



September 2013

Volume 31, Issue 3

ORNAC JOURNAL

Formerly Canadian Operating Room Nursing Journal



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A peer-reviewed Journal published by Clockwork Communications Inc.
for the Operating Room Nurses Association of Canada

Published Quarterly ✦ Volume 31, Issue 3, September 2013

TABLE OF CONTENTS

By/Par F.H. Scheme



- 25** Cover Photo: Barbara Mushayandebvu with Lieutenant-General the Honourable Roméo A. Dallaire ORNAC/IFPN Conference Keynote speaker on *Humanistic Leadership*

- 13** Perioperative Communication and Family Members' Perceived Level of Anxiety and Satisfaction
By/PAR: ERIC PAUL BLUM RN, B.S.N., CNOR, AND SUZANNE M BURNS RN, MSN, ACNP, CCRN, RRT, FAAN, FCCM, FAANP.
- ORNAC NETWORK / RÉSEAU DE L'AIISOC**
- 20** ORNAC National and International Conference with IFPN
- 22** Conférence Nationale et Internationale 2013 de L'AIISOC avec l'IFPN
- 26** ORNAC Awards / Prix de L'AIISOC
- 30** IFPN Report On ORNAC National & International Conference
- 32** Spotlight on ORNAC Members
- 29** Upcoming Events

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ORNAC Journal

c/o Clockwork Communications Inc.

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Printed on paper that is acid and chlorine free and contains 50% recycled content.

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SUBSCRIPTIONS:

Canada - \$36 plus GST/HST • Outside Canada - \$59
Single Copies - \$15 + tax in Canada • \$22 outside Canada
subscriptions@clockworkcanada.com

GST/HST# 84200 7148 • ISSN 1927-6141

Indexed in CINAHL, Ebsco Publishing, and part of the EBSCOHOST suite of CINAHL programs.

Publications Mail Agreement No. 40951517

Return Undeliverable Canadian Addresses to
PO Box 33145 Halifax NS B3L 4T6

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The Operating Room Nurses Association of Canada (ORNAC) is an organization of Perioperative Registered Nurses and Associates dedicated to the:

- Promotion and advancement of excellence in the provision of safe perioperative care for patients;
- Professional growth, competence and personal enhancement of the ORNAC membership; and
- Progression of perioperative professional practice at a regional, provincial, national & international level.

MISSION DE L'AIISOC

L'Association des infirmières et des infirmiers de salles d'opération du Canada (AIISOC) est un organisme d'infirmières et d'infirmiers autorisés en soins périopératoires et d'associés se consacrant :

- À la promotion et à l'avancement de l'excellence quant à la distribution de soins périopératoires sécuritaires à nos patients;
- À l'amélioration des compétences tant sur le plan professionnel que personnel; et
- À la progression de la pratique professionnelle des soins périopératoires à l'échelle provinciale, nationale et internationale.



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Canadian Red Cross	28		

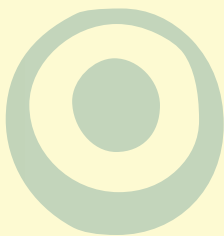
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PRESIDENT'S MESSAGE

Rupinder Khotar RN,
BScN, CPN(C), ORNAC
President is the OR Nursing
Supervisor at Providence
Health Care – St. Paul's site,
Vancouver, BC, and the Past
Chair of the ORNAC
Standards Committee.



*"To improve is to change; to
be perfect is to change
often."*

- Winston Churchill

Change is important to acknowledge – and equally important to celebrate or mourn. Something dear to me has ended and I am sad about it.

In May 2013 the final class of the Providence Health Care (PHC) Perioperative Nursing Program graduated. This marked the end of a well-known, well-regarded, and ORNAC-approved program. There was an OR program at St. Paul's Hospital (SPH), which is now part of PHC, since the 1930s. The end of this program is a significant change and I feel a sense of loss for something special.

I was, in 1992, a student in this program – known then as the St. Paul's Hospital OR Post-Basic Program for Registered Nurses – and my instructor, Gloria Stephens, was the ORNAC President. From the time I was a nursing student I had heard of the program's great reputation for graduating skilled OR nurses.

Before my current role as the OR Nursing Supervisor, at SPH, I spent 10 years as one of the two educators in the PHC Perioperative Nursing Program. It was a great experience to be part of a reputable, sound, one-of-a-kind program. The educator role was one of the most fulfilling of my career. My thanks to all of those who honoured this historic program by participating in its final celebration.

Now on to another change that is worthy of celebration. ORNAC has entered in to a new and exciting phase in its history. The Association's by-laws have been updated and its new organizational structure has been implemented. There are now five pillars: Professional Practice; Advocacy; National Conference Planning; Research & Informatics; and Marketing. These pillars have been mobilized to allow work to begin in a broad range of areas. Under the Advocacy pillar, for example, ORNAC continues to work with other health care associations to promote safe patient care and to advance

best practices in the operating room. Under the Professional Practice pillar, ORNAC has begun to develop educational material that can be accessed by every perioperative nurse. Under the National Conference Planning pillar a committee has been established and work is underway for the 2015 ORNAC National Conference in Edmonton. Those involved in the Research & Informatics pillar are focused on updating the ORNAC website and improving the availability of all ORNAC communication in both English and French. And finally, under the Marketing pillar, the committee is arranging for the ORNAC label to appear on merchandise and is collaborating on projects with other groups such as the Canadian Standards Association (CSA).

The ORNAC organizational structure is new. In order to perfect its new way of doing business each pillar must continue to evolve. There are many great opportunities for all members to get involved and help ORNAC form and polish its work. If you would like to offer your time, and expertise, please visit www.ornac.ca and submit your name for a project or a pillar. Additional information is also available by contacting a member of the ORNAC Executive (also via the website).

Another significant change for ORNAC is that perioperative nurses will, in the future, join ORNAC directly rather than through the provincial associations. The provincial groups will be amending their by-laws to support this change and several have completed this process allowing nurses from those provinces to join ORNAC directly for the 2014 membership year. ORNAC members will still receive membership in their provincial association and membership will have multiple benefits, at the National and Provincial level, including educational opportunities beyond the biennial conference and the Journal.

2014 holds a lot of promise for growth and change for ORNAC. Get involved now and influence the process. 🍁

Rupinder Khotar

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MOT DE LA PRESIDENTE

Rupinder Khotar, IA, B. Sc. Inf., CSP(C), présidente de l'AIISOC est infirmière surveillante du bloc opératoire de Providence Health Care – site de St. Paul, à Vancouver, en C.-B. et l'ancienne présidente du comité des normes de l'AIISOC.



« S'améliorer, c'est changer; être parfait, c'est changer souvent »
- Winston Churchill

Il est important de reconnaître le changement, tout comme de célébrer ou de pleurer la perte d'un être cher. Quelque chose qui m'était cher a pris fin et j'en suis bien triste.

En mai 2013, les finissants du programme de soins périopératoires de la Providence Health Care (PHC) ont obtenu leur diplôme. Cette remise de diplômes a marqué la fin d'un programme bien connu, réputé et approuvé par l'AIISOC. Un programme de salle d'opération existait à l'Hôpital St-Paul (SPH), qui fait maintenant partie de la PHC, depuis 1930. La fin de ce programme entraîne un changement important et j'ai l'impression que nous avons perdu quelque chose de spécial.

En 1992, j'étais étudiante au sein de ce programme, connu alors comme le programme avancé de salle d'opération de l'Hôpital St-Paul pour les infirmières autorisées. Ma formatrice était Gloria Stephens, la présidente de l'AIISOC. Depuis mes débuts, alors que j'étais étudiante-infirmière, j'avais entendu parler de l'excellente réputation du programme qui produisait des infirmières et des infirmiers de salle d'opération compétents.

Avant d'occuper le poste de superviseur en soins infirmiers de la

salle d'opération à l'Hôpital St-Paul, j'ai été durant 10 ans l'une des deux éducatrices du programme de soins périopératoires de la PHC. Ce fut une expérience incroyable de faire partie d'un programme réputé, compétent et unique en son genre. Le rôle d'éducatrice a été l'un des plus enrichissants de ma carrière et je remercie tous ceux et celles qui ont honoré ce programme historique par leur participation à la dernière célébration.

Passons maintenant à un autre changement qui vaut la peine d'être célébré. L'AIISOC a entamé une nouvelle étape trépidante de son histoire. Les règlements de l'association ont été mis à jour et sa nouvelle structure organisationnelle a été mise en œuvre. Il y a maintenant cinq piliers : la pratique professionnelle; la défense des droits; la planification des conférences nationales; la recherche et l'informatique; et le marketing. Ces piliers ont été mobilisés pour nous permettre de réaliser du travail dans toute une gamme de domaines. Sous le pilier de la défense des droits par exemple, l'AIISOC continue de collaborer avec d'autres associations de soins de santé afin de promouvoir des soins sécuritaires pour les patients et de faire avancer les pratiques exemplaires en salles d'opération. Sous

le pilier de la pratique professionnelle, l'AIISOC a commencé à élaborer du matériel éducatif mis à la disposition de toutes les infirmières et de tous les infirmiers en soins périopératoires. Sous le pilier de la planification des conférences nationales, un comité a été formé et ce dernier a déjà commencé à planifier la conférence nationale de l'AIISOC de 2015, à Edmonton. Les personnes travaillant au sein du pilier pour la recherche et l'informatique s'efforcent de mettre à jour le site Web de l'AIISOC et d'améliorer la disponibilité de la communication de l'AIISOC en anglais comme en français. Enfin, sous le pilier du marketing, le comité s'organise pour que le logo de l'AIISOC apparaisse sur la marchandise tout en collaborant à des projets avec d'autres groupes, comme l'Association canadienne de normalisation (CSA).

La structure organisationnelle de l'AIISOC est nouvelle et dans le but de

peaufiner sa façon de faire affaire, chaque pilier doit continuer à se développer. Il existe de nombreuses excellentes opportunités pour tous les membres qui voudraient s'impliquer et aider l'AIISOC à accomplir et à perfectionner son travail. Si vous désirez faire don de votre temps et de votre expertise, veuillez visiter www.aiisoc.ca et soumettre votre nom pour un projet ou comme membre d'un pilier. Vous pouvez également obtenir de plus amples renseignements en contactant un membre du conseil de direction de l'AIISOC (aussi par le biais du site Web).

