



September 2012

Volume 30, Issue 3

ORNAC JOURNAL

Formerly Canadian Operating Room Nursing Journal



© lionvision

Perceptions of Competence

Impact of Certification

ORNAC/IFPN Ottawa 2013



WWW.ORNAC.CA

PM40951517

THE YUNO ORTHOPEDICS TRAUMATOLOGY AND NEUROSURGERY MOBILE OPERATING TABLE FOR PRECISION RADIOTRANSLUCENCY

SURGICAL WORKPLACES



For orthopedic, traumatology and neurosurgery procedures, YUNO OTN is equipped with modular components that can be adjusted and rearranged quickly and easily, this revolutionary product creates more efficient and cost-effective operating rooms. YUNO OTN offers surgeons

exceptional stability, superior radiotranslucency, and innovative ergonomic design: for precise patient positioning and optimal access to the surgical site.

MAQUET — The Gold Standard.



Orthopedics



Traumatology



Neurosurgery

MAQUET-DYNAMED INC.
235 Shields Court, Markham
Ontario L3R 8V2, Canada
Phone: +1 905 752 3300
Fax: +1 905 752 3304
info@maquet-dynamed.com
www.maquet-dynamed.com

ORNAC JOURNAL

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

Published Quarterly ✦ Volume 30, Issue 3, September 2012

TABLE OF CONTENTS



© lionvision

16 Perioperative Nurses' Perceptions of Competence: Implications for Migration

BY/PAR: BRIGID M GILLESPIE, RN, BHThSc (HONS), PhD; WENDY CHABOYER, RN, BSc, MN, PhD; SHIRLEY LINGARD, RN, BSc(N), CPN(C); AND SHARON BALL, RN, BSc (N), CPN(C).

34 The Impact of Certification on Certified Perioperative Nurses: A Qualitative Descriptive Survey

BY/PAR: KATHRYN SCHROETER, PhD, RN, CNOR; MICHELLE M. BYRNE, PhD, RN, CNOR; KATHARINE A. KLINK, MSN, RN; MATTHEW BEIER, MS, RN, CNS-BC, CNOR; AND NATALIE S. McANDREW, MSN, RN, CCRN, CNS.

ORNAC NETWORK / RÉSEAU DE L'AIISOC

7 ORNAC 2013 Conference with IFPN

14 Conférence 2013 de l'AIISOC

32 Spotlight on ORNAC Members

39 Upcoming Events

25 Perioperative Nurses Week

30 Semaine des infirmières et des infirmiers en soins périopératoires

EDITOR:

Deborah Murphy

ART DIRECTOR:

Sherrri Keenan

TRANSLATION:

Jocelyne Demers-Owoka

ORNAC Journal

c/o Clockwork Communications Inc.

PO Box 33145, Halifax, NS, B3L 4T6

Tel: 902.442.3882 Fax: 888.330.2116

E-Mail: Contact@ClockworkCanada.com

www.ClockworkCanada.com

Articles in this Journal may not be reprinted without the express written permission of ORNAC.

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

EDITORIAL BOARD:

CHAIR:

Barbara Mushayandebvu

COMMITTEE:

Cathy Doucette

Tracie Scott



SUBSCRIPTIONS:

Canada - \$35 plus GST/HST • Outside Canada - \$57
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

ADDRESS CHANGES:

ORNAC members / Membres de l'AIISOC:
www.ORNAC.ca for address changes /
pour effectuer un changement d'adresse.

Non-member Subscribers:

send address changes to
subscriptions@ClockworkCanada.com
or fax to 1.888.330.2116. Please provide
your old and new address as well as an
e-mail or telephone contact.

ORNAC Executive

PRESIDENT - Karen Frenette - Bathurst, NB

PRESIDENT ELECT - Rupinder Khotar - North Vancouver, BC

PAST PRESIDENT - Bonnie McLeod - Maple Ridge, BC

TREASURER - Alaine Young - Hamilton, ON

SECRETARY - Sue Styles - Seba Beach, AB

EXECUTIVE DIRECTOR - Catherine Harley - Ottawa, ON



ORNAC Board Members

BRITISH COLUMBIA

Lorraine Best
Marlene Skucas

ALBERTA

Barbara Mushayandevu
Colleen Marcotte

SASKATCHEWAN

Candace Franke

MANITOBA

Leah Restall
Monica Palmquist

ONTARIO

Anita Esson
Debra Bastone

QUEBEC

Mireille Bélanger
Philippe Willame

NEW BRUNSWICK

Charlotte Roach

NOVA SCOTIA

Cathy Timmons
Cathy Ferguson

PRINCE EDWARD ISLAND

Katherine Wood
Cathy Doucette

NEWFOUNDLAND & LABRADOR

Margot Walsh
Debbie Keough

AFFILIATE MEMBERS

Pat Pocock, *Canadian Operating Room Leadership Network (CORL)*
Christine Bilopavlovic, *RN First Assistant Network of Canada (RNFANC)*
Tracie Scott, *Perioperative Nurse Educators of Canada (PNEC)*

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.



Advertiser Directory / Annuaire des annonceurs

Product Advertisers / Annonceurs de produits

3M Infection Prevention	23	Instrumentarium	18, 21, 27, 37
Ansell	19	Maquet Getinge Group	2
Cardinal Health Canada	47	Meditek	29
Con Med	9	Medline Canada	48
Eco Lab	39	Trudell Medical Marketing	11

Career Opportunities / Possibilités de carrière

Alberta Health	42	Regina Qu'Appelle Health	42
Interior Health	43	Vancouver Coastal	31

Looking For Information About Advertising
In This Journal?

Vous Cherchez L'Information Pour
Mettre Une Annonce Dans Cette Revue ?

contact@ClockworkCanada.com

or / ou

902.442.3882



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.



Autumn is my favorite time of year. The abundance of Fall colours and smells fill the air. September is the month when, following a summer slowdown, full schedules begin anew. Children return to school and structure returns to the household. This is also the time when annual membership drives begin for most provincial perioperative associations.

Florence Nightingale once said, “There is no magic in the word association... We must never forget that the ‘individual’ makes the association. What the association is depends on its members. A nurse’s association can never be a substitute for the individual nurse. It is she who must, each in her own measure, give life to the association while the association helps her.”

Get involved! It is the perioperative nurses that make ORNAC what it is. Perioperative nurses have a wealth of knowledge and expertise but often much of it is kept in isolation or held within an individual’s healthcare facility. Sharing this knowledge, and contributing to your perioperative association, is something of immeasurable value. ORNAC offers many opportunities for involvement. Formalize your internal studies and share information with perioperative nurses from across the country. Submit an article to this Journal. While the Journal has received a recent facelift the content is still only as strong as the submissions received. Perioperative nurses across the country, and beyond, benefit when we share our experiences through the Journal!

Funding is also available to support research studies through ORNAC. Visit www.ornac.ca for details and application forms. Let us put Canadian perioperative nurses, and their innovations and studies, on the world forum. There are also numerous other awards available through ORNAC so nominate a deserving perioperative nurse!

I encourage you to become involved in your provincial perioperative association -- and through it to become involved in ORNAC. Plans for the 2013 ORNAC/IFPN International Conference in Ottawa are now kicking into high gear. Make plans to attend this exciting perioperative event in Canada’s capital.

This will truly be the first international ORNAC conference. Representatives from the International Federation of Perioperative Nurses (IFPN) have been involved, along with the ORNAC Conference Planning committee, in all stages of conference planning. The program will be rich in Canadian and international flavor with presentations from various speakers from around the world. This will provide the opportunity to network with your international colleagues. Take advantage of this wonderful opportunity in our own backyard! Keep up to date with the conference plans by visiting the ORNAC website.

The transition of ORNAC into its new and revitalized structure, as discussed in my previous messages, continues. This is both an exciting and a challenging time as change, even when necessary, brings forth many unanswered questions. The pillars that support the ORNAC structure are beginning to function in the intended manner. The ORNAC Fall Board meeting will also work within this new structure with pillar members working together to report on and plan for the work of ORNAC. I will continue to provide updates as ORNAC implements the strategic plan. This is your association – be aware and get involved for the benefit of the perioperative nursing profession! ❁

A handwritten signature in blue ink that reads "Karen Frenette". The signature is fluid and cursive.

It is the perioperative
nurses that make
ORNAC what it is.



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



International Federation of Perioperative Nurses

ORNAC National & International Conference with IFPN



MARK
YOUR
CALENDAR
FOR
2013

“International Alliance for Perioperative Best Practice”
The Ottawa Convention Center
Ottawa, Ontario, Canada

April 21 to April 25, 2013

For further information please stay tuned to www.ornac.ca

“You are a vital part of patient safety”

www.ornac.ca

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'automne est la période de l'année que je préfère. Les couleurs contrastent dans le paysage et les odeurs de l'automne flottent dans l'air. Septembre marque, après la pause estivale, la reprise des horaires chargés. Les enfants retournent à l'école et la routine reprend à la maison. C'est aussi le moment où les campagnes de recrutement de membres commencent pour la plupart des associations provinciales de soins périopératoires.

Florence Nightingale a déjà dit: « Le mot association n'est pas magique... Nous ne devons jamais oublier que ce sont les personnes qui forment les associations. L'essence d'une association repose sur ses membres. Une association d'infirmières et d'infirmiers ne peut jamais remplacer les infirmières et les infirmiers en tant que tels. Ce sont eux qui doivent, chacun à leur façon, donner vie à leur association tandis que l'association les aide. »

Impliquez-vous! Ce sont les infirmières et les infirmiers en soins périopératoires qui font de l'AIISOC ce qu'elle est. Les infirmières et les infirmiers en soins périopératoires possèdent de vastes connaissances et une expertise reconnue, mais souvent ces dernières ne sont pas partagées ou seulement maintenues au sein de l'établissement de soins de santé de la personne travaille. Le fait de partager ces connaissances et de contribuer à votre association de soins périopératoires lui apporte une valeur inestimable. L'AIISOC offre de nombreuses occasions de s'impliquer. Officialisez vos études internes et partagez de l'information avec des infirmières et ses infirmiers en soins périopératoires d'à travers le pays. Soumettez un article à sa revue. Même si la revue a récemment subi une métamorphose, la force de son contenu dépend des soumissions reçues. Les infirmières et les infirmiers en soins périopératoires de partout au Canada, et au-delà, bénéficient des expériences que nous partageons par le biais de la revue!

