Establish Written/Illustrated Cleaning Protocols :

Use a manual and/or automatic cleaning process.

Written and illustrated information is available from the manufacturer. Several automated cleaning units are available. Investigate the manufacturer's literature which should describe an efficient, consistent cleaning process, which may also decrease the auxiliary staff work load in the department.

Accessories:

To facilitate delicate cleaning, incorporate the use of an ultrasonic cleaner for the biopsy and forcep accessories.

To prevent any tear type incidence inspect the jaw alignment of the accessories under a magnifying glass.

Establish Inservice Programs:

The Inservice program should be conducted on a regular basis and reflect needs of the personnel involved.

Establish and Implement a Well Defined Preventative Maintenance Program:

Pre-book regularly scheduled dates for preventative maintenance (depending on unit activity) to be done in the off hours, so as not to interrupt the elective booking schedule.

Each P.M. check provides documentation (with dates), current description of the status of each scope, and draws attention to potential problems (if any).

Monitoring Protocols:

Gather and analyze information on the unit activities and work load.

Implement an electronic or manual log book, to generate data for analysis, comparison, and budget purposes (i.e. forecasting expenses).

In the log book, consider recording: the patient, diagnosis, procedure time and date, physician, if scheduled case or emergency case, and the staff assisting with the case and cleaning. This monitoring will create an audit trail to help define scheduling, activity, protocol changes and/or potential problems.

Since this equipment has many technical aspects concerning, handling, care and maintenance etc., having a designated staff assigned to work with the equipment in the various departments on a regular basis is a definite advantage.

Identify and assess what are the emergency or urgent procedures, done in the off hours or on weekends, and in what department; especially, if a call back system is necessary to provide assistance. This will help define which cases can be juggled, and or rescheduled (to do when staff, familiar with the equipment are available, (i.e. first thing Monday morning). It will also help define additional costs.

Procedural Aspects:

The flexible insertion tube of the scope is the most delicate part of the instrument and repeated encounters of undo pressures, or resistance when introducing the scope, can cause problems in the angulation assembly over a short period of time. This is expensive to repair. The repair technicians, define this as 'pressure kink' (colonoscope, gastroscope), 'bite compression' (bronchoscope) damage.

Patient related issues can contribute additional strain and pressure on the insertion tube at the time of insertion: i.e. their anxiety level and lack of relaxation, obesity.

Review the preparation protocol for the patients with the attending staff:

- review (and or standardized) the drugs administered preoperatively , i.e. bowel preparation and medication, muscle relaxant as well as sedative. (Buscopan and Versed is a routine combination of medications for colonoscopy used in many centers.)
- ensure a digital dilataffon of the anus before insertion of the scope, this decreases the opportunity to cause " undo pressure and resistance," on the scope.
- ensure the use of a bite block, for G.I. and Thoracic endoscopy.
- review injection of varices procedure, especially with new residents (so they become familiar with handling the injection needle).
- do not resterilize disposable injection needles.

Summary

The issue of "how to address flexible endoscope repair", and the incurred expenses is not new, 'NEWS.' Each hospital has its own unique situation and its own needs. Direct comparison of hospital situations point for point, or forecasting endoscope repair and additional expenses is difficult.

A reasonable long term consideration might be to centralize the equipment: in a self contained "Scope Store," which issues, receives, and reprocesses the equipment per requisition per discipline per staff. The store may also be incorporated into the Supply Processing Department, Endoscopy unit, or Respiratory Department.

This concept, or a variation of it, incorporated into the OR department has the potential to be financially beneficial. It would promote consolidating and standardizing equipment and cost effectively reduce operational expenses and provided consistency in patient care. ■

Coaching
As a Framework for Developing Staff in the Operating Room

By Jodi Cole, R, BA

Teamwork is essential to positive patient outcomes in the Operating Room. O.R. nurses function as integral members of a highly sophisticated team. New technology, equipment and procedures are regularly introduced, and O.R. nurses must continuously upgrade their knowledge and skills to accommodate these developments. Coaching is a technique that can be used to facilitate this process. It offers a framework for developing individuals while providing a mechanism for continuous performance feedback (Haas, 1992).

In support of this argument, this article will define coaching and describe the coaching process as it is applied in the workplace and the operating room. It will look at the characteristics of good coaches and the skills needed to be successful.

What Exactly is Coaching?