Un autre changement important pour l'AIISOC est qu'à l'avenir les infirmières et les infirmiers en soins périopératoires adhéreront directement à l'AIISOC plutôt que par l'entremise des associations provinciales. Les groupes provinciaux feront des modifications à leurs règlements afin d'appuyer ce changement et plusieurs

d'entre eux ont déjà terminé ce processus permettant ainsi aux infirmières et aux infirmiers de ces provinces d'adhérer directement à l'AIISOC pour l'année 2014. Les membres de l'AIISOC continueront d'être membres de leur association provinciale et cette adhésion comprendra plusieurs avantages, tant au plan national que provincial, notamment des événements éducatifs autres que les conférences aux deux ans et la revue.

2014 s'annonce rempli de belles promesses favorisant la croissance et le changement au sein de l'AIISOC. Impliquez-vous maintenant et ayez votre mot à dire quant au processus. 🌟

Rupinder Khotar

Editorial Review Panel

If you're interested in joining the ORNAC Editorial Review Panel review panel e-mail journal@ornac.ca for more information.

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EXECUTIVE DIRECTOR'S MESSAGE

Catherine Harley, RN, eMBA, ORNAC Executive Director
executivedirector@ornac.ca

Building the ORNAC Team



The ORNAC Board has been reduced to 17 members (from a previous 28) including an Executive of 4 (President, President Elect, Secretary and Treasurer)

The Outcome of the ORNAC Board Governance Initiative

Governance, one of the priorities set out in the ORNAC Strategic Plan, relates to the structure of the Board of Directors and the composition of board membership. The timing of the ORNAC Governance Initiative was optimal as it coincided with the Federal Government's new Canada Not-for-Profit Corporations Act. To comply with this new Act, and ensure ORNAC would remain relevant and sustainable in the future, the ORNAC Board of Directors needed to review the letters patent and develop "Articles of Continuance" as well as review and revise the ORNAC By-laws. During the April 20, 2013, ORNAC Annual General Meeting the Articles of Continuance and new By-laws were voted on, by the existing ORNAC members via a Special Resolution, and the motion was passed.

Changes to the ORNAC Structure

The ORNAC Board has been reduced to 17 members (from a previous 28) including an Executive of 4 (President, President Elect, Secretary and Treasurer). Each Province will have an elected representative (with nominations of candidates taking place at the provincial level). The Board will also have three seats for Leadership, Advanced Practice, and Education with representatives elected from among nominated candidates who are

Perioperative Registered Nurses with skills in these areas – and who may be members of CORL, RNFANC and PNEC. ORNAC Members will now join ORNAC directly and will continue to be members of their Provincial Association through this ORNAC membership (with benefits provided at the national and provincial levels). Starting in the Fall of 2013 ORNAC will be launching a National Membership Database, where members can join ORNAC directly on-line and can access other perioperative nurses for networking purposes. All ORNAC members will have the right to vote on resolutions impacting on ORNAC's future.

Physicians, SPD and CSR staff, and RPNs who work in the operating room as well as industry representatives/employees will also be able to join ORNAC as Associates. While Associates do not have voting rights, they will receive benefits by joining the association.

What does this mean for Provincial Associations?

The Provincial Associations will remain in place, have the same names and governance structure, and will be supported by ORNAC through access to expertise and funding through a portion of the membership fees. ORNAC Members will be encouraged to participate in their Provincial

ED MESSAGE cont. on page 12

MESSAGE DE LA DIRECTRICE GÉNÉRALE

Catherine Harley, IA, M.B.A. pour cadres, directrice générale de l'AIISOC
executivedirector@ornac.ca

Renforcer l'équipe de l'AIISOC



Les résultats de l'initiative de gouvernance du conseil d'administration de l'AIISOC

La gouvernance, l'une des priorités établies par le plan stratégique de l'AIISOC, se rapporte à la structure du conseil d'administration et à la composition des membres. Le choix du moment pour l'initiative de gouvernance de l'AIISOC était optimal, car il coïncidait avec l'introduction de la nouvelle Loi régissant les organismes à but non lucratif du Canada mise en place par le gouvernement fédéral. Pour se conformer à cette nouvelle loi et faire en sorte que l'AIISOC demeure pertinente et durable à l'avenir, le conseil d'administration de l'AIISOC a dû réviser ses lettres patentes et élaborer des « Clauses de prorogation » ainsi que réviser et modifier les règlements de l'AIISOC. Lors de l'Assemblée générale annuelle de l'AIISOC qui a eu lieu le 20 avril 2013, les membres existants de l'AIISOC se sont prononcés sur les clauses de prorogation et sur les nouveaux règlements à l'aide d'une résolution extraordinaire, et la motion a été adoptée.

Changements à la structure de l'AIISOC

Le conseil d'administration de l'AIISOC est maintenant passé à 17 membres (il y en avait 28 auparavant) et la direction comprendra 4 membres

(président (e), président(e) élu(e), trésorier(ère), secrétaire). Chaque province aura un(e) représentant(e) élu(e) (mises en candidature à l'échelle provinciale). Le conseil d'administration comprendra également trois sièges pour des membres du leadership, de la pratique avancée et de l'éducation dont les représentants auront été élus parmi des candidats nommés qui sont des infirmières ou des infirmiers autorisés en soins périopératoires ayant des compétences dans ces domaines – et qui pourraient être membres des LCSO, de la RNFANC et des ESPC. Les membres de l'AIISOC adhéreront maintenant directement à l'AIISOC et continueront d'être membres de leur association provinciale par l'entremise de cette adhésion à l'AIISOC (avec des avantages tant au plan national que provincial). À compter de l'automne 2013, l'AIISOC lancera une base de données nationale des membres à partir de laquelle les membres pourront adhérer directement en ligne à l'AIISOC et réseauter avec d'autres infirmières et infirmiers en soins périopératoires. Tous les membres de l'AIISOC auront le droit de voter en ce qui a trait aux résolutions ayant des répercussions sur l'avenir de l'AIISOC.

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Le conseil d'administration de l'AIISOC est maintenant passé à 17 membres (il y en avait 28 auparavant) et la direction comprendra 4 membres (président (e), président(e) élu(e), trésorier(ère), secrétaire).

médicales et les infirmières et infirmiers auxiliaires autorisés qui travaillent en salles d'opération ainsi que les représentants et les employés de l'industrie pourront également se joindre à l'AIISOC en tant qu'associés. Même si les associés n'auront pas le droit de vote, ils auront accès à de nombreux avantages dont jouissent les membres.

Qu'est-ce que cela signifie pour les associations provinciales?

Les associations provinciales demeureront en place, auront les mêmes noms et la même structure de gouvernance, et seront appuyées par l'AIISOC qui offrira son expertise et

MESSAGE DE LA DIRECTRICE GÉNÉRALE (cont.)

son financement grâce à une partie des frais d'adhésion qui y seront alloués. On encouragera les membres de l'AIISOC à participer au sein de leur association provinciale tout en leur permettant d'avoir accès aux programmes nationaux de l'AIISOC, comme à l'éducation et à la revue de l'AIISOC.

Qu'est-ce que cela signifie pour l'avenir?

Les membres de l'AIISOC bénéficieront d'avantages améliorés au plan national (les avantages seront publiés sur www.aiisoc.ca dès le mois d'octobre 2013) et continueront d'être membres d'une association provinciale de soins périopératoires. Ils auront le droit de voter lors des assemblées générales annuelles de l'AIISOC (AGA) et seront avisés des dates des AGA en plus de recevoir la trousse d'information de 21 à 60 jours avant l'AGA. Ils auront aussi la possibilité d'être nommés et élus au conseil d'administration de l'AIISOC et (ou) d'être bénévoles au sein des initiatives de piliers, comme pour la planification des conférences nationales, la recherche et l'informatique, la pratique professionnelle, l'action politique et le marketing. Veuillez communiquer avec la direction de votre association provinciale de soins périopératoires pour déterminer les dates limites pour transférer votre adhésion provinciale à une adhésion nationale (2013-2014 sera une année de transition pour ce processus). Nous sommes impatients de vous avoir tous et toutes comme membres de l'AIISOC et de votre association provinciale de soins périopératoires. 🍁

EXECUTIVE DIRECTOR'S MESSAGE (cont.)

Associations while also having access to ORNAC national programs such as education and the ORNAC Journal.

What does this mean for the Future?

ORNAC members will receive expanded benefits from the National level (benefits will be listed at www.ornac.ca by October 2013) and will continue to be a member of a Provincial perioperative nursing association. They will have the right to vote at ORNAC Annual General Meetings (AGMs) and will receive notification of AGM dates as well as receiving information packages 21-60 days in advance of the AGM. They will also have the opportunity to be nominated and elected to the ORNAC Board of Directors and/or to volunteer to participate in for Pillar Initiatives under National Conference Planning, Research & Informatics, Professional Practice, Political Action, and Marketing. Please check with the Executive of your Provincial perioperative nurses association to determine the timeline for them to shift from provincial to national membership (2013-2014 will be a transitional year for this process). We look forward to having all of you as a part of ORNAC and your provincial perioperative nurses association. 🍁



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LA COMMUNICATION PÉRIOPÉRATOIRE ET LE NIVEAU D'ANXIÉTÉ ET DE SATISFACTION PERÇU DES MEMBRES DE LA FAMILLE

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Les normes de l'AISOC relatives à cet article figurent dans la publication Normes, lignes directrices et énoncés de positions pour la pratique de soins infirmiers périopératoires autorisés (9^e édition) de l'Association des infirmiers et infirmières de salle d'opération du Canada (AISOC) de juin 2009, section 1, p. 13; section 1, normes 1.1.6, 1.1.10, 1.1.13, p. 33; section 1, normes 2.3.7, 2.3.8, 2.4.1, p. 37; et section 1, norme 4.5.6, p. 43.

RÉSUMÉ :

L'objectif de cette étude était d'identifier les effets de la communication peropératoire périodique entre les membres de la famille du patient et l'infirmière de la salle d'opération. Les hypothèses sous-tendaient que les mises à jour périodiques pourraient :

- 1) diminuer le niveau d'anxiété perçu lié à l'intervention chirurgicale;
- 2) accroître la satisfaction générale des personnes face à l'expérience périopératoire.

Dans cette étude de commodité, les participants ont été affectés au hasard soit au « groupe témoin » (aucun appel téléphonique périodique) soit au « groupe intervention » (appels téléphoniques peropératoires périodiques toutes les deux heures). Les membres de la famille des participants à l'étude ont rempli des sondages

préopératoires et postopératoires. Cent dix-sept (117) personnes ont rempli les sondages (55 = groupe témoin et 62 = groupe intervention). Les conclusions de cette étude ont démontré que les familles recevant des mises à jour périodiques de l'infirmière en service externe de la salle d'opération éprouvaient un faible niveau d'anxiété ($p = 0,002$), percevaient l'expérience comme une « bonne expérience » ($p < 0,0001$) et étaient plus satisfaites ($p = 0,0002$) que les familles qui ne recevaient aucune mise à jour.