Par l'entremise de l'AIISOC, du financement est également offert pour soutenir des études de recherche. Visitez

www.aiisoc.ca pour obtenir tous les détails et les formulaires de demande. Laissez-nous mettre les infirmières et les infirmiers en soins périopératoires du Canada et leurs innovations et études dans l'enceinte internationale. De plus, il existe de nombreux autres prix offerts par l'AIISOC, alors ne manquez pas de désigner les infirmières et les infirmiers en soins périopératoires qui le méritent!

Je vous encourage à participer aux activités de votre association provinciale de soins périopératoires — et par le biais de cette dernière à vous impliquer au sein de l'AIISOC. Les plans pour la Conférence internationale de l'AIISOC et de la IFPN de 2013 qui aura lieu à Ottawa passent maintenant en vitesse grand V. Organisez-vous pour participer à ce passionnant événement de soins périopératoires qui se tiendra dans la capitale du Canada.

Cette conférence sera vraiment la première conférence internationale de l'AIISOC. Des représentants de la International Federation of Perioperative Nurses (IFPN) ont participé, en collaboration avec le comité de la planification des conférences de l'AIISOC, à toutes les étapes de la planification de cette conférence. Le programme sera riche en contenu à caractère canadien et international grâce à des présentations de la part de divers conférenciers d'à travers le monde. Cet événement vous permettra donc de réseauter avec vos collègues de l'étranger. Profitez de cette merveilleuse occasion qui se tiendra chez vous! Pour rester à jour quant aux activités de la conférence, visitez le site Web de l'AIISOC.

La transition de l'AIISOC vers sa nouvelle structure revitalisée, comme je vous en ai fait part dans mes autres messages, se poursuit. C'est une période à la fois trépidante et remplie de défis étant donné que les changements, même s'ils sont nécessaires, soulèvent de nombreuses questions sans réponse. Les piliers qui appuient la structure de l'AIISOC commencent à fonctionner comme nous nous y attendions. La réunion du conseil d'administration de l'AIISOC de l'automne travaillera également dans les limites de cette nouvelle structure avec les membres des piliers pour rédiger des rapports sur le travail de l'AIISOC et en planifier le travail. Pour ma part, je continuerai de fournir des mises à jour au fur et à mesure que l'AIISOC met en œuvre son plan stratégique. Ceci est votre association — restez informé et impliquez-vous dans l'intérêt de la profession des infirmières et des infirmiers en soins périopératoires! 🍁

A handwritten signature in blue ink that reads "Karen Frenette". The signature is fluid and cursive.

Ce sont les infirmières et les infirmiers en soins périopératoires qui font de l'AIISOC ce qu'elle est.

Altrus® Thermal Tissue Fusion

TECHNOLOGY EVOLVED



The Altrus® Thermal Tissue Fusion System is the next generation in energy-based vessel sealing. Built on a direct thermal energy platform, Altrus® utilizes precise temperature to control its distinctive thermal seal and bladeless cut technology — even in fluid environments.



**For More Information
About Altrus Thermal
Tissue Fusion**

For more information:

3755, Matte Blvd, Suite F, Brossard (Qc) J4Y 2P4
888-926-6633
Fax : (450) 659-9337
Email : info@conmed.ca
www.conmed.ca

The logo for CONMED CANADA, featuring a stylized blue and white swoosh above the text 'CONMED' and 'CANADA'.

EXECUTIVE DIRECTOR'S MESSAGE

Catherine Harley, RN, eMBA, ORNAC Executive Director

ORNAC in Action!

There was, during the May 2012 Board of Directors meeting in Toronto, a great deal of discussion surrounding the work of the ORNAC Board as associated with the five pillars (National Conference Planning, Professional Practice, Advocacy, Research and Informatics, and Marketing). The appointed Chairs for each pillar have been planning and are beginning to work on initiatives that will support the implementation of the ORNAC Strategic Plan.

The ORNAC Board reviewed the first draft of the terms of reference for each pillar and provided feedback for further refinement which is now in progress. Ultimately this will position ORNAC, for the future, as a thriving and sustainable organization that is focused on demonstrating leadership in patient safety, enabling best practice in perioperative patient care and advancing the perioperative nursing profession.

As an example of ORNAC in action, here are highlights of the work being done in each of the pillars:

The **National Conference Planning** pillar is working hard on preparations for the 2013 ORNAC National and International Conference supported by IFPN. The event will take place in Ottawa, ON, April 21-25, 2013. The *National Exhibitors Advisory Committee* (NEAC) has continued its active involvement in supporting this pillar through involvement with the exhibit hall, sponsorship, and other events. Please register early for this exciting conference and book your hotel through the ORNAC website at www.ORNAC.ca. For more event details see page 7.

The **Professional Practice** pillar continues to focus on the next edition of the ORNAC Standards, Guidelines and Position Statements for Perioperative Registered Nursing Practice. The 11th Edition of the ORNAC Standards document will be available at the 2013 ORNAC/IFPN Conference. The 2012-2013 ORNAC Awards Program is also in progress and award application information and nomination forms can be found at www.ORNAC.ca.

Member feedback is always important and ensures that ORNAC is acting to support its membership in all possible ways.

The **Advocacy** pillar has been focused on aligning ORNAC within the new Canada Not-For-Profit Corporations Act that was announced in October 2011. The draft Articles of Continuance have been processed through a first review. The ORNAC by-laws have also been rewritten to incorporate the new ORNAC Governance structure and are now in the legal review process. ORNAC participated in the Canadian Nurses Association (CNA) Biennial Conference (Vancouver, June 2012) and has been involved in three CNA teleconferences. In follow up to a CNA Resolution, passed last June, ORNAC will be supporting a



literature search on the protection of specialized registered nurses as a valuable asset under the category of perioperative registered nurses. ORNAC will also be providing support to other CNA Nursing Specialty Groups that are planning their alignment with the Canada Not for Profit Corporations Act.

The **Research and Informatics** pillar continues to support the website on a daily basis. Planning is in progress for the development of a national membership database to support the future needs of ORNAC and its members.

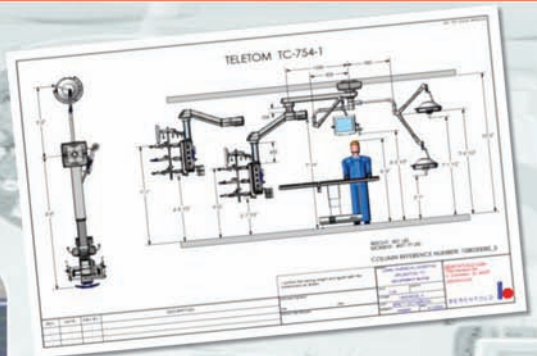
The **Marketing** pillar has supported the campaign for the 2012 Perioperative Nurses Week (November 11-17, 2012). This year's theme is "Enhancing Teams through Collaborative Practice." A poster will be available for downloading/printing at www.ornac.ca and can be used for display in your workplace. (see page 23 for more information). The new ORNAC Journal was successfully launched in March of this year. The ORNAC Journal Committee, alongside the ORNAC Journal Publisher, Clockwork Communications, continue to support and develop the ORNAC Journal.

Member feedback is always important and ensures that ORNAC is acting to support its membership in all possible ways. Please do not hesitate to provide your input by emailing me at catherine.harley@sympatico.ca. Together we can build a stronger ORNAC!! 🌸

Trudell Medical Marketing Limited



STRENGTHS



TECHNOLOGY • DESIGN • SERVICE

1.800.265.5494
www.tmml.com



Editorial Review Panel

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

Betty Barrett, RN, BN, CPN(C),
 Manager Surgical Suite Chinook Regional
 Hospital, and Content Expert for
 Curriculum Development of Perioperative
 Program Lethbridge College, Lethbridge,
 AB.

Barbara Bolding, RN, BSN, MBA,
 Clinical Education Consultant, Advanced
 Sterilization Products, Johnson & Johnson
 Medical Companies, Burnaby, BC.

Deana Bueley, RN, BScN CPN(C), Unit
 Manager, Orthopaedic Surgery Centre
 OSC, Royal Alexandra Hospital,
 Edmonton, AB

Dorothy Dewar, RN, BScN CPN(C),
 Staff RN, OR, Charlottetown, PE.

Chris Downey, RN, CPN(C), MSc,
 RNFA, CMLSO, Registered Nurse First
 Assistant, Clinical Practice Leader,
 Perioperative Services, Clinical Educator-
 Operating Room, Kingston General
 Hospital, Kingston, ON.

Marla Ewen, RN, BSN, RNFA, CTBS,
 CEPT CPN(C), Tissue Donor
 Coordinator, Saskatchewan Transplant
 Program, Saskatoon, SK.

Margaret Farley, RN, CPN(C),
 Perioperative Clinical Development
 Educator, Regina Qu'Appelle Health
 Region, Regina, SK.

Donna Gramigna, RN, BSN, CPN(C),
 VIHA Regional Clinical Nurse Educator,
 Royal Jubilee & Victoria General Hospitals,
 Victoria, BC.

Trudy Hebb, RN, BScN, MHI, CPN(C),
 Perioperative Nursing Program Instructor,
 Registered Nurses Professional
 Development Centre, Halifax, NS.

Diana Mabbett, RN, BScN, CPN(C),
 MDRT, Manager of Inpatient Surgery, Day
 Surgery, and Pre-Admission Clinic, Queen
 Elizabeth II Hospital, Grande Prairie, AB.

Alicia Oucharek Mattheis, RN, BScN,
 MN, CPN(C), Staff Nurse - OR, St. Paul's
 Hospital, Saskatoon, SK.

Karin Page-Cutrara, RN, MN, Faculty,
 School of Nursing, York University,
 Toronto, ON.

Joan Porteous, RN, BN, CPN(C),
 Nursing Educator, Adult OR, Health
 Sciences Centre, Winnipeg, MB.

Sue Styles, RN, MSN, CPN(C),
 Perioperative Nursing Instructor, Grande
 Prairie Regional College, Grande Prairie,
 AB.

Marlene Weeks, RN, BScN, MHS,
 CPN(C), RNFA, Perioperative Staff Nurse,
 Royal Jubilee Hospital,
 Victoria, BC.

