



December 2012

Volume 30, Issue 4

ORNAC JOURNAL

Formerly Canadian Operating Room Nursing Journal



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Reducing Paediatric Anxiety

30th Anniversary Issue

ORNAC/IFPN Ottawa 2013



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ORNAC JOURNAL

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

Published Quarterly ♣ Volume 30, Issue 4, December 2012

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CPN(C), BScN, MN.

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ORNAC Journal

c/o Clockwork Communications Inc.

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Tel: 902.442.3882 Fax: 888.330.2116

E-Mail: Contact@ClockworkCanada.com

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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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ORNAC MISSION

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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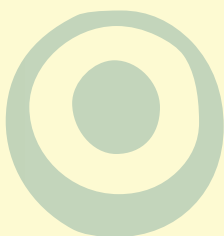
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PRESIDENT'S MESSAGE

Karen Frenette, RN, BN, MN, CPN(C), ORNAC President is the Surgical Suite Nurse Manager at Chaleur Regional Hospital, Bathurst, NB, a part time instructor for the University of New Brunswick Faculty of Nursing, Bathurst Campus, and the past Chair of the ORNAC Research Committee.



ORNAC is presently implementing its strategic plan to set the organization on its journey in to the future.

The Operating Room Nurses Association of Canada (ORNAC) is celebrating its 30th anniversary in 2013! For thirty years numerous perioperative Registered Nurses have volunteered their time and energy to ensure safe and efficient care of patients in the perioperative setting as well as to standardize perioperative practices. As I reflect on the history of ORNAC it is evident that the vision of its founding members was remarkable. The first provincial perioperative group, the Operating Room Nurses Association of Quebec, was founded in 1958 under the leadership of Isabelle Adams, Victoire Audit, and Mary Taylor. New perioperative nursing groups were, with guidance from the Quebec leaders, gradually created in other regions across the country. The seed was planted and the need for a national perioperative organization had been identified! In 1983 the Operating Room Nurses Association was launched and its first President was Valerie Shirreff from Ontario.

Thirty years of history for ORNAC also marks the 30th anniversary of this Journal (originally titled Canadian Operating Room Nursing Journal). I hope you enjoy reading the sections of this issue of ORNAC Journal that take us back in history. There have been many exemplary individuals who have dedicated their efforts towards improving perioperative nursing through, among other things, this Journal as a national communication tool. Growth has continued over the 30 years to bring us to this point in history... and our future is promising.

ORNAC is presently implementing its strategic plan to set the organization on its journey in to the future. The goal of this new organizational structure is to prepare ORNAC for the future and the challenges faced not only by this organization but by the entire healthcare system. Through my messages, over my term as President, I have been highlighting some of the accomplishments of ORNAC as

well as challenges being faced. Challenges are not a new occurrence in the history of ORNAC. It is by working together as a united group that ORNAC has become, and will continue to be, a strong and viable organization. Taking the time to reflect on the past and embracing our history are vital and important components in setting the path for the future.

Healthcare is not standing still. Nor can ORNAC! ORNAC members face change and challenges on a daily basis in their individual work environments. Standardization of practices and products, cost containment, and keeping up with changes in technology are but a few challenges affecting the perioperative environment. ORNAC's Vision states "The Operating Room Nurses Association of Canada (ORNAC) is the leader in perioperative practice and patient safety through a strong, unified national association that enhances and advances the practice of Perioperative Registered Nurses and Associates." To be the leaders in perioperative practice and patient safety we must keep our finger on the pulse of the status of health care in Canada and beyond. ORNAC is a member country of the International Federation of Perioperative Nurses (IFPN). This affiliation will be showcased at the 2013 ORNAC National and International Conference with IFPN to be held in Canada's capital. We encourage perioperative Registered Nurses from coast to coast to attend this great event which will include a celebration of ORNAC's 30 years of history! 🍁

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MOT DE LA PRESIDENTE

Karen Frenette, IA, B.Sc.Inf., M.Sc.Inf., CSP/C, la Présidente de l'AIISOC est infirmière-gestionnaire du bloc opératoire de l'Hôpital régional Chaleur, à Bathurst, au N.-B., chargée de cours à temps partiel pour la faculté de soins infirmiers de l'Université du Nouveau-Brunswick au campus de Bathurst et ancienne présidente du Comité de recherche de l'AIISOC.



L'Association des infirmières et infirmiers de salles d'opération du Canada (AIISOC) célébrera son 30^e anniversaire en 2013! Au cours de ses trente dernières années, de nombreuses infirmières et de nombreux infirmiers autorisés en soins périopératoires ont fait don de leur temps et de leur énergie afin de veiller à ce que nos patients bénéficient de soins sécuritaires et efficaces en milieux périopératoires ainsi que dans le but de normaliser les pratiques périopératoires. Alors que je passe en revue l'histoire de l'AIISOC, il est évident que la vision de ses membres fondateurs était remarquable. Premier groupe provincial de soins périopératoires, l'Association des infirmières et infirmiers de salles d'opération du Québec a été fondée en 1958 sous la direction d'Isabelle Adams, de Victoire Audit et de Mary Taylor. De nouveaux groupes d'infirmières et d'infirmiers en soins périopératoires se sont par la suite formés, encadrés par les leaders du Québec, dans d'autres régions à travers le pays. La graine était plantée et le besoin pour un organisme national de soins périopératoires avait été identifié! En 1983, l'Association des infirmières et infirmiers de salles d'opération a été lancée et sa première présidente était Valerie Shirreff, de l'Ontario.

Les trente ans d'histoire de l'AIISOC marquent également le 30^e anniversaire de sa revue (à l'origine intitulée Revue de l'Association des infirmières et infirmiers de salles d'opération du Canada). J'espère que vous apprécierez la lecture des rubriques du présent numéro de la Revue de l'AIISOC qui vous replongeront dans son histoire. Au cours des années, les efforts de nombreuses personnes exemplaires ont permis d'améliorer les soins périopératoires par le biais, entre autres, de cette revue qui sert d'outil pour les communications à l'échelle nationale. La croissance qu'a connue notre association s'est poursuivie tout au long de ses trente années pour nous amener où nous en sommes aujourd'hui... et notre avenir est très prometteur.

L'AIISOC est actuellement à mettre en œuvre son plan stratégique qui dirigera l'organisme sur la bonne voie pour l'avenir. L'objectif de cette nouvelle structure organisationnelle est de préparer l'AIISOC pour l'avenir et les défis auxquels l'organisme, ainsi que tout le système de santé, auront à faire face. Dans les messages que j'ai rédigés au cours de mon mandat à titre de présidente, j'ai souligné quelques-unes des réalisations de l'AIISOC ainsi que les défis auxquels elle est confrontée. D'ailleurs, ces derniers n'ont rien de nouveau dans l'histoire de l'AIISOC. C'est en travaillant ensemble en tant que groupe uni que l'AIISOC est devenue, et continuera d'être, un organisme solide et viable. Afin de paver la voie de l'avenir, il est important, voire essentiel, de prendre le temps de réfléchir à notre histoire et de l'assumer.

Tout comme l'AIISOC, les soins de santé ne sont pas au point mort. Les membres de l'AIISOC font quotidiennement face à des changements et à des défis dans leur milieu de travail. La normalisation des pratiques et des produits, les compressions budgétaires et l'évolution de la technologie constituent quelques défis ayant des répercussions sur le milieu des soins périopératoires. D'après la vision de l'AIISOC : « L'Association des infirmières et des infirmiers de salles d'opération du Canada (AIISOC) est le chef de file dans le domaine de la pratique des soins périopératoires et de la sécurité des patients grâce à une association nationale solide et unie qui améliore et fait progresser la pratique des infirmières et des infirmiers autorisés en soins périopératoires et des associés. » Pour être le chef de file dans le domaine de la pratique des soins périopératoires et de la sécurité des patients, nous devons prendre le pouls du système de santé au Canada et ailleurs. L'AIISOC est membre de l'International Federation of Perioperative Nurses (IFPN). Cette affiliation sera présentée lors de la Conférence nationale et internationale de l'AIISOC de 2013 en collaboration avec l'IFPN et qui se tiendra dans la capitale canadienne. Nous encourageons les infirmières et les infirmiers autorisés en soins périopératoires d'un bout à l'autre du pays à participer à ce formidable événement qui sera l'occasion idéale de célébrer les 30 ans d'histoire de l'AIISOC! 🍁

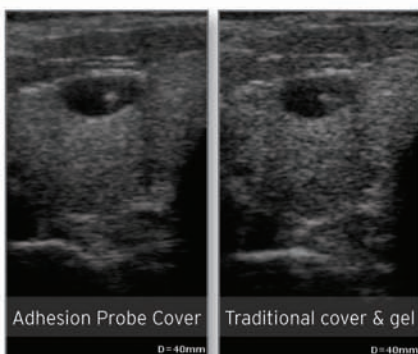
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Gloria Stephens Award

The **Gloria Stephens Award for Excellence as an Educator of Perioperative Nursing** was established at the suggestion of Ms. Gloria Stephens. The \$1,000 award, donated by Ms. Stephens, will be presented during National Conference years. It celebrates a nurse recognized by his/her students, peers, and managers as an outstanding educator and role model in the field of perioperative nursing.

Nomination deadline is January 15th 2013.

For more information visit www.ORNAC.ca and click on [Bursaries, Grants & Award](#).

Prix d'excellence Gloria Stephens

Le **Prix d'excellence Gloria Stephens à titre d'éducateur(trice) en soins périopératoires** a été créé à la suggestion de Madame Gloria Stephens. Le prix d'un montant de 1 000 \$, généreusement versé par Madame Stephens, sera remis lors de la conférence nationale annuelle. Il vise à reconnaître un infirmier ou une infirmière qui a été identifié(e) par ses étudiants, collègues et superviseurs comme une(e) éducateur(trice) exceptionnel(le) et modèle de rôle dans le domaine des soins périopératoires.

La date limite pour soumettre les mises en candidature est le 15 janvier 2013.

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

EXECUTIVE DIRECTOR'S MESSAGE

Catherine Harley, RN, eMBA, ORNAC Executive Director



The Operating Room Nurses Association of Canada (ORNAC) has, throughout 2012, been working on the implementation of a five year strategic plan to better meet the future needs of Perioperative Registered Nurses. A key priority, identified in the strategic plan, was the need to strengthen ORNAC's Governance. ORNAC formed a team along with Pat Pocock, Co-Chair of the ORNAC Advocacy Pillar, and Karen Cooper, a lawyer with the Ottawa law firm Carters Professional Corporation, to develop the ORNAC Articles of Continuance and align the ORNAC Bylaws with the new Canada Not-For-Profit Corporations Act that came in to force in October 2011. Restructuring of the ORNAC Board (reducing the number from 28 to 17) was necessary in order to meet the requirements of this act. This restructuring has been taken into consideration in the development of the new bylaws. The Articles of Continuance and the new ORNAC Bylaws will be voted on, by the provincial members, at the April 2013 Annual Members Meeting in Ottawa.

The National Conference Planning Pillar, chaired by Margot Walsh of St John's, NL, has a team of dedicated committee members, including both the IFPN and the ORNAC President, who have been diligently working behind the scenes on the 2013 ORNAC National and International Conference. The Conference will offer ORNAC

members an impressive educational program designed to support an international alliance of perioperative best practice. Ottawa is a world class city rich in beauty, tradition, culture and history. Conference delegates will be able to celebrate Spring surrounded by beautiful tulips and interesting local attractions while their perioperative colleagues in an inspirational educational and networking experience. Delegate and exhibitor registration is now open, along with information and links to hotels in the area, at www.ORNAC.ca. Book soon to ensure you will be at this exciting event.

