

World Conference of Surgical Patient Care

(formerly known as the World Conference of Operating Room Nurses)

Helsinki, Finland, July 25 - 30, 1999

Plan to attend this event, and join the Canadian contingent at the International Fellowship Night.

The theme for the Conference is “**The Essence of Perioperative Care**” with the following topics:

- Global Economics of Health Care
- Care of the Health Care Professional
- Care of the Aging Patient
- Ethics
- Resource Management
- Infection Control
- Recruitment & Retention Strategies
- Specialty Education
- The “Befores & Afters” of Surgery
- Workplace Issues
- Research Poster Display

Background Information

It has been the role of the ORNAC Past President to represent ORNAC on the International Planning Committee (IPC) for the World Conference. The IPC Committee consists of active and corresponding members. The active participants at the planning meetings are AORN, Australia, Canada, Finland, Japan, New Zealand and the UK.

The IPC's Scope of Responsibility is to:

- Select conference theme.
- Identify education topics.
- Select opening and closing speakers (host country)
- Propose speakers
- Review and recommend proposals
- Serve as liaison for their country's speakers and attendees
- Assist in promoting the conference
- Assist with on-site participants
- Evaluate the conference
- Moderate session(s) on volunteer basis
- Bear their country's flag at Opening Session

AORN selects the site and organizes all other aspects of the conference. Originally the IPC meetings were held on site in the host country. Since 1996 these meetings are held in conjunction with the AORN Congress for cost containment and convenience reasons.

As you note, the focus of the conference has now been changed from that of the operating room nurse to surgical patient care, which encompasses other care providers. This was an AORN decision.

Canadian Delegate Information

It has become a tradition for the Canadian delegates to wear the same attire at the International Fellowship Night - a combination of red and white providing an impressive, colourful sight. Conference delegates look forward to the Canadian entrance. In Helsinki we plan to do the same. The attire will consist of a red cap and a combination of a white or red top and skirt or pant. The caps will be available for purchase at the ORNAC National Conference in Halifax, or from myself. Anyone wishing to spend a little extra can also purchase a red vest. Details regarding cost will be published in the next Journal.

For the purpose of planning the International Night, it is important to know how many Canadian delegates will be attending the conference. If you plan to be at the World Conference, please contact me at: 4421 Rainforest Drive, Gloucester, ON K1V 1L5
Fax: (613) 822-0003

Vija Hay
Past President, ORNAC
IPC Member

Seeing the Light in Day Surgery

By Amoy Lowe, RN, CPN(C)

I would like to share my experience and professional views of how the mature perioperative nurse need not be afraid of microintraocular and extraocular surgery.

As we age, many of our faculties diminish. We may even infantilize ourselves if we allow the inevitability of aging to preoccupy our very existence. Two years ago I decided that I would experiment on myself. When asked to work in the hospital's eye room, it was with apprehension and a lack of spirit that I said yes. After a few days I realized that my entire physical being and mature attitudes had to take on new form. How was I going to keep up with the pace, the silence and the body language which is needed to show patience and kindness to our aging surgical patients.

The first thing I had to do was acknowledge that I was aging, but it was not necessary for my mind and body to succumb. I started exercising, eating properly and most of all my inner thoughts of negativism had to change.

As the months progressed in my new Day Surgery position I discovered how wonderful it is to have real contact with our patients. I allowed myself to listen to their concerns, touching, smiling and offering words of encouragement.

Mount Sinai Hospital's Day Surgery has been a wonderful experience for me. I am able to meet one or more family members of the patients and get a sense of many things. Is this patient coming from a caring environment or has the family accompaniment been done out of duty?

Our pre-operative assessment of patients has to be performed in a calm, efficient and caring manner in view of an aging population whose hearing and eyesight may be impaired and mobility may be diminished. The majority of these patients look forward to their preoperative time because we may be the only social contact he or she has had in weeks.

I found that I had to spend a longer time studying the anatomy of the eye. Special skill had to be acquired in order to handle the delicate instrumentation of eye surgery; and most of all, my entire personality,

in terms of being silent. It was a great discipline for my character.

The skills that I had acquired as a general duty O.R. nurse came into good standing in identifying very ill patients and in the ability to assist with anaesthesia as required.

At this point in my career I must give credit to the younger O.R. nurse with whom I worked and who showed me so much respect and caring. The Ophthalmology surgeons encouraged me in my new practice and the auxiliary O.R. staff shared with me many wonderful conversations while cleaning the room.

Overall, I became a much better integrated Operating Room nurse and could now find the time to appreciate many funny situations.

As a mature and experienced perioperative nurse I was able to make many suggestions to the surgeons in view of monetary restraints and improved organization. I helped implement changes in draping, in the standardization of instruments and contributed to the reorganization of the Ophthalmology room so that the flow of work reflected more effective and efficient patient care.

These thoughts are shared with all my perioperative colleagues - do not allow aging to become a deterrent in your winding-down years. Be strong, be proud and always remember... “we are the brick layers and the sunshine of the Operating Room”. We belong to that batch of fine wine which is best tasting and the most marketable because it has aged well.

My grateful thanks to Dr. J. Hurwitz, Chief of Ophthalmology, Mount Sinai Hospital, Toronto; Dr. Feldman and Dr. Mandelcorn, and all the others who were patient and instrumental in my introduction and education in the Ophthalmology Day Surgery.

Most of all thanks to my nursing colleagues, especially Mindy Shinoff, RN, (CPN(C)), for showing me that there is renewed sight and life after 50.

Author

Amoy Lowe, RN, CPN(C), is a Staff Nurse, Ophthalmology Service, Operating Room, Mount Sinai Hos-

- If your life works, you influence your family.
- If your family works, your family influences the community.
- If your community works, your community influences the nation.
- If your nation works, your nation influences the world.

