

Teaching Methods

When the student arrived in the operating room a brief tour of the department was provided and for the first week she was given the opportunity to observe surgery. This was done to allow the student to familiarize herself with the environment and introduce her to the staff. As an introduction to the perioperative nursing specialty, I gave her some short handbooks on the following topics: scrubbing, gowning and gloving, the fundamentals of aseptic technique, and sponge, needle and instrument counts. Although she was not expected to master these skills and no formal teaching was provided, the student took the initiative to learn them and familiarize herself with our routines.

Basic technical skills were taught on the job regarding sterilization, aseptic technique, catheterization skills and airway management skills. My approach with the student was to act as a resource for the technical skills and I provided her with various learning resources such as video tapes, textbooks, and lecture and demonstration with the opportunity to practice under my supervision. The resources used were intended to supplement my teaching and promote the student's autonomy with respect to her own learning experience in the environment.

Although the student was assigned to work within the perioperative environment, I did not focus my teaching solely on the technical skills. My main focus was to facilitate the student's clinical confidence by guiding her to use the theoretical knowledge she has acquired at university.

This was accomplished by guiding the student to problem solve in all situations. When discussing a situation, I had the student explain the rationale behind her behaviours and actions, questioned her regarding alternative nursing behaviours, and assisted her with understanding the medical management of the perioperative patients.


Many clinical situations involving patient teaching, technical skills, and legal issues were visited during this clinical rotation. These experiences were expanded and nursing theory was incorporated by guiding the student to imagine the same situations on the unit, in the community, and in a third world environment. Given these different clinical environments, the student was encouraged to describe the possible variations in her nursing care and explain the rationales for the variations. This technique encouraged the student to problem solve and allowed her to broaden her critical thinking patterns outside the perioperative specialty area.

In conclusion, the student was given an introduction to the perioperative nursing specialty which will enable her to make decisions regarding what specialty she prefers. When teaching, however, making the patient and his/her needs the focal point of the student's nursing care rather than the specialized skills involved in perioperative nursing gave the student a consolidation with her theoretical knowledge.

Outcome

The student was given a final evaluation regarding her critical thinking skills, ability to work with other professionals, technical skills, and work attitude. She was also provided with an evaluation form to enable us to assess our preceptorship program in the operating room.

The outcome of both evaluations was very positive and the clinical rotation was productive. The most important point of evaluation I used when describing this experience as productive was that there was a noticeable difference in the student's clinical confidence and independence when she finished her rotation. ■



Purchase the
ORNAC
Recommended Standards
for Perioperative Nursing Practice

• Professional • Clinical Standards and
• Competencies of an Operating Room Nurse as
established by the Operating Room Nurses Association
of Canada

Cost - \$35
which includes shipping & handling.
Cheques or money orders should be made payable to
The Operating Room Nurses
Association of Canada
Direct your orders and payment to:
Gloria Nemecek
Box 122
Picture Butte, AB
T0K1V0

BC Children's Hospital Nurses Swim 300 Strokes

By Genelle Leifso RN, CPN(C) and Lynda Magnuson RN, CPN(C)

At the BCORNG 15th Biennial Conference held in Victoria, BC in March 1996, those attending the opening ceremonies heard Bob Lord speak about the value of completing small achievable goals and the role these individual achievements play in pursuing and attaining greater objectives.

Nine nurses from the BC Children's Hospital Operating Room registered for the March, 1996 Canadian Nurses Association (CNA) Certification Exam in Perioperative Nursing. This was done with some trepidation since few of these nurses had written credit examinations recently and some had minimal experience with multiple choice exams. In addition to the obvious exam-related stress there was also tension associated with placing one's practice of many years under scrutiny. After all, the mean nursing practice of our group was around 25 years.