ORNAC will also be celebrating its 30th Anniversary during the ORNAC/IFPN Conference. In 1983 our association founders achieved their dream of creating a not for profit association, for perioperative registered nurses, that would promote a high standard of patient care, support education and research, and act as the national voice for Canadian perioperative nurses. 30 years later ORNAC continues to be a dynamic organization that has fostered perioperative nursing leaders, supported patient safety, and set the standards for many operating rooms across Canada. Join ORNAC in Ottawa as we look back and count the successes including the many programs launched, scholarships granted, and international support that ORNAC has attracted. You are a part of this history and of ORNAC's future! ✨

A key priority, identified in the strategic plan, was the need to strengthen ORNAC's Governance

MESSAGE DE LA DIRECTRICE GÉNÉRALE

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



Tout au cours de l'année 2012, l'Association des infirmières et infirmiers de salles d'opération du Canada (AIISOC) s'est efforcée de mettre en œuvre son plan stratégique quinquennal afin de répondre de façon plus efficace aux besoins futurs des infirmières et des infirmiers autorisés en soins périopératoires. Une grande priorité, identifiée dans le plan stratégique, était le besoin de renforcer la gouvernance de l'AIISOC. L'AIISOC a donc formé une équipe dirigée par Pat Pocock, coprésident du pilier de la défense des droits de l'AIISOC et, par Karen Cooper, une avocate travaillant pour le cabinet d'avocats Carters Professional Corporation d'Ottawa afin de développer les clauses de prorogation de l'AIISOC et d'adapter les règlements administratifs de l'AIISOC à la nouvelle loi canadienne régissant les associations à but non lucratif, qui est entrée en vigueur en octobre 2011. Afin de satisfaire aux exigences de cette loi, le conseil d'administration de l'AIISOC a dû subir une restructuration (passant de 28 à 17 membres). D'ailleurs, cette restructuration a été prise en considération dans l'élaboration des nouveaux règlements administratifs. Les membres des divisions provinciales voteront pour les clauses de prorogation et les nouveaux règlements administratifs de l'AIISOC lors de la réunion annuelle des membres, qui se tiendra à Ottawa, en avril 2013.

Le pilier de la planification des conférences nationales, présidé par

Margot Walsh de St John's, à Terre-Neuve-et-Labrador, possède une équipe de membres dévoués, composée notamment des présidentes de l'IFPN et de l'AIISOC, qui travaillent sans relâche en coulisse pour planifier la Conférence internationale et nationale de l'AIISOC de 2013. La conférence offrira aux membres de l'AIISOC un programme éducatif impressionnant, conçu pour appuyer une alliance internationale en matière de pratiques exemplaires dans le domaine des soins périopératoires. Ottawa est une ville de calibre international, dont la beauté n'a d'égale à sa richesse en traditions, culture et histoire. Les délégués à la conférence auront la chance de célébrer le printemps entourés de superbes tulipes et d'attractions intéressantes tandis que leurs collègues en soins périopératoires vivront une expérience éducative inspirante qui leur permettra de faire du réseautage. Les inscriptions pour les délégués et les exposants ont maintenant commencé. Vous pouvez obtenir de plus amples renseignements et consulter les liens vers les hôtels de la

Une grande priorité, identifiée dans le plan stratégique, était le besoin de renforcer la gouvernance de l'AIISOC

région en visitant le site de l'AIISOC à www.AIISOC.ca. Réservez tôt pour vous assurer de participer à cet événement passionnant.

L'AIISOC célébrera aussi son 30^e anniversaire lors de la conférence de l'AIISOC/IFPN. C'est en 1983, que les fondateurs de notre association ont réalisé leur rêve de créer une association à but non lucratif pour les infirmières et les infirmiers en soins périopératoires dans le but de faire la promotion de normes supérieures en matière de soins apportés aux patients, d'appuyer l'éducation et la recherche et de faire office de porte-parole national pour les infirmières et les infirmiers canadiens en soins périopératoires. Trente ans plus tard, l'AIISOC continue d'être un organisme dynamique qui encourage les infirmières et les infirmiers en soins périopératoires à devenir des chefs de file dans leur domaine, qui appuie la sécurité de ses patients et qui établit les normes de plusieurs salles d'opération à travers le Canada. Joignez-vous à l'AIISOC lors de la conférence d'Ottawa, alors que nous repasserons en revue les nombreux succès de l'AIISOC, y compris les programmes qu'elle a lancés, les bourses qu'elle a remises et l'appui international qu'elle a obtenu. Vous faites partie de cette histoire et de l'avenir de l'AIISOC! 🍀

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Tous les articles-vedettes de la Revue de l'AIISOC sont révisés à l'aide d'un processus d'examen à double insu par les pairs effectué par un groupe de spécialistes compétents en soins périopératoires. Le comité consultatif de la Revue de l'AIISOC est à la recherche de praticiens et des praticiennes en soins périopératoires désirant devenir membres bénévoles de ce comité de révision.

Des critères de révision précis ont été établis par l'AIISOC et ces derniers sont fournis à tous les réviseurs. Les membres du comité sont sélectionnés par rotation et au besoin en tenant compte des domaines d'expertise spécifiques à chaque réviseur ou réviseuse en matière d'expérience de pratique clinique en soins périopératoires, d'éducation, de recherche ou d'administration. Le processus de révision est également appuyé par le comité consultatif de la Revue de l'AIISOC et la rédactrice en chef de la Revue. Le nom de toutes les réviseuses et de tous les réviseurs actifs est mentionné dans la Revue.

Le processus rigoureux de révision par les pairs de la Revue de l'AIISOC assure une publication de qualité, respectée à travers toute la communauté de la pratique périopératoire. Cette crédibilité dépend, en grande partie, du temps et des efforts déployés par le comité de révision. Si vous désirez contribuer à votre profession en vous joignant au comité de révision par les pairs de la Revue, veuillez visiter www.AIISOC.ca et cliquer sur le lien de la Revue afin d'obtenir de plus amples renseignements ainsi que le formulaire de demande. Vous pouvez également envoyer un courriel à journal@ORNAC.ca pour obtenir plus de détails.



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RÉDUIRE L'ANXIÉTÉ PÉDIATRIQUE AVANT LES CHIRURGIES : DES STRATÉGIES À L'INTENTION DES INFIRMIÈRES ET DES INFIRMIERS

Auteure : Angela R. St-Onge, IA, CSP(C), B.Sc.Inf., M.S.inf., est membre du Collège des infirmières et des infirmiers autorisés de la Nouvelle-Écosse. Elle a obtenu son diplôme de l'Université Dalhousie en 2007 et sa maîtrise en soins infirmiers de l'Université Athabasca en 2012. Elle est actuellement étudiante infirmière praticienne de troisième cycle à l'Université de la Saskatchewan. Angela possède cinq années d'expérience à titre d'infirmière de salle d'opération au IWK Health Center, à Halifax, N.-É.

RÉSUMÉ :

Le processus chirurgical peut causer de l'anxiété chez les enfants et cette anxiété peut être associée à des résultats négatifs à court et à long terme.^{1,2} La réduction de l'anxiété avant une chirurgie peut améliorer l'expérience chirurgicale de l'enfant et de sa famille. Cet article vise à déterminer des stratégies que les infirmières et les infirmiers doivent privilégier afin d'aborder cet enjeu, notamment une approche axée sur l'enfant, des techniques pour le distraire et la présence de parents éclairés.

REFERENCES

1. Li, HC., & Lopez, V. Assessing children's emotional response to surgery: A multidimensional approach. *Issues and Innovations in Nsg Practice*. 2006; 53(5): 543-550.
2. Martin, SR., et al. Changing healthcare providers behavior during pediatric inductions with an empirically based intervention. *American Society of Anesthesiologists*. 2011; 115(1), 18-27.

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 (9e édition) de l'Association des infirmiers et infirmières de salle d'opération du Canada (AISOC) de juin 2009, section 1, pages 30-32, normes 1.1, 1.2, 2.1, 2.3, 2

KEYWORDS: PAEDIATRICS, PRE-OPERATIVE ANXIETY, PERIOPERATIVE NURSING.

REDUCING PAEDIATRIC ANXIETY PRE-OPERATIVELY: STRATEGIES FOR NURSES

Author: Angela R St. Onge, RN, CPN(C), BScN, MN is a member of the College of Registered Nurses of Nova Scotia. She graduated from Dalhousie University in 2007 and completed her Masters of Nursing at Athabasca University in 2012. She is currently a Post-Graduate Nurse Practitioner Student at the University of Saskatchewan. Angela has five years' experience as an operating room nurse at the IWK Health Center in Halifax, NS.

ABSTRACT

The surgical process can cause anxiety in children and this anxiety can be associated with both short and long term negative outcomes.^{4,5} Reduced pre-operative anxiety can improve both the child's and family's surgical experience. This article identifies strategies for nurses to address

this issue, including: a child-focused approach, distraction techniques, and informed parental presence.

INTRODUCTION

Advances in paediatric surgery and anaesthetic care have, in our current health care climate, resulted in an increased number of day surgeries for

children and procedures taking place at younger ages.¹ The health care system has, in response, moved away from individual-focused care and toward a more holistic family-centered approach.^{2,3} Compounding these trends is the reality of the information/internet age which results in families who have obtained their own outside information or created their own expectations, the current cost-conscious health care environment, and the demand to decrease wait times and increase patient turnover. This results in health care professionals struggling to balance the fast-paced demands of the current health care system while providing a holistic, informative, family-centered, health care approach. Patients, therefore, often experience limited time with health care professionals pre-operatively and post-operatively.

Nurses must, despite what is only a brief patient interaction with children and their families, address the potentially devastating reality of pre-operative paediatric anxiety. Surgery can be emotionally traumatic for children and result in high levels of pre-operative anxiety.^{4,5} The impact and trauma of the surgical experience in highly anxious children is certainly felt both pre and post-operatively. Children with high anxiety pre-operatively often demonstrate fear of health care professionals, are visibly upset, and are uncooperative. This results in a traumatic experience for all parties – the child, parents, and healthcare professionals. When young children are uncooperative and upset pre-operatively it often results in a masked anaesthesia induction, in which the child is held still (against their will), by members of the health care team, until they are anaesthetized. Post-operatively the impact includes the child emerging from anaesthesia upset, which may include emergence delirium.^{4,6} Emergence delirium is defined as a "dissociated state of consciousness in which the child is inconsolable, irritable, uncompromising or uncooperative, typically thrashing, crying, moaning, or incoherent."^{7,8} Pre-operative anxiety is, in addition, associated with increased post-operative pain.^{4,6} Kain et al. (2006) also found that anxious children required significantly more analgesics, to cope with post-operative pain, than is the case with non-anxious children. In addition pre-operative anxiety is also associated with nightmares, sleeping problems, fears, general post-operative anxiety, and appetite problems.^{4,6}

Understanding the cause of pre-operative anxiety in children is essential to addressing this issue. Visintainer and Wolfer (1975) identified five components of the surgical experience that evoke anxiety in children including: physical harm or bodily injury, separation from parents/trusted caregiver, fear of the unknown, uncertainty regarding appropriate behaviour, and loss of control. The results of this seminal study are supported by current literature. In a grounded study Wennstrom, Hallberg, and Bergh (2008) recognized that day surgery and the hospital experience cause paediatric anxiety due to the experience of "facing an unknown reality,

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breaking away from daily routines, trying to gain control, and losing control". (p.101)¹⁰ Therefore, the fear of the unknown, intimidating and unfamiliar environments, and required hospital procedures are all sources of pre-operative anxiety for the paediatric population. This article will highlight helpful strategies nurses can implement, into their current practice, in order to reduce paediatric pre-operative anxiety.