REMERCIEMENTS :

Les auteurs du manuscrit tiennent à remercier leurs collègues de salle d'opération qui ont participé à l'élaboration de cette étude et (ou) à la collecte de données : Kenneth Goodberry, IA, B. Sc. Inf., Terry Breden, IA, B. Sc. Inf., IASO, IPAC, Lora Carver, IA, Paula O'Buckley, IA, B. Sc. Inf., Timothy Epele, IA, B. Sc. Inf. et Courtney Smith, IA, B. Sc. Inf. Les auteurs remercient également notre statisticien, Mark Conaway, Ph. D.

Eric Paul Blum, IA, B. Sc. Inf. est décédé le 9 juin 2013. Il a été, durant plus de vingt ans, un infirmier de salle d'opération bien aimé à l'Université de la Virginie, à Charlottesville, en Virginie. Sa gentillesse, son humour et son intelligence, alliés à sa passion pour les soins infirmiers et la pratique fondée sur des preuves, ont fait de lui un leader et une inspiration pour nous tous! Il était très fier de son travail sur la communication avec les membres de la famille, et de sa propre pratique... Eric joignait assurément la parole aux actes. J'ai été personnellement inspirée par son engagement absolu pour faire ce qui convient et par son désir de défendre les membres de la famille qui sont si vulnérables, alors qu'ils attendent anxieusement des nouvelles de leur être cher. Je parle au nom de tous mes collègues de l'Université de la Virginie lorsque je dis que nous nous ennuierons terriblement d'Eric, mais que nous sommes très reconnaissants et fiers que son travail sur la communication familiale soit consulté et intégré à la pratique clinique. Il en aurait été enchanté!

- Suzi Burns

PERIOPERATIVE COMMUNICATION AND FAMILY MEMBERS' PERCEIVED LEVEL OF ANXIETY AND SATISFACTION

Authors:

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ABSTRACT:

The purpose of this study was to determine the effect of periodic intraoperative communication between patients' waiting family members and the Operating Room (OR) nurse. The hypotheses were that the periodic updates would:

- 1) decrease perceived anxiety levels related to the surgical procedure; and
- 2) increase the overall satisfaction with the perioperative experience.

In this convenience study participants were randomly assigned to either the "control group" (no periodic phone calls) or the "intervention group" (periodic intra-operative phone calls every two hours). Family member study participants completed both pre-operative and post-operative surveys. One hundred and seventeen (117) family member participants completed surveys (55=control group and 62= intervention group). The results of this study demonstrated that families receiving periodic updates from the OR circulating nurse experienced decreased anxiety levels ($p = 0.002$), perceived the experience to have been a "good experience" (p

< 0.0001), and were more satisfied ($p = 0.0002$) than the families that received no updates.

Introduction:

The holistic nature of nursing is evident in the belief that caring for a patient means the inclusion of key family members and significant others in their care. One essential aspect of family support is the provision of information about the patient's status to those who have been identified by the patient to be the appointed recipient of such updates. Literature on communication with family members of critically care patients, and those waiting for word of their loved ones in the perioperative setting, suggest that communication is very important and is linked to anxiety and satisfaction levels.¹⁻⁷

The authors of this study performed a literature review using Ovid Medline from 1990 to 2012 with the search terms family communication, perioperative care, and family information. Combining these terms yielded 19 articles while an additional review of selected articles in the critical care literature on family communication yielded an additional five. The authors

chose to use only those that were most consistent with the focus on communication with family members and the related outcomes. Many of these studies on communication are relatively old but, the authors did not believe this diminished their importance. Three of the selected studies are described below.

Eric Paul Blum RN, BSN passed away on June 9th, 2013. He was a beloved Operating Room nurse, for over 20 years, at the University of Virginia in Charlottesville, Virginia. His kindness, humour, and intelligence, combined with his passion for nursing and evidence-based practice, made him a leader and inspiration to us all! He was very proud of his work on communication with family members, and in his own practice... Eric definitely "walked the walk". I was personally inspired by his absolute commitment to doing the right thing and his advocacy for family members, who are so vulnerable, as they anxiously await news of their loved ones. I speak for all my colleagues at the University of Virginia when I say that we will miss Eric terribly but are so very grateful and pleased that his work on family communication will be read and integrated into clinical practice. He would be delighted!

- Suzi Burns

The holistic nature of nursing is evident in the belief that caring for a patient means the inclusion of key family members and significant others in their care.

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Study 1:

Molter, in her seminal work on the needs of family members of critically ill patients, found that a dominant need was the provision of timely information about their loved ones.³ Similar findings by Prachar et al, were noted in a neurological critical care setting where family members were surveyed using Molter's family needs assessment survey.⁴ But, as noted by Bond et al, families report a frustrating lack of adequate and consistent information.⁵ In addition, the authors suggest that information is so important to family members that they are often willing to accept even information that denotes prognostic futility, providing the information is honest.

Study 2:

Leske reported on the anxiety of family members who were waiting for their loved ones in surgery.⁶ Intraoperative progress reports were provided to half the sample (N=50) while control group family members (N=50) received "usual care". The family members' state anxiety level (STAI S-Anxiety Inventory), mean arterial pressure (MAP), and heart rate during the elective surgical procedures were compared between groups. Family members in the experimental group reported lower STAI S-Anxiety scores ($p < .001$), and had significantly lower MAP and heart rates than did the control group ($p < .001$).⁶ Of note, the authors reported that no significant relationship exists between family members' ratings of anxiety and the length of the waiting period.

Study 3:

In another study, Leske describes the effect of intra-operative progress reports on a family members' anxiety.⁷ The participants were placed into 4 study groups. The groups were those who received:

1. no intra-operative phone calls;
2. "in-person" progress reports from perioperative nurses;
3. an "attention" protocol which included a checklist explaining hospital routines and waiting room procedures; and
4. progress reports that were delivered via telephone.

The "in-person" intra-operative progress report group reported lower anxiety scores than the other three groups ($p = 0.001$).⁷ The study results were similar to her previous study (described earlier) with the exception that in the earlier study the majority of the patients were undergoing ambulatory surgical procedures.

Regular updates and information have been shown to decrease the anxiety of anxious waiting family members but this need may not, however, be obvious to the doctors or other staff who are focused on the surgery.

Family members who come to the hospital to support their loved ones requiring surgery experience, according to the above studies, anxiety and their anxiety may be somewhat abated with periodic updates and selected information. Many hospitals do not, unfortunately, routinely provide such information and there may be long periods of time where information about the patient is not forthcoming. Reasons for this are unclear but, as suggested by Dexter and Epstein, "surgical facilities should strive to provide in-person progress reports to family members while their relatives are undergoing surgery. To satisfy HIPAA regulations, the staff and physicians who talk to family members in the waiting room will need to determine first if the patient has agreed to the release of information (e.g., to assure HIPAA compliance)."⁸ Note: HIPAA stands for "Health Insurance Portability and Accountability Act." The HIPAA Privacy Rule provides US Federal protection for personal health information held by covered entities and gives patients an array of rights with respect to that information.⁹

Study Rationale

At the authors' institution a circulating nurse meets with the patient and family preoperatively to complete a pre-operative assessment and provide information about the perioperative routine. The family members have, in addition, the opportunity to discuss the surgery with the surgeon and have often been provided with an estimate of "anticipated surgical time". This anticipated time may be very accurate from the surgeon's perspective but it can, however, differ significantly from the total time the patient is actually in the OR. Regular updates and information have been shown to decrease the anxiety of anxious waiting family members but this need may not, however, be obvious to the doctors or other staff who are focused on the surgery. As a result the update frequency and type of information can vary based on individual surgeon or caregiver practices.

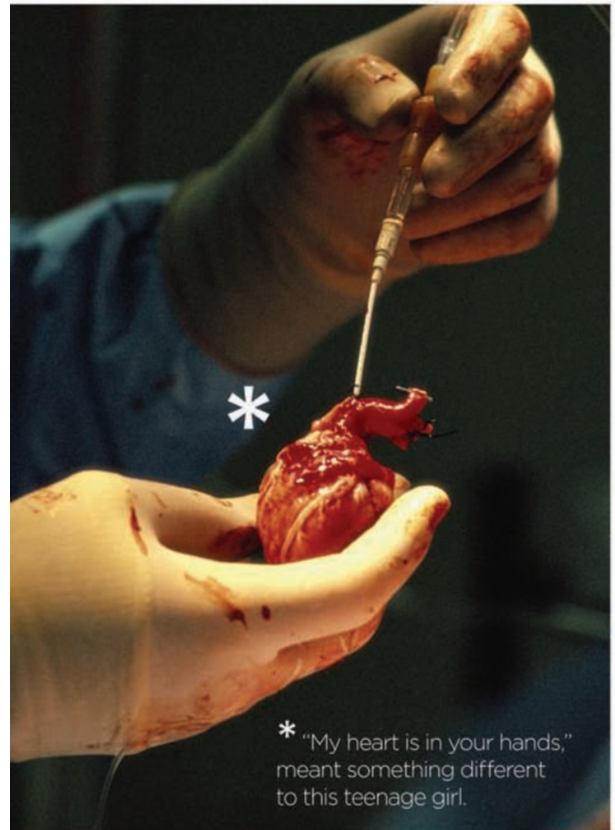
The study investigators' hospital is a 700 bed academic medical center in the mid-Atlantic region of the U.S. An institutional satisfaction survey is used, throughout the hospital, on a yearly basis. The results of this hospital survey, obtained prior to designing the study, suggested that more might be done to improve the satisfaction of family members during the perioperative experience. The specifics of "what might be done" to improve satisfaction were, however, not available. The study team believed that patients and families may not be satisfied with the adequacy of information received during their family member's surgical and recovery periods. The investigators recognized that there was no consistent practice for informing the patient's family about the progression of surgery. Some surgical teams routinely updated the family at prescribed intervals but others, regardless of the length of surgery, did not provide updates. The research team believed that a more standardized approach to communication with family members would be beneficial and should be developed. To that end the study was designed to determine whether or not providing periodic telephone updates to waiting family members would decrease their perceived level of anxiety and increase their overall satisfaction with the perioperative experience. The study hypothesis was that families of patients who are undergoing surgical procedures will, when provided with periodic intraoperative updates about the progression of the surgery, experience decreased levels of anxiety and increased satisfaction in comparison to families who do not receive periodic intraoperative telephone updates.

