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## Support Your OR Colleagues

By Donna Farid, RN, PGOR, CPN(C)

When I reminisce about my career in Perioperative Nursing, I have to admit my first few days/weeks of orientation (that's not what they called it in those days) do not conjure up fond memories. The staff nurse who was assigned to teach me the ropes, took vicarious pleasure in rearranging the instruments on my Mayo Tray with a lifting forcep while making disparaging remarks about my organizational skills in front of the whole surgical team, much to my humiliation and embarrassment.

Having survived, I gained some experience of my own, and moved on to live and work in other provinces. During one of these moves, and having just secured a job in the O.R. of a small general hospital, I was introduced to the staff as a nurse with lots of O.R. experience. A few days later, I offered to pick the bundles for the next case and asked a colleague what was needed. Her statement to me was "you have so much experience, figure it out for yourself".

Another perioperative nursing colleague shared with me an experience she had when starting out in a surgical specialty. The Team Leader in that specialty was reluctant to share information, and one morning when she arrived late for work, my colleague had done the best she could to set up for the first case. The Team Leader tore a strip off her for missing a couple of minor aspects of the setup, again in front of others.

These are all perfect examples of perioperative nurses *eating their young*. We've come a long way since then. Today much more consideration is shown to new staff entering the O.R. setting. Preceptorship workshops are offered to experienced perioperative nurses, orientation packages have been developed and the learning experience is certainly much more positive than in the "old days". However, there still is some evidence that cannibalism is alive and well, and I will venture to expand on the theory that some perioperative nurses *eat their own*.

How many of you have heard remarks made about nurses who go on to seek higher education? Comments like "she thinks she is better than the rest of us" or "who does she think she is" ?

On the other side of that coin, how many of you have seen examples of nurses who have achieved higher educational credentials, expressing their feelings of superiority over less educated Registered Nursing colleagues? Registered Nurses are employed in many levels of the health care spectrum, from Vice President of Nursing, Administrator, Manager, Educator, Clinical Coordinator, RN First Assistant, to Staff Nurse. We sometimes work in isolation, within our own spheres of influence, independent of each other. Yet we profess to be working to achieve the same goals: safe, quality patient care. I would like to see us doing a better job of supporting each other, of applauding each others' accomplishments, of acknowledging each others' contributions and of standing together to promote the role of the Perioperative Registered Nurse.

You may have surmised that I get rather passionate about this topic since I've "mentioned" promoting awareness of the role of the perioperative RN in ever President's Message since I began. Someone once told me in a derogatory tone that I was on a soap box. Well I'm proud to be on this soap box but I'd like some more company!

Perioperative Nursing is very attractive to many other health care workers and there have been several attempts to take over aspects of our role. If we truly believe in delivering the best, safest perioperative patient care possible, based on a strong, proven foundation of knowledge and skills, and if we believe in ORNAC's motto "*Promoting Excellence*", we must first work with each other in a supportive way at all levels and then unite to ensure that we continue to be there to provide that care. ■



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