Discussion:

A common strategy, cited in the literature, for reducing paediatric anxiety is through the use of pre-operative preparation programs.^{11,12,13} Pre-operative preparation programs include pre-admission visits and a child-focused tour of the hospital units. The goal is to help familiarize children with the hospital routine and environment through the use of medical play therapy and education.^{11,14}

Given the aforementioned fast-paced perioperative environment, where time is money, many paediatric hospitals do not have the capacity to offer advanced preparation programs. These programs can also be challenging in that they require a significant time commitment from families.¹⁵ The question, therefore, remains: What strategies can nurses use in their everyday practice in order to reduce pre-operative anxiety in children? Nurses certainly have an obligation to advocate for restructuring of perioperative environments, through elements such as the creation of a pre-operative preparation program, to improve the quality of health care services. In the meantime, however, other smaller changes in practice can have a significant impact on children's pre-operative experience. Current literature indicates there are several strategies that reduce paediatric anxiety and can be easily incorporated into everyday nursing practice. These strategies include a child-focused approach, medical play and medical re-interpretation, distraction, and informed parental presence.^{5,10,13,15,16}

Child-Focused Approach:

A child-focused approach involves providing information directly to children (in addition to information provided to family members). Smith and Callery (2005) found children indicated they generally did not receive information directly from health care professionals. Health care professionals tended, instead, to speak to the parents and the children learned about what was happening to them only by overhearing these conversations.¹⁷ While there is limited time allocated for nurse-patient interaction, during the immediate pre-operative period, the literature indicates that developing therapeutic relationships with paediatric patients, and speaking to them about their experience in age-appropriate terms, is one strategy that may decrease some children's anxiety.¹⁷ Addressing children directly facilitates the reduction of the aforementioned stressors by helping them face an unknown reality, providing information on how to behave, and enabling children to regain some control.

Incorporating a child-focused approach, within pre-operative nursing practice, involves individualizing and adapting the information and presentation style according to the patient's developmental stage. Paediatric hospitals provide care for children from infancy into teenage years and so the needs and understanding of the patient will vary greatly. Cookie cutter information and/or techniques will not be as successful.

Justus et al. (2006) indicate infants and toddlers have strong attachment to their parents and therefore suffer primarily from separation and stranger anxiety during their perioperative experience.¹¹ Coaching parents on how to soothe and calm their child, through use of a comforting tone of voice and facial expressions, is important at this age. According to Justus et al., pre-school and school aged children often respond well to medical play

Incorporating a child-focused approach, within pre-operative nursing practice, involves individualizing and adapting the information and presentation style according to the patient's developmental stage.

(discussed in a following section). By contract adolescents are struggling for independence and so need to be able to participate in informed choices regarding their medical care.¹¹ Explaining the anaesthesia and surgical process, and allowing these children to participate in their care through actions such as holding their own mask, may help restore some of their autonomy and reduce their anxiety during the pre-operative period.

Medical Play and Medical Re-Interpretation:

Medical play and medical reinterpretation are two strategies that can be used to tailor the information provided to suit the developmental needs of the child. Children often arrive for day surgery with a favourite stuffed toy and interaction and medical/therapeutic play with this toy is one way to quickly and effectively tailor information to the specific child. An example of this strategy will help illustrate its usefulness: A very timid and shy 5-year-old girl is waiting for surgery. Upon walking into the room, and performing introductions, this author immediately focused on the child's doll rather than on the little girl. 'Dolly' received an assessment, had her bracelet checked, received a pre-operative assessment, and was told she was here for her specific surgery. The attention then shifted to the little girl and her family. Although this brief interaction took only a few seconds, it was enough to reduce the girl's anxiety. This brief intervention addressed several of the anxiety provoking dimensions identified by Visintainer and Wolfer (1975) and Wennstrom et al. (2008).^{9,10} Through role-playing, with the doll, the child became familiar with hospital procedure and expected behaviours. Once the doll was returned to the child the child also regained her sense of control and security.

Medical re-interpretation is another strategy that helps provide information to children in a meaningful manner.

This strategy informs children, in an age-appropriate manner, of what to expect and how to behave.⁵ Aron et al. (2007) and Martin et al. (2011) indicate re-interpretation of medical equipment and procedures can reduce paediatric anxiety.^{5,18} An example of this would be to teach children about coming into the operating room and going to sleep by breathing a 'fire-fighter mask' or 'blowing up a balloon.' The use of intravenous access is often referred to as 'getting a drink through a straw.' In a prospective study with children ages 2-10 years, Aron et al. found they had success familiarizing children with anaesthesia equipment pre-operatively by teaching/instructing them to 'blow up the balloon.' Aron et al. found "children who become acquainted with the balloon fifteen minutes prior to entering the operating room were more distracted and less anxious." (p. 4)¹⁸

Distraction:

Distraction is another effective anxiety reduction technique.⁵ Friendly conversation, non-medical talk, and watching television can help alleviate anxiety.⁵ Children often become overwhelmed during the pre-operative period, the walk to the operating room, and throughout the initial stages of anaesthesia induction. Drawing their attention away from this and toward more pleasant topics, such as their favourite activities, can distract them and visibly decrease their anxiety. Martin et al. (2011) also identified that certain behaviours, such as calling attention to the child's current experience, acknowledging anxiety, offering "reassuring statements, emphasizing, and apologizing" (p.3) are all actions that can, in fact, increase a child's anxiety. In addition, Martin et al. specify, "implying control over situations a child did not actually control" (p.3) is undesirable and leads to increased distress and anxiety. Therefore distraction and careful attention to the language, used by nurses and other health care professionals, can have a significant impact on a child's perioperative experience and level of anxiety.⁵

Informed Parental Presence:

Parental presence in the operating room is a topic of controversial debate. Many parents want to be admitted into the operating theatre for the induction of anaesthesia.¹³ There are, however, conflicting results regarding the actual effectiveness of this practice. Paediatric hospitals, as a result, vary widely regarding their policies. The benefits of parental presence in the operating room include "increasing child cooperation, enhancing parental satisfaction, fulfilling parents' perceived sense of duty to be present, and enhancing parental satisfaction with medical care." (p. 61)¹³ The possible negative outcomes of parental presence include: "elevation of parental anxiety, increasing staff workload... disruption of the operating room routine, increasing child behaviour problems, and legal problems." (p. 62)¹³

In addition to the wide range of pros and cons, regarding parental presence, there is conflicting evidence regarding the reduction of child anxiety as a result of parental presence in the operating room. Zuwala and Barber (2001) outline that, even though parental presence eliminates some of the separation anxiety, "the child's level of anxiety is correlated positively with the parent's level of anxiety." (p.21)¹⁹ The literature is very clear on this point. If parents are unprepared and very anxious during this experience they then transmit this to, and increase the anxiety of, their children.^{13,19,20} This means that informing and educating parents, regarding their role as emotional supports, is one strategy that has the potential to reduce children's perioperative anxiety. Parental preparation and presence in the operating room is, in addition, associated with increased parental satisfaction and embraces the paediatric model of family-centered care. Perioperative nurses have an obligation to inform, guide, and support parents regarding ways to be

the most reassuring to their child during their operative experience and must take time to prepare, coach, and inform parents.

The Nursing Role:

The above discussion highlights the significant impact, on the perioperative experience for children and their families, that can result from small changes in practice. Martin et al. (2011) identified that “nurses represent medical specialists who can have tremendous amount of influence over the children’s experience in the perioperative environment.” (p.8)⁵ Perioperative Nurses have an obligation, as part of the holistic nursing assessment and care, to advocate and incorporate evidenced-based practices including the aforementioned anxiety reducing strategies. As the paediatric operating room becomes increasingly technical it is crucial to ensure that technology does not override patient-focused care, interaction, and expertise.

Conclusion:

Paediatric surgery is an anxiety provoking experience for children. Reduced pre-operative anxiety can improve both the child’s and family’s surgical experience. This includes increased parental satisfaction, child compliance with hospital procedures, and reduced post-operative recovery time as well as long-term benefits such as, but not limited to, reduced fear of the hospital experience.^{4,6} Nurses must be cognizant regarding the triggers of pre-operative anxiety for children including fear of harm, separation from parents, fear of the unknown, uncertainty, and a loss of control.^{9,10}

Nurses should develop and incorporate anxiety-reducing strategies such as adopting a child-focused approach, incorporating distraction techniques, and eliminating undesirable behaviours from their personal practice. This article, in addition, highlighted that

nurses must recognize parents/caregivers as part of the family-centered care team and to actively advocate for informed and prepared parental involvement. Incorporating these strategies requires small changes in practice behaviors, but will have a significant impact on the health and satisfaction of our paediatric patients and their families.

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, pg(s) 30-32, Standard(s) 1.1, 1.2, 2.1, 2.3, 2.4.

REFERENCES

1. Wig, J. Current status of day care surgery: A review. *Indian J. Anaesth.* 2005; 49 (6): 459-466.
2. Frisch, AM., et al. Nurse practitioner role in preparing families for pediatric outpatient surgery. *Pediatric Nsg.* 2010 Feb; 36(1):41-47.
3. Li, HC., & Lam, H. Pediatric day surgery: Impact on Hong Kong Chinese children and their parents. *J Clinical Nsg.* 2003; 12: 882-887.
4. Li, HC., & Lopez, V. Assessing children’s emotional response to surgery: A multidimensional approach. *Issues and Innovations in Nsg Practice.* 2006; 53(5): 543-550.
5. Martin, SR., et al. Changing healthcare providers behavior during pediatric inductions with an empirically based intervention. *American Society of Anesthesiologists.* 2011; 115(1), 18-27.
6. Kain, ZN., et al. Preoperative anxiety, postoperative pain, and behavioral recovery in young children undergoing surgery. *Pediatrics.* 2006; 118(2): 651-658.
7. Mason LJ . Pitfalls of pediatric

Nurses should develop and incorporate anxiety-reducing strategies such as adopting a child-focused approach, incorporating distraction techniques, and eliminating undesirable behaviours from their personal practice.