Study Sample:

The study consisted of a convenience sample of family members (or significant others) of patients undergoing a surgical procedure that was at least two hours in duration. Each family group identified one person who would complete the survey for the family. The participating family member had to be at least 18 years old and be willing and able to complete the study survey. The participants were randomly assigned, by coin toss, to two study groups. One additional group of patients was also included and is described below. The sample was designed to assure that there were 50 participants in each study group for a total of 100 participants. A power analysis revealed that for a power of 0.8 with significance of 0.05 the study required 102 participants to evaluate the two study outcomes (anxiety and satisfaction). The study groups were:

1. **The control group:** family members who did not receive any intraoperative updates and who agreed to complete both the pre- and post-operative questionnaires;
2. **The intervention group:** family members whose loved one would receive regular intraoperative updates. These individuals agreed to be reachable by a reliable method of communication (i.e. willingness to wait for phone calls

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in the surgical waiting lounge or on a cell phone) and were willing to fill out the pre- and post-operative questionnaires; and

3. The third group consisted of family members who were not randomly assigned but, instead, placed in the *intervention group*. This cohort of 10 patients was selected for the *intervention group* because it was known that their surgery was being provided by a select surgical service that always, automatically, provided patient family members with regular periodic updates.

Exclusion criteria included:

- 1) surgery less than two hours;
- 2) inability or unwillingness of family members to complete the pre- and post-operative questionnaires;
- 3) the attending surgeon requesting that periodic intraoperative updates be given (control group only);
- 4) attending surgeon requesting that no updates be given (intervention group only);
- 5) an inability to ensure that reliable method of communication would be available during the intraoperative period (intervention group only); and
- 6) non-English speaking.

The study was approved by the hospital's Institutional Review Board. All members of the "OR Nursing Research Team" completed the institution's required "Citi Training" (www.citiprogram.org/citiinfo.asp).

Materials and Methods:

On the evening before the study at least two members from the OR Nursing Research Team reviewed the next day's surgery schedule to determine which surgeries met the study criteria. On the day of the study the OR research team assigned each case to either the control or the intervention group by flipping a

coin. If the surgery was from one of the services that already provided intraoperative updates then that case was automatically assigned to the intervention group. Once the case had been assigned to either the control group or the intervention group the pre-operative nursing assessment was completed by the assigned nurse.

On the day of surgery either the circulating nurse or a pre-assigned data collection nurse took the family members to a private area, in an adjoining surgical admission suite, to explain the study and obtain verbal consent from both the patient and their family members.

If the surgery had been assigned to the control group the investigator then asked the patient and their family if they would be willing "to participate in a nursing research project that was examining the effects of intraoperative communication". If they gave verbal consent to participate the OR investigators then explained that they would be asked to complete a pre- and post-operative questionnaire and that a data collection nurse would meet with them pre-operatively to answer any questions that they may have and to administer the pre-operative questionnaire. The nurse assigned a random alpha-numeric descriptor to each subject. This descriptor was placed in the top right hand corner of both the pre-operative and post-operative questionnaires.

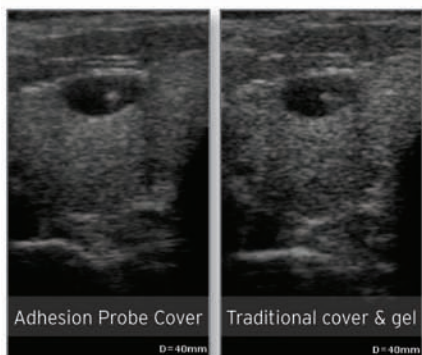
If the surgery had been assigned to the intervention group the same procedure was followed except that the family was informed that they would receive a telephone call, either in the family waiting lounge or at a provided cell phone number, at the beginning of surgery to notify them that surgery had begun and then at approximately two to three hour intervals with updates on the progression of surgery.

The data collection nurse was notified after the pre-operative nursing assessment for both groups was completed and s/he introduced him/herself to the participants, administered the



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COMMUNICATION (cont.)

On the day of the study the OR research team assigned each case to either the control or the intervention group by flipping a coin.

pre-operative questionnaire, and explained that s/he would be the person delivering and collecting the post-operative questionnaire. The anaesthesia care provider then transported the patient to the OR and the patient's family was sent to the family waiting lounge.

Once the surgical incision had been made, and surgery was underway for the intervention group patients, the circulating nurse contacted the waiting family member (in either the family lounge or at the provided cell phone number) to notify them that surgery had begun. At this time they also informed the family member of the approximate times of day that they should expect a call with an update. At the prescribed times (intervals of two to three hours) the family was contacted,

in the same manner, and given an update on the progress of the surgery. All updates were done by phone. None were done in person. Prior to making any update calls the circulating nurse alerted the attending surgeon that it was time to give the family an update and asked if there was any specific information the surgeon wanted conveyed. If there was no specific information to be conveyed then messages such as "surgery is progressing as expected", "surgery is going well" and "Mr. X's surgery is going fine" were given and an approximate time for the next update was established. The content of these messages was designed primarily to provide reassurance and not necessarily to share any specific information. All members of the research team were trained in the use of similar statements

ORNAC National and International Conference with IFPN

OTTAWA, ON – APRIL 21 TO 25, 2013

Submitted by: Margot Walsh RN, CPN(C), ORNAC National Conference Planning Chair.



International Federation of Perioperative Nurses

ORNAC played host, in our nation's capital, with its rich in history and diversity, to the 23rd ORNAC National and International Conference with IFPN. Our committee was privileged to play an integral role in this history making conference and providing the opportunity for everyone in attendance to network with our amazing colleagues from across Canada and from many other countries. It was an amazing opportunity to that strengthened our knowledge through an outstanding educational program, a vendor community committed to excellence, social activities highlighting our Canadian culture, and the celebration of ORNAC's 30th Birthday.

Delegates were welcomed and entertained by a local fiddle group, Ellie Squared, prior to the introduction of our Master of Ceremonies Mr. Kent Woodhall. Mr. Woodhall, a local perioperative nurse, led an impressive Opening Ceremonies that began with bagpiper Mary Byford (also a local perioperative nurse), followed closely by an RCMP officer dressed in full red serge uniform. The ceremonies included an impressive presentation of our Canadian flag followed by the IFPN flag, the ORNAC Executive and Board with their respective Provincial and Affiliate Member Flags, the National Planning Committee, and the NEAC Executive, followed by the singing of the National Anthem. Reverend Bruce Pocock began the ceremonies with the Invocation followed by greetings from our many ORNAC, IFPN representatives, and invited dignitaries. This was followed by the presentation of the

ORNAC Awards and the unveiling of our Conference Print (created by a young and inspiring artist, Conor Beck, who has special ties to our perioperative world) "Bridge Over The Rideau" an awe inspiring tribute to the natural and man-made beauty in the area.

On conclusion of the ceremonies the delegates were led by the bagpiper on to the exhibit floor for the Grand Opening of Exhibits. 73 companies, utilizing the equivalent of 136 booth spaces, showcased their latest technology to the over 900 delegates in attendance.

Dr. Dave Williams, one of NASA's most accomplished astronauts and an Emergency Physician, was the keynote speaker with his topic of "Risk Management: Don't Take Chances, Manage Risks" where he shared his experiences and outcomes as both an astronaut and a member of the healthcare profession.

The conference Call for Abstracts resulted in an impressive 14 poster presentations and 48 oral presentations from 73 speakers from across Canada as well as from the USA, UK, Russia, Greece, France, Turkey, Australia, Ireland, Korea, Estonia, Belgium, and Sweden. Topics included, to highlight just a few, "Safe Surgery Saves Lives: The WHO 2nd Global Challenge. The Plan, Potential and Pitfalls, Reflections and Perspectives of a global initiative"; "360 degree minimally invasive surgery (MIS) - Endonasal, Pituitary and Skull Base Approaches"; "Training for Safe Behaviours in the Operating Room"; "The Future of Healthcare: Comparing US and Canada to the World"; and "Establishing Perioperative Nursing Programs International Perspective".



2013 National Conference Planning Committee /
Comité 2013 de la planification des
conférences nationales

ORNAC CONFERENCE WITH IFPN (cont.)



Perioperative Nurses Group from Russia / Groupe d'infirmières en soins périopératoires de la Russie

The Social Committee organized a fun and entertaining “Canadian Culture Night” to celebrate the cultural diversity of Canadian cuisine, dance, and entertainment. The 30th Birthday Party included a fitting tribute to the past ORNAC Presidents and an introduction to the new President. Many wonderful memories were shared and the passion for ORNAC was very clear in their speeches.

ORNAC hosted a town hall meeting providing information on the new structure and an invitation to all members to play an active role in the Association’s future. Another highlight of the conference was the release of the 11th Edition of the ORNAC Standards, in both French and English, with a special 30th Anniversary commemorative cover. Congratulations to the Standards Committee who worked many tireless hours to make this possible! ORNAC, represented by various local perioperative nurses, hosted a public Patient Safety kiosk one day prior to the opening of the Conference. This opportunity, in partnership with the Patients for Canadian Patient Safety and the Canadian Nurses Association, highlighted the role of the perioperative nurse in an environment that is unfamiliar to many.

Toward the close of the conference a plenary session, by Dr. Kay Ball, on “The Secret to Perioperative Nursing Excellence: Taking Care of Yourself First” brought a humorous and entertaining perspective on the importance of maintaining and prioritizing a healthy body, mind, soul, family, society, and finances.

Our closing keynote speaker, in stark contrast to Dr. Ball’s lighter topic, was Lt. Gen. The Hon. Romeo Dallaire who spoke on “Leadership: A Humanistic Approach”. His experiences

documented some of “the most extreme results of being given responsibility without authority.” He addressed the ethical and moral issues surrounding political conflict and his strong believe that governments MUST put humanity above political and economic interests. What a way to finish off a powerful conference!

Closing remarks were given by many including Lucia Pfeuti, on the 2015 National Conference in Edmonton, AB; Catherine Harley, ORNAC Executive Director; and Irini Antoniadou, IFPN President. Karen Frenette, outgoing ORNAC President presided over the Transfer of the Chain of Office to Incoming President Rupinder Khotar and then delegates were introduced to the new ORNAC Executive and Board of Directors. Rupinder Khotar then completed her first official task as ORNAC President with the closing of the conference.