Lesia Yasinski, RN, BN,
 MSA, Manager of Nursing
 Initiatives, Winnipeg
 Regional Health Authority,
 Winnipeg, MB.



MESSAGE DE LA DIRECTRICE GÉNÉRALE

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

L'AIISOC en action!



Lors de la réunion du conseil d'administration de l'AIISOC en mai 2012, qui s'est tenue à Toronto, une discussion approfondie s'est engagée concernant le travail du conseil d'administration de l'AIISOC en ce qui a trait aux cinq piliers (planification de conférences nationales, pratique professionnelle, défense des droits, recherche et informatique et marketing). Les présidents désignés de chaque pilier planifient depuis quelque temps des initiatives et ont commencé à y travailler afin que ces dernières appuient la mise en œuvre du plan stratégique de l'AIISOC.

Le conseil d'administration de l'AIISOC a révisé la première ébauche des mandats de chaque pilier et a fourni sa rétroaction pour les peaufiner, ce qui est en cours. À l'avenir, ces piliers aideront l'AIISOC à se positionner comme étant un organisme florissant et durable se consacrant à démontrer son leadership dans le domaine des soins apportés aux patients, habilitant des pratiques exemplaires en soins périopératoires apportés aux patients et faisant progresser la profession des soins périopératoires.

Pour témoigner de l'AIISOC en action, voici quelques points saillants du travail accompli pour chacun des piliers :

Le pilier de la **planification des conférences nationales** travaille avec zèle sur les préparatifs pour la Conférence nationale et internationale

de l'AIISOC de 2013, appuyée par l'IFPN. Cet événement se tiendra à Ottawa, ON, du 21 au 25 avril 2013. Le National Exhibitors Advisory Committee (NEAC) continue de s'impliquer activement pour appuyer ce pilier en offrant son aide pour la salle des exposants, les commandites et les autres événements. Veuillez vous inscrire le plus vite possible à cette conférence passionnante et réserver votre hôtel par le biais du site Web de l'AIISOC à www.AIISOC.ca. Pour plus de renseignements sur les détails de cet événement, veuillez consulter la page 14.

Le pilier de la **pratique professionnelle** continue de se concentrer sur la prochaine édition des Normes, lignes directrices et énoncés de positions pour la pratique de soins infirmiers périopératoires autorisés. La 11e édition du document des normes de l'AIISOC sera offerte lors de la Conférence de l'AIISOC/IFPN de 2013. Le programme de bourses de l'AIISOC pour 2012-2013 est également en cours d'organisation. Vous trouverez des renseignements sur les demandes de bourses et les formulaires de mise en candidature sur le site Web www.AIISOC.ca.

Le pilier de la **défense des droits** a mis l'accent sur les mesures à prendre pour que l'AIISOC se conforme à la nouvelle loi canadienne régissant les organismes à but non lucratif qui a été annoncée en octobre 2011. Une ébauche des clauses de prorogation a été révisée une première fois. Les règlements administratifs de l'AIISOC

La rétroaction des membres est importante pour l'AIISOC et nous permet de prendre les mesures nécessaires pour vous appuyer du mieux que nous pouvons.

by/par S. Styles



Conseil de la direction et conseil d'administration de l'AIISOC, mai 2012.
ORNAC Executive and Board, May 2012.

ont aussi été réécrits afin d'incorporer la nouvelle structure de gouvernance et sont un processus de révision. L'AIISOC a participé à la Conférence biennale de l'Association des infirmières et infirmiers du Canada (AIIC) (à Vancouver, en juin 2012) et a participé à trois téléconférences de l'AIIC. Pour faire suite à une résolution de l'AIIC, votée en juin dernier, l'AIISOC effectuera une recherche documentaire sur la protection du rôle des infirmières et des infirmiers autorisés spécialisés pour qu'il soit reconnu comme un atout précieux sous la catégorie des infirmières et des infirmiers autorisés en soins périopératoires. L'AIISOC offrira également du soutien à d'autres groupes en soins infirmiers spécialisés de l'AIIC qui planifient eux aussi de se conformer à la loi canadienne régissant les organismes à but non lucratif.

Le pilier de la **recherche et de l'informatique** continue quant à lui à appuyer sur une base journalière le site Web. Nous sommes à planifier l'élaboration d'une base de données des membres à l'échelle nationale afin de combler les besoins futurs de l'AIISOC et de ses membres.

Le pilier du **marketing** a soutenu la campagne de la Semaine des infirmières et des infirmiers en soins périopératoires (du 11 au 17 novembre 2012). Le thème de cette année était « Renforcer les équipes par le biais de la pratique collaborative ». Une affiche pouvant être suspendue dans votre milieu de travail pourra être téléchargée/imprimée à partir du site www.aiisoc.ca (consulter la page ___ pour de plus amples renseignements). La nouvelle Revue de l'AIISOC a été lancée avec succès en mars dernier. Le comité de la Revue de l'AIISOC ainsi que l'éditeur de la Revue de l'AIISOC, Clockwork Communications, continuent de soutenir et de développer la Revue de l'AIISOC.

La rétroaction des membres est importante pour l'AIISOC et nous permet de prendre les mesures nécessaires pour vous appuyer du mieux que nous pouvons. N'hésitez pas à nous envoyer vos commentaires par courriel à catherine.harley@sympatico.ca. Ensemble, nous pouvons bâtir une AIISOC plus solide!! 🍁



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

Conférence nationale 2013 de l'AIISOC



Inscrivez-la
à votre
calendrier de
2013

« Les pratiques exemplaires en
soins périopératoires »

Centre des congrès d'Ottawa
Ottawa, Ontario

du 21 au 25 avril 2013 Inscrivez-vous au www.ornac.ca

Pour de plus amples renseignements, veuillez consulter www.aiisoc.ca

« Vous faites partie intégrante de la sécurité des patients »

www.ornac.ca

The **RMAC Patient Safety Award** recognizes nursing leaders who are innovative in the area of patient safety – leaders who have developed and/or described relevant and practical patient safety strategies.

This award will be presented to a perioperative registered nurse who makes an outstanding presentation, dedicated to safety concerns, in one of several formats. Issues addressed can include system innovations, education, communication, advocacy, or research focusing on safety-related outcomes.

The award of \$1,000 will be presented at each ORNAC National Conference. For more information visit www.ORNAC.ca and click on Bursaries, Grants & Awards.



Le **Prix de sécurité des patients RMAC** reconnaît les leaders en soins infirmiers faisant preuve d'innovation dans le domaine de la sécurité des patients, c'est-à-dire des personnes ayant développé ou décrit des stratégies de sécurité des patients pertinentes et pratiques.

Ce prix sera décerné à un(e) infirmier(ère) autorisé(e) périopératoire ayant présenté un discours exceptionnel au sujet de la problématique de la sécurité des patients dans un des formats suivants. Les sujets traités peuvent inclure les innovations touchant aux systèmes, à la formation, à la communication, à la revendication ou à la recherche dans le domaine de la sécurité des patients.

Le prix de 1 000 \$ sera présenté lors de chaque conférence nationale de l'AIISOC. Pour de plus amples renseignements, veuillez visiter www.AIISOC.ca, cliquez sur Bursaries, Grants & Awards.

Muriel Shewchuk Leadership Award

The **Muriel Shewchuk Leadership Award** is presented by ORNAC to a perioperative registered nurse whose leadership has made an outstanding contribution to the profession of perioperative nursing at the local, provincial/territorial, national or international level. The recipient of the Award shall receive \$2500, a certificate, and an Award pin.

Nomination deadline is January 15th 2013.

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

Prix de leadership Muriel Shewchuk

Le **Prix de leadership Muriel Shewchuk** est remis par l'AIISOC à un infirmier ou une infirmière autorisé(e) en soins périopératoires qui, par ses qualités de leader, a contribué de façon exceptionnelle à la pratique des soins périopératoires au plan local, provincial, national ou international. Le ou la récipiendaire du prix se verra remettre un montant de 2 500 \$, un certificat ainsi qu'une épinglette de récompense.

La date limite pour soumettre les formulaires de mise en candidature est le 15 janvier 2013.

Pour de plus amples renseignements, veuillez visiter www.AIISOC.ca et cliquer sur le lien

[Bursaries, Grants, & Awards](#)
(disponible en anglais seulement)

LA PERCEPTION DES INFIRMIÈRES ET DES INFIRMIERS EN SOINS PÉRIOPÉRATOIRES EN CE QUI CONCERNE LES COMPÉTENCES : RÉPERCUSSIONS SUR L'IMMIGRATION

RÉSUMÉ :

Contexte. La reconnaissance des niveaux individuels de compétences et d'aptitudes des infirmières et des infirmiers (c.-à-d. les compétences perçues) est un prérequis pour s'assurer de pouvoir pratiquer de manière sécuritaire. La demande pour des compétences, en salles d'opération, peut varier en fonction des milieux cliniques. Par contre, on ne sait pas exactement quels niveaux de compétences nécessitent les infirmières ou des infirmiers immigrants afin d'être considérés comme pouvant offrir des soins sécuritaires.

Objectif. Cet article décrit les niveaux de compétences perçus en soins périopératoires des infirmières et des infirmiers canadiens et australiens et traite des résultats obtenus dans le contexte de l'immigration des infirmières et des infirmiers.

Méthode. Un sondage a été distribué aux infirmières et infirmiers de salles d'opération dans six hôpitaux (trois au Canada et trois en Australie). Les compétences en soins périopératoires ont été évaluées grâce à un sondage d'auto-évaluation de 40 questions qui abordait six sous-échelles de domaines : connaissances et compétences

fondamentales; leadership; collaboration; compétences professionnelles; empathie; et perfectionnement professionnel. Des tests non paramétriques ont été utilisés pour déterminer les différences entre les groupes en fonction du pays d'origine, des années d'expérience et des domaines de spécialisation.

Résultats. Les infirmières et les infirmiers canadiens et australiens ont signalé que l'ensemble de leurs niveaux de compétences était élevé dans tous les domaines. On a observé d'importantes différences entre les pays dans trois des six domaines de compétences, soit au plan des connaissances et des compétences fondamentales ($p < .001$), de la collégialité ($p = .023$) et de l'empathie ($p < .0001$).

