

## Networking ...Present and Future

By Marlene Hill, RN, CPN(C)

For many years our American colleagues have hosted yearly conferences for Operating Room Nurse Managers and frequently our leaders would travel to these sessions because there was nothing equivalent available in Canada. Pat Pocock, Team Leader/Manager Perioperative Services, Respiratory Therapy, Urology Clinic, Lithotripsy and Col Programs at the St. Joseph's Health Centre in London, Ontario, and Muriel Shewchuk, Administrative Leader Surgical Suites and Outpatient Services for the Calgary Regional Health Authority, Calgary, Alberta, shared a dream that one day similar events could be held in Canada with content geared to meet the needs of Canadian Leaders and to provide the opportunity for these leaders to network and learn together. The dream also included the thinking that this would eventually include anyone who takes a leadership role within Perioperative Services in the future. These two very busy Registered Nurses took the initiative and time to try and change things for the betterment of O.R. nursing both in the short-and long-term. It goes to show that anything is indeed possible when the desire for change is present !

Several years ago these two individuals started in earnest to realize their dream by approaching the corporate world for sponsorship. Financial support toward this worthwhile endeavour was co-sponsored by 3M Canada and Johnson & Johnson Medical Products(J&J MP). Sharon Thornton, Manager, Marketing Services, (J&J MP) also provided administrative and secretarial assistance.

Initially, the sessions were discussed with ORNAC Past Presidents and the ORNAC Board. This initiative was heartily endorsed by all and given the name CORL (Canadian Operating Room Leaders) Network

to reflect that it is a separate entity from ORNAC yet both work in collaboration.

With all the concern regarding the shortage of Registered Nurses, it has been identified that in future there could also be a shortage of operating room Registered Nurse leaders. Taking necessary steps now will ensure a healthy, strong leadership contingent in operating rooms across Canada in future. Hopefully, delegates will be a mixture of Canadian Operating Room Nurse Managers, Clinicians, Educators, Team Leaders, and anyone else displaying leadership abilities and/or an interest in future leadership roles.

Goals for the meetings include:

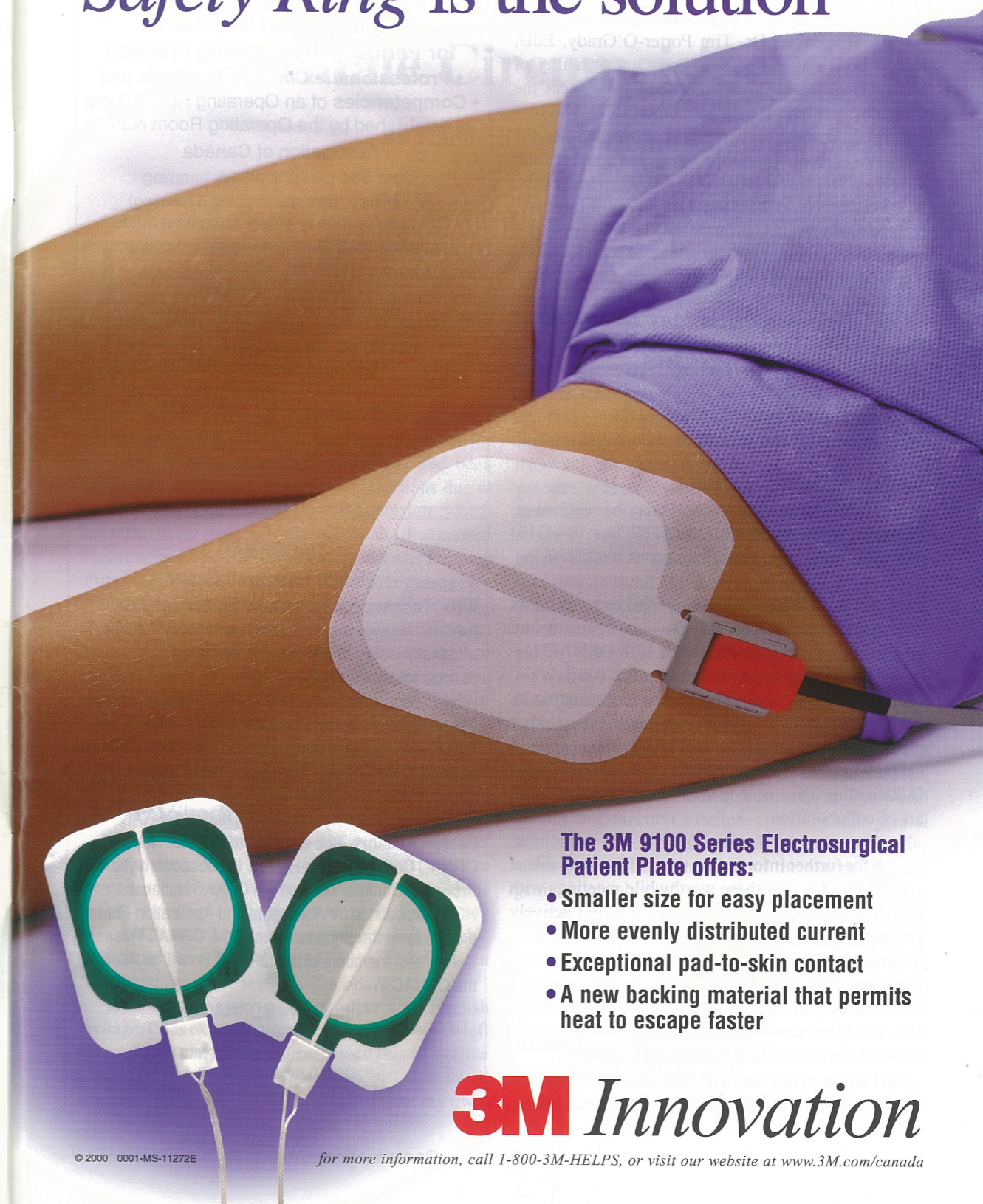
- Representation from across Canada to discuss common issues and concerns along with the development of recommendations and resolutions;
- Development of a national resource base whereby assistance could be given as required;
- Provision for a high-level educational component; and
- Reduction of costs to delegates by holding annual workshops in conjunction with other operating room conferences and meetings.