I would like to take this opportunity to sincerely thank the entire ORNAC National Conference Planning Committee for their commitment and dedication that resulted in the successful planning and preparation for this conference. The time, passion and tireless volunteer hours given towards the smooth running of this event were key to its success. Thank you all for attending and contributing to the “International Alliance” and helping us grow and create a new energy to achieve our “Perioperative Best Practice”.

See you in Edmonton, AB, May 3 to 7, 2015!



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DU CANADA



International Federation of Perioperative Nurses

Soumis par : Margot Walsh IA, CSP(C), présidente du comité de la planification des conférences nationales.

L'AIISOC a accueilli dans notre capitale nationale, riche en histoire et en diversité, la 23e Conférence nationale et internationale de l'AIISOC avec l'IFPN. Notre comité a eu l'honneur de jouer un rôle crucial dans cette conférence marquante qui a permis à tous et à toutes de réseauter avec nos formidables collègues de part et d'autre du Canada et de plusieurs autres pays. Ce fut une occasion extraordinaire de solidifier nos connaissances grâce à un remarquable programme éducatif, une communauté de fournisseurs se vouant à l'excellence, des activités sociales mettant en lumière notre culture canadienne et la célébration du 30e anniversaire de l'AIISOC.

Le groupe local de joueurs de violon, Ellie Squared, a accueilli et diverti les délégués avant que le maître de cérémonie, M. Kent Woodhall ne leur soit présenté. M. Woodhall, un infirmier en soins périopératoires de la région, a animé avec brio une cérémonie d'ouverture impressionnante, débutant avec la joueuse de cornemuse Mary Byford (également une infirmière en soins périopératoires de la région), suivie de près par un agent de la GRC vêtu de l'uniforme complet avec la tunique rouge. Les délégués ont pu



By/par: F.H. Scheme

Bonnie McLeod, Irini Antoniadou, and/et
Cheryl Winter

assister à une présentation spectaculaire de notre drapeau canadien, suivi du drapeau de l'IFPN, du conseil de direction et du conseil d'administration de l'AIISOC, accompagnés des drapeaux respectifs de leurs membres affiliés et provinciaux, du comité de la planification des conférences nationales et du conseil de direction du CCNE, le tout se terminant par l'hymne national. Le révérend Bruce Pocock a ouvert la cérémonie par une oraison et les salutations de nos nombreux représentants de l'AIISOC, de l'IFPN et de dignitaires invités ont suivi. Par la suite, les Prix de l'AIISOC ont été présentés et la gravure de la conférence a été dévoilée (créée par un jeune artiste inspirant, Conor Beck, qui est lié de façon toute spéciale à notre monde périopératoire) « Le pont enjambant le canal Rideau », est un hommage grandiose à la beauté naturelle et artificielle de la région.

À la clôture de la cérémonie, les



By/par: F.H. Scheme

ORNAC President and Past Presidents cut the
30th Anniversary cake / La présidente et les
anciennes présidentes de l'AIISOC coupent le
gâteau du 30e anniversaire

ORNAC CONFERENCE WITH IFPN (cont.)



Grand Opening of Exhibits / Inauguration de l'exposition

délégués ont été dirigés par la joueuse de cornemuse vers la salle d'exposition pour son inauguration. 73 compagnies, éparpillées dans 136 kiosques, ont présenté leur toute dernière technologie aux plus de 900 délégués présents.

Le Dr Dave Williams, un urgentologue et l'un des astronautes les plus doués de la NASA, était le conférencier d'honneur avec sa présentation intitulée : «

La gestion du risque – Ne prenez aucune chance; gérez les risques » dans laquelle il a partagé ses expériences et ses conclusions en tant qu'astronaute et professionnel de la santé.

L'appel de présentations de la conférence avait généré une étonnante quantité de présentations, soit 14 présentations par affiches et 48 présentations orales de 73 conférenciers de partout au Canada ainsi que des États-Unis, du R.-U, de la Russie, de la Grèce, de la France, de la Turquie, de l'Australie, de l'Irlande, de la Corée, de l'Estonie, de la Belgique et de la Suède. Parmi les sujets traités, notons, pour n'en nommer que quelques-uns, « Les chirurgies sécuritaires sauvent des vies : le 2e défi mondial de l'OMS. Plan, possibilités, embûches, réflexions et perspectives d'une initiative mondiale »; « Chirurgie à effraction minimale de 360 degrés – Approches endonasale, par l'hypophyse et la base du crâne »; « Formation pour acquérir des comportements sécuritaires en salle d'opération »; « L'avenir des soins de santé : une comparaison des É.-U. et du Canada avec le reste du monde »; et « Déterminer une perspective internationale pour les programmes de soins périopératoires ».

De son côté, le comité social avait organisé des activités amusantes et divertissantes, comme la « soirée de culture canadienne » afin de célébrer

la diversité culturelle de la gastronomie, de la danse et des divertissements canadiens. La fête du 30e anniversaire a été le clou avec un hommage à la mesure des anciennes présidentes de l'AIISOC ainsi qu'une introduction de la nouvelle présidente. Les participants ont partagé de nombreux bons souvenirs et on ressentait bien dans leur discours leur passion pour l'AIISOC.

L'AIISOC a animé une séance de discussion ouverte pour fournir de l'information sur sa nouvelle structure en plus de lancer une invitation à tous ses membres pour qu'ils jouent un rôle actif dans l'avenir de l'Association. Un autre point saillant de la conférence a été la présentation de la 11e édition des normes de l'AIISOC, en français et en anglais, arborant une couverture commémorative spéciale pour le 30e anniversaire. Félicitations au comité des normes qui a travaillé de longues heures pour donner vie à ce document! L'AIISOC, représentée par différentes infirmières en soins périopératoires de la région, a animé un kiosque public sur la sécurité des patients, une journée avant l'ouverture de la conférence. Cette opportunité, en partenariat avec les organismes Patients pour la sécurité des patients du Canada et l'Association des infirmières et infirmiers du Canada, mettait en évidence le rôle des infirmières et des infirmiers en soins périopératoires dans un environnement que la majorité des personnes connaissent peu.



Canadian Culture Event / Événement culturel canadien



Unveiling of the Conference Print / Dévoilement de la gravure de la conférence. L to R/de g. à d. Karen Frenette, ORNAC/AIISOC; Irini Antoniadou, IFPN; Connor Beck, artist(e)

L'appel de présentations de la conférence avait généré une étonnante quantité de présentations, soit 14 présentations par affiches et 48 présentations orales de 73 conférenciers de partout au Canada ainsi que des États-Unis, du R.-U, de la Russie, de la Grèce, de la France, de la Turquie, de l'Australie, de l'Irlande, de la Corée, de l'Estonie, de la Belgique et de la Suède.



Incoming ORNAC Executive / Prochain conseil de direction de l'AIISOC

Vers la fin de la conférence, une séance plénière, présentée par le Dr Kay Ball, et intitulée : « Le secret de l'excellence en matière de soins périopératoires : prendre soin de soi-même en priorité » a fourni un point de vue humoristique et divertissant quant à l'importance de maintenir et de donner la priorité à un corps, un esprit, une âme, une famille, une société et une situation financière en santé.

Notre conférencier d'honneur de la présentation de clôture était le lieutenant général et l'honorable Roméo Dallaire qui, contrairement au Dr Ball, a discuté d'un sujet plus sérieux, soit le « Leadership : Une approche humaniste ». Ses expériences ont fait l'objet de quelques-uns « des résultats les plus extrêmes quand on donne des responsabilités sans autorité ». Il a abordé les problèmes d'éthique et de morale entourant les conflits politiques et nous a fait part de sa conviction que les gouvernements DOIVENT faire passer les intérêts des humains avant les intérêts politiques et économiques. Quelle belle façon de mettre fin à une conférence efficace!



Incoming ORNAC Board / Prochain conseil d'administration de l'AIISOC

Plusieurs personnes ont tenu à conclure cette conférence, notamment : Lucia Pfeuti, en glissant un mot sur la conférence nationale 2015 de l'AIISOC, à Edmonton, AB; Catherine Harley, la directrice générale de l'AIISOC et Irini Antoniadou, la présidente de l'IFPN. Karen Frenette, la présidente sortante de l'AIISOC a transféré les insignes de sa charge à la prochaine présidente, Rupinder Khotar. Puis, le nouveau conseil de direction et le nouveau conseil d'administration de l'AIISOC ont été présentés aux délégués. Enfin, Rupinder Khotar a accompli sa première tâche officielle à titre de présidente de l'AIISOC, soit celle de conclure la conférence.

J'aimerais profiter de cette occasion pour sincèrement remercier le comité de la planification des conférences nationales de l'AIISOC pour son engagement et son dévouement à planifier et préparer avec succès cette conférence. Leur temps, leur passion et les innombrables heures consacrées au déroulement impeccable de cet événement ont été les clés de son succès. Un gros merci à tous et à toutes pour votre participation et vos contributions à cette « Alliance internationale » et pour nous avoir aidés à développer et à créer une nouvelle dynamique afin de réaliser de « meilleures pratiques en soins périopératoires ».

On se retrouve à Edmonton, AB, du 3 au 7 mai 2015!

THE DAY I MET THE MAN WHO CHANGED MY FAMILY'S LIFE

By: Barbara Mushayandevu, RN, CPN(C) is a Perioperative Registered Nurse at the Peter Lougheed Center in Calgary, AB, and the ORNAC Journal Editorial Chair.

Not in my wildest dreams did I ever think I would have the opportunity I had on April 25th 2013 at the ORNAC National Conference. Let me start at the beginning...

In 1998 my family and I were living in my home of Zimbabwe when the economic and political situation made us look for another country to call home. We researched options, using all the information we could get our hands on, and considered political ideologies, social concerns, culture, economy, and how the world viewed that country. Our decision, in the end, was swayed by the fact that Canada could raise a man the caliber of Roméo Dallaire who personified the values of peacekeeping and humanity and took action based on these values. Canada was a country where we could proudly raise our daughters.

On April 25th I watch this heroic man come up the escalator.

I was shaking just from being in his presence. I was surprised words were able to come out of my mouth. I was not surprised that tears were flowing as I shared with him the impact his life has had on my family. He was so humble as I told him I would be forever grateful for who he is and what he brings to the world.

I will never be able to fully express the impact of this experience. Suffice it to say that meeting this wonderful man has, once again, changed my life.



