

Standards of Practice

By Marlene Hill, RN, CPN(C)

The experience gained from being a member of ORNAC's Standards Committee for many years, committee chair, and coordinator of the 1998 edition of the Recommended Standards for Perioperative Nursing Practice has helped me while preparing this "President's Message". Its purpose is to review the historical data of the evolution of the standards document since inception and provide insight into the committee work involved in producing the finished product.

The first professional standards was published in June, 1986 under the title Recommended Standards for Operating Room Nursing Practice; Quality Assurance Audit. The document The Recommended Technical Standards was published in June, 1988 to provide the registered nurse with guidelines and rationale for patient care, prevention and control of infection, and legal and safety protocols and was to be used as a reference for daily practice.

Further revision in 1993 combined the two publications listed above into Recommended Standards: Professional and Clinical Practice. In 1998 ORNAC's Recommended Standards for Perioperative Nursing Practice was printed. At that time information was gathered from results of research-proven data, the most recent reference material, and experts' opinions. Each publication has been copyrighted to help protect against inappropriate usage.

There have been some individuals who have thought our Canadian standards should be published more frequently than five years to maintain current material as AORN publishes a yearly edition. That is a wonderful idea but unfortunately, unlike AORN which has a paid staff whose sole responsibility is to review/revise their standard's document, ORNAC is a solely volunteer organization which relies on input from Canadian perioperative registered nurses as to what additions are necessary, what requires review/revision based on information gathered from current nursing journals and textbooks, up-to-date technology/present practice, proven research findings, and material produced by expert opinion. The coordinator compiles the data and then committee members spend

many, many hours reviewing the draft product for error, clarity and ease of reading, proper language, consistency, etc. ORNAC's Board and Executive are then asked for their review and consultation along with the request that each provincial president take the draft document to their membership for input. The revisions are completed and again the committee meets to produce the final document.

A complicated procedure, you may think. However, the finished document must be as accurate as possible because:

- The Canadian Nurses Association (CNA) uses ORNAC's Recommended Standards for Perioperative Nursing Practice as one of their references when preparing questions for the Perioperative Nursing Certification Examination.

- ORNAC's Recommended Standards have been used extensively in the past as a standard for nursing practice in cases of litigation regarding occurrences in the operating room because the document reflects the Scope of Practice for registered nurses working in the OR.

- Registered nurses, as expert witnesses, have relied on this document to support questions on standards of practice.

- The International Federation of Perioperative Nurses uses texts such as ours as references when preparing world standards of patient care in operating room settings.

Much thought has been given to a method of publishing revised segments of the standards more regularly than the five year period but the answer still alludes us. We would be happy to entertain any



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suggestions you may have on this issue. For now ORNAC has stated that revisions that cannot wait until the next publication will be published in the CORN Journal and that the CNA Certification Committee will be made aware of the changes.

It is now time for the gathering of material for the next edition to be published in 2003. There was an evaluation sheet included in the last edition. (The first printing had the sheet included as an insert but the second printing had it included in the last pages.) Please help us create the best document possible by completing the evaluation form (or comments on plain paper will suffice) and forwarding it to:

Marlene Hill, Crapaud, R. R. 1, PE, COA IJO
or e-mail: marlenehill@hotmail.com
or Fax: (902) 658-2126.

Your contribution will be greatly appreciated.

Kathy Bruce, President of the Operating Room Nurses Association of Ontario, has agreed to coordinate the 2003 revision of the Standards and the ORNAC Board and Executive are very grateful for her commitment to this huge task.

Now is the time to get involved, give feedback, and help us produce a document that Canadian perioperative registered nurses can be very proud of.

On behalf of the ORNAC Board and Executive, I wish you and your family all the best in the coming new year. ■



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WHAT: An annual grant of up to \$5,000 sponsored by Allegiance Healthcare Corporation and administered by the ORNAC Research Committee.

WHO: Available to researchers who meet the criteria as outlined in the Allegiance Research Grant Guidelines for Applicants.

WHEN: Apply by February 28th, 2001. The Allegiance Research Grant will be awarded at the 17th National ORNAC Conference, April 2001 in Banff.

HOW: Guidelines for Applicants and Application Forms are available through members of the ORNAC Research Committee, members of the ORNAC Board, or through the ORNAC Website <http://www.ornac.ca>

The Future of Nursing in the Operating Rooms of Canada

Are You In The Front Car Of The Perioperative Train?

By Muriel Shewchuk RN, BSc.N, CPN(C)

Introduction

The dynamics of a train and its passengers will be used as an analogy to assess where nurses are on the train of perioperative nursing excellence, or are not even on the train, but standing on the platform waving good-bye? External and internal forces that affect our practice are identified. Key factors to consider in ensuring that operating nurses continue to direct our practice destiny are identified as points for survival.

What is the registered nurse role in relation to allied personnel in the operating room? Key issues and strategies of recruitment and retention are briefly highlighted.

Nursing and The Train

The dynamics within nursing and especially in the operating theatres of Canada, where we are constantly in very close quarters, the verbal and non-verbal communications, body language combined with interdisciplinary team members interactions are likened to an extended train excursion.

The Negative Crowd

There are those who constantly apply the brakes - "no we can't do that, no we won't change". There are those who lay on the tracks and physically try to stop the train from moving forward. The outcome is, depending how you positioned yourself on the track, either death or bilateral amputation. Neither of the consequences are what any of us desire. The more aggressive negative behavior is to assassinate the engineer, the driver, the manager or the director.

Many cruel, damaging, unprofessional tactics are used. The "who do you think you are", the rolling of the eyes to the ceiling and other non supportive statements and actions are all too often heard and observed. Damage to careers, professional integrity and personal attacks are not infrequent.

Others in the Negative Crowd blow up the bridges, try to maintain anonymity while sabotaging the progressive tracks to the future. They may appear to be supportive but are leading in an opposite and destructive direction. At the back of the train we will find these negative complainers, the unwilling, biding their time for "something", non contributors, only takers. This is a compartment where "misery loves company" - they ride and drag a department down when they could offer so much with experience they have.

Mid train we will find an experienced group of the non-committed. Depending how powerful the negative group is, they may move to the back of the train and partake in the activities of the day. There are also days they will come to the front, appear to enjoy the scenery and then retreat. Mostly they will "just be there" - no stars, no excellence - just there. This group should be easy to entice to the front of the train, if we could find what interests them.

Author

Muriel Shewchuk RN, BSc.N, (CPNC) is Director Surgical Suites, Calgary Regional Health Authority, Calgary, Alberta. This presentation was delivered to the 19th ORNAA Provincial Conference, Lethbridge, Alberta, October, 2000.