Conclusions. La première étape pour générer un dialogue international concernant la préparation pédagogique des infirmières et des infirmiers immigrants a été de déterminer leurs compétences en soins périopératoires à l'échelle internationale. La mobilité croissante des infirmières et des infirmiers de par le monde impose que l'on normalise davantage, d'un point de vue international, les attentes en matière de connaissances et de pratique au sein des milieux de soins périopératoires.

Auteurs :

Brigid M. Gillespie, IA, BHSc (avec distinction), Ph. D., est agrégée supérieure de recherche au NHMRC Research Centre for Clinical Excellence in Nursing Interventions (NCREN) et au Research Centre for Clinical and Community Practice Innovation (RCCCP), de l'Institut de santé Griffith de l'Université Griffith, Gold Coast, Australie.

Wendy Chaboyer, IA, B. Sc., M. S. Inf., Ph. D., est directrice du NHMRC Centre of Research Excellence in Nursing Interventions (NCREN) et du Research Centre for Clinical and Community Practice Innovation (RCCCP) de l'Institut de santé Griffith de l'Université Griffith, Gold Coast, Australie.

Shirley Lingard, IA, B. Sc. Inf., CSP(C) est infirmière-éducatrice en soins périopératoires à l'Hôpital général Sunnybrook, à Toronto, en Ontario, et est membre de l'ORNAO

Sharon Ball, IA, B. Sc. Inf., CSP(C) est infirmière-administratrice d'unité du service de soins périopératoires de l'Hôpital Mt. Sinai, à Toronto, en Ontario, et est membre de l'ORNAO.

REMERCIEMENTS :

Brigid Gillespie et Wendy Chaboyer tiennent à sincèrement remercier trois hôpitaux canadiens pour le soutien en nature qu'elles ont reçu et plus précisément les efforts de Mary Agnes Beduz (Mt. Sinai), de Mark Dumchin (auparavant à Mt. Sinai), d'Alexandra Leeksma (Sunnybrook), de Judy Costello (Toronto General), de Gillian Graves (Toronto General) et de Maria Masella (Toronto General) qui leur ont facilité l'accès et qui les ont aidés à recruter les participants dans ces trois hôpitaux.

Les auteures ont déclaré n'avoir aucune affiliation qui pourrait être perçue comme un conflit d'intérêts.

Les normes de l'AIISOC relatives à cet article figurent dans la publication Normes, lignes directrices et énoncés de positions pour la pratique de soins infirmiers périopératoires autorisés (9^e édition) de l'Association des infirmiers et infirmières de salle d'opération du (AIISOC) de juin 2009, section 1, partie C, p.55 à 94.

KEYWORDS: COMPETENCE, OPERATING ROOM, INTERNATIONAL,
NURSE MIGRATION, SURVEY.

PERIOPERATIVE NURSES' PERCEPTIONS OF COMPETENCE: IMPLICATIONS FOR MIGRATION

Authors:

Brigid M Gillespie, RN, BHthSc (Hons), PhD, is a Senior Research Fellow NHMRC Research Centre for Clinical Excellence in Nursing Interventions (NCREN) & Research Centre for Clinical and Community Practice Innovation (RCCCPI), Griffith Health Institute, Griffith University, Gold Coast, Australia.

Wendy Chaboyer, RN, BSc, MN, PhD, is Director, NHMRC Centre of Research Excellence in Nursing Interventions (NCREN) Research Centre for Clinical and Community Practice Innovation (RCCCPI) Griffith Health Institute, Gold Coast campus, Griffith University, Gold Coast, Australia.

Shirley Lingard, RN, BSc(N), CPN(C) is Perioperative Nurse Educator, Sunnybrook General Hospital, Toronto, Ontario, and a member of ORNAO

Sharon Ball, RN, BSc(N), CPN(C), is Nurse Unit Administrator, Perioperative Services, Mt. Sinai Hospital, Toronto, Ontario, and a member of ORNAO.

ACKNOWLEDGEMENTS

Brigid Gillespie and Wendy Chaboyer gratefully acknowledge the in-kind support from the three Canadian hospitals. In particular, the efforts of Mary Agnes Beduz (Mt. Sinai), Mark Dumchin (formerly Mt. Sinai), Alexandra Leeksma (Sunnybrook), Judy Costello (Toronto General), Gillian Graves (Toronto General), and Maria Masella (Toronto General) for facilitating access and assisting with recruitment of participants at these hospital sites.

None of the authors have a conflict of interest to declare.

ABSTRACT

Background. Nurses' recognition of their own level of skills and abilities (ie perceived competence) is a prerequisite for ensuring they can practice in a safe manner. The demand for competence, in the operating room, may vary between clinical environments. It is, however, unclear what competency levels migrating nurses need in order to be deemed safe.

Aim. This paper describes Canadian and Australian nurses' levels of perceived perioperative competence and discusses these results in the context of nurse migration.

Method. A survey was distributed to operating room nurses in six hospital sites (three in Canada and three in Australia). Perioperative competence was measured with a 40-item self-report survey which consisted of six domain subscales: foundational knowledge and skills; leadership; collaboration; proficiency; empathy; and professional development. Non-parametric tests were used to describe differences between groups based on country of origin, years

of experience, and specialty qualifications.

Results. Canadian and Australian nurses reported their overall competency levels as high across all domains. Significant differences were found, between countries, in three of the six competency domains; foundational knowledge and skills ($p<.001$), collegiality ($p=.023$), and empathy ($p<.0001$).

Conclusions. Describing perioperative competence cross-nationally represents the first step in generating international dialogue around educational preparation for migrating nurses. The increasing global mobility of nurses makes it imperative to further standardise, with an international perspective, knowledge and practice expectations in perioperative settings.

INTRODUCTION

Competence has been described in relation to the skills, abilities and attitudes a nurse requires to perform their work role in a given situation.¹ Nursing competence is a professional issue and is

fundamental to patient outcomes.² (Assessment of competence is, therefore, crucial to identifying areas requiring further professional development and education. It is also required to ensure that nurses recognize what activities are beyond their skills and abilities and, therefore, should be avoided.

Practice requirements in specialty areas, such as the operating room (OR), have been articulated through specific guideline statements. These guidelines, operationalised as behavioural indicators of competence, have been developed in Australia, Canada, the United States, and the United Kingdom.³⁻⁶ The perioperative practice guidelines, in all four countries, reflect similar expectations of knowledge and clinical expertise but, however, the level to which nurses are theoretically prepared and clinically trained is likely to differ from country to country. Although perioperative standards of practice would, at face value, appear similar, clinical practices may still differ from country to country. Migrating nurses may, as a result, encounter variations in the practice expectations in the country to which they relocate. The 'core content' needed to prepare migrating OR nurses for perioperative practice is not clearly defined. There has, to date, been limited discussion about this issue and particularly as it impacts on perioperative nursing. Further discussion and understanding may help create informed international dialogue, on a strategic level, to ensure that the content offered in perioperative nursing courses meets the educational needs required for migrating nurses.

Nurse migration between Canada and Australia

Canada and Australia are geographically large countries with relatively small populations that are predominantly located in limited areas of the country (the southern portion in Canada and the coastal perimeters in Australia). Both countries are experiencing increasing cultural diversity and similar demographic changes as evidenced in a growing elderly population.⁷⁻⁹ Both countries provide healthcare services based on a socialised healthcare model that is reliant on government funding.⁷ In Australia, however, healthcare has an established a combination of public and private services (i.e. fee-for-service) with a utilisation ratio of around 60:40 respectively.¹⁰ Canada uses a mainly government funded model but has, in recent times, begun a gradual shift towards the privatisation of some healthcare services.¹¹

Canada and Australia are, as developed countries, the destinations for the largest number of nurse migrants.¹² Between 1995 and 2000 Australia received 11,757 foreign nurses.¹³ More recent Australian data indicates that a higher than average proportion of nurse migrants were employed in the nursing fields of critical care and emergency (7.0%), medical (6.3%), surgical (6.3%), and the operating room (5.6%) (Note: The terms "medical" and "surgical" nursing, as used in Australia, represent different areas of practice under general nursing).⁹ As a destination for migrating nurses, the trend has been similar for Canada: The number of nurses educated outside of Canada increased from 548 in 1998 to 2,104 in 2003.⁸

NEW INSTRUMENTARIUM-ONLINE.COM WEBSITE

WE'VE REDESIGNED IT WITH YOU IN MIND:

- it's clearer
- easier to use
- more complete
- faster
- more eye-friendly

We've done everything we can to make sure you'll still find it familiar, and that you'll like it, use it and bookmark it!

TRY IT!
HAPPY BROWSING!



NOUVEAU SITE INSTRUMENTARIUM-ONLINE.COM

IL A ÉTÉ FAIT POUR VOUS :

- plus clair
- plus facile à utiliser
- plus complet
- plus rapide
- plus beau

Nous avons tout mis en œuvre pour que vous ne soyez pas dépaycé, que vous l'aimiez, que vous l'utilisiez, qu'il devienne votre favori.

ESSAYEZ-LE...BONNE VISITE.



1273, St-Louis, Terrebonne, QC,
J6W 1K6, Canada
T : 450.471.1379 • 1.800.361.1502
F : 450.471.1030

The *illusion* is deceiving.

See your chemical allergy for what it is.

Ansell chemical accelerator-free gloves end the *masquerade*.

Prepare to be shocked as we unveil the mysterious source behind your allergy problem. While many often think latex is the cause of their suffering – the cleverly disguised culprit is often the chemical accelerators used to harden and shape both latex and synthetic gloves. In fact, **80%** of reported glove associated contact dermatitis is attributed to chemical accelerators, also known as a Type IV allergy. Ansell has unmasked the true source of your suffering – and has taken measures to stop it. Only Ansell offers an entire line of premium exam and surgical gloves that are chemical accelerator-free and latex-free to keep uninvited chemical allergies out of your life. When it comes to recognizing and preventing chemical allergies, the masquerade is over. Let the celebration begin.

Visit AnsellProtects.com to have even *more revealed*.

GAMMEX[®] DERMA PRENE[®] ENCORE[®] MICROTOUCH[®]

Ansell



® and TM are trademarks owned by Ansell Limited or one of its affiliates. ©2011 Ansell Healthcare Products LLC. All Rights Reserved.