- anesthesia. Society for Pediatric Anesthesia. Retrieved from: http://www.pedsanesthesia.org/meetings/2004winter/pdfs/mason_Pitfalls.pdf
8. Hudek, K. Emergence delirium: A nursing perspective. *AORN J.* 2009 Mar; 89(3): 509-520.
 9. Visintainer, MA. & Wolfer, JA. Psychological preparation for surgical pediatric patients: The effects on children's adjustments. *Pediatrics.* 1975; 56(2): 187-201.
 10. Wennstrom, B., Hallberg, L., & Bergh, I. Use of perioperative dialogues with children undergoing day surgery. *JAN.* 2008; 62(1), 96-106.
 11. Justus, R., et al. Preparing children and families for surgery: Mount Sianais multidisciplinary perspective. *Pediatric Nsg.* 2006; 32(1): 35-42.
 12. Li, HC. & Lopez, V. Effectiveness and appropriateness of therapeutic play intervention in preparing children for surgery: A randomized controlled trial study. *JSPN.* 2008; 13(2): 63-73.
 13. Wright, KD., et al. Prevention and intervention strategies to alleviate preoperative anxiety in children: A critical review. *Behavior Modification.* 2007; 31(1): 52-79.
 14. O'Shea, M., Cummins, A., & Kelleher, A. The perceived effectiveness of a pre-admission visit for children (and their parents) undergoing day surgery procedures. *J of Preop Practice.* 2011; 20(6), 203-206.
 15. MacLaren, JE. & Kain, ZN. Development of a brief behavioral intervention for children's anxiety at anesthesia induction. *Children's Health Care.* 2008; 37: 196-209.
 16. Amin, A. et al. Psychosocial considerations of perioperative care in children with a focus on effective management strategies. *BJPN.* 2010;20(6): 198-202.
 17. Smith, L. & Callery, P. Children's accounts of their preoperative information needs. *Women and Children.* 2005; 14: 230-238.
 18. Aron, JH., et al. Novel distraction techniques for pediatric pre-operative anxiety prevention. *Internet J of Anesthesiology.* 2007; 14(1).
 19. Zuwala, R. & Barber, KR. Reducing anxiety in parents before and during pediatric anesthesia induction. *AANA J.* 2001 Feb; 69(1): 21-25.
 20. Romino, SL., et al. Parental presence during anesthesia induction of children. *AORN J.* 2005; 81(4): 780-792. 🌸

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- Celebrate the inaugural International Conference, with IFPN, in conjunction with ORNAC's 30th anniversary.

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Ottawa, Canada's Capital City, is rich in culture, beauty, tradition, and history. In April 2013 it will also host the first ORNAC and IFPN International Conference. Enjoy the legendary spring tulips and the city's many cultural attractions while networking with your colleagues and benefiting from an inspirational educational experience.

ORNAC's Conference Planning Committee, in collaboration with colleagues from the International Federation of Perioperative Nurses (IFPN), has organized an exciting educational program with a focus on an International Alliance for Perioperative Best Practice. Canadian and International speakers will address a range of key subjects including patient safety, infection control, and much more.

The 2013 Conference will bring together perioperative nurses and related stakeholders from around the world to meet, share experiences, and learn together in order to improve perioperative practice. With the support of the National Exhibitor Advisory Committee (NEAC) the Conference will also feature a state of the art exhibit hall where vendors will showcase the latest in product technologies. An entertaining social program will round out the conference.

Educational Highlights:

With speakers ranging from renowned Canadian experts to world-famous physicians and nurses the over 50 Education Sessions are guaranteed to exceed all expectations. Topics Include:

- Surgical Patient Safety & Establishing Perioperative Nursing Education programs
- The Changing Role of the Perioperative Nurse in Robotic Assisted Laparoscopic Surgery
- The Global Effort for Best Practices in Smoke Evacuation: What's Wrong?
- Perioperative Nurses: Finding Meaning in their Experiences with Multi-Organ Procurement Surgery
- Leadership in the OR
- Patient Safety
- Creating Effective Interprofessional OR Teams
- International Perioperative Nursing
- Advancing Perioperative Nursing - Personally & Professionally
- Management - Healthcare Delivery & Efficiencies
- Clinical - Specialty Specific
- Education - Developing Perioperative Nursing
- Workplace Safety

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Also Offered!*

Additional Benefits:

The 2013 Conference will feature an **exhibitor floor** packed with the Industry Partners showcasing cutting-edge perioperative technologies, products, and services. The exhibitor floor will be open April 21, 22, and 23 to give delegates the opportunity to meet with, and learn from, representatives of companies from across Canada and around the world.

Delegates will also have access to **unparalleled networking opportunities** with conference delegates, speakers, and exhibitors. Participants include perioperative nurses from across the country and around the world, operating room leaders, ORNAC/IFPN Board members, Healthcare Administrators, Surgeons, Anaesthesiologists, and representatives from both industry and government.

this wonderful learning and networking opportunity!

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L'AIISOC offre ce concours de rédaction afin de célébrer les infirmières et infirmiers de périopératoires et puis comme opportunité de réfléchir comment, en collaboration avec L'AIISOC, vous envisionnez l'avenir des infirmières et infirmiers de périopératoires.

Toute soumission doit compter entre **500 et 1500 mots rédigés sur le thème suivant: "Renforcer les équipes par le biais de la pratique collaborative"**.

Toute les soumission doivent être reçues au plus tard le **15 Janvier 2013**, aux adresse suivantes: courriel, awards@ornac.ca.

**LES GAGNANTS, CHOISIS PAR LE
COMITÉ DE PRIX DE L'AIISOC,
SERONT CONTACTÉS AU PLUS TARD
LE 15 FEVRIER 2013.**

POUR TOUS LES DÉTAILS VEUILLEZ VISITEZ
WWW.AIISOC.CA

POUR ÊTRE ADMISSIBLE AU CONCOURS, L'AUTEUR(E) DOIT :

- Être une infirmier(ère) autorisé(e) et membre actif(ve) d'un groupe périopératoire provincial en date du 31 mars 2012 identifié dans la base de données nationale de l'AIISOC;
- Ne pas siéger sur le conseil exécutif ni le conseil administratif de l'AIISOC; et
- Les prix sont uniquement disponibles à un article de être l'unique auteur(e) de l'article.
- Prizes are only available to a single author essay.

LES TROIS PRIX SUIVANTS SERONT DÉCERNÉS :

1^{er} Frais d'inscription, hôtel et déplacement payés pour la conférence nationale de l'AIISOC 2013 et un exemplaire des normes de l'AIISOC.

2^e Frais d'inscription et hôtel payés pour la conférence nationale de l'AIISOC 2013 et un exemplaire des normes de l'AIISOC.

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Centre des congrès d'Ottawa
Ottawa, Ontario, Canada

du 21 au 25 avril 2013



OPERATING ROOM NURSES ASSOCIATION OF CANADA
ASSOCIATION DES INFIRMIERS ET INFIRMIÈRES DE SALLES D'OPÉRATION DU CANADA



Conférence nationale et internationale avec IFPN

Programme de la conférence :

- 21 avril – Cérémonie d'ouverture, séances plénières, ouverture du hall d'exposition
- 22 avril – Séances éducatives, soirée culturelle canadienne
- 23 avril – Séances éducatives, course à Ottawa, souper dans divers restaurants
- 24 avril – Activité de course ou de marche, séances éducatives, célébration pour le 30^e anniversaire de l'AIISOC
- 25 avril – Séances plénières, cérémonie de clôture, excursion aux maisons hantées d'Ottawa (J&J, and ConMed).

Les 22, 23, 24 et 25 avril, les programmes de petits déjeuners éducatifs seront encore plus bénéfiques pour les délégués de la conférence (séances commanditées par Medline Canada, Covidien, J&J et ConMed).

Objectifs de la conférence :

- Promouvoir les connaissances approfondies liées à la spécialité des soins périopératoires par le biais d'un forum éducatif international;
- Permettre le partage des pratiques exemplaires internationales en soins périopératoires;
- Examiner les principes des pratiques exemplaires en soins chirurgicaux, qui sont fondées sur des données probantes;
- Fournir de nouvelles façons d'intégrer les politiques et les données probantes dans la pratique clinique; et
- Célébrer l'inauguration de cette conférence internationale avec l'IFPN, en plus de célébrer les 30 ans de l'AIISOC.

Pour vous inscrire ou pour obtenir plus de renseignements, visitez www.AIISOC.ca.

Inscrivez-vous dès maintenant à www.AIISOC.ca pour vous assurer de

Ottawa, la capitale du Canada, est une ville de calibre international, dont la beauté n'a d'égale à sa richesse en traditions, culture et histoire. En avril 2013, elle accueillera également la première conférence internationale de l'AIISOC et de l'IFPN. Venez célébrer le printemps entouré de superbes tulipes et d'attractions intéressantes tout en réseautant avec vos collègues avec qui vous vivrez une expérience éducative inspirante.

Le comité pour la planification des conférences, en collaboration avec leurs collègues de la International Federation of Perioperative Nurses (IFPN), a travaillé sans relâche pour vous offrir un programme éducatif axé sur la création d'une alliance internationale pour des pratiques exemplaires en soins périopératoires. Les conférenciers canadiens et internationaux aborderont une variété de sujets importants, dont la sécurité des patients, la prévention des infections et bien plus.

La conférence de 2013 rassemblera des infirmières et des infirmiers en soins périopératoires et des intervenants de partout au monde pour qu'ils partagent leurs expériences et apprennent ensemble afin d'améliorer la pratique des soins périopératoires. Avec le soutien de la CCNE, la conférence bénéficiera d'un hall d'exposition ultra moderne, où les exposants pourront nous présenter les toutes dernières technologies en matière de produits. Un programme divertissant d'activités sociales conclura la conférence.

Points saillants des activités éducatives :

Avec des conférenciers allant de célèbres spécialistes canadiens à des médecins et des infirmières/infirmiers de réputation mondiale, les plus de 50 séances éducatives dépasseront sans contredit toutes vos attentes. Parmi les sujets traités, notons :

- Sécurité des patients en chirurgie et mise en place de programmes d'éducation en soins périopératoires
- Le rôle en constante évolution des infirmières et des infirmiers en soins périopératoires lors de chirurgies laparoscopiques assistées par ordinateur
- Les efforts mondiaux pour élaborer des pratiques exemplaires en évacuation de la fumée : Qu'est-ce qui cloche?
- Infirmières et infirmiers en soins périopératoires : Trouver un sens aux expériences en chirurgie d'approvisionnement en organes multiples
- Leadership en salle d'opération
- Sécurité des patients
- Créer des équipes interprofessionnelles efficaces en salles d'opération
- Soins périopératoires internationaux
- Avancement en soins périopératoires — Perfectionnement personnel et professionnel
- Gestion – Prestation de soins de santé & économies
- Domaine clinique – propre à la spécialité
- Éducation – Développer les soins périopératoires
- Sécurité en milieu de travail

*Séances en français aussi
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Avantages supplémentaires :

La conférence de 2013 vous donnera accès à une **salle des exposants** remplie de partenaires de l'industrie qui vous présenteront les toutes dernières technologies de soins périopératoires en matière de produits et de services. La salle des exposants sera ouverte les 21, 22 et 23 avril pour donner aux délégués l'occasion de rencontrer des représentants de compagnies à travers le Canada et d'ailleurs et de discuter avec ces derniers.

Les délégués pourront également profiter d'**opportunités de réseautage sans pareilles** avec les autres délégués, les conférenciers et les exposants de la conférence. Les participants se composeront d'infirmières et d'infirmiers en soins périopératoires du Canada et de partout au monde, de chefs de file de salles d'opération, de membres du conseil d'administration de l'AIISOC et de l'IFPN, d'administrateurs en soins de santé, de chirurgiens, d'anesthésistes et de représentants de l'industrie et du gouvernement.

tirer avantage de cette incroyable opportunité d'apprentissage et de réseautage!

