canadian Nurses Association (CNA) Certification Program would like to take this opportunity to apologize to the perioperative nurses who wrote the 2001 certification exam and **received incorrect performance profiles** with their results. We are truly sorry for the distress our error may have caused the affected nurses. We have reviewed the internal process for preparing and mailing of performance profiles and steps are now in place so this error will not reoccur.

Several nurses contacted the certification staff to express their concern with the CNA Perioperative Prep Guide. Nurses told us that the degree of difficulty of the practice questions in the Prep Guide does not adequately reflect the degree of difficulty of the actual exam questions. CNA will be reviewing the Prep Guide this summer in order to strengthen it for those nurses who will be writing the 2002 Perioperative Certification exam. We plan to include additional practice questions as an addendum to the Prep Guide that will better reflect the actual exam.

We take this feedback very seriously. All Periop-

The author should submit the original manuscript and two(2) copies for reviewers. A copy of the edited text will be sent to the author for final approval.

References are arranged in alphabetical order by author surname. References are cited in the text by author-date method of citation, e.g. (Smith, 1987). Follow the APA Manual for style when typing the list of References, e.g.:

Smith, M. & Curtis, J. (1987). *Ethics in Nursing* (2nd ed). New York: Oxford University Press.

Share your knowledge, expertise and experience with your operating room nursing colleagues.

### J&J Author Award valued at \$3000

In 1983 with the launching of the Journal, Johnson & Johnson Medical Products committed an annual \$3000 award to be presented to the author of the best article of the year. The award recognizes Canadian nurses who contribute to the advancement of perioperative nursing knowledge and education of their colleagues through the medium of the written article.

The award is presented yearly at a National or Provincial Conference. So, get writing! The Journal needs your articles - especially those describing new surgical procedures and the related nursing care plan.

erative nurses who were not successful in writing the 2001 exam will be offered a **free re-write for the 2002 Perioperative exam**. Those individuals will also receive the revised addendum to the Prep Guide free of charge. The perioperative nurses affected by the above will receive a letter from the CNA this summer.

For more information contact the CNA Certification Program Staff at 1-800-450-5206 or by email: [certification@cna-nurses.ca](mailto:certification@cna-nurses.ca).

### CPN(C) needed for admission to BCIT

The prerequisites for the Registered Nurse First Assistant program offered through the British Columbia Institute of Technology are changing as of January 1, 2002. After this date it will be necessary to have achieved Canadian Nurses Association Certification in Perioperative Nursing prior to acceptance into the program. Registration for the certification exam will no longer be accepted as an admission criterion. For further information, please contact: Karen Sheehan, Course Facilitator, BCIT Perioperative Nursing Program at 1-800-663-6542, local 7079.



# ORNAC in a Nutshell

By Margaret Farley, ORNAC Secretary

- We bid farewell to Executive member Shelly Zareski, Treasurer. Shelly started as a representative of Nova Scotia in Banff in 1991, so it seems fitting that she leaves from the same venue. We also bid farewell to Past President Donna Farid. Rumor has it that Donna was a Board member in 1991 as well. We thank both of these dedicated ladies for their contributions over the years.

- Welcome to the Board is in order for Laura Ellsworth of Newfoundland, Linda Socha of Saskatchewan, and Susan Bell of Ontario who attended their first Board meeting in Banff.

- ORNAC's newly elected Executive members are: Marg Farley, returning as Secretary, Sheila Biliard is Treasurer, President-Elect is Gloria Nemecek.

- Sunday, April 22, 2001 the Executive and Board participated in the Smith & Nephew Fun Walk. A welcome break from the Board meeting to breath in the clean, crisp mountain air and enjoy the company of other delegates. We encountered many creatures, but none of the four-legged variety. Marvellous scenery and company!

- The 17th National ORNAC Chair, Gloria Nemecek of Lethbridge, Alberta and her conference committee have welcomed us to Banff with a varied agenda, a picture perfect venue, and good company. Thank you for your work, assistance, attention and patience. The 17th National ORNAC Conference was a great success!

- Perioperative Programs for Registered Nurses: Core Curriculum and Program Approval Process had their final review and endorsement by the

Board during the Banff board meeting.

- The Canadian Operating Room Leadership Network, (CORL) has achieved affiliate status with ORNAC. Congratulations to Muriel Shewchuk and Pat Pocock for their dedication to this endeavor.

- Monique Perazzelli of Quebec is the recipient of the Isabelle Adams Award for Excellence in Perioperative Nursing. Congratulations Monique!

- The RNFA group had an informal session during the conference and had the chance to provide an updating of the role and its progress in the various provinces. This is the first opportunity this group has had to meet face to face with a national flavor.

- The ORNAC/J&J Scholarship/Bursary winners are: Theresa Markowski of London, Ontario, completing her Bachelor of Nursing Science at the University of Ottawa; Anne Bartlett of Ontario, who is working on her Masters of Health Sciences, University of Athabasca, and Katherine Radcliffe, Ontario, who is working on a Bachelor of Technology of Perioperative Nursing, BCIT. Congratulations ladies!

- Our website, [www.ornac.ca](http://www.ornac.ca), has expanded in leaps and bounds. We now have a discussion forum for you to pose questions to other perioperative nurses. Please visit and comment.

- Muriel Shewchuk of Alberta has won the Drake Thompson Johnson & Johnson writing award for her article in the December, 2000 issue of the *Canadian Operating Room Nursing Journal*. "The Future of Nursing in the Operating Rooms of Canada: Are You in the Front Car of the Perioperative Train?" See

- Winners of the ORNAC Allegiance Research Grant are Linda Socha, Principle Investigator, Marla Ewen and Alicia Ocharek Mattheis of the Royal University Hospital, Saskatoon doing a Study to Determine Patient Outcomes and Cost Comparisons with the Registered Nurse First Assistant [RNFA] Role.