- ◆ Derma Prene[®] Ultra
- ◆ Micro-Touch[®] NitraFree[™]



Peer-reviewed feature articles appearing in this publication have undergone a double blind peer review process. The views or opinions expressed in the editorial or articles are those of the authors and do not necessarily represent the policies or views of the Operating Room Nurses Association of Canada (ORNAC). Although reasonable efforts are made to ensure accuracy ORNAC, and its agents, take no responsibility whatsoever for errors, omissions or any consequences of reliance on material or the accuracy of information.

Publication does not constitute ORNAC endorsement of, or assumption of liability for, any claims made in advertisements.



ORNAC / AIISOC

This publication is copyright in its entirety. Material may not be reprinted without the written permission of ORNAC. Contact through www.ORNAC.ca.

Les articles de chroniques évalués par un comité de lecture qui apparaissent dans cette publication ont été soumis à un processus d'évaluation par les pairs en double aveugle. Les points de vue ou les opinions exprimés dans l'article de tête ou les autres articles sont ceux des auteurs et ne représentent pas nécessairement les politiques ou les points de vue de l'Association des infirmières et infirmiers de salles d'opération du Canada (AIISOC). Bien que tous les efforts aient été mis en œuvre pour assurer l'exactitude des articles, l'AIISOC et ses représentants ne sont en aucun cas responsables des erreurs, des omissions ou de toutes conséquences pouvant découler de l'utilisation du matériel ou de la justesse de l'information. En cas de doute quant à la traduction des articles, la version originale anglaise prévaudra.

La publication des annonces publicitaires ne signifie en aucun cas que l'AIISOC n'approuve ou n'assume la responsabilité de toute revendication faite par ces dernières.

L'intégralité de cette publication est protégée par la loi sur le droit d'auteur. Les documents ne peuvent être réimprimés sans l'autorisation écrite de l'AIISOC. Communiquez avec www.AIISOC.ca.

Although Canada and Australia are receiving countries for migrant nurses, they are also recognised as being a major donor or nurses to other countries.¹² In 2003, 5,366 Canadian Registered Nurses (RN) maintained their Canadian licence while working outside of Canada.⁸ During the 1980s and 1990s Australia had become increasingly reliant on migrant nurses to off-set the departure of Australian-trained nurses overseas.¹³ Over the last couple of decades Canada and Australia have experienced skills shortages that have been exacerbated by the exodus of skilled nurses.^{11,12,14}

Licensing requirements

Earning a nursing degree in Australia requires a three year course (introduced in the mid 1980s) with students gaining theoretical and practical experience across the areas of medical, surgical, community, mental health, and at least one other specialty area (e.g. paediatrics, critical care). Specialty areas such as the OR are usually not included as a component of the undergraduate nursing curricula as the goal is to produce a nurse with 'generalist' skills. The degree program in Canada is currently four years and students graduate with a Bachelor of Science in Nursing or a Bachelor of Nursing.

The Canadian Nurses' Board requires foreign nurses to write a national certification exam which consists of an educational evaluation, foreign licensing verification, a qualifying nursing exam, and a test of English language proficiency.¹⁵ The pass rate for migrant nurses writing the certification (registration) exam varies depending on the country of origin.¹¹ It is speculated that similarity in language, healthcare system and nursing role expectations, between donor and host countries, is linked to higher success rates. To be eligible for Australian registration, migrant nurses must meet current nursing education standards, verify that they have practised as a nurse within a defined period of time preceding their application, and demonstrate proficiency in spoken and written English.¹⁶ Nurses migrating to Canada are required to write a provincial registration exam. The licensing requirements for Canadian and Australian nurses are fairly similar in most respects

except that there is currently no requirement for those nurses who have migrated to Australia to sit a national licensing exam.

THE STUDY

Design

A cross-sectional survey was used and data were collected during 2010. The Perceived Perioperative Competence Scale - Revised [PPCS-R], a 40 item self-report scale was used to assess OR nurses' perceived competence.¹⁷

Aim and Significance

The study reported Canadian and Australian nurses' perioperative competence, across six context-specific domains, using the PPCS-R.¹⁷ The level to which nurses are educationally prepared may, in the context of nurse migration, differ from country to country. Understanding cross-national differences has the potential to identify areas of difference and the analysis of these differences may unveil explanations that contribute to improved clinical care and patient outcome.¹⁸ This understanding may also assist in international recruitment including the preparation and orientation of new nurses to this specialty.

Participants and Settings

A consecutive sample of Registered Nurses, working in the OR departments of six large metropolitan hospitals, was invited to participate. Three of the hospitals selected were in Queensland, Australia, and three were in from Toronto, Ontario, Canada. The six hospitals included in this study were similar in the respect that they were large public referral hospitals. Some, but not all, specialised in trauma surgery. Nurse participants considered eligible for inclusion were staff nurses involved in direct patient contact (i.e. circulating and scrubbing) as well as nurses who held management or education roles. All accessible nurses working in these roles, and listed on the department roster of each hospital, were included in the sample.

An a priori power analysis was used, for this study, to estimate the required sample size of the Canadian and Australian

groups. Based on a two-tailed test, with a power of 80%, a probability of <.05, and an effect size of .5 (Cohen's d), the required sample size for this comparative descriptive study was 128 per group.¹⁹

Data Collection

Ethics approval, to conduct the multi-site survey, was given by the Human Research Ethics Committees at each of the six participating hospitals and Griffith University (Australia). An information sheet, explaining the aim and purpose of the study, was given to potential respondents who were assured that their rights to voluntary involvement, anonymity and to withdraw without prejudice would be sustained. Consent was implied by the return of the completed surveys.

Measures

The development of the original 98-item Perceived Perioperative Competence Scale - Revised (PPCS-R) was based on an integrated literature review and five earlier studies.^{17,20-23} During psychometric testing, the PPCS-R was reduced from 98 items to 40 items.¹⁷ The 40-item PPCS-R was, prior to this study, assessed by four Canadian OR nurse experts (with Masters or Doctoral degrees) from Toronto in order to ensure that it was contextually appropriate. Minor word changes, to four items, were made based on the feedback. The 40-item PPCS-R uses a 5-point Likert response scale ranging from 1 (representing 'never') through to 5 (representing 'always'). Scale scores are totalled for a range from 40 to 200 with higher scores indicating greater levels of perioperative competence. The PPCS-R comprises six subscales or domains that indicate different dimensions of perioperative competence. These include foundational knowledge and skills, leadership, collaboration, proficiency, empathy, and professional development. A description of these subscales can be found elsewhere.¹⁷

Demographic data regarding the age, years of OR experience, specialty qualifications (i.e., certificate/diploma/degree), nursing role, nursing classification, and employment status of the participants were also collected.

Data Analysis

Survey data were analysed using the statistical program Predictive Analysis Software (PASW Statistics® Version 18.0; Inc., Chicago, IL) for Windows and were checked for accuracy. Descriptive statistics were used to measure variable dispersion across the sample. The types of analyses used were determined by the level of the data (i.e. categorical or continuous) and its distribution. Composite (total) and subscale scores on the PPCS-R were measured as continuous variables while age, gender, years of OR experience, specialty qualifications, and employment status were analysed as categorical variables. Cronbach's alpha was used to determine the internal consistency of the total PPCS-R and its six subscales. A value of > .70 indicates acceptable internal consistency for newly developed instruments.²⁴

Inferential statistics were used to detect sample differences. The Chi-squared test was used to compare the Canadian and Australian samples in relation to gender, age category, years of experience, specialty qualifications and employment status. The Mann-Whitney U test was used to compare the samples in relation to each of the six competence domains. Differences within groups were measured using the Kruskal-Wallis test to compare median scores across the six competence domains, for the Canadian and Australian samples, in relation to years of OR experience (≤ 5 years, 5.1 to 10 years, >10 years) and education. For all inferential analyses, a p value of <.05 was considered significant.

RESULTS

In this study, 786 questionnaires (211 Canada and 575 Australia) were distributed. 310 surveys were returned for an overall response rate of 39.4% (134, or 63.5%, from Canada and 176, or 30.6%, from Australia). The Canadian and Australian samples were similar in relation to gender composition (p=.717) and years of OR experience (p = .337). Nearly one third (31.1%) of the nurses in the Canadian sample were over 50 years of age compared to just over one tenth (12.5%) of the nurses in the Australian sample. Just over half (51.1%) of the nurses in the Canadian sample reported having over 10 years OR experience compared to a smaller proportion (44.3%) of nurses in the Australian sample. Nearly 77% of the nurses in the Canadian sample reported having specialty qualifications compared to a considerably smaller 29% of Australian nurses. There were statistically significant differences across the Canadian and Australian samples in relation to age (>50 year age category p<.0001), specialty qualifications (p<.0001) and employment (part-time employment p<.0001). Table 1 details the demographic characteristics of each sample.

Table 2 displays descriptive results of Cronbach's alpha for the six subscales in relation to the number of items in each domain, theoretical, and actual score ranges, medians and interquartile ranges (IQR) for the Canadian and Australian samples. Comparison of observed score ranges with theoretically possible score ranges indicates that all scores were positively skewed --

THINK REPAIRS
GIVE YOUR SURGICAL INSTRUMENTS A SECOND LIFE.

We are the only Canadian company to offer a repair service for your microsurgical and other instruments. All repairs are made by specialists at our repair centre, located in our head office.

- Refurbishing • Sharpening • Realignment
- Sandblasting finish for laser surgery
- Re-coating of monopolar and bipolar instruments
- Demagnetizing • Polishing
- Modifications according to your needs
- Marking for identification (Tattoo)

Prevent the wear and deterioration with an annual refurbishing of your microsurgical instruments and other trays...

The investment pays off!
THINK INSTRUMENTARIUM !

PENSEZ RÉPARATIONS
OFFREZ UNE 2^e VIE
À VOS INSTRUMENTS DE CHIRURGIE.

Nous sommes la seule compagnie canadienne à offrir un service de réparations de vos instruments en micro-chirurgie et tout autre instrument. Tout est fait par des spécialistes à notre centre de réparation, au siège social.

- Remise à neuf • Aiguillage • Ajustement
- Dépolissage des instruments pour la chirurgie au laser
- Isolation des instruments mono et bipolaires
- Démagnétisation des instruments
- Redorage des anneaux • Polissage
- Modifications selon vos besoins
- Identification par tatouage

Prévenir la détérioration et l'usure de vos instruments en optant pour une remise à neuf annuelle de vos plateaux de micro-chirurgie et tout autre plateau.