30 YEARS OF YOUR JOURNAL

Submitted by: Deborah Murphy, Editor, ORNAC Journal

In 1983 ORNAC launched *Canadian Operating Room Nursing Journal* with Health Media Inc. and, with that move, further strengthened the association's credibility as the voice of perioperative nursing in Canada. I have included the original publisher's introduction to the Journal for your interest. For 30 years this publication has provided a professional record of issues and developments in all areas of perioperative nursing practice and created a communication link between all ORNAC members. In 2002 ORNAC had the opportunity to obtain ownership from the original publisher. This step increased ORNAC's involvement and allowed for an increase in association related news, introduction of the peer-review process, and the opportunity to take the Journal to a new level. 10 years later I was pleased to be personally involved when ORNAC re-launched the publication, under the name *ORNAC Journal*, with a new look and a new focus.

Today every perioperative nurse in Canada can celebrate, with pride, a

professional Journal that is recognized on an international level, cited in other publications, indexed with CINAHL, and well-respected throughout the profession. In recognition of the Journal's 30th Anniversary, in 2013, this issue features items from the very first issue of *Canadian Operating Room Nursing Journal*. They serve as an interesting reminder that while some things may have changed there are many things that remain the same.

Happy 30th Birthday ORNAC Journal – long may you thrive and share the knowledge and ideas that will continue to grow this profession. 🍁



Introduction from the 1983 Publisher of Canadian Operating Room Nursing Journal - Vol I, Issue I

<p>The Creation of a Professional Journal</p> <p>The creation of this national publication for the operating room nurses of Canada seemed, initially, an impossible undertaking. Indeed, it would have been a more difficult task, but for the dedication, encouragement and advice of so many fine people.</p> <p>We were aware of the uniqueness of the group to which the Journal was to be directed, but had no idea the operating room nurses were held in such high esteem by so many surgeons, administrators and senior hospital personnel. Numerous talented and busy professionals, on very short notice, immediately and enthusiastically, came forward to participate in the educational content of this first issue.</p> <p>The National Operating Room Nurses Committee, particularly, is to be congratulated, not only for their continuing efforts on behalf of all</p>	<p>nurses in Canada to organize in a national, single voice, but for their initiative and dedication to the continuing success of this Journal.</p> <p>Commitment to professional development and growth must never be neglected. It is the objective of the Journal's editorial staff, together with the National Committee to assist the operating room nurse recognize standards of competency and stimulate professional growth.</p> <p>The Operating Room suppliers are also to be commended. Without their expression of confidence, this publishing venture would have been impossible.</p> <p style="text-align: right;"><u>Ronald Forster</u> Publisher</p>
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HISTORY OF THE NATIONAL O.R. NURSES

Author: Dorothy Orr, Brooks Health Centre, Brooks, Alberta. National Liason Officer (1983)
National Operating Room Nurses Committee



The date of May 30, 1965, may not be of any earth-shattering consequence, as far as world events, but for operating room nurses its importance becomes historically significant as the first ever attempt to form a national operating room nurses organization. That first meeting took place at the Royal York Hotel, Toronto. Representatives from British Columbia, Alberta, Manitoba, Ontario, New Brunswick, and Quebec were present. Though only a handful of O.R. nurses were in attendance, that was sufficient to establish the momentum for greater participation and true national representation for the future.

The Queen Elizabeth Hotel, Montreal, November, 1970, was set for the 1st National Conference. Isabelle Adams was voted chairman of the Interim Planning Group. Since this first meeting, O.R. Nurses throughout Canada have recommended forming a structured National O.R. Nurses Organization. There seemed to be constant obstacles such as:

1. What type of structure do we need and want.
2. Where do our finances come from.
3. Communications between provinces.

Out of this (and subsequent) meetings came the National Operating Room

Nurses Committee. Rather than a constitution and bylaws, this committee drew up a 'terms of reference' to guide its members in their pursuit of a national organization. This committee was to be their vehicle of communication, since it was recognized that communication would undoubtedly be the number one problem.

To a point, the operating room nurses committee was effective, with a lot of people across the country giving of their time and effort. The necessary interest and dedication was clearly evident, with many of the nurses who were originally involved in the establishment of a national committee still active at both the provincial and national levels.

Since the committee's inception, nine out of the ten provinces have become organized with the tenth one in the process of attaining provincial status.

National O.R. Nurses Conferences have been held in 1970, '73, '74 and '76, this last one scheduled in Vancouver, the first time the event was held outside of Eastern Canada.

With communication still the number one obstacle to hurdle, the National O.R. Nurses Conference in 1980 saw the committee come to grips with the problem. Meeting in Toronto, the committee felt that a liaison officer could ameliorate the situation.

I volunteered for the role of 'national liaison officer'. With this new office, enough of the problems associated with communications were overcome to allow the committee the opportunity to deal with more pressing matters, namely, determining the type of structure the National O.R. Nurses Organization would have.

In Winnipeg last June, at the 7th Annual OR Nurses Conference, discussion on the structural form the national organization would take was high on the agenda.

Based on a proposal submitted by two OR nurses from Alberta (Sarah Doughty and Muriel Shewchuk), the matter was concluded with the formation of an ad hoc committee charged with the preparation of a written mandate of a proposed structure for the National OR Nurses Organization.

National O.R. Ad Hoc Committee named

Named to this committee were: Initially, Kay Raisbeck of Vancouver General, who was later replaced by Margaret Mellan (B.C.), Dorothy Orr (Alta.), Val Shirreff (Ont.), Ann Robinson (Que.), and Joan Donald (New Brunswick).

The Ad Hoc Committee met initially at the National Conference in Winnipeg and set their second meeting for Montreal, January 21, 1983.

This group will be presenting their proposal at the National OR Nurses executive Committee meeting scheduled for Toronto in late April. This meeting will be held in conjunction with the greater Toronto OR Nurses Conference to be held at the Constellation Hotel.

The OR Nurse in Canada is on the threshold of some important events – the establishment of a nation-wide organization, and the other milestone is the establishment of the *Canadian Operating Room Nursing Journal*. ❀

This item was originally published in the inaugural issue of *Canadian Operating Room Nursing Journal*, Volume 1, Issue 1, February 1983, page 10. It is reprinted with permission of Health Media Inc.



Margaret Mellan



Shirley Hemerling



Karen Henderson



Carol Rolfe



Sarah Doughty
'82 rep. (Alta.)



Margaret Farley



Peggy Mills



Valerie Shirreff



Ann Robinson



Jane Malach



Patricia Ralph
'82 Rep. (Nfld.)



Donna Farid



Myrna Chapman



Lynne Taylor



Joan Donald



Dorothy Orr



Muriel Shewchuk

NATIONAL O.R. EXECUTIVE COMMITTEE - 1983

BRITISH COLUMBIA

Karen Henderson,
President Elect,
Maple Ridge Hospital,
Maple Ridge, B.C.

Shirley Hemerling,
Secretary,
Kelowna General Hospital,
Kelowna, B.C.

ALBERTA
Muriel Shewchuk,
President and National Chairperson,
University of Alberta Hospitals,
Edmonton, Alberta.

Carol Rolfe,
President Elect,
Red Deer Regional Hospital Centre,
Red Deer, Alberta.

SASKATCHEWAN
Darlene Stuttard,
City Hospital,
Saskatoon, Saskatchewan.
Margaret Farley,
Plains Health Centre,
Regina, Saskatchewan.

MANITOBA
Fran Fenton,
St. Boniface General Hospital,
Winnipeg, Manitoba.

Catherine Schlosser,
Victoria General Hospital,
Winnipeg, Manitoba.

ONTARIO
Valerie Shirreff,
President,
Assistant O.R. Supervisor,
Wellesley Hospital,
Toronto, Ontario.
Peggy Mills,
Scarborough General Hospital,
Scarborough, Ontario.

QUEBEC
Suzanne F. Boire,
Centre Hospitalier Fleury,
Montreal, Quebec.
Ann Robinson,
Montreal Children's Hospital,
Montreal, P.Q.

NEW BRUNSWICK
Lynne Taylor,
President,
St. John Regional Hospital,
St. John, New Brunswick.
Joan Donald,
1st Vice-President,
A.J. MacMaster,
School of Nursing,
Moncton, New Brunswick.

NEWFOUNDLAND

Donna Farid,
President (carries 2 votes),
General Hospital, H.S.C.,
St. Johns, Newfoundland.

NOVA SCOTIA
Clarice McCarthy,
Victoria General Hospital,
Tower Road,
Halifax, Nova Scotia.
Gail Currie,
I.W.K. Hospital For Children,
5850 University Ave.,
Halifax, Nova Scotia.

PRINCE EDWARD ISLAND
Myrna Chapman,
Prince County Hospital,
Summerside, P.E.I.
Debbie Roberts,
Vice-President,
Queen Elizabeth Hospital,
Charlottetown, P.E.I.

PAST CHAIRPERSON
Jane Malach,
St. Boniface General Hospital,
St. Boniface, Manitoba.

NATIONAL LIAISON OFFICER
Dorothy Orr,
Brooks Health Centre,
Brooks, Alberta.

LONG LIFE TO THE O.R. JOURNAL

Author: *Ginette Rodger, Executive Director (1983), Canadian Nurses Association*

In this first issue of the Canadian Operating Room Nursing Journal I would like to share with you some thoughts on the value, role and place of the professional association in our society.

As operating room nurses you have already demonstrated a keen interest in this subject. In 1965 you took the initiative to form a special interest nursing group and since then you have continued your efforts to make your group nationally representative.

Working in an environment which distances you at least physically from the activities of the rest of the hospital facility, your awareness has grown of the value of teamwork and of the need for and worth of an association designed to achieve common goals.

Although aware of the need for a professional association, we have all at one point or another questioned the value of this type of organization. Questions of this kind are certainly not unfamiliar to you: "What's the use of a professional association?", "What is there in it for me?", "What happens to the money I pay into it?"

While it is clear that membership in an association is, as a matter of course, required of all professionals, the benefits are not always visible. This, however, does not mean that they do not exist.

While they may indeed be difficult to assess, the benefits as well as the essential role played by professional associations in our society are beyond question.

All of us in our day to day activities have been made well aware of the value of collective action whether it be in a nursing care unit or any other kind of work setting. We know that group action has a much more considerable impact and a much greater chance of success than disconnected individual interventions.

This is equally true at the provincial, national, and international level. We are dealing here with collective, not with

individual values. Such is the merit of group efforts.

There is no better definition, in my view, of the role of an association than that provided by the American sociologist Robert K. Merton: "A professional association is an organization composed of practitioners who mutually recognize their own competence within their profession and have come together to perform functions which they would be unable to perform separately as individuals."

Merton adds that the primary responsibility of a professional association is to offer social and moral support which will help the individual practitioner to fulfill his professional role and to establish and maintain high professional standards. The association also plays the role of mediator between, on the one hand, the practitioner and the profession and on the other hand the practitioner and his social environment.

The adequate performance of this role requires a high degree of involvement on our part, especially now, in the '80s, when we are faced with so many complex challenges. The proposed Canada Health Act, designed to effect a complete restructuring of the health care system of this country, is a case in point. Nurses, as a group, must convince the government that a more efficient use of nursing personnel can make for higher quality care at no extra cost.

In another frame of thought the spectacular developments in the body of technical knowledge associated with nursing have caused us to consider the baccalaureate as a minimum condition for entry into practice by the year 2000. The consequences of such a decision on our part are considerable. It is a challenge which we can only face collectively.