- Hilda Powers of Halifax, the 1999 Allegiance Research winner presented her intraoperative study.

- Mary Knight, International Federation of Perioperative Nurses, (IFPN) Executive Board Member, is about to complete her term as an elected Full Board Member. IFPN continues to grow and evolve.

- Editorial Advisory Committee, under the guidance of Chair, Kim McLennan-Robbins, has undertaken the task of finding a new publisher for the Canadian Operating Room Nursing Journal. Ron and Agnes Forster of Health Media Inc. made a gift of the Journal to ORNAC. We thank you for the opportunity to publish the journal in future, and for your 19 years of service to ORNAC.

- Plans for the 18th National ORNAC Conference are well underway. Winnipeg is the destination, June the month, and 2003 the year.

- Montreal, June, 2005 refers to the 19th National ORNAC Conference.

- ORNAC has received two business proposals for the historic 20th National Conference, in 2007. Where to go? Vancouver or Banff? The decision will be made this fall.

- We had panoramic vistas, mountains of education, an array of exhibits laughter, fun, food, frolic, networking, renewing of old acquaintances, and leadership. Thank you to our Alberta hosts for a Conference not soon forgotten.

- Please join us in Winnipeg, 2003 and help us "Planting Ideas - Reaping Rewards" - the theme of the next National Conference.

- Visit our website [www.ornac.ca](http://www.ornac.ca) for new and more detailed information on ORNAC activities. We now have a discussion forum for you to pose questions to other perioperative nurses. Please visit and comment. □

## Quebec's RNFA's recognized in the Medical Act

The Regulation respecting the acts contemplated in section 31 of the Quebec Medical Act specifying which acts may be performed by classes of persons other than physicians is amended at section 1.01 by adding, after paragraph r, the following:

"s) **"nurse first surgical assistant"**: a nurse having a minimum of three years experience in an operating room, one year of which being in the concerned surgical discipline. Furthermore,

i. he or she is the holder of a baccalaureate in nursing sciences issued by a Quebec university, or he or she has completed at least 60 credits in nursing sciences in the course of a program of university studies other than the program leading to the certificate mentioned in subparagraph ii;

ii. he or she is the holder of a certificate in perioperative nursing care issued by the University of Quebec in Trois-Rivieres;

iii. he or she is the holder, since less than one year, of an attestation confirming the successful results of training in cardio pulmonary resuscitation issued, either by an establishment or an instructor recognized by the Heart and Stroke Foundation of Quebec, either by an establishment affiliated to a Quebec faculty of medicine. □



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# Dealing With Difficult People

By Sharon Keenan-Hayes, BScN, RN, CPMHN(C)

Dealing with difficult people is an art form - not one that necessarily belongs in the health care forum, yet present every day. In order to understand the broader topic, I would like to break down the information into two topics: I. Prevention and Management of Aggressive Behaviour, and II. Difficult People, The Challenge.

## I. Prevention and Management of Aggressive Behaviour

First, a definition of terms:

**Aggressive Behaviour** is "The violation of one person by another through intimidating behaviour, physical attack, and/or coarse and insulting language. This behaviour may be precipitated by feelings of fear, rejection, inferiority, grief, intrusion of personal space or an unknown cause."

**Assertiveness:** The standing up for one's rights in a non aggressive manner

**Aggression:** The acting out of hostile impulses in a violent or destructive manner. This occurs in response to a real or perceived threat and may be related to feelings of anger or fear, to suicidal or homicidal ideations, to a psychotic process, dementia or personality disorder. Aggressive behaviour may develop gradually or occur suddenly and it may involve significant danger to staff and others

**Assault:** The unprovoked acting out of hostile impulses causing physical or emotional injury to others. An assault may be committed without actually touching, or striking, or doing bodily harm to the person of another

**Abuse:** An act of aggression between two people who have an established relationship, (Schultz, J.M. and Dark, S.L, 1980). The terms "Nurse Abuse" and "Patient Abuse" can be more easily understood when taken in this context. In other words, aggressive be-

haviour between a nurse and a patient or a nurse and fellow team member is, in fact, abusive because there is a relationship defining the two roles.

In an article in the Nursing Magazine, "Reflections", published in the third quarter of 1999, the President's Message states: "Nurses care for victims of violence, perpetrators and witnesses to violent acts. The experience of nurses who care for those affected by the violence . . . points out the pervasive nature of violence. In addition, nurses themselves are at risk for violence in their personal lives, in their communities and, unfortunately, in their place of work. Violence in nursing is seldom discussed, and if it is, it is in hushed tones and with a 'thank goodness it's not me' sentiment. . . . No longer will we sit idly by while nurses suffer indignities, from bullying to outright assault. The value of human life is inestimable, and those who serve others, such as nurses, must be protected from attack and shielded from abuse. This is the only way we can go on serving, helping, and healing. . . . No longer should any nurse accept abuse by word or action from another. Abuse, verbal or physical, is an attempt to control others. It is insidious and, if left uncontested, it escalates.

Intimidation becomes humiliation, degradation, and harassment and leads to accusing and blaming. Fear of physical harm or isolation allows the abuse to continue. And when one is abused, others are controlled as well. Nurses can and must stand up to verbal abuse and, more importantly, must insist on being

## Author

Sharon Keenan-Hayes, BScN, RN, CPMHN(C), is a staff nurse on the inpatient psychiatric unit of Queensway-Carlton Hospital, Ottawa. She is an instructor at Algonquin College and a clinical professor in Psychiatry for 3rd year BScN students (psychiatry), University of Ottawa. This article is based on her presentation last year to the Ottawa Regional Operating Room Nurses Association.