(continued on page 6)



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The first networking session was held in Halifax, NS for one and one half days beginning at noon on Friday, June 18th immediately following ORNAC's National Conference and ending on Saturday afternoon. A prominent speaker, Dr. Tim Porter-O'Grady, EdD, PhD, who is committed to the concept or reality of Shared Governance or Shared Leadership, kept the delegates spellbound with his humorous and highly-motivational address. Time was scheduled for the delegates to discuss common issues and concerns and develop possible resolutions. As this was a trial event, members were asked for input on areas for improvement in future. Although much feedback was positive, recommendations have been reviewed with revisions included in plans for the future.

### CORL Network meets May 28-30, 2000

The next session begins on Sunday, May 28, 2000 with meetings scheduled for May, 29th and 30th at the Delta Meadowvale Resort and Conference Centre in Toronto. This will follow the spring ORNAC Board Meeting as many leaders will be attending that event.

### CORL Network Contact:

The contact person, Pat Pockock, may be reached at: Phone: (w) (519) 646-6100 ext. 65707, Fax: (w) (519) 646-6006 or e-mail: patpo@stjosephs.london.on.ca.

The meeting will further evolve in 2001 as seven hours of program content pertaining to management and leadership will be included in the 17th ORNAC National Conference to be held in Banff in April, 2001. ORNAC recognizes the importance of expanding its horizons to include information pertinent to other members not directly involved with patient care and encourages the efforts of others to ensure the future of O.R nursing. This is a giant step forward and a true act of collaboration.

Watch for further information that will be available at a later date. Discuss these worthwhile meetings with colleagues. Plan to attend the sessions and actively participate by sharing your experiences and comments/concerns. Aid in forming a viable and productive Canadian resource network to provide necessary information and help through the use of telephone, Fax, and other electronic means. Help strengthen and enhance the role of O.R. Leader and manager.

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**WHAT:** An annual grant of up to \$5,000 sponsored by Operating Room Nurses Association of Canada (ORNAC).

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

**WHEN:** Apply by May 7th, 2000. The first ORNAC Research Grant will be awarded at the 16th National ORNAC Conference, in Halifax. In subsequent years at Provincial Conferences and the ORNAC National.

**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>

Contact:

Marla Ewen, RN, BSN, CPN(C)

ORNAC Research Committee

206 Guelph Cr., Saskatoon, SK S7H 4S3

# Transcultural Nursing and Female Circumcision

By Jennifer Heatherly, R.N

Two years ago while working in a paediatric operating room I met a young Somali girl whose family had only recently immigrated to Canada. The family spoke very little English and had brought their six year old daughter to the hospital to have a urological procedure performed to treat her urethral strictures.

As part of my usual preoperative assessment I read the girl's clinic note which outlined the reason for her hospital admission. This young girl had been experiencing frequent urinary tract infections due to having been circumcised. Her circumcision, which had taken place at an early age in Somalia, had caused a narrowing of her meatal opening and was trapping urine in her lower urinary track causing the passage for urine to be partially obstructed. The resultant trapping of urine was causing frequent, painful urinary tract infections. The medical treatment she required to correct this was an examination under general anesthesia to rule out damage to her upper urinary track as well as dilation of her urethra to create a sufficient passage for urine.

### Cultural Shock

This was my first experience with the issue of female circumcision. This was my first exposure to the cultural practice, and with other members of the health care team in the operating room I shook my head and thought how tragic and unnecessary. All this pain could have been avoided if she had not been "mutilated" in the first place.

As a second generation Canadian with English heritage, I was experiencing a culture shock which left me confused and angered. I perceived this as a crime committed not only to this young girl, but to all women. This was a cultural practice unlike my own,

and one which I needed to learn more about if I was going to be able to come to terms with this issue in order to better address the needs of my clients and their families.

In this article I will identify and examine the cultural practice of female circumcision and the prevalent issues which affect health care providers. By integrating current transcultural nursing I will discuss how this is an ethical issue in which Western health care and ethnocentric values meet diverse cultural practice's head on in the arena of debate. I will demonstrate how this issue is enmeshed at the crossroads of cultural values and becomes a topic which holds issue's for all women trying to live cohesively in a multicultural society. The current policies and strategies by which universal health care systems can be responsive to these culturally and racially diverse clients will be identified. And finally I will examine my own resolution to the cultural experience of female circumcision as a result of some transformed ideals.

Female genital circumcision (FC), female genital mutilation (FGM) or female genital modification are the terminology interchangeably used in the searing debates over this women's health issue. The World Health Organization's defines it as, "Female genital mutilation which constitutes all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons (WHO, 1996). There are varying degrees of circumcision which are dependent upon the country,

### Author

Jennifer Heatherly, RN, is a staff nurse at The Hospital for Sick Children, Toronto, Ontario.