Finally, how could we possibly ignore economic constraints and their effect on



the entire health care system? Nursing care, which is by far the largest expense in hospital budgets, is a prime target for cost-cutting efforts.

In such instances professional associations must assist in the critical analysis of the services we provide to the community and help bring about a healthy reassessment. It is the role of professional associations to encourage the development of novel ways to provide care. This particular challenge, which is sure to affect operating room nurses, calls for a highly visible degree of involvement on the part of your National Committee.

I am convinced that, in creating a national periodical such as the Canadian Operating Room Nursing Journal your group has found the means both of increasing your professionalism and of strengthening and expediting your drive to unite all provincial groups in to a national association. This will be achieved through the exchange of ideas and the educational opportunities your Journal will provide.

On behalf of our President, Dr. Helen Glass, the Board of Directors, and all of my 138,000 colleagues I offer my congratulations on this initiative of yours. Long life to the *Canadian Operating Room Nursing Journal* 🍁

This item was originally published in the inaugural issue of *Canadian Operating Room Nursing Journal*, Volume 1, Issue 1, February 1983, page 10. It is reprinted with permission of Health Media Inc.

LONGUE VIE À L'O.R. JOURNAL

Author: *Ginette Rodger, Directrice générale (1983), Association des infirmières et infirmiers du Canada*

Dans ce premier numéro du Canadian Operating Room Nursing Journal, j'aimerais partager avec vous quelques réflexions sur la valeur, le rôle, et la place de l'association professionnelle au sein de notre société.

En tant qu'infirmières et infirmiers au bloc opératoire et au service central vous êtes déjà sensibles à ce sujet puisque d'une part vous avez, depuis 1965, choisi de vous regrouper afin de rejoindre tous les collègues travaillant dans votre secteur, pour former un groupe nationale.

D'autre part, le contexte dans lequel vous œuvrez – qui vous isole physiquement tout au moins du reste de l'activité d'un centre hospitalier – vous sensibiliser d'autant plus au travail d'équipe, à la nécessité et à la valeur du regroupement pour atteindre des objectifs communs.

Bien que sensibles au besoin, nous avons tous, à un moment ou un autre, questionné la valeur d'une association professionnelle. Ces réflexions ne vous sont certainement pas inconnues : "À quoi ça sert une association professionnelle? Qu'est-ce que ça me donne d'en faire partie? Où vont les argentés que le lui verse?"

Même si l'appartenance à une association constitue l'un des critères d'une profession, il n'est pas toujours facile d'en reconnaître clairement les bienfaits. La difficulté de parvenir à percevoir cette réalité, n'annule pas pour autant les avantages et le caractère essentiel des groupements professionnels dans notre société.

Chacun et chacune d'entre nous, dans son quotidien, est à même de constater que les gestes posés collectivement, soit dans une unité de soins, soit dans un autre milieu de travail, ont un impact beaucoup plus grand et une chance de succès beaucoup plus grande et une chance de succès beaucoup plus efficace que les gestes posés individuellement.

Ce phénomène existe aussi dans le contexte provincial, national ou international. La valeur du regroupement demeure donc toujours une valeur collective et non une valeur individuelle.

Je pense que c'est Robert K. Merton, sociologue américain, qui a le mieux défini le rôle d'une association. "Une association professionnelle est un organisme composé de praticiens qui se reconnaissent mutuellement compétents dans leur profession et qui se sont regroupés pour remplir des fonctions qu'ils seraient incapables d'accomplir séparément comme individus." Merton souligne que la première responsabilité d'une association professionnelle est d'apporter un soutien moral et social qui aidera le simple praticien à accomplir son rôle de professionnel, à établir et à faire respecter des normes professionnelles rigoureuses. L'Association sert aussi de médiateur entre le praticien et la profession d'une part, et entre le praticien et son environnement social, d'autre part.

Afin de jouer adéquatement ce rôle, nous devons être activement impliqués, plus particulièrement en ses années '80 où les défis sont nombreux.

Complexes et nombreux. Prenons par exemple le projet de Loi sur la santé (Canada Health Act) qui se prépare à remodeler le système de santé canadien. Il nous appartient comme groupe de convaincre le gouvernement de l'importance du nursing dans ce système et de faire comprendre comment une meilleure utilisation du personnel infirmier peut améliorer la qualité des soins prodigués sans pour autant augmenter les coûts.

Ou encore, pensons à l'évolution effrayante des connaissances techniques et scientifiques dans le domaine du nursing qui nous amène à considérer le baccalauréat comme norme d'admission à la pratique d'ici l'an 2000. Cette orientation est lourde de



conséquences et ce n'est que collectivement que nous pourrions relever le défi.

Finalement, comment passer sous silence les contraintes économiques qui affectent tout notre système de santé. Le budget des soins infirmiers – accaparant la plus large part du budget des centres hospitaliers – est un cible privilégiée de coupures.

Dans de tels cas, le regroupement professionnel doit aider dans l'analyse critique du service que nous donnons à la population et susciter une saine remise en question. Il doit nous encourager à envisager de nouvelles façons de prodiguer nos soins. Ce défi ne sera pas sans toucher les infirmières et infirmiers du bloc opératoire et votre association peut jouer un rôle de premier plan.

Je suis convaincue que la création d'un organe de communication pan-canadien tel le Canadian Operating Room Nursing Journal ne peut que renforcer votre association et augmenter votre professionnalisme de par les idées que vous pourrez échanger et les occasions d'éducation qu'il permettra.

Au nom de la présidente, le Dr Helen Glass, du conseil d'administration et de mes 138,000 collègues, je vous félicite de cette heureuse initiative et souhaite longue vie au Canadian Operating Room Nursing Journal. 🍁

Cet article a déjà été publié dans le tout premier numéro de la Revue de l'Association des infirmières et infirmiers de salles d'opération du Canada, volume 1, numéro 1, février 1983, page 10. Il est réimprimé avec la permission de Health Media Inc.

GOLD FISH IN A BOWL

Author: Muriel G. Shewchuk, RN, B.Sc.



What has a gold fish to do with nursing and patient care? Come with me and gaze through the glass into the world of the operating room nurse.

Nowhere in the field of nursing is a nurse as exposed as in the operating room theatre where intense, complex, multifaceted patient care is at its height. Many nurses, outside the operating room, would probably say, “How can that be?”

Let us set the scene in the morning during the daily assignment of scrub and circulating duties. First we must review the pre-operative visits, special patient needs, specific needs of surgeons and anaesthetists as well as the pressing problems and concerns of the overall department. Shortages of personnel in terms of quantity and/or quality,

equipment and supplies will avail the nurse of the varying intensities of frustration. Anger, sarcasm, verbal and non-verbal abuse may be forthcoming from any number of anaesthetists, surgeons, and even co-workers and supervisors.

A moment of privacy! The scrub nurse commences her five minute scrub. Varying degrees of nervousness, lack of complete knowledge, speculation of moods, and behaviours of the forthcoming surgical team, self expectations and expectations of the circulators run through her mind.

Under the eagle eye of the circulator, eyes often in the back of her head, the drying of hands and arms is observed. Where else are you closely supervised on how well you dried between the fingers, how many centimeters the towel is from your dress and, furthermore, where is each hand positioned on the towel? Now if only the gown and gloves could magically get their way on – sterile that is – step one would be complete. Already an astute assessment of skill, coordination, efficiency and standard of aseptic technique has been made.

Every second now counts as the sterile set up must be rapidly assembled in preparation for the surgical count. The efficiency of every motion counts, the appropriate placement of each item is critical. As many as three nurses may be dispensing materials on the sterile field. Information overload can rapidly place tremendous stress on the scrub nurse – she must remember all. Observing every move, the placement of each item, as well as its name, use, and how to handle it; what order the drapes will be applied and sutures and instruments, and on and on the

scenario goes! “If they hurry me much more, I won’t even remember how to put the surgeon’s gloves on.”

“Oh help, the patient is being pushed through the door and what’s more the surgeon is scrubbing already – will I ever be ready in time?”

The all knowing eyes of the surgeon surveys the room as he scrubs. Who is the scrub nurse? Can she put the drapes on? Will she be a capable, efficient scrub nurse anticipating his actions (giving him what he needs, not what he asks for) at the instant of need? Does she know the anatomy, will she have all the supplies should a crisis occur, will it be handled efficiently and safely for his patient?

How about the circulating nurse? Are all her movements purposeful or are they disorganized, inefficient, and perhaps unknowing? What type of atmosphere are the nurses going to perpetuate? Will it be one of distress, hassle, uncertainty, chatter and upset; or one of calm, collected, organized, and quiet efficiency? The team can be enhanced to perfection or distraught with frustration by these facets.

The anaesthetist plays a major role in the life of the operating room nurse as well. His speed of entry into the theatre, the introductory remarks or silence, will affect the type of conversation and actions of the nurses. The anaesthetist also easily surveys the room for level of expertise, quality of assistance he will receive, ready availability of supplies and expected efficiency with which the day will proceed.

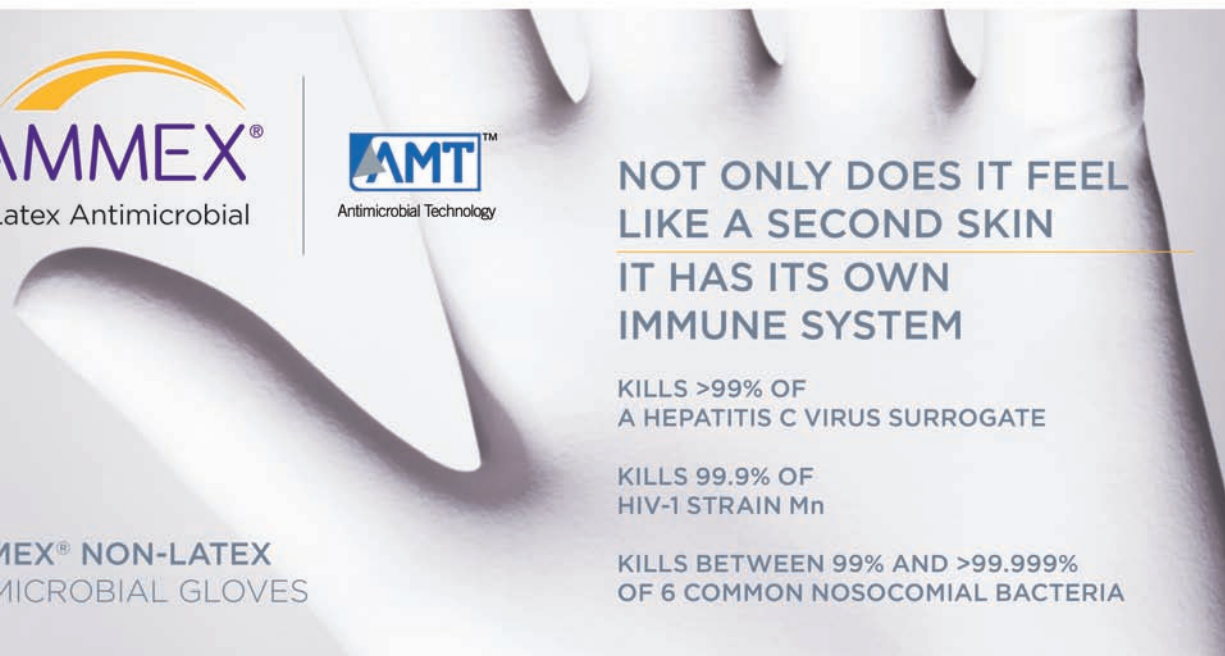
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ORNAC Network - 30th Anniversary Feature

GOLD FISH IN A BOWL (cont.)