Remember that your influence begins with you and ripples outward. So be sure your influence is both potent and wholesome.

In the workshop section on caring for colleagues, Dr. Smadu recommended (i. Networking, (ii. Mentoring, (iii. Sharing Vision and Values, and (iv. Using humor. "Generosity is the Key", she said. "If you share your best nursing practice, you get it back throughout the unit. Like the candle, you don't lose the light when you give it away, and you don't lose your power when you share it. You empower others."

Margaret Fullerton, a nurse consultant with Allegiance, presented at both the SORNG meeting and the Alberta OR Conference the next week. Her "Managing Your Manager" presentation offered scenarios of tricky situations involving verbal abuse issues, noise levels, dealing with rumors and professional practice issues. Her suggestions for challenging management and living to tell the tale were valid, highly original and applicable in most workplaces. Watch for these techniques in a future issue.

"Turning Off the Nightmare - Surgery for Parkinson's Disease and Fine Tremors" was jointly presented by Lori Stricker and Lauren Kreiger. This presentation was seen on Telemedicine Canada before it ceased to exist in February, 1998. Lori is currently writing-up this 12 hour surgical case for an early 1999 issue of this Journal.

NBC's *60 minutes* introduced this tremor halting surgery this past September with great fanfare, however, a Regina General surgeon has been refining the procedure for several years. Watch for the article in March '99, it's a remarkable story. ■

Overheard in the OR ...

There are very few personal problems that cannot be solved through a suitable application of high explosives.

Hey is your postal code correct? Hey did you get married again? Hey do you get all your mail? Hey have you moved?

The Canadian Operating Room Nursing Journal is mailed quarterly to 3,000 Operating Room Nurses across Canada, a few to the U.S. and some to foreign soil. If your Journal is not arriving, or if you change your name, address or postal code (particularly your **postal code**....please please send us your changes via FAX or mail only. *Please no phone calls!*

In the months of October and November there were 30 postal code corrections, two marriage name changes, and two address changes. Please check your mailing label, ensure your postal code is correct. If not Fax or mail your old and new address and code to us at (604) 535-9000. See our full address on page 3.

Bursary for OR Nurses

The ORNAC/Johnson & Johnson Medical Products bursary was established to financially assist ORNAC members in furthering their education in areas that will enhance perioperative nursing practice. The ORNAC Awards Committee, comprised of members from across the country, choose successful applicants in accordance with established selection criteria.

The applicant must be a registered nurse who is licensed with the Provincial Professional Association. The applicant must also be an active member of the Provincial Operating Room Nursing Association two consecutive years prior to submitting the application. The individual must be employed, with a primary focus on perioperative nursing, according to the official ORNAC definition.

Funding is available for post basic operating room nursing programs approved by ORNAC, Baccalaureate nursing programs and Masters and Ph.D. nursing programs related to health care and considered an enhancement to existing perioperative employment.

The personal profile/resume must be typed and supporting data enclosed with the completed application form. This data includes letters of reference as indicated on the application form, photo copies of nursing license, membership in a provincial OR association, perioperative nursing certification (if applicable) and proof of acceptance in an education program.

The complete, typed application form and supporting documentation must be submitted to the Chair of the ORNAC Awards Committee before **March 15th yearly**.

Applications are judged by the ORNAC committee based on established criteria. If there are no suitable applicants, the award will not be presented and funds will be carried over to the next year. The bursary funds are designated specifically for tuition and books. The final approval for disbursement of funds rests with the Awards Committee and the Board. Contact your provincial representative for more information and assistance in applying.

Planned Change in the Evolution of Cataract Surgery

By Teresa Taylor, BScN, CPN(C) & Theresa Tremblay, BScN CPN(C)

Perioperative nurses are challenged, in these times, to keep ahead of new techniques and newly designed intraocular lens implants for cataract surgery. Cataract removal through small incisions and foldable lens implantation have become increasingly popular.

Our goal, as perioperative ophthalmic nurses in a community hospital, is to continue to provide the patient-centered care for patients with cataracts but still maintain efficiency. We found that a change in the overall process in our hospital was required to meet the challenge of the new faster surgical technique. There were several problems that created stress and disruption in the previous system.

No matter how well things are functioning in an organization, such as a hospital, it is unlikely that a system will reach a stable equilibrium (Bernhard & Walsh, 1981). Our surgical environment needed to change in response to the demands of safety and

performance with the new surgical techniques and new technologies.

In Kurt Lewin's theory, the development of a need for change is the "unfreezing" mode, i.e. disturbing the equilibrium, (Lippitt, Watson and Westley, 1958). Awareness and a desire for change is the first step. Once the equilibrium is upset then change can occur, (Bernard and Walsh 1981). Lippitt et al(1958), have expanded on Lewin's theory to include five phases of the change process:

- the development of a need for change, (*unfreezing*);
- establishment of a change relationship working towards change, (*moving*);
- generalization and stabilization of change, (*freezing*); and
- achieving a terminal relationship.

Unfreezing

In our operating room (OR), surgical delay problems became a major impetus for change. We identified problems that caused delays in areas of patient preparation, administrative requirements, patient transport, theater preparation, turnover times, instrument processing and standardization and documentation. Failure of a nursing care delivery system to meet the needs of its practitioners, patients or employers ensures change or death of the system, (Douglas and Bevis, 1981).

Authors

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Abstract

The subject of this paper is a description of how perioperative nurses and other health care professionals worked together to meet the demands of change.

New technologies and new techniques in cataract surgery with lens replacement has decreased dramatically the amount of operating room (OR) time required. With the reduction in OR time, the process of moving cataract patients through the perioperative experience became chaotic. Change was necessary. Planned change and teamwork made the change process less chaotic and more rewarding.