Coaching has been defined as an ongoing face-to-face interaction between learner and coach. It is a process of influencing behaviour that assists employees in achieving an increase in job knowledge that will help them to execute their job responsibilities more efficiently and with greater job satisfaction. It provides individuals with opportunities for personal and professional growth while developing positive working relationships. Coaching responds to an identified need or situation and may be formal or spontaneous (Haas, 1992).

Coaching is a cyclic process of assessing, planning, implementing and evaluating that recognizes that:

performance appraisals are no substitute for day-to-day skills of establishing performance expectations; taking corrective actions; recognizing positive results; establishing and following action plans and giving frequent constructive feedback. (Clemmer and McNeil,1988).

It is a careful balance between the result-driven and the self-esteem humanistic approaches to human resource management. Good behaviour is supported and employees are encouraged to aspire to their best efforts (Clemmer and McNeil, 1988).

Coaching is not looking for flaws, criticizing or trying to win points at the expense of others. The learners and coaches are on the same team, sharing experiences and helping the learners to overcome obstacles that might prevent them from accomplishing their goals and objectives. When these goals and objectives are achieved, the whole team is seen to have won.

Coaching can be an effective way of showing a new person the ropes while advising and teaching. It is somewhere between preceptoring and mentoring, and involves building a one-to-one trusting relation-

Abstract

This paper looks at coaching as a framework for facilitating the development of staff in the Operating Room. It defines coaching as an ongoing, face-to-face interaction between the learner and coach that supports and encourages employees to aspire to their best efforts. It stresses that coaches are not born but trained in life skills that they practice regularly.

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ship that is concerned with the development of individual and their ability to reach their full potential (Haas, 1992).

What Does It Take To Be a Coach?

Coaches are not born - they are trained in life skills that they practice regularly. To be effective, they must be credible. They often excel at their work; are confident in their own performance and understand the job thoroughly. They set high standards for themselves and their fellow workers. In short, they look and act the part, and are comfortable performing the task they are coaching (Perrone, 1992).

At the same time, coaches must be patient individuals who understand that not all team members value the same outcomes as they themselves do. They expect and tolerate mistakes, recognizing that it is not possible to win each and every time, but that the important thing is that the learners are giving their best and will learn from their mistakes (Haas, 1992).

Good coaches will let learners stumble but not flounder. They are supportive and able to offer advice and guidance in a timely fashion. They want the learners to succeed because they themselves are committed and concerned team-players who treat all staff equitably (Perrone, 1991). Their attention is focused on individuals and is not limited to just the very high or the very low achievers. They do not bully or publicly ridicule and embarrass learners into bettering their work. They coach by reason rather than rules, and see themselves as people movers rather than paper pushers (Clemmer and McNeil,1988).

Good coaches are flexible. They understand that there is often more than one way of doing the same thing. Being flexible encourages and nurtures creativity in their students. They do not dictate, and are able to use a blend of strategies to achieve their objectives. They respect the learner's opinion and are open-minded to suggestions and ideas. They are enthusiastic and empathetic, and are interested in the development of the knowledge and skills of the learner as an individual, rather than simply the performance of an employee (Perrone, 1992).

Coaches respect the dignity of learners and their right to personal privacy on and off the job. They do not underestimate the average individual's sense of fair play and their need to be treated with honesty and respect. They understand that employees who are not appreciated will not produce what they are capable of. Good coaches realize that they must earn participation, not command it (Clemmer and McNeil, 1988).

What Skills Does a Good Coach Need?

Good coaches are keen observers, skilled at interpreting verbal and non-verbal behaviours while monitoring performance. Good interpersonal skills are essential. They are effective communicators skilled in active listening. They use feedback, not criticism, to change behaviour by welcoming and encouraging an open, free exchange of ideas between the learner and themselves. They guide the learner to correct conclusions.

Coaches establish a climate that supports collegiality, continuous growth, risk taking and trust. They are good communicators and use a common vocabulary with the learner. They listen attentively with comprehension and are known to keep their word (Haas, 1992).

As well, good coaches understand the principles of giving feedback. They make it descriptive, not judgemental or punitive; specific, not general. They focus on behaviour(s) that the learner can change, not basic character flaws. They time the feedback as close to the event as possible (Perrone, 1992). They give it regularly and frequently, always focusing the learner to the performance that needs work. It is meaningful and constructive, and based on the principle that adults learn best and are less apt to repeat mistakes, if they understand the rationale behind rules and regulations (Clemmer and McNeil, 1988).