The patient has arrived, all attentions must now be channelled to direct patient care. The data collection, assessment, goal setting and nursing plan must now be transformed into the specific patient care. The pre-induction positioning, the induction assistance, the surgical positioning, skin preparation and draping must now proceed under the critical observation of supervisors, co-workers, surgeons, and anaesthetists.

The intra operative progress can be greatly enhanced by the highly skilled, educated, caring nurse – truly a gold fish of bright shining colours. The efficiency, preparation, atmosphere, technique, and astute attention to all phases of the nursing process can make each operating room nurse invaluable to the patient, co-workers, surgeons and anaesthetists. On

the other hand, the lack of knowledge, preparedness, efficiency, organization and insufficient attention to patient care and teaching can make the theatre an undesirable place for the entire surgical team – a dull, unattractive, gloomy, lacklustre fish in a bowl.

It behooves every operating room nurse to strive to be the bright shiny gold fish in a bowl because of the tremendous overall effect on everyone including the patient.

Muriel G. Shewchuk, RN, B.Sc, is the Operating Room Instructor, University of Alberta Hospitals, Edmonton, AB. Mrs. Shewchuk is currently serving as President and National Chairperson of the National Operating Room Executive Committee. 🍁

This item was originally published in the inaugural issue of *Canadian Operating Room Nursing Journal*, Volume 1, Issue 1, February 1983, pages 13-14. It is reprinted with permission of Health Media Inc.



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SPOTLIGHT ON ORNAC MEMBERS

A LOOK BACK: THE BEGINNING OF ORNAC AND THE CONTRIBUTIONS OF PERIOPERATIVE NURSING LEADERS

AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK



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

Gloria Stephens, RN, was an operating room nurse for over forty years. She joined the “National Committee for Operating Room Nurses” in 1970 and was a member until 1980. She also took on the role of secretary during this time and was the coordinator of the 4th National Committee Meeting (Montreal, 1974) and the 1976 National Conference (Vancouver). After the formation of ORNAC, in 1983, Gloria was an original member of the ORNAC Standards Committee and the Chair for the Technical and Competencies section. She was the coordinator of the 10th National Conference (Vancouver, 1988) and went on to serve as the ORNAC President from 1990-1993. She remained actively involved with ORNAC until 1996. Gloria is currently retired and lives with her husband in Halifax, NS.

Muriel Shewchuk, RN, BScN, CPN(C) has over 50 years of operating room experience including as a charge nurse, educator, manager, assistant director, director and consultant. She was, from 1983-1993, a member of several ORNAC Board and Executive committees. Her involvement with ORNAC included the role of the first Chair of the ORNAC Awards Committee, Chair of the first ORNAC Conference in 1984 (Jasper, AB) and Chair of the 1991 ORNAC Conference (Banff, AB). Muriel was also one of the founding members of the ORNAC Standards Committee and remained involved with that committee for 10 years. She was a founding member, and Co-Chair, of Canadian Operating Room Leadership (CORL) Network and was the first CORL representative on the ORNAC Board. Muriel is currently a part-time consultant and lives in Calgary, AB.

Question: Why did you choose to specialize in perioperative nursing?

6 months before we participated in the first open heart surgery. It was a milestone for me to be a Scrub Nurse on the first open heart surgery in BC.

Gloria: We didn’t call it perioperative nursing at the beginning - we called it Operating Room (OR) nursing. I had a lot of operating room experience as a senior nursing student. Extra help was needed in the operating room and I found I loved this specialty area. I actually started working in Public Health right after I graduated but I missed the excitement of the operating room. I started taking specialized courses in neurosurgery and orthopaedics in Halifax and then relocated to Vancouver where I took a job in the OR at St. Vincent’s Hospital. I then joined a research team for open heart surgery at St. Paul’s Hospital. We were put through extensive training for

Muriel: As a seventeen year old, right out of high school, I landed a job working as a ward aide in a ten bed hospital in northern Alberta. We had newly immigrated nurses and a Doctor who had come to Alberta from Germany. The nurses would be occupied downstairs and they would assign me “nursing tasks” that included assisting the doctor suctioning during a tonsillectomy. Would this be a “ward aide first assist role” forerunner to RNFA? I was hooked and I knew that I wanted to be an operating room nurse.

I studied nursing at the University of Alberta in Edmonton. I felt that I had to



Photo Courtesy G. Stephens

L to R Gloria Stephens and Muriel Shewchuk at the 1991 ORNAC Conference

SPOTLIGHT ON ORNAC MEMBERS (cont.)

AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK

What are the major changes you've seen since starting in the OR?


We didn't call it perioperative nursing at the beginning - we called it Operating Room (OR) nursing.

be in the Operating Room as much as possible. It was fast paced and had a focus on detail and excellence that suited me. On graduation I found there was no position in the Operating Room and so I worked for three months on a medical unit until transferred. I started in the Operating Room in 1962 and remained in that field throughout my career except for two years when I taught orthopaedics on the unit.

Gloria: The types of surgical cases have changed over the years. When I first started in orthopaedics we had mainly industrial related surgeries. When industry began to implement safety programs the number of orthopaedic cases dropped. Then prosthetic implants started – a whole new revolution. We became more involved with patient cases related to total hips, knee replacements and reconstructive surgery. You could really see the transition of patient cases from mainly acute to reconstructive. The technology changed as well and required continuous learning.

Muriel: The technical advancement and the greater availability of supplies, instruments and packaging are the major advances. It is hard to believe

that we used to have to make saline! We only had steam sterilization and a hot air oven. There was a general lack of knowledge about chemicals, such as formalin and ETO, in the early days. With what we used to breathe in I am amazed we survived. Making Vaseline and Batemans gauze was interesting! Imagine sharpening the barbs off the needles on a wet- stone prior to sterilizing. Washing, drying and powdering gloves, followed by testing for holes prior to packaging in cloth wraps, with corrugated cardboard inside, took hours. There was nothing to stop bleeding but hot wet, wrung-out sponges -- there was only one only one cauterizing machine for the whole suite so cardiac got it! To reduce temperature in neuro-aneurysm the patients were packed in ice pre-op to establish hypothermia needed for safe surgery. Now there are high tech temperature controlled blankets with monitors.

<p>Join ORNAC's 30th Anniversary Celebration!!</p>		<p>Venez célébrer le 30e anniversaire de l'AISOC avec nous!!</p>	
<p>The Operating Room Nurses Association of Canada (ORNAC) invites all delegates of the 2013 ORNAC & IFPN Conference to attend ORNAC's 30th Anniversary Celebration.</p> <p>Join your fellow ORNAC Members as we celebrate 30 years of YOUR Association and all it has meant to perioperative nurses across Canada. Enjoy some refreshments, music, and reminiscing with a view overlooking the Parliament Buildings.</p>		<p>L'Association des infirmières et infirmiers de salles d'opération du Canada (AISOC) invite cordialement tous les délégués de la conférence 2013 de l'AISOC et de l'IFPN à participer aux célébrations organisées en l'honneur du 30e anniversaire de l'AISOC.</p> <p>Venez célébrer avec vos collègues de l'AISOC les 30 ans de VOTRE association et tout ce qu'elle signifie pour les infirmières et les infirmiers en soins périopératoires du Canada. Nous vous invitons à venir prendre un verre et à écouter de la musique tout en vous rappelant de bons souvenirs et en appréciant la vue sur les bâtiments du Parlement.</p>	
<p>When: Wednesday, April 24th, 2013 – 5 pm to 7 pm</p>		<p>Quand : Mercredi 24 avril 2013 – 17 h à 19 h</p>	<p>Où : Niveau 4 du Palais des congrès d'Ottawa, 55, promenade du Colonel-By, Ottawa, ON</p>
<p>Where: Level 4 of the Ottawa Convention Centre, 55 Colonel By Drive, Ottawa, ON</p>			

SPOTLIGHT ON ORNAC MEMBERS (cont.)

AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK

Who do you consider your greatest mentor in perioperative nursing?

Gloria: Someone that I really admired was Joan Flower who was the President of BCORNG. She encouraged me to participate and to work towards being the BCORNG President. I have always respected Muriel Shewchuk who I consider a nursing leader in perioperative nursing in Canada. I met Muriel while working on the ORNAC Standards committee and we became very close friends.

Muriel: Gloria Stephens has been the star! Gloria's focus on education, standards and professionalism to promote excellence of practice has had a major impact on Canadian OR nursing over decades. Her commitment to patient safety and publication of documents makes her an outstanding role model.

Tell us about your early days with ORNAC.

Gloria: In 1970 I joined the National Committee for Operating Room Nurses and the first meeting & National Conference took place in Montreal, QC.

A decision was made to host a National Conference every two years and, in the alternate years, to host a National Committee Meeting in conjunction with the Greater Toronto OR Nurses meeting. At a National Committee Meeting, in 1982, Muriel Shewchuk tabled a motion to develop a national organization with a voting Executive. Joan Donald from NB supported the assembly discussion

by forming a committee to discuss Muriel's motion. They came to agreement and the Operating Room Nurses Association of Canada (ORNAC) was formed.

When ORNAC was officially launched in 1983 Val Shirreff, from ON, was elected President. The Standards Committee was launched with Joan Donald as the Chair and Muriel Shewchuk and I were as the committee members and later I became the Chair.

I was the chair of the first ORNAC research committee and started a National teleconference system to support continuing education. Every third month I would set up a continuing education teleconference with speakers from large and small hospitals across the country. It was a great way to reach smaller hospitals where many nurses did not have the opportunity to attend conferences to obtain continuing education. It ran for three years and then it lost momentum and stopped due to technological changes. People started to look at other ways to obtain education besides being tied to the telephone.

Muriel: We really wanted to have a truly Canadian organization representing all Provinces. The initial attempt, in Winnipeg, to present the proposal that supported a National organization, met with major resistance as many individuals believed the National Committee was sufficient. One turn of events that helped our cause was that Agnes Forster, a publisher and editor, attended the meeting in Winnipeg where this concept was being discussed. She wanted to start an Operating Room Nursing Journal but in order to do so there needed to be a recognized Canadian Association in place. The National Committee liked the idea of the journal, which made the decision easier, and ORNAC was born!

The first *Canadian Operating Room Nursing Journal* was published in 1983 by Health Media Inc., of Toronto, ON.



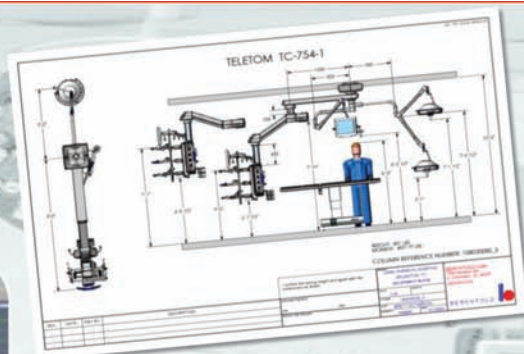
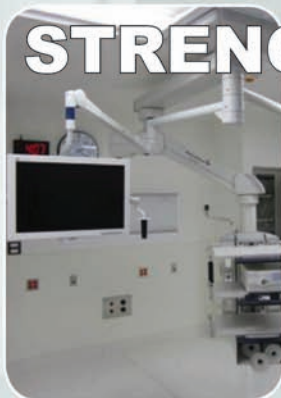
Photo by D. Murphy

L to R Gloria Stephens and Muriel Shewchuk at Gloria's home in 2012. The table they are standing behind is nicknamed the 'confederation table' – it was the table on which they worked towards the creation of ORNAC.