C'est un investissement rentable.
PENSEZ À NOUS!



1273, St-Louis, Terrebonne, QC,
J6W 1K6, Canada
T : 450.471.1379 • 1.800.361.1502
F : 450.471.1030
instrumentarium-online.com
info@instrumentarium-online.com

respondents were, that is, more likely to perceive higher, rather than lower, levels of their own perioperative competence. Cronbach's alpha was consistently high across each of the subscales across both samples, ranging from .83 to .94. For the total PPCS-R scores, internal consistency reliability was a high .97.

Table 3 shows comparative data in relation to median scores, across each of the six competence domains, between Canada and Australia. Nurses in the Canadian sample reported higher levels of competence in the domains of foundational knowledge and skills ($p < .001$), collaboration ($p = .023$), and empathy ($p < .0001$). There were non-significant differences between groups across the other competence domains and in the total PPCS-R scores.

The Kruskal-Wallis test was used to identify differences within groups in relation to years of OR experience (≤ 5 years, 5.1-10 years, and >10 years) in both samples. Results indicate significant differences in the median scores across competence domains for each sample, with the more experienced nurses posting higher scores ($p < .0001$).

The Australian nurses with specialty qualifications reported higher median scores (across five out of the six competence domains) than their compatriots without specialty education ($p = .0001$ to $p = .018$). There were, however, no significant differences between Australian nurses with and without specialty qualifications in relation to empathy ($p = .091$). In respect to the Canadian nurses there were no

statistically significant differences in median scores across the six competence domains in relation to specialty qualifications ($p = .056$ to $p = .973$).

DISCUSSION

Any study comparing the perceived competence of nurses practicing in different countries and in different health care contexts, even when they share a common language, may be criticized as attempting to make impossible comparisons. Nurse competence is, however, central to role performance^{21,25} and underpins the development of generic and specialty practice standards^{26,27} and as such, nurses' own perception of competence can provide a basis for some comparison. Describing perceived perioperative competence, on a cross-

Table 1: Comparative demographic characteristics of each sample

Demographic variable		Canada (n=134) Frequency (%)	Australia (n=176) Frequency (%)	p-value	Standardised Residuals (z-scores)	
					Canada	Australia
Gender	Male	14 (10.4)	21 (11.9)	$\chi^2 (1) = 0.132;$ $p = .717$	-0.3	0.2
	Female	118 (89.6)	155 (88.1)		0.1	0.0
Age	≤ 25 years	7 (5.2)	24 (13.6)	$\chi^2 (4) = 31.86;$ $p < .0001^{**}$	-1.7	1.5
	26 to 35 years	29 (21.6)	62 (35.2)		-1.6	1.4
	36 to 45 years	45 (33.6)	39 (22.2)		1.5	-1.3
	46 to 50	10 (7.5)	29 (16.5)		-1.7	1.4
	> 50 years	42 (31.3)	22 (12.5)		2.8 ^{**}	-2.4 [*]
Years of OR Experience	≤ 5 years	39 (29.1)	65 (36.9)	$\chi^2 (2) = 2.232;$ $p = .337$	-0.9	0.8
	5.1 to 10 years	26 (19.4)	33 (18.7)		0.1	0.0
	> 10 years	69 (51.5)	78 (44.3)		0.7	-0.6
Specialty Qualifications	(Yes)	103 (76.8)	51 (28.9)	$\chi^2 (1) = 72.6;$ $p < .0001^{**}$	4.6 ^{**}	-3.9 ^{**}
Employment Status	Full-time	113 (84.3)	115 (65.3)	$\chi^2 (1) = 15.557;$ $p < .0001^{**}$	0.5	-1.3
	Part-time	17 (12.7)	56 (31.8)		-2.6 ^{**}	2.3 [*]

¹ Values outside ± 1.96 are significant at $p < 0.05$; values outside ± 2.58 are significant at $p < 0.01$; values outside ± 3.29 are significant at $p < 0.001$.



Who Should be Warmed?

The answer is simple - Everyone.

Anesthetized patients can't regulate their temperature. Research shows that core body temperature drops rapidly following the induction of general anesthesia, increasing the risk for unintended hypothermia—an all too common and costly complication associated with higher mortality rates, longer hospital stays and an increased rate of wound infection.

Forced-air warming has been used to safely warm over 135 million patients and is a simple, cost-effective method to prevent unintended hypothermia and its complications. Maintaining perioperative normothermia also is cited by healthcare initiatives as a key factor in reducing the rate of surgical site infections.

Now proudly part of 3M Infection Prevention. For information contact a 3M Perioperative representative, call 1 800 364 3577 or visit www.bairhugger.com.

3M Infection Prevention Solutions

Innovation
On A Mission

Table 2: Summary statistics for the Canadian and Australian samples: Possible and Actual Range, Median, Interquartile range, and Cronbach’s alpha

PPCS-R Domain (1='never'; 5='always')	Possible Range	Canada (n=134)	Median (IQR)	Cronbach's Alpha	Australia (n=176)	Median (IQR)	Cronbach's Alpha
		Actual Range			Actual Range		
Foundational Knowledge & Skills (9)	9 – 45	15-45	40.0 (7.0)	.91	16-45	37.0 (7.0)	.93
Leadership (8)	8 – 40	9-40	32.0 (8.0)	.92	31-40	32.0 (8.0)	.94
Collaboration (6)	6 – 30	8-30	27.0 (5.0)	.82	18-30	25.0 (3.0)	.85
Proficiency (6)	6 – 30	10-30	26.0 (5.0)	.90	7-30	25.0 (4.0)	.94
Empathy (5)	5 – 25	5-25	23.0 (4.0)	.87	5-25	21.0 (3.0)	.89
Professional Development (6)	6 – 30	14-30	24.0 (6.0)	.85	15-30	24.0 (4.0)	.86
Total Scale Score/Alpha	40 – 200	71-199	170.0 (33.0)	.97	93-200	163.0 (24.0)	.97

national basis, represents an important first step in informing international dialogue around the educational preparation of migrating nurses.

The results indicate that nurses in both samples thought their overall competence levels were good although Canadian nurses reported higher median scores across three out of six competence domains (foundational knowledge and skills, collaboration, empathy). Previous research suggests that clinical experience is commensurate with higher levels of perceived competence.²⁸ Over one third of the Australian nurses had five years or less OR experience, while over half of

the nurses in the Canadian sample reported having greater than 10 years clinical experience. Yet there were no between group differences relative to years of OR experience (see Table 1)

Within sample comparisons suggest that nurses with more OR experience had higher levels of perceived competence. Differences in institutional health care contexts of practice may have confounded these results. While nurses from both the Australian and Canadian samples were both drawn from large public hospitals the study did not have the ability to control the complexity and diversity of the surgeries being performed

within the six hospitals. This variation may have given one of the samples greater or more diverse clinical exposure.

Carper’s²⁹ seminal paper on patterns of nursing knowledge identified that patient empathy was essential in understanding the meaning of health from the patient’s perspective. Yet empathy may also be the most difficult to master and to teach. There were, however, statistical differences in relation to country of origin, with significantly higher scores for empathy in the Canadian sample. Hospital orientation programs, throughout perioperative departments in Toronto, have successfully introduced the

Table 3:
Comparative data:
Six Competence
Domains for the
Canadian and
Australian samples

Competence Domain	Mean Rank		Mann-Whitney U-test
	Canada	Australia	p-value (Exact sig. 2-tailed)
Foundational Knowledge & Skills	169.4	135.6	U = 22788.5; z = -3.352; p< .001*
Leadership	145.4	158.9	U = 10423.5; z = -1.331; p=.183
Collaboration	166.6	143.5	U = 9751.0; z = -2.277; p=.023*
Proficiency	158.7	150.5	U = 10913.5; z = -.803; p=.422
Empathy	178.1	135.5	U = 8364.5; z = -4.211; p<.0001*
Professional Development	153.0	153.9	U = 11455.0; z = -.090; p=.926
Total PPCS-R	155.9	139.3	U = 9268.5; z = -1.665; p=.096

*Statistically significant p<.05



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

Perioperative Nurses Week November 11 -17, 2012



Photo courtesy of Joan Porteous

“Enhancing Teams through Collaborative Practice”

“You are a vital part of patient safety”

www.ornac.ca

concept of Patient and Family Centred Care (PFCC) which provides additional training that would be considered related to empathy. The introduction of PFCC concept may, in part, explain this result.

In this study, statistically significant cross-national differences were reported in relation to the competence domain Collaboration, with the Australian sample reporting lower scores. Again, such differences are likely to be attributed to years of OR experience,^{30,31} as well as the contextual variation in health care institutions and geographic locality. In the Canadian context it may be an expectation that OR nurses develop skills around prioritisation and coordination at different levels. Institutional differences have been linked to the levels of nurse competence in previous research.³⁰

Our results showed discernible differences, across all domains of competence, between those Australian nurses with specialty qualifications and those without. It seems that Australian nurses with a postgraduate qualification perceived themselves as more competent. Australian nursing curricula presently offer limited (if any) undergraduate exposure to perioperative nursing and even fewer credentialing pathways for advanced practice roles. There is, moreover, no formal education qualification mandated for Australian nurses who enter the perioperative environment. Without the appropriate education and clinical exposure, beyond generalist practice, novices must often experience a steep learning curve in the OR. Any difference demonstrated through specialty education may likely be more pronounced in regard to developing clinical knowledge.

In our study, it is quite extraordinary that over 75% of the Canadian nurses surveyed possessed specialty qualifications. This is statistically significant and may be attributed to the fact that having specialty qualifications is now a requirement in many operating rooms in Toronto as well as the relative availability of OR courses in the greater Toronto area. Thus the Canadian nurses in our sample may differ from perioperative nurses from other provinces/regions and from the Australian

nurses surveyed. Canadian OR nurses, with at least two years clinical experience in perioperative nursing, have the opportunity to write a perioperative certification examination (which is renewable every five years) through the Canadian Nurses' Association.^{8,11} While not all Canadian perioperative nurses practice in advanced roles where there is greater autonomy in practice (e.g., nurse anaesthetist /sedationist, first surgical assistant), this form of credentialing is still important in that it recognises that the perioperative nurse has reached a certain level of competence to practice in their chosen specialty.¹¹ It is noteworthy that in both Canada and Australia the legal role and scope of practice for advanced nurses is not as restricted as it is in other developed countries.^{7,13}

Limitations

The authors acknowledge that this study has some limitations.