ORNAC Journal Editorial Board Chair Barbara Mushayandevu with keynote speaker Lieutenant-General the Honourable Roméo A. Dallaire, O.C., C.M.M., G.O.C, M.S.C., C.D., (Retired), Senator.

ORNAC/J&J MEDICAL PRODUCTS DRAKE-THOMPSON WRITING AWARD

Submit an article to ORNAC and you could be awarded up to \$3,000! This is an annual award presented to the author(s) of the best article(s) in each calendar year. It is designed to recognize Canadian perioperative nurses who contribute to the advancement of the profession and to the education of their colleagues through informative and relevant articles.

For more details visit www.ORNAC.ca
Click on Bursaries, Grants & Awards

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Pour de plus amples renseignements, veuillez visiter www.AIISOC.ca et cliquer sur le lien Bursaries, Grants & Awards (disponible en anglais seulement)

ORNAC AWARDS / PRIX DE L'AIISOC



By/par: F.H. Scheme

Karen Frenette, ORNAC President and past recipient of this award, presenting the Isabelle Adams Award for Excellence in Perioperative Nursing to Sue Styles, from AB, with Anita Esson, ORNAC Awards Chair.

Karen Frenette, présidente de l'AIISOC et ancienne lauréate de ce prix, présente le Prix d'excellence Isabelle Adams en soins périopératoires à Sue Styles, de l'Alberta, avec Anita Esson, présidente des prix de l'AIISOC.

Anita Esson and Karen Frenette present the ORNAC/Johnson & Johnson Drake Thompson Writing Award to Patricia Wade, from QC.

Anita Esson et Karen Frenette présentent le Prix de rédaction Drake-Thompson de l'AIISOC et Johnson & Johnson à Patricia Wade, du Québec.



By/par: F.H. Scheme



By/par: F.H. Scheme

Dave Muir, 3M Infection Prevention Solutions business manager, presenting the 3M Canadian Infection Prevention Champion Award to Janina Berenyi of ON.

Dave Muir, directeur commercial pour les solutions de prévention de l'infection chez 3M, présente le Prix-étoile 3M pour la prévention de l'infection au Canada à Janina Berenyi de l'Ontario.

Joyce Horne, perioperative nurse educator from NS, being presented with the Gloria Stephens Award for Excellence as an Educator of Perioperative Nursing by Gloria Stephens herself.

Gloria Stephens elle-même présente à Joyce Horne, infirmière éducatrice en soins périopératoires de la Nouvelle-Écosse, le Prix d'excellence Gloria Stephens à titre d'éducateur(trice) en soins périopératoires.



By/par: F.H. Scheme



By/par: F.H. Scheme

Anita Esson and Karen Frenette presenting the Lorne Flower Memorial Award to Alaine Young from ON.

Anita Esson et Karen Frenette présentent le Prix commémoratif Lorne Flower à Alaine Young de l'Ontario.



By/par: F.H. Scheme

Anita Esson, with Karen Frenette, presenting Lori-Lee Fredericks, from ON, with the ORNAC/Johnson & Johnson Medical Companies Bursary Award.

Anita Esson, avec Karen Frenette, présente à Lori-Lee Fredericks de l'Ontario la Bourse de l'AIISOC/Johnson & Johnson Medical Products pour les infirmières et les infirmiers de salles d'opération.

Patricia Wade who, along with Danielle St-Arnaud (not pictured), won the RMAC Patient Safety Award for their poster presentation titled "Safe Communication in the Perioperative Suite", with Anita Esson, Awards Chair.

Patricia Wade et Danielle St-Arnaud (absente sur la photo) ont gagné le Prix RMAC pour la sécurité des patients avec leur présentation par affiches intitulée « Safe Communication in the Perioperative Suite », en compagnie d'Anita Esson, présidente des prix.



By/par: F.H. Scheme



By/par: F.H. Scheme

Deborah Roberts from PEI was awarded the ORNAC - Muriel Shewchuk Leadership Award

Deborah Roberts de l'Î.-P.-É. a reçu le Prix de leadership Muriel Shewchuk de l'AIISOC

ORNAC ESSAY WRITING CONTEST WINNERS / GAGNANTS DU CONCOURS DE RÉDACTION DE L'AIISOC :

1st Place for the ORNAC Essay Writing Contest went to Antoniette (Toni) Labricciosa of ON (photo not available).

Antoniette (Toni) Labricciosa de l'Ontario (photo non disponible) s'est méritée la 1re place pour le concours de rédaction de l'AIISOC.



By/par: F.H. Scheme

Anita Esson and Karen Frenette presenting Karen Storey, from ON, with 2nd Place in the ORNAC Essay Writing Contest.

Anita Esson et Karen Frenette présentent à Karen Storey de l'Ontario le prix pour la 2e place du concours de rédaction de l'AIISOC.



By/par: F.H. Scheme

Anita Esson and Karen Frenette with Alma Dirpaul, from SK, who won 3rd place in the ORNAC Essay Writing Contest.

Anita Esson et Karen Frenette, avec Alma Dirpaul de la Saskatchewan, qui a gagné la 3e place du concours de rédaction de l'AIISOC.



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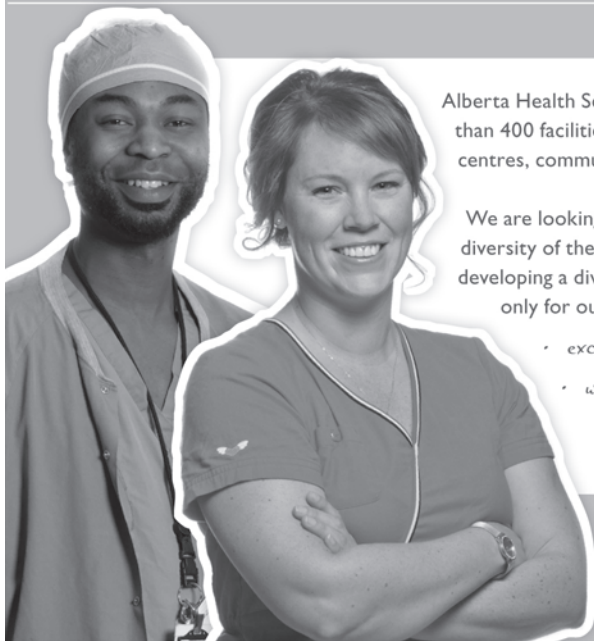
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**UPCOMING
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For details visit
www.ornac.ca

Perioperative Nurses Week is
November 10-16, 2013

PROVINCIAL & REGIONAL CONFERENCES

Saskatchewan (SORNG workshop)	Saskatoon, SK	Sept 21, 2013
Newfoundland & Labrador	Grand Falls, NL	Oct 3 - 5, 2013
Ontario	London, ON	April 25 - 27, 2014
24 th BC Biennial OR Conference	Vancouver, BC	May 7 - 10, 2014
Saskatchewan (Provincial Conf)	Regina, SK	Sept 19 - 21, 2014
26 th Atlantic OR Conference	Fredericton, NB	Sept 24 - 26, 2014
Alberta	Red Deer, AB	Sept 24 - 27, 2014
Quebec 35 th Provincial Conference	Montreal, QC	Sept 24 - 27, 2014

ORNAC CONFERENCES www.ORNAC.ca

24 th ORNAC National Conference	Edmonton, AB	May 3 - 7, 2015
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INTERNATIONAL CONFERENCES

AORN (www.aorn.org)	Chicago, IL	March 29 - April 2, 2014
EORNA (www.eorna.eu)	Rome, Italy	May 8 - 10, 2015

RELATED PROFESSIONS

CAS (www.cas.ca)	St. John's, NL	June 13-16, 2014
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IFPN REPORT ON ORNAC NATIONAL & INTERNATIONAL CONFERENCE

Submitted by: Irimi Antoniadou, RN, CNOR, BSN, MEd, RNT, President of IFPN.



International Federation of Perioperative Nurses

An incredibly nice and well-organized international conference was hosted by the Operating Room Nurses Association of Canada (ORNAC) in collaboration with International Federation of Perioperative Nurses (IFPN) in Ottawa from April 21-25, 2013. This is something we, as perioperative nurses, can be very proud of. The shared experiences from this

event promoted the future continuation of joint international efforts. Around 1200 delegates, from 16 countries, attended the event and there were several opportunities to meet up and exchange ideas, experiences, and visions. We are pleased to be able to share some feedback from just a few of the IFPN representatives who participated in the Conference.

Having the opportunity to be involved in the collaborative planning of the conference, with my Canadian colleagues, was very enjoyable, enriching and illuminating. Our various experiences and perspectives allowed us to support one another, find solutions, and work toward the common goal of a successful and educational event. I felt privileged and profoundly delighted to be part of ORNAC's celebration of its 30th Anniversary. Congratulations to you all! The participation of the IFPN member countries was very positive, strengthening our attempts to get closer to achieving the international federation's goal of global collaboration. Together we can create positive change for the benefit of both the patient and our own professional development. To achieve this, and other visions we share, we need to continue the challenging work of developing IFPN into a strong and modern organization.

- Irimi Antoniadou, President of the International Federation of Perioperative Nurses (IFPN).

I was very privileged to be in attendance at the ORNAC 23rd National & International Conference with IFPN held in Ottawa in April. I found Ottawa to be a lovely city with very hospitable people. There was some disappointment expressed by the organizers about the lack of spring flowers along the beautiful Ottawa River bank and walkway. There was no need for such concern as their warmth and welcome more than compensated for the lack of flowers! The spectacular convention centre was an excellent and spacious venue. The creed of the Convention centre is to support 'inspired people creating extraordinary events'. Between the venue team and ORNAC they sure were successful on this occasion. It was a special milestone for ORNAC as they celebrated their 30th anniversary and there was a celebratory mood throughout. It was a wonderful experience to see many of ORNAC's former Presidents in attendance and given due recognition for their contribution to the development of this vibrant organization. The education program was very varied and informative. There were many excellent speakers including Dr. Dave Williams, who is also an astronaut, who spoke about Risk Management. The healthcare partners in industry provided a good exhibition and workshops. I was delighted to partake in a debate with other IFPN members on safety issues. It was a good debate and I think in future it would be great to have even more time to debate this topic and get more input from the very interested delegates.

- Caroline Higgins, President of European Operating Room Nurses Association (EORNA).

The opportunity to network with international colleagues at the ORNAC/IFPN Conference was very exciting. Sharing experiences and strategically planning for opportunities for ongoing collaboration provides support for our common goals around patient and staff advocacy. Unity of OR nurses' efforts, demonstrated in an organized forum, positions us for future success. Our hosts were very gracious and the celebration of Canadian heritage night was so entertaining. I also got to experience a professional hockey game during my visit!