Appropriate feedback generates energy in learners who are motivated to improve. It is a balance between positive and negative observations that tells them how well they are doing at meeting their goals and objectives. It is best solicited, not imposed. When given, the receivers themselves are encouraged to determine what changes are needed to get them back on track. Good feedback deals with things that can be changed, and only incidents or behaviours that are likely to be repeated. Coaches avoid using emotion-laden terminology that will confuse and cloud the issue under discussion (Gordon, Zemke & Jones, 1988).

In order to create an environment that is physically and psychologically comfortable for learners, coaches require a working knowledge of the principles of adult learning and the skills to apply them. Based on these principles, coaches expect learners to be willing to take responsibility for their own learning and to be self directed. They provide learners with opportunities to express their personal views based on their life experiences, thereby making learning a co-operative activity (RNAO & OHA, 1991).

The more manual dexterity involved in the skill being taught, the more important it is for coaches to be experienced in the smells, the touch and the sounds of the job. They must be able to monitor performance against established goals and expectations, and require the analytical skills with which to do so. Firsthand knowledge renders them more credible. They are capable of identifying an increased level of sophistication in the performance of the learner as it occurs (Gordon, et al., 1988).

Coaching Process! What is That?

As previously stated, coaching is a cyclic process. Coaches start by observing their learners and gathering information. An honest appraisal of current performance is then given. Together, they set goals and objectives that enable learners to achieve the desired standards of performance. The objectives identify realistic incentives and outcomes that are measurable and focused on performance achievements and solving problems. Specific behaviour criteria are identified, expectations clarified, and a course of action decided upon (Haas, 1992).

Once established, the plan is implemented. A variety of strategies can be employed, such as self learning packages, videos, demonstrations and workshops. Imagination is the only limit to the assortment of relevant learning opportunities coaches can use to help learners achieve their goals.

Coaching in the Operating Room. Would it Work?

There is a saying in the profession, that "nurses eat their young" and the operating room nurse would be no exception to this rule. Since coaching needs a positive environment that fosters trust and commitment, it would seem unlikely that it would succeed in such a hostile setting.

However, as health care continues to downsize, workloads increase, while opportunities for formal training decline. Education is often seen as a fringe benefit, readily sacrificed in financially difficult times. Formal coaching takes time to plan, prepare and execute, but opportunities for informal coaching occur throughout the course of daily business in every Operating Room. Coaching can take place almost anytime, anywhere. It can be done before, during and after an event, wherever and whenever a learning opportunity arises. All levels of staff can engage in the process, and in settings, such as the O.R., where periods of free time are unpredictable, such flexibility is very appealing.

Perioperative nurses, as adult learners, focus on learning that is relevant to their jobs. They are anxious to integrate new knowledge and skills immediately into their practices. Coaching can facilitate this process. It can be used on tasks ranging from the most simple to the most complex, and can be customized to meet individual learning needs. It is, therefore, well-suited to the fast moving, ever changing, environment of the Operating Room, where time is limited, budgets restricted, but the need is often great.

As well, coaching maximizes the performance of highly motivated, capable individuals who show ability and would like to become more polished and proficient in their chosen field (Mott, 1992). It provides a venue for informal leaders in an O.R to share expertise with their colleagues and helps foster that positive learning environment that supports collegiality, not cannibalism! Nursing needs ways of rewarding clinical expertise as well as nurturing their young. Since Clinical Ladders are not permitted in unionized hospitals in Ontario, encouraging and supporting coaches is one method of rewarding those nurses who want to go that extra mile.

There are unique challenges for coaches in the Operating Room. They can be forced to intervene when a learner's actions put a patients at risk. Often, they are not afforded the luxury of offering feedback in privacy; they must act immediately, whatever the risk to their learner's self-esteem. How well they manage these awkward situations will depend on how well trained they are in the skill of coaching.

Coaching skills are valuable interpersonal skills that are also transferable to many other situations. For example, dealing with surgeons can be very difficult at times, and the skills used during coaching sessions give coaches the practice needed to gain confidence in dealing with such individuals more effectively.

In conclusion, coaching is a process of helping employees recognize opportunities to improve their day-to-day performance. It is a cyclic process of observation, planning, implementing and evaluation. Coaches are not born but trained. They analyze behaviours and help learners identify and implement goals and objectives that will improve performance.

Coaches must be credible and have a working knowledge of what they are coaching. They are patient, tolerant individuals who know when it is appropriate to intervene and when it is not. They are flexible

(Cole - continued on page 41)