First, an overall response rate of just under 40% is less than optimal³² and may diminish the ability to generalise results beyond the samples from which they were drawn because of a non-response bias.³³ This multisite study did, however, include six hospital sites, and thus captured a wide cross section of respondents.

Second, the use of a non-probability sampling method reduces the ability to generalise survey results beyond the nurse respondents in the study. The Canadian nurses surveyed may, for instance, differ from nurses in other provinces on the basis of available education and provincial education requirements. Thus, consecutive sampling is, notwithstanding this concern, considered the best of all non-probability methods because it includes all respondents that are available. As such, consecutive sampling makes the sample a better representation of the population as compared with convenience sampling, where not all respondents are necessarily given the opportunity to respond.³³

Third, we used a self-report tool to measure perioperative nurses' level of "perceived" competence – not their

actual competence. Consequently, there may be some differences in how nurses perceive their level of competence and how others, such as peers, assess their competence. In order to assess nurses' actual competence, we would need to observe nurses in clinical practice. Nevertheless, despite the criticism given to using self-report measures of nurse competence,^{34,35} self assessment of competence provides perioperative nurses with an opportunity for self-reflection.

Finally, although the aim of this cross-national study was to compare results of Canadian and Australian nurses' perioperative competence, differences in the context and organisation of care, and variances in processes and protocols, reflect different hospital systems. In examining OR nurses' views, subtle distinctions in work roles, work environments, and education may confound the comparability of findings. Therefore the responses given by the nurses in our sample may have indirectly been shaped by these contextual factors that we have not measured.

International Implications

Increased globalisation and interdependence between nations is inevitable. Many international borders are becoming more open and nurses in countries such as Canada and Australia can no longer expect to practice in isolation. This is true now more than ever. Yet, the variation among countries in nursing education, and professional qualifications suggests the need for more concerted efforts in regard to international collaboration. Collaborating and pooling of resources, in order to establish international methods for assessing qualifications and equivalence of education for migrating nurses, is timely first step in policy development.³⁶ As part of this process, countries need to inform each other about their regulatory systems and practices and exchange ideas, concerns and expertise. Such collaboration is especially relevant in the context of international credentialing comparison of professional qualifications against predetermined standards and practice norms. As global mobility of nurses

increases it is becoming critical to develop policies and processes that enable mutual academic recognition, credit transfer, exchange programs and joint research.

Cross-national studies of perioperative nurse competence are necessary to gain essential insights into the contextual nuances, and the commonalities and differences in clinical expectations that underpin safe practice. These understandings may be used to generate dialogue between international experts in an effort to further standardise knowledge and attitudinal attributes that characterise perioperative competence. This knowledge may also play a significant role in informing the development of international migration orientation programs. While generic competency standards have been developed as a means of standardising the variation in scope and levels of practice, it remains unclear where these points of difference lie between countries. Identifying and describing such differences is particularly salient in a world where there is an increasing need for globalisation and internationalisation of nursing expertise.

ORNAC Competencies 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, pgs 50 to 58.

REFERENCES

1. Benner P. From novice to expert: Excellence and power in clinical nursing practice. Menlo-Park: Addison-Wesley; 1984.
2. Gillespie B, Hamlin L. Synthesis of the Literature on "Competence" as It Applies to Perioperative Nursing. AORN Journal. 2009;90(2):245-58.
3. Association of PeriOperative Registered Nurses. 2008 Perioperative Standards and Recommended Practices. Denver, CO: Association of PeriOperative Registered Nurses; 2008. p. 675.
4. Australian College of Operating Room Nurses. ACORN standards for perioperative nursing: including nursing roles, guidelines, and position statements. Adelaide: Australian College of Operating Room Nurses; 2010.
5. Association for Perioperative Practice. Standards and Recommendations for Safe Perioperative Practice 2007. In: Practice AfP, editor. Standards and Recommendations for Safe Perioperative Practice 2007. Yorkshire: Association for Perioperative Practice; 2007.
6. Dikaya Z, Appelt H. Foreign Registered Nurses: Successful Landing in Turbulent Waters. JONA. 2004;34(7/8):379-83.
7. Bushy A. International perspectives on rural nursing: Australia, Canada, USA. Aust J Rural Health. 2002;10:104-11.

MicroSurgery Instruments

S&T®

Instruments Micro Chirurgie




Instruments Set
Ensemble d'instruments

SDCW-11
Westcott Scissors, 20mm blades, 11cm
Ciseaux Westcott, lames 20mm, 11cm

SAS-15T
Serrated Scissors, 19mm blades, 15cm
Ciseaux striés, lames 19mm, 15cm



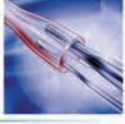



D-5A.3
Vessel Dilator, 0.3mm tip, 11cm
Dilatateur à vaisseaux, pointes 0.3mm, 11cm

FRS-15 RM-8 AT
DeBakey Forceps, atraumatic, 15cm
Pince DeBakey, atraumatique, 15cm


TFS-15 RM-8 TC
Tissue Forceps with diamond coated Ring, 15cm
Pince avec anneaux, revêtement diamanté, 15cm

C-14
Needle Holder, 14cm
Porte-aiguille, 14cm


TUPPERHAND
Universal Hand Holder and Retractors Set
Soutien pour chirurgie de la main

Reusable Approximators and Clamps
Clips et approximateurs réutilisables



Single Use Approximators and Clamps
Clips et approximateurs jetables



For more information, please contact us - Pour de plus amples informations, s.v.p. nous contacter





1273, St-Louis, Terrebonne, QC,
J6W 1K6, Canada
T : 450.471.1379 • 1.800.361.1502
F : 450.471.1030
instrumentarium-online.com
info@instrumentarium-online.com

8. Canadian Institute for Health Information. Workforce Trends of Registered Nurses in Canada, 2002. Ottawa: Canadian Institute for Health Information; 2003 [accessed 2011 29 November 2011]; Available from: http://www.cihi.ca/cihi-ext-portal/internet/en/document/spending+and+health+workforce/workforce/nurses/release_09dec2010 .
9. Australian Bureau of Statistics. 4819.0 - Selected Health Occupations: Australia, 2006 Canberra: Australian Bureau of Statistics; 2008 [accessed 2011 29 November]; Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4819.0>.
10. Australian Institute of Health and Welfare. Australia's Health 2010: Australia's health series no. 12. Cat. no. AUS 122. Canberra: Australian Institute of Health and Welfare 2010 Contract No.: AUS 122.
11. Little L. Nurse Migration: A Canadian Case Study. Health Research and Educational Trust. 2007;42(3):1336-53.
12. Kline D. Push and Pull Factors in International Nurse Migration. Journal of Nursing Scholarship. 2003;35(2):107-11.
13. Hawthorne L. The globalization of the nursing workforce: Barriers confronting overseas qualified nurses in Australia. Nursing Inquiry. 2001;8(4):213-29.
14. Ross S, Polsky D, Sochalski J. Nursing shortages and international nurse migration. International Nursing Review. 2005;52:253-62.
15. Canada N. Registration Procedures. Quebec: Nurses 2 Canada; 2011 [cited 2011 4 December]; Available from: <https://www.nurses2canada.net/registration-procedures.php>.
16. Australian Nursing & Midwifery Council. Internationally qualified Nurses and Midwives. Canberra: Australian Nursing & Midwifery Council; 2010 [accessed 2011 4 December]; Available from: <http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/International.aspx>.
17. Gillespie B, Polit D, Hamlin L, Chaboyer W. Developing a model of competence in the OR: Psychometric validation of the Perceived Perioperative Competence Scale-Revised. International Journal of Nursing Studies. in press, 2011:1-12.
18. Rolfe M, Bryer R, Hjem K, Apelqvist J, Fletcher M, Anderson B. International collaboration to address common problems in health care: Processes, practicalities and power. International Nursing Review. 2004;51(3):140-48.
19. Soper D. Free Online Statistics Calculator. 2010; Available from: <http://www.danielsoper.com/statcalc/calc01.aspx>.
20. Gillespie B, Chaboyer W, Wallis M, Chang H, Werder H. Operating theatre nurses' perceptions of competence: a focus group study. Journal of Advanced Nursing. 2009;65(5):1019-28.
21. Gillespie B, Wallis M, Chaboyer W. Operating room culture - implications for nurse retention. Western Journal of Nursing Research. 2008;30(2):259-77.
22. Gillespie B, Chaboyer W, Wallis M, Grimbeek. Development of a theoretically derived model of resilience through concept analysis. Journal of Advanced Nursing. 2007;59(4):427-38.
23. Gillespie B, Chaboyer W, Wallis M, Werder H. Education and experience make a difference: Results of a predictor study. AORN Journal. 2011;94(1):78-90.
24. Field A. Discovering statistics using SPSS. London: Sage; 2005.
25. Tzeng H. Nurses' self-assessment of their nursing competencies, job demands and job performance in the Taiwan hospital system. International Journal of Nursing Studies. [research into competency related to role performance]. 2004;41:487-96.
26. Australian Nursing & Midwifery Council. National Competency Standards for the Registered Nurse. Canberra, ACT: Australian Nursing & Midwifery Council; 2006. p. 8.
27. Chariella M, Thoms D, McInnes E. An overview of the competency movement in nursing and midwifery. Collegian. 2008;15(2):45-53.
28. Lofmark A, Smide B, Wikblad K. Competence of newly-graduated nurses – a comparison of the perceptions of qualified nurses and students. Journal of Advanced Nursing. 2006;53(6):721-28.
29. Carper B. Fundamental patterns of knowing in nursing. Advances in Nursing Science. 1978;1(1):13-23.
30. Safadi R, Jaradeh M, Bandak A, Froelicher E. Competence assessment of nursing graduates of Jordanian universities. Nursing and Health Sciences. 2010;12:147-54.
31. Meretoja R, Isoaho H, Leino-Kilpi H. Nurse Competence Scale: development and psychometric testing. J Adv Nurs. 2004 July 01, 2004;47(2):124-33.
32. Dillman D. The design and administration of mail surveys. Annual Review of Sociology. [methodology on surveys]. 1991;17:225-49.
33. Polit D, Beck C. Nursing research: Generating and assessing the evidence. 8th ed. Philadelphia: Lippincott; 2008.
34. Brazen, L. Competence, nursing practice and safe patient care. Perioperative Nursing Clinics. 2008; 3, 297–303.
35. Watson, R., Stimpson, A., Topping, A., Porcock, D. Clinical competence assessment in nursing: a systematic review. Journal of Advanced Nursing. 2002; 39 (5), 421–431).
36. Davis C, Moroun V. Immigrant nursing personnel: The view from CGFNS. Cultural diversity in nursing: Issues, strategies and outcomes. Washington DC: American Academy of Nursing; 1997. p. 33-4. 🌸



We're here for life

Our Vision Statement

To provide problem free operating environments, which allow our customers to focus on delivering the patient care they are passionate about providing.

