

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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Royal Inland Hospital is a regional referral hospital in the Thompson Health Region, serving an area population of 130,000.

We invite qualified Registered Nurses who have, or who are eligible for RNABC licensure with recent, related education/experience, to submit a detailed resume.

If you require additional information, including an information package about the Kamloops region, please contact:

Royal Inland Hospital
Human Resources Department
311 Columbia Street
Kamloops BC V2C 2T1
Fax: (250) 314-2337



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The Operating Room Nurses Association

of Canada announce the :

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Research Grant

WHY: To promote perioperative nursing research activities, and to encourage integration of research findings into perioperative nursing practice, with the objective of improving perioperative patient care.

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.

sessions. Daily access to internet and intranet is the way of now and into the future. After two years of practicing perioperative nursing every registered nurse should be obtaining certification through the Canadian Nurses Association and maintaining recertification as the years progress.

Participating in decision making is a key role. Which train trip are you going on - somewhere you want to go, or anywhere the train goes and then complain? A cautionary note is that even when you are involved, decisions may not be what you want due to the number of team players, sites, political, external and internal factors. However if you stay involved you can influence the direction of decisions that are best for the greater group. Take part in site, local, community, regional, provincial and national issues. The more involved one is, the greater the chances of influencing a positive direction and a scenic trip. Lobby groups such as provincial and national nursing associations, MLA's and MP's, and keep them informed of the vital nature of your practice and your issues.

The Registered Nurse Role and Allied Personnel

The registered nurses role is a critical component of the triumvirate that manages the surgical patient, that including surgeons and anesthesiologists. The registered nurse should scrub to maintain skills and to be able to appropriately teach and supervise team members. However the important role is the circulating role to direct and manage a safe, comfortable, quiet, well equipped and staffed theatre. The registered nurse in the circulating role is "in charge". The nursing role is akin to the central control driving the train. The registered nurse, utilizing the nursing process is accountable and responsible for nursing care throughout the procedure. The coordination of all members, supervision of activities, intuitive monitoring of complications and crisis, teaching and supporting all novice team members, guiding and directing the availability and use of complex equipment are key functions.

The communication skills of the perioperative nurse are of paramount importance - verbal, written and non-verbal. Professional trust, a high level of knowledge and skills and competence are key expectations among the triumvirate. At all times a registered nurse must be in the theatre with the patient. No one can replace the registered nurse role in the operating theatre. No, not even during coffee and lunch breaks.

A voice from the back of the train says "It doesn't make a difference - I need my coffee". Think about the message that sends!

A number of nurses are keen to advance in the clinical role such as First Assist, however expert registered nurses need to also take an interest in pursuing leadership roles within the specialties, in education and in department leadership. The back of the train can be heard to say "Are you crazy - why would I want to do that?" or "You could not pay me enough". We all have a major accountability to ensure that our leaders of the now and future have perioperative nursing expertise. The positions will be filled by a non-OR and perhaps non-nursing leaders. The voice of operating room nursing will be lost, the impact on the patient, the team and our expert specialty will be eroded and the stakes are high. Look within your group and encourage those who would be excellent leaders to start a career path of preceptorship and education. We need Leaders that Care and Colleagues that Care!

OR Technicians

A number of operating room technician (ORT) positions exist. These team members are valued employees with a primary focus in the scrub role and as assistive care provider for the registered nurse. The primary focus is one of a technical nature and the need to excel in the knowledge and skill set is required for the scrub role, including equipment, instrument and aseptic requirements. The ORT is a non-licensed, non-regulated role under the direct supervision of the registered nurse. There are a wide variety of educational backgrounds among the employees. In spite of some LPN's having taken a perioperative course, their function is still one of an ORT with the same limitations and obligations. Although this topic is one that is frequently debated, the patient must constantly be under the supervision of a registered nurse, and a registered nurse must directly transfer the care to the registered nurses in the Recovery Room as a continuum of care. The ORT's are not registered nurses and therefore cannot relieve, replace or trade with the nurse.

Support and Specialty Technical Personnel

Registered nurses need to allocate duties that can be carried out by other support team member with the focus of remaining in the theatre with the patient.

Support staff such as aides for positioning, sterile processing expertise to manage instruments, case carts, supplies and inventory are valuable. It is important to remember that theatre activities and actual involvement with the team produces a much higher level of job satisfaction and greater commitment to their work when they can actually see how their work impacts the patient.

The advancement of technology in the theatres requires biomedical, electronic and in some cases PhD-level expertise to support the surgeons in the new procedures. Large operating room suites are now locating biomedical staff within the suite.

Recruitment and Retention

A dichotomy exists between the senior staff and the new nursing staff in relation to a desire for full time and part time positions, and this presents many challenges. We must support our young nurses and ensure that there are positions for them, ensure that we treat them well and ensure they choose the perioperative nursing field as their career.

The members at the back of the train are well known for "eating their young, their old and their peers". It's time to end this unacceptable cannibalistic element. Our future is in our youth! Be good to them, impart your knowledge in a kind and learning manner. Treat them as you would want to be treated (what a novel idea)! Adequate staffing is also an important factor to retain staff and attract nurses for the scenic train ride.

Strategies To Attract New Staff

Educational offerings in the form of post basic courses that are financially supported are desirable and a means to attract staff. Computerized learning is the way of the future with on line courses and education which urgently require development.

Factors that appeal to the work life and life style for the younger generations have to be considered.

Other strategies being used include moving expenses, child care availability while at work, bonuses for finding staff and bonuses if they stay. Much talk surrounds a greater bonus for weekend, night and evening work, however that becomes a contract issue.

"Employer of Choice" is a slogan of the new millennium. We need leaders that care and colleagues that care!

Conclusion

The Perioperative Train must be on the right track, on a well maintained track, with the right distribution of passengers. The train must have an expert engineer with apprentices, a strong education program and a positive commitment to being the best team that can serve our patients and health team colleagues.

The future is in the hands of the registered nurses like yourself - you hold the key to the strength of operating room nursing. Drive That Train Right To the Gold - Fast and Now ! ■



Attention

All Perioperative Nurses

The Isabelle Adams Excellence in Perioperative Nursing Award is to be awarded at the 2001 National Conference "A Surgical Odyssey" in Banff, Alberta.

Do you know of an outstanding ORNAC member, who through their dedication and commitment has made a difference in the field of perioperative nursing? If so, please consider recognizing this person by nominating them for the Isabelle Adams Excellence in Perioperative Nursing Award. This award was established by the Operating Room Nurses of Quebec in 1987. The first award was presented in Vancouver in 1988 and has been presented on the year of the National Conference since then.

Nomination papers can be obtained through your Provincial President or by contacting:

Kathy Bruce

Chair, Awards Committee

16 Lorraine Court

Bowmanville, ON L1C 3L6

PH (905) 623-9313 Fax: (905) 967-1424

Email: kbruce@lakeridgehealth.on.ca

The deadline for submissions is December 31, 2000. Late submissions will not be considered.