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ORNAC Network - 30th Anniversary Feature

SPOTLIGHT ON ORNAC MEMBERS (cont.)

AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK

The ability to communicate with OR Nurses six times a year created a greater awareness within the operating room nursing specialty and assisted substantially in the development of ORNAC and of several of the provincial groups.

The organization of the provincial Operating Room nursing groups was also well under way. Quebec started organizing their group in the late 1950s, the Greater Toronto OR Nurses Group emerged in 1960, in 1963 Halifax started an OR nursing group, and in 1966 the British Columbia Operating Room Nurses Group (BCORNG) became official. In the late 1970s and early 1980s the remaining provinces organized groups.

Tell us about the first "Official" ORNAC Conference.

Muriel: Before the first official ORNAC Conference in 1984, there had been seven previous conferences hosted by the National Committee that rotated between locations in Quebec, Ontario and BC. I chaired the first official ORNAC Conference in 1984 in Jasper, AB. It was no easy task to convince the nurses and vendors that Jasper was a viable option! It was, however, a phenomenal success. The theme was "Mountains to Climb". At this conference, I turned the Conference Chair position over to the first official ORNAC President, Val Shirreff. The first "Surgicos" J& J Award was established as well as the first J&J sponsored painting – of Mt. Edith Cavell (named after an English nurse who was executed by the Germans during World War I for having helped allied soldiers escape from occupied Belgium).

The ORNAC Standards are a key part of ORNAC's Mission. How did this start?

Gloria: During a meeting in 1983 the decision was made was to initiate a "Standards of Practice Committee". The first meeting of this committee took place in Montreal in October 1983. The first Committee Chair was Joan Donald from New Brunswick, and the committee members were Muriel Shewchuk and I.

Muriel: CNA was establishing Certification for recognized Specialty groups. Gloria and I attended a 1986 meeting as ORNAC representatives only to be told that as our profession "did not have a specific recognized body of knowledge" we could not become a registered Specialty with CNA. Emotions ran high on receiving this new

SPOTLIGHT ON ORNAC (cont.)

AN INTERVIEW WITH GLORIA STEPHENS AND MURIEL SHEWCHUK

and resulted in the immediate formation of a small group to write the Standards for Operating Room Nursing Practice and create an Audit Tool. Gloria's Vancouver dining room table became "The Confederation Table" for these Standards. Two years later we published the Technical Standards and reapplied to CNA for specialty Certification – and ORNAC became the largest certified group at the time! The ORNAC Standards Committee is still going strong thirty years later.

What changes have you seen within ORNAC over the past 30 years?

Gloria: ORNAC has become much more sophisticated over the years. It has evolved in to a formal organization and even become incorporated. The original ORNAC group were pioneers and broke ground to establish ORNAC. When ORNAC started we all had to pay for our own conference registration and all our expenses. ORNAC today is in a much stronger financial position. In the early days everything was done with pen and paper and 'snail mail'. With the advent of computers everything is done faster and in a shorter timeframe. But some things have not changed -- CNA Certification continues to be very important!!

Muriel: The development of the multiple Standards documents is a key change. Identification of competencies of practice for staff nurses, managers and RNFAs provides direction for orientation and performance management. The quality of education at Conferences has continually improved as has the professionalism of the members.

The Canadian Operating Room Leaders (CORL) group was established in 1999 as a volunteer network of perioperative leaders dedicated to advancing leadership education and share expert resource information to obtain best practice information and support for leadership decisions. I was involved with CORL and was pleased to work with Pat Pocock to establish as an affiliate member of ORNAC in 2005. Affiliate membership has further expanded ORNAC's reach.

Any words of wisdom to leave us with?

Gloria: I believe that every perioperative nurse should do at least three things. First, always be cognitive of the fact that you are the patients advocate. Second, support and practice the ORNAC Standards. And third, take advantage of every available opportunity to advance the profession of Operating Room Nursing. This is what I believe in.

Muriel: Remember the value of education!!! Get CNA certified, maintain certification and be a role model of excellence with a focus on patient safety. Share your knowledge by teaching, writing and publishing articles, and mentoring. 🌸

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ORNAC Flag / Drapeau de l'AIISOC

The official ORNAC flag was launched in 1987 at a Greater Toronto Meeting and has since flown proudly at each National Conference.

Le drapeau officiel de l'AIISOC a été lancé en 1987, lors d'une réunion du Grand Toronto. Depuis lors, il flotte fièrement à chaque conférence nationale.

ORNAC Logo / Logo de l'AIISOC

A design contest took place in 1985 to create an official logo. All Canadian perioperative registered nurses were eligible and ORNAC received thirty submissions. Jocelyn Patenaude, of Montreal, was the chosen designer. ORNAC has proudly displayed this logo since that time. The logo was trademarked in 2011.

En 1985, l'AIISOC organisa un concours pour créer un logo officiel. Toutes les infirmières et tous les infirmiers autorisés en soins périopératoires du Canada étaient admissibles et l'AIISOC a reçu trente soumissions. Jocelyn Patenaude, de Montréal, fut le gagnant. L'AIISOC affiche donc fièrement son logo depuis cette époque. Le logo est devenu une marque de commerce en 2011.

President's Chain of Office / Insigne de la charge du président

The chain of Office became a reality through the persistence of the Operating Room Nurses Association of Alberta (ORNAA) and a generous gift from American Hospital Supply Canada Inc. (AHS). It was first worn in 1986 by then outgoing President Valerie Shirreff. The end of a Presidents term is now marked by the passing of the Chain to the new President and the chain displays the name of each President & term.

L'insigne de la charge est devenu une réalité grâce à la persistance de l'Association des infirmières et des infirmiers de salles d'opération de l'Alberta et d'un généreux cadeau de la part du American Hospital Supply Canada Inc. (AHS). Il a été porté pour la première fois en 1986 par la présidente sortante de l'époque, Valerie Shirreff. La fin du mandat d'un président est maintenant souligné par le transfert de l'insigne au nouveau président. De plus, le nom et le mandat de chaque président sont gravés sur l'insigne.

DID YOU KNOW ? LE SAVIEZ-VOUS ?



ORNAC Gavel / Maillet de l'AISOC

1984 in Jasper was a landmark in ORNAC History. It was the first official ORNAC National Conference and ORNAC's first formal meeting. To commemorate the occasion the Jasper Planning Committee, under the guidance of Muriel Shewchuk, presented President Valerie Shirreff with the ORNAC Gavel. The gavel travels with the President to each Conference.

L'année 1984 et la ville de Jasper marquent un jalon dans l'histoire de l'AISOC. C'est là que la première conférence nationale officielle de l'AISOC et, par le fait même, sa première réunion officielle, a eu lieu. Pour commémorer cet événement, le comité pour la planification de Jasper, sous la direction de Muriel Shewchuk, a présenté à la présidente Valerie Shirreff, le maillet de l'AISOC. Le maillet est utilisé par le président ou la présidente lors de chaque conférence.

Constitution / Constitution

Founding members formed a committee in 1983 to draft a constitution for ORNAC that was presented at Jasper in 1984. The committee reviewed and revised until 1986 when the revised document was presented and passed.

The Bylaws Committee of ORNAC was formed in 1983 and remains on the regular agenda for each ORNAC meeting. Under this Committee the formation and regular review of the Rules and Regulations of ORNAC continue.

The 19th National Conference, held in Montreal in 2005, saw a landmark change to ORNAC's constitution. Here the decision was made to provide two seats to Affiliate Member Groups of ORNAC to sit on the Board in a limited capacity. ORNAC welcomed the Canadian Operating Room Leaders Group (CORL) and the Registered Nurses First Assistant Network of Canada (RNFANC) to these seats.

In 2008 ORNAC completed the incorporation process and became registered as an Incorporated Not-for-profit Association under the Canadian Corporations Act.

En 1983, les membres fondateurs ont formé un comité afin d'esquisser une constitution pour l'AISOC. Cette dernière a été présentée à Jasper, en 1984. Le comité l'a révisée et l'a peaufinée jusqu'en 1986, lorsque le document révisé fut présenté et adopté.

Le comité des règlements administratifs de l'AISOC a été formé en 1983 et demeure depuis ce temps à l'ordre du jour de chaque réunion de l'AISOC. Ce comité continue de veiller à la rédaction et à la révision régulière des règlements de l'AISOC.

La 19e conférence nationale de l'AISOC qui a eu lieu à Montréal en 2005 a été témoin d'un changement majeur dans la constitution de l'AISOC. Lors de cette conférence, il a été décidé que deux sièges seraient réservés aux groupes des membres affiliés à l'AISOC pour que ces derniers puissent siéger au conseil en occupant un rôle limité. L'AISOC a donc accueilli le groupe des Leaders canadiens de salles d'opération (LCSO) et le groupe des Registered Nurses First Assistant Network of Canada (RNFANC) pour occuper ces sièges.

En 2008, l'AISOC est devenu une société constituée en personne morale et s'est inscrite comme association professionnelle sans but lucratif sous la loi canadienne régissant les associations à but non lucratif.

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When transitioning to a latex-free environment to provide greater staff and patient safety, comfortable and reliable exam gloves are a must. Nitrile is often the material of choice because of its strength and chemical resistance. These qualities, however, are not necessary for every task. Curad 3G Vinyl Gloves are a more cost-effective alternative, offering the sensitivity and comfort of nitrile without the higher price.

What Makes Curad 3G Vinyl Gloves Different?

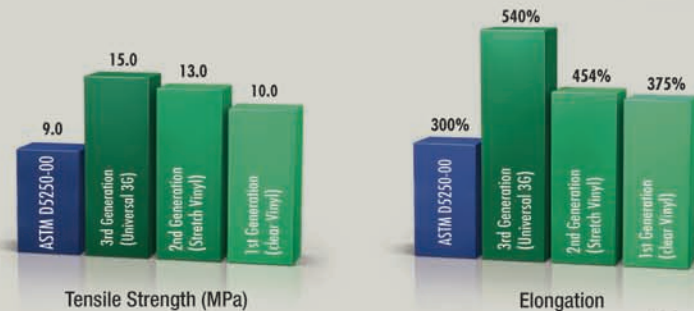
A proprietary formulation of ultra-high weight resins and special softening and strengthening agents offer strength, comfort and barrier protection other vinyl gloves cannot.

3G Vinyl + Nitrile Savings without compromise

Did you know that Curad 3G Vinyl Gloves are safe and effective for up to 80% of all hospital tasks? Hospitals that switch to a vinyl/nitrile blend save up to 19% without compromising comfort, safety or effectiveness.



3G gloves surpass ASTM standards for tensile strength and elongation*, as shown below:



* Data on file.



Support Breast Cancer Awareness

All customers who order Medline's Universal 3G Vinyl Exam Gloves during the month of October will receive pink gloves in support of Breast Cancer Awareness Month. Wear your pink gloves with pride as you and your coworkers spread the word about early detection to patients and others in your community.

What's more, Medline will donate \$1 from every case sold to the Canadian Breast Cancer Foundation (CBCF) to help find a cure.