Having determined that we would accept the challenge of the exam, a study group was organized in January, three months prior to the exam. Each member received a study package prepared by the Education Committee of the BCORNG. This contained articles and study questions related to perioperative nursing. One participant made arrangements for a weekly meeting time and place, then circulated the information. Another went to the hospital library and arranged to borrow all of the reference books listed in the CNA Examination Resource booklet. As we all became library cardholders we were able to request these resources in sequence. Another group member researched recent AORN journals for self study articles, questionnaires and other topics which seemed relevant. We also had access to study information from recent BCIT and St. Paul's Hospital OR Post Graduate

Congratulations to BC Children's Hospital OR Nurses. (Front row l to r) Barb Carmichael, Patsy Ferrar, Lynda Magnuson. (Back row l to r) Genelle Leifso, Helen Calveley, Mary Jane Kay, Muriel Edwards, Gladys Jarvic. (Missing) Barb McKnight.



The Discontent of the Nineties - One Nurse's Perspective

The nineties ! Will any of us survive this decade ? Will operating room nurses be able to cope with the ever changing kaleidoscope of the health care system? I wonder what Florence Nightingale and all those brave pioneers of our profession would say about all that is happening. The word "patient" is no longer acceptable. Instead we speak of the "client" or "consumer". The nurse is no longer a nurse, but a business manager because health care is now measured in big dollars and only those institutions that can illustrate the economics of big business seem able to survive. I see these ever changing patterns and I cannot help but fear the outcome because some of these changes are happening so fast. For example, the entire restructuring of services, the unprecedented loss of jobs, and the emotional consequences. Most of all I wonder about the ability of the "client" to survive all of these changes.

The "client" must now become an independent being. His illness should not be prolonged; family participation and education around illness should be encouraged. These are all positive changes. But it seems these changes are being implemented too rapidly. There is also the feeling less time is devoted

to bedside care at a time when it is most needed. Could our high-tech approaches prevent us from engaging in satisfying human relationships that come from moments of intimacy between nurse and patient ?

The human element of nursing that we knew and loved is no longer present and a deep sense of loss is felt by many of us. One thing about change is that one can never go back to what was. We move on and it is not always for the better. Somehow the emptiness that has resulted has to be addressed.

Throughout my long career I have worked and become good friends with many men and women who have brought their caring presence to this healing profession. In recent years I have noticed a growing discontent and disillusionment, and this saddens me. I believe that in order to survive the onslaught of technological changes, some serious thought must be given to the nursing profession as a human service. Nurses must not feel dispensable or disposable. After all, we are a *caring profession*, committed to alleviate suffering. We must always put people first. **Amoy Lowe, RN, Operating Room Nurse, Mount Sinai Hospital, Toronto.**

Certification - continued from page 25

Nursing Programs. Each member took various articles and books home weekly and when finished passed these on to other members.

While no formal teaching sessions were held, our group seemed to thrive on discussion. We shared our knowledge and asked questions which had been stimulated by our research. The ORNAC Standards were reviewed in depth. This experience had immediate impact on our own standards of practice.

Finally exam day arrived. The exam, written at St. Paul's Hospital in Vancouver, was in two sessions with a break in between, time enough for lunch and a short walk around the hospital site. The booklet for each session contained approximately 100 multiple choice questions. The exam tested our knowledge and skills in competencies unique to OR nursing. Practice in answering multiple choice questions, samples of which were provided in the BCORNG study package, proved to be most beneficial.

After many weeks of waiting our results arrived.

We all had earned the professional designation of Certified in Perioperative Nursing (C)anada, CPN(C).

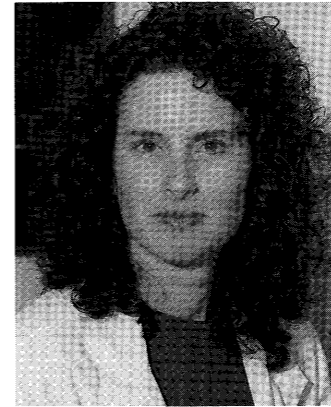
Our group would like to thank the members and Executive of BCORNG for the financial and educational support given to us in our endeavours to reach our goal. Lifelong learning is an idea currently being promoted in our society. It can be a daunting objective. We have completed our first 300 strokes. Our next 300 will be to accumulate our continuing education hours to maintain our status as certified perioperative nurses. This achievement has given us courage in our pursuit of lifelong learning.