- Rosie Schroeder, President of Association of periOperative Registered Nurses (AORN).

During the ORNAC Conference there was a renewed effort by IFPN to begin revising its strategic priorities with input from member and non-member nations. As the world, and the community of perioperative nursing, quickly evolves IFPN's strategic plan must remain relevant to meet the needs of our perioperative nurses and associations from around the globe. IFPN continues to be the voice of perioperative nurses on the global stage in Geneva and around the world.

- Patrick Voight IFPN ambassador/Task Force Group.

It was indeed a memorable experience to attend the ORNAC/IFPN joint conference along with my ASIORNA colleagues from Korea and Malaysia. I was much privileged to share my study with global colleagues and to experience the Canadian culture night and the celebration of ORNAC's 30th Anniversary. I enjoyed meeting many of ORNAC past Presidents and my global perioperative colleagues. During the IFPN meeting we networked actively and discussed our current imminent issues. I feel that we all are one perioperative family and need to foster and strengthen our voice through IFPN. Sincere thanks to ORNAC and IFPN for this successful conference and a job well done. I hope that we have more chances to get together in the future.

- Kesook Yoon, President of Asian Perioperative Nurses Association (ASIORNA) and representative of Korean Association of Operating Room Nurses (KAORN).

I was very privileged to represent the Perioperative Nurses from Papua New Guinea at this conference. I have been fortunate to attend a number of ORNAC Conferences in the past and they keep getting better and better! This is the first time an IFPN member organisation has partnered with IFPN to host a National/International Conference and I hope this will be the footprint for future collaboration between IFPN and Member countries. I look forward to being a part of the exciting challenges and changes discussed at the IFPN Strategic Forum that was planned by the Executives of IFPN and facilitated by Patrick Voight. There were many highlights in this conference (catching up with friends being high on the list) but the ORNAC 30th birthday celebration, and acknowledgement of the many past Presidents in attendance, was significant. ORNAC, as an organisation has been able to remember the past, with pride, and incoming President and Executive are able to build on the legacy – Past, Present and the Future of ORNAC. Congratulations and thank you ORNAC and IFPN.

- Phyllis Davis IFPN Ambassador, Papua New Guinea.

I was fortunate to represent ACORN and the Australian Perioperative nurses at the ORNAC/ IFPN Conference where ORNAC celebrated its 30th birthday in the beautiful city of Ottawa. This was an opportunity to network with many other countries represented. I too look forward to more IFPN strategic challenges as discussed at the forum planned by the Executives of IFPN and facilitated by Patrick Voight. The hospitality of the ORNAC Executive was amazing and very much appreciated by myself and the other Australian attendees. I participated in the panel debate on the topic of Patient Safety - The use of the Surgical Safety Checklist and found this discussion to be interesting and believe that interactive panel discussions could be of benefit to other member countries. Congratulations to all the planning committee and I hope this is the first of many more meetings between member countries.

- Ruth Melville President of Australian College of Operating Room Nurses (ACORN).

SPOTLIGHT ON ORNAC MEMBERS

AN INTERVIEW WITH JANE MCDONALD RN, BScN, CPN(C).

Submitted by: Catherine Harley, RN, eMBA, ORNAC Executive Director.

Jane McDonald RN, BScN, is Care Facilitator of Peri Operative Services at the Children's Hospital of Eastern Ontario (CHEO) in Ottawa, ON. She has been a Perioperative Registered Nurse since 1984 after completing the Post-Graduate Perioperative course offered at the Hotel Dieu Hospital in Kingston, ON. She worked there until 1989 when she moved to Ottawa and worked at the Riverside Campus of the Ottawa Hospital until 2003. She then moved to CHEO as the Clinical Leader for the OR and then to her current role as the Care Facilitator of Perioperative Services. CHEO has eight ORs and services all departments (Orthopaedics, General Surgery, Urology, Plastics, ENT, Oral Surgery, Dentistry, Ophthalmology, Gastro-Intestinal, Cardiac, and Neurosurgery). In 1997 Jane wrote her CPN(C) she has renewed it four times since. She also obtained, while working full time, her BScN from Ottawa University in 2009. Jane has been active within her regional perioperative nursing association (ORORN) for many years and was recently the volunteer coordinator for the 2013 ORNAC National & International Conference with IFPN.



Jane McDonald RN, BScN, CPN (C)



When did you become interested in a career in the OR?

During my second year of nursing I was fortunate to have the opportunity to visit the OR during my surgical rotation and that was it... I loved it! The team work, technical aspects, and the fact that every case was a little bit different interested me. I also knew some nurses who worked in the OR at Hotel Dieu and thought it was the most interesting aspect of nursing.

Tell us about the role you play in the OR at the CHEO.

My job is to ensure that the daily activities of the units run smoothly and to trouble shoot situations that may arise in the OR, Post Anesthetic Care Unit, Day Surgery or the Pre-Assessment Unit. I work closely with the Perioperative Manager, Material Technician, Nursing staff, and Physicians to ensure that the

staffing and equipment needed is available. Since the introduction of the LEAN initiative (a project to identify opportunities to enhance our work environment and improve Family Centred Care) to our Perioperative areas I have been involved with many work groups looking to improve efficiency. I am a member of the Team in Charge (TIC) and work with the Anesthesiologist in charge and Surgeon in charge to improve the function of Perioperative areas. We review the daily OR schedules, monitor each room as the day progresses and plan the Urgent Emergent allotted time.

What are the most difficult decisions you have to make in the OR?

I find it difficult when we have to cancel scheduled surgeries. The families of our patients book time off work and many have family members travelling from all over the country to care of our tiny patients after surgery. They are also

SPOTLIGHT ON ORNAC MEMBERS (cont.)

AN INTERVIEW WITH JANE MCDONALD RN, BSCN, CPN(C).

It is important to encourage people to take an interest in their professional body – explaining the benefit of membership is an important start.

often anxious to have the procedure completed. It is a difficult when the TIC team has to cancel surgery for one reason or another.

What type of work environment do you prefer?

I enjoy working as part of a team in a tertiary hospital where there is a support system for nursing staff. I prefer to work where there are eight to ten ORs and where you can become familiar with your team members so there is more of a personal touch.

How long have you volunteered with your regional OR group and in what roles?

I was a member of South Eastern Nurses' Operating Room Association (SENORA) while in Kingston and became involved with Ottawa Regional

periOperative Registered Nurses' Association (ORORNA) when I moved to Ottawa. I started as a member then as a Hospital Representative followed by many years in the roles of Secretary, Treasurer, President- Elect, President, and now Past-President.

How do you inspire people to get involved in their Regional Group?

Membership has decreased in our area and all across the province and the country. It is a hard thing to explain. We have many younger nurses joining the Perioperative specialty and we know many have young families and commitments. I have found that offering interesting education sessions and activities that interest them helps attract members. A few years ago we did a Sports Medicine conference, with the opportunity to network with team doctors, followed by an Ottawa Senators hockey game. Another conference we hosted was held at a Spa, with a 'healthy you' theme, and was a big hit with our local membership.

It is important to encourage people to take an interest in their professional body – explaining the benefit of membership is an important start. Education and patient safety are at I feel are the important reasons to stay involved as I believe it is our responsibility to keep up to date on the newest technology and standards. The chance to meet and network with your peers is invaluable. A challenge you thought was unique to you, or your team, has likely been experienced by others... and someone may have already created a solution that you can use!

Tell us about your role as Volunteer Coordinator for the 2013 Conference.

We had a wonderful group of volunteers for the conference here in

Ottawa in April. There were approximately 50 Perioperative nurses from the Ottawa area that helped with the day to day activities. I liked to tell them that they were the glue that held it all together! The group handled a broad range of responsibilities. Welcoming people at the airport; manning the Surgical Safety Checklist kiosk at the Rideau Center; assisting with registration; hosting duties; staffing the ORNAC information booth; welcoming speakers; monitoring at the presentation doors; and helping with the social activities. It was a great group to work with. If something needed to be done someone just rolled up their sleeves and pitched in!

How did you keep everything so organized?

I started with a Word table listing every duty that we were needed for on each day and assigned each task to one or more individuals. The final document was sent to everyone by email a couple of days before the conference so they were aware of their upcoming tasks. I tried to have each individual on duty for only a portion of the day so that they would also be able to take part in the conference events. The volunteers were using vacation days for their Conference time and I tried to respect this.

Any words of advice for those interested in volunteering with their regional, provincial, or national association?

I would say "Just Do It!" It takes everyone's support to make a difference. If you want things to change you must get involved. It does not matter at what level or how much time you can give – you CAN make a difference. Don't be discouraged if something does not work out. Just ask yourself what you could have done differently... and then try again.

Figure 1: Part 1 question provided pre-surgery to family members.

Please rate your level of anxiety before the surgery began by circling the answer that best describes your anxiety (with 1 being extremely low to 5 being extremely high)

extremely low (1)	somewhat low (2)	not low or high (3)	somewhat high (4)	extremely high (5)
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and limited the statements to these. This procedure was followed for all subsequent update calls until the surgery was complete.

The data collection nurse was contacted by the OR research team member when the surgery was near completion. At that point the data collection nurse returned to the family lounge and located the waiting family to administer the post-operative questionnaire. They told the family the surgery was near completion and the doctor would soon be out to discuss the surgery.

Upon completion of all questionnaires the data collection nurse matched each pre-operative questionnaire with its respective post-operative questionnaire, stapled them together and removed the alpha-numeric descriptor from the upper

right hand corner. After the data was de-identified, the data collector assigned another sequential identifier, i.e. 1C, 2C etc. for a control subject and 1S, 2S, etc. for a study intervention study subject. The questionnaires were then put in an envelope and placed in a locked cabinet until they could be analyzed.

Satisfaction and Anxiety measurement instruments:

This study used a two-part survey (pre- and post-surgery) that was provided to both the control and the intervention group participants. Part one of the survey was given pre-operatively to the patient’s family member and used a self-report Likert 1-5 scale to measure the family members’ level of anxiety before surgery began (see Figure 1).

Figure 2: Part 2 questions provided post-surgery to family members.

1. Did the operating room nurse phone you with updates on the patient during surgery? Please circle the correct answer: yes, no

2. Please rate your level of anxiety after the surgery by circling the answer that best describes your anxiety (with 1 being extremely low to 5 being extremely high)

extremely low (1)	somewhat low (2)	not low or high (3)	somewhat high (4)	extremely high (5)
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3. Please rate your level of satisfaction with your experience today in the perioperative area by circling the answer that best describes your satisfaction (with 1 being extremely unsatisfied to 5 being extremely satisfied)

extremely low (1)	somewhat low (2)	not low or high (3)	somewhat high (4)	extremely high (5)
----------------------	---------------------	------------------------	----------------------	-----------------------

Part two of the survey was given post-operatively to the patient's family member. This part asked the participants to score two Likert scale questions (1-5 scale) that assessed the level of the patients' family members' post-operative anxiety and their overall level of satisfaction with their perioperative experience (see Figure 2).

The team members explained the use of the Likert scale to all study participants both in the pre and post surgery intervals.

Analysis and Results:

Summary statistics were used for all variables of interest. Chi-square was used to compare differences between control and intervention group data. 117 surveys were completed, 55 control (no updates) and 62 (intervention-regular updates). No preoperative differences between control and intervention groups were demonstrated between age, relationship of the "family member" to the patient, or pre-operative anxiety. However, differences were demonstrated between groups in the post-operative survey results. They are described below.

Post-operative results:

In contrast to the control group, the family members who received regular updates perceived a lower anxiety level ($p = 0.04$) and greater satisfaction ($p = <0.0002$) than those who did not. (See Tables 1 & 2) Ninety-four percent of the update group noted that the updates decreased their anxiety.

Discussion:

With the current trend in health care towards family-centered care, it makes sense that patients and their families will expect this same standard of care to continue into the perioperative environment. This has not, historically, been routinely addressed. Once all surgical team members have completed their respective pre-operative assessments the family is often sent to a waiting room with the message that the surgeon will contact them at the end of the surgery. The surgeon has, more often than not, also informed the family about the anticipated length of time that the surgery is expected to last. This is often the last communication between the family and the surgical team until the completion of surgery which leaves the family to wait, wonder, and worry. This, however, need not be the case. As noted in this study even brief and periodic updates from a nurse (including information as simple as the timing of the surgical experience) can be effective in decreasing family members' anxiety and increasing their satisfaction. While this simple intervention does not decrease the waiting time, or change the surgical outcome, it certainly was shown, in this study, to decrease the "wondering time" and the related anxiety.

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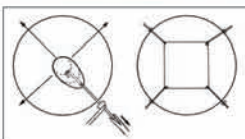
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This study suggests that regular updates provided to family members during the operative waiting period decreases anxiety and improves overall satisfaction with the experience.

Table 1: Post-operative anxiety by study group (updates or no updates)

	Updates	No Updates
1- Low	15 (26%)	8 (15%)
2	19 (33%)	12 (22%)
3	20 (34%)	19 (35%)
4	1 (2%)	10 (19%)
5- High	3 (5%)	5 (9%)
Subtotal	58 (100%)	54 (100%)
Missing	4	1
Total	62	55
chi-square = 0.022		

Study Limitations:

The study was designed to evaluate the effect of periodic phone updates on the satisfaction and anxiety of family members of surgical patients. The research team made every effort to separate the two study groups but this was not entirely feasible. Both the control group and intervention group were in the same waiting room (the hospital had only 2 surgical family waiting rooms – one for the families of thoracic cardiovascular patients and the other for all other families). Both control and intervention study group participants were interviewed privately by the data collection nurse in an adjoining surgical admission suite pre-

operatively (as described earlier). Post-op questionnaires were, however, given to each participant’s family, by the data collection nurse, in the waiting room following the surgery. There is the possibility that the control and intervention may have seen one another’s surveys and, thus, potentially biased the answers. This is, however, unlikely given the fact that surveys were completed and returned them directly to the data collector who was in the waiting room at the time.

Recommendations for future research:

There are, as noted earlier, limited data available to guide perioperative practice related to the information provided to waiting family members. This study, while it adds to the body of information available on the topic, is limited in scope as it tested only the effect of periodic phone communication with family members. The study could be replicated in different perioperative units with studies designed to test the efficacy of face-to-face, versus telephone, communication. Additional studies on other forms of communication, such as text messaging, email, or online computer updates, would also be very useful. It would be interesting to see the results of interactive “real-time” communication with OR staff (ie

Table 2: Report of perception of being “satisfied” with the experience by study group (updates or no updates)

	Updates	No Updates
1- Low	1 (2%)	3 (6%)
2	0 (0%)	1 (2%)
3	2 (3%)	11 (20%)
4	14 (23%)	22 (41%)
5- High	44 (72%)	17 (31%)
chi-square p = 0.0002		

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Acknowledgements: *The authors of the manuscript thank their colleagues in the OR who participated in the conception of the study and/or data collection: Kenneth Goodberry RN BSN, Terry Breeden RN BSN CNOR RNFA, Lora Carver RN, Paula O'Buckley RN BScN, Timothy Epple RN BSN and Courtney Smith RN BSN. The authors also thank our statistician Mark Conaway PhD.*

access to a phone linked to the OR that is designated just for waiting families so the family members could periodically talk to a designated doctor or nurse about their loved one). Regardless of its form there is definitely a need for additional research in the area of perioperative family communication.

Conclusions:

This study suggests that regular updates provided to family members during the operative waiting period decreases anxiety and improves overall satisfaction with the experience. It further determined that the information provided to family members need not be extensive in order to reduce anxiety. Simple statements, such as “the operation is progressing as expected,” provided at regular intervals were shown, in this study, to be sufficient. As suggested by Leske in 1993¹⁰, the application of research findings such as these should be part of the provision of holistic care and will positively change traditions and attitudes related to the family members of surgical patients.

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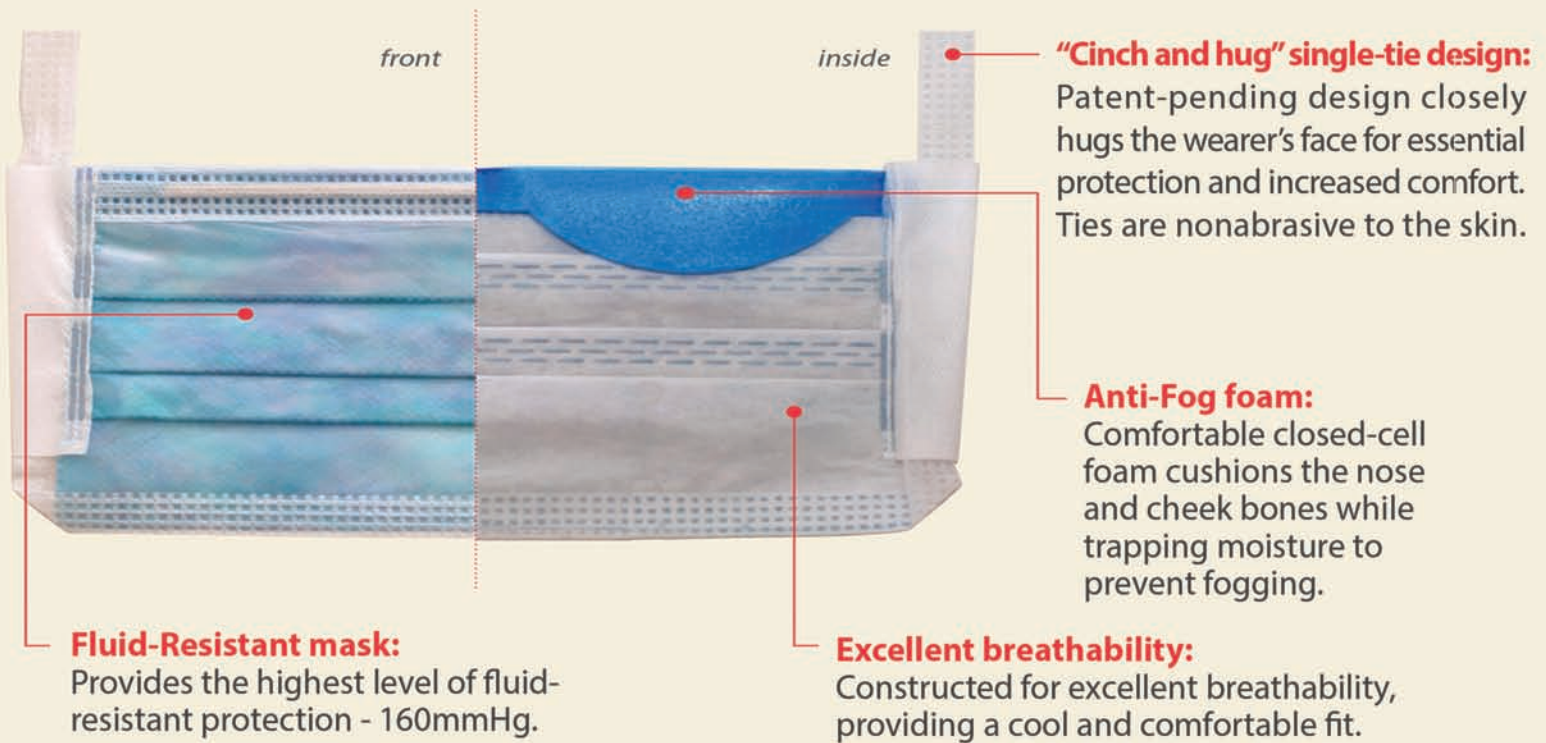
ORNAC Standards pertaining to this article can be found in the Operating Room Nurses Association of Canada (ORNAC) (May 2011) Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice (10th edition). Section 1, p. 24; Section 1, Standard 1.1.6, 1.1.10, 1.1.13, p. 30; Section 1, Standard 2.3.7, 2.3.8, 2.4.1, p. 33; and Section 1, Standard 4.5.6, p. 39.



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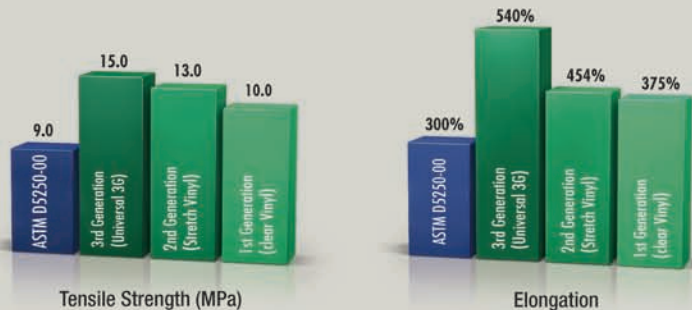
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