Go for The Goal. Start Swimming!

Authors

Genelle Leifso RN, CPN(C), Lynda Magnuson RN, CPN(C), Treasurer, BCORNG, and staff nurses at BC Children's Hospital, Vancouver.

Obituary



Laura Ruth Dale, RN, BScN, died suddenly at her home in Toronto, June 9th, 1996. Laura was a Surgical Assistant, Cardiovascular Division, Toronto Hospital - General Division. She co-authored the article "*The Registered Nurse - Surgical Assistant*" published in the May/June, 1996 issue of this Journal. She also appeared on the cover in June with her colleague and co-author Joanne Bos, as Canada's First Surgical Assistant

Study links laughter with ability to fight infection

A professor of psychoneural immunology at the State University of New York has discovered a link between laughter and the levels in the body of immunoglobulin A, an antibody in the mucous that lines the nasal cavity.

Dr. Arthur Stone, asked 72 men to fill in forms for 12 weeks, describing how their day had gone and to preserve a daily mucous sample inside the fridge.

Later analysis of the samples showed that "on days when they had laughed a lot and had good things happen, there was more antibody (immunoglobulin A) found, and on bad days there was much less.

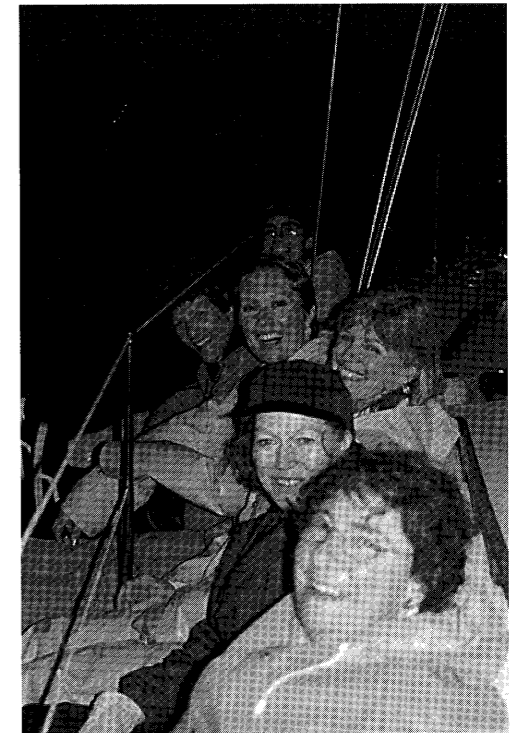
Immunoglobulin A, which helps the body fight illness by marking out invading bacteria and viruses for destruction, is just one of the substances whose levels are increased by laughter.

In an account of the benefits of laughter in the 60's, Norman Cousins, former editor of the publication, *Saturday Review*, believed that laughter triggers pain-killing substances in the brain.

Cousins, who was diagnosed with ankylosing spondylitis, eschewed the analgesic and anti-inflammatory drug treatments that were prescribed for the inflammation and pain involved. Instead he opted for massive intravenous doses of ascorbic acid (aspirin), and high levels of humour induced through various means: movies, books, tapes, videos. He wished to stimulate the production of naturally occurring analgesics, i.e., endorphins and encephalins.

His experiences and road to recovery were recorded in his book "*Anatomy of an Illness.*"

Both Arthur Stone and Norman Cousins, among others, have demonstrated that depression impairs the function of the immune system, and that there is a correlation between stress, depression and cancer, among other disorders. It follows that those who recognize and appreciate the importance of emotions (laughter) have an advantage over those who do not.



They finished last in the annual H.O.R.N.I. Sailing Race, but they had a great time. (Photo top to bottom:) Judy Little, Helen Kjemperud, Michelle Hyrcha, Charlene Tomlinson, Sheena Warebridjt and Judy Platzer, all from the Burrard Street Surgery in Vancouver. The O.R. nurses of Royal Columbian Hospital, New Westminister, B.C. were the winners.