Introducing our New and Revolutionary Patient Transport Stretcher

SIDERAILS:

Vertically operated, they provide a zero transfer gap.

GAS ASSISTED BACKREST

with integrated push/pull handles ensures user and patient comfort and safety.

SINGLE LIFT PEDESTAL:

Allows for instant trendelenburg positioning from any height.

INFECTION CONTROL:

Advanced smooth moulded surfaces and innovative design ensure easy cleaning.

CASTERS:

Special polyurethane tires ensure minimal rolling resistance for better maneuverability.

ADVANCED BRAKING SYSTEM:

Allows all four casters to be locked simultaneously from any point.



Demo Units Now Available
Contact us Today for More Information!
1.800.567.8400



1810 Ellice Avenue
Winnipeg, MB R3H 0B7
1.800.567.8400
info@mediteksurgical.com
www.mediteksurgical.com



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

Semaine des infirmières et des infirmiers en soins périopératoires 11 au 17 novembre 2012



Photo courtoisie de Joan Porteous

« Renforcer les équipes par le biais
de la pratique collaborative »

« Vous êtes un élément essentiel de la sécurité de nos patients »

www.aaisoc.ca



I came for the job. I stayed for the team.

"We are always learning and being challenged. We deliver care to our patients in a positive and rewarding way.

Oonagh S., Operating Room Nurse

A world-class innovator in medical care, research and teaching, VCH is transforming health care in **Metro Vancouver** and the coastal mountain communities of **British Columbia, including Sechelt and Powell River.**

We are hiring RNs for the Operating and Post Anaesthetic Recovery Rooms within our large trauma centres and smaller community hospitals.

Our Featured Site: Vancouver General Hospital

- Discover what Level One OR Nursing is about and join the Ultimate Team
- Work in specialties like Trauma, Robotics and Transplants

Sign on for the challenge and join us at Vancouver General Hospital!

To find out more and to apply, visit:

jobs.vch.ca

Phone: 604.675.2500

Toll Free: 1.800.565.1727



Isabelle Adams Award for Excellence in Perioperative Nursing

More details can be found at www.ORNAC.ca.
Nomination deadline is January 15th.

This award is presented at the National Conference, if there is a suitable candidate, to an outstanding nurse who through major commitment has made a significant contribution to perioperative nursing in Canada. The Award winner will reflect the practice and ideals of Mrs. Isabelle Adams of Montreal. The Award was established on the initiative of the Operating Room nurses of Quebec in 1987 and is one of a high-profile recognition with no monetary award.

Le Prix d'excellence en soins périopératoires Isabelle Adams

Veillez visiter le site Web de l'AIISOC www.AIISOC.ca pour plus de détails (disponible en anglais seulement). La date limite des soumissions est le 15 Janvier.

Ce prix est décerné lors de la Conférence nationale de l'AIISOC à un candidat qualifié qui s'est distingué par son engagement et par sa contribution significative au domaine des soins périopératoires au Canada. Le récipiendaire sera une infirmière ou infirmier de salle d'opération dont la pratique professionnelle suit les principes de Mme Adams de Montréal. Ce prix hautement reconnu, mais ne comportant aucune récompense monétaire, fut créé en 1987 par l'Association des infirmières de salle d'opération du Québec.

SPOTLIGHT ON ORNAC MEMBERS

AN INTERVIEW WITH CHRIS MULFORD, RN, BSC (HONS)
NURSING, CPN(C)



By: Catherine Harley RN, eMBA, Executive Director, ORNAC



Chris Mulford, RN, BSc (Hons) Nursing, CPN(C), is a Perioperative Registered Nurse working as the Clinical Resource Leader in the Operating Rooms and Endoscopy departments at The Scarborough Hospital (TSH) in Scarborough, ON. Chris became a perioperative nurse in Scotland in 2003 and subsequently immigrated to Canada, in October 2005, in order to advance his perioperative nursing career. Chris currently resides in Whitby, ON, with his wife and two boys, and sits on the periOperative Registered Nurses of Greater Toronto (ORNGT) Executive as its Secretary.

Chris received his Baccalaureate, with honours in Nursing, from the Robert Gordon University in Aberdeen, Scotland, in 2003, and successfully completed his Perioperative Certification with the CNA in 2011.

Question: When did you know that you wanted to work in the OR and how long have you been working there?

During my final clinical placement as a nursing student, in the theatres of Aberdeen Royal Infirmary, in Scotland, it became clear to me that my passion was for perioperative nursing. I loved and welcomed the challenge that perioperative nursing brought to my daily work life. Over the past nine years I have worked both at the point of care and in a leadership position as a perioperative nurse... and I love it!

Question: How has your career in the OR progressed over the years?

I began my career as a theatre nurse in 2003 and continued in that vein until I immigrated to Canada in 2005. My sister was already living in Canada so I wanted to see what nursing opportunities would be open to me. Toronto Western Hospital (TWH), as part of the University Health Network (UHN), thankfully

offered me a position as perioperative nurse and I jumped at the chance. UHN also assisted me with my immigration process by submitting my Labor Market Opinion to Human Resources Development Canada in order to garner a three year work permit. I established my registration with the College of Nurses of Ontario and I wrote, and successfully passed, the Canadian Registered Nurses Exam in June 2004.

I then spent four years at UHN and during that time my career really blossomed. My abstract was accepted for the ORNAC conference in 2007 and I was overjoyed to do an oral paper presentation in front of my perioperative nursing peers.

Following the ORNAC conference I soon began preceptoring perioperative nursing students, and quickly recognized my love for educating nurses. That ultimately led me to being approached to take the position of Clinical Nurse Educator at TSH in January 2010 and this later transitioned into the role of Clinical Resource Leader for the Operating Rooms and Endoscopy.

Question: Are there many differences between working in an OR in the UK and working in Canada?

The work environments are very similar that's for sure, including instrumentation and common patient safety issues, but the fundamental difference is that of the ORNAC standards for perioperative nursing practice. The UK does of course have evidence based standards of care for perioperative nursing but I don't believe, to the best of my knowledge, that they have a speciality interest group like ORNAC supporting our practice.

Question: What is the biggest challenge in your role as the Clinical Resource Leader - Operating Rooms/Endoscopy?

This is a great question to ask an educator! I think one of the biggest challenges is that perioperative nurses sometimes think that the standards are black and white or that they are a perfect road map for perioperative nursing care. I respectfully disagree with this notion. Of course they guide our practice and the

SPOTLIGHT ON ORNAC MEMBERS (cont.)

AN INTERVIEW WITH CHRIS MULFORD, RN, BSC (HONS) NURSING, CPN(C)

I would strongly encourage all newly registered nurses to consider perioperative nursing as a career path. It is one of the best decisions I have ever made.

safety of our patients but they also require critical thinking and must be applied to the context of the various clinical situations you can find yourself in as a perioperative nurse.

Question: You became certified with the CNA in 2011. What advice do you have for perioperative registered nurses who are thinking about taking their CNA Certification Exam?

Just do it!! Every year I actively promote certification to my perioperative and gastroenterology nurses who are eligible. Being certified, in your area of expertise, means national recognition that you meet the minimum standards of care for your area of nursing practice. This is a very rewarding process and you will be proud to wear that gold pin showing off your certification!

Question: How did you become involved with the Executive for the periOperative Registered Nurses of Greater Toronto (ORNGT) and what have you learned by being involved?

I have my Patient Care Manager from my time at TWH, Rose Puopolo, to thank for this one! Our by-laws dictate that you have to be a full member for two years to be eligible for the ORNGT Executive. Rose nominated me, despite the fact that I had not yet been able to be a member for 2 years, and the

membership voted overwhelmingly to make an exception. I was honoured to accept my current position as Secretary.

ORNGT, by uniting perioperative nurses from across the Greater Toronto Area (GTA), is able to promote and optimize patient care, during the perioperative phase, by providing continuing education consistent with that of the College of Nurses of Ontario (CNO) and certification requirements for the CPN(C) through the CNA.

Question: How has continuing education made a difference to your career path?

Continuing education is what has got me where I am today so it is vitally important. I have been active with ORNGT as a member and now as part of the Executive. I have attended conferences, as both a speaker and a delegate, and will continue to do so in the future. In 2011 I successfully completed my perioperative certification with the CNA and that was a proud moment as 15 of the nurses from the ORs at TSH were also successful. Next on the horizon will be entering into my Masters studies... something that is slated for 2013!

Question: What value do you see ORNAC bringing to the next generation of Perioperative Registered Nurses?

What excites me is that the ORNAC Board recognized that it needed a new strategic direction, which includes the new pillars displayed in the first ever edition of the ORNAC Journal, which is awesome by the way! This I believe will allow future perioperative registered nurses to be more engaged to the workings of ORNAC at the grass roots level, and will hopefully encourage younger RN's like myself to become involved at the regional level, and work their way up.

Question: What changes do you think we can expect to see in the future for perioperative RNs?

Some people may find this answer controversial but it's just my opinion. A lot of discussions have taken place in many provinces around the scope of practice of the RN and the Licensed Practical Nurse/Registered Practical Nurse (LPN/RPN) in the perioperative forum. In Ontario the RN and RPN (Ontario does not have LPNs) have had the same scope of practice since 2005. I believe there is a place for the RPN to circulate for certain case types, assess patients on admission to the OR, and assist anaesthesia.

These proposed changes to the model of care can only happen if the RN and RPN, with support of perioperative nursing leadership, collaborate to examine our patient population and assess the complexity, predictability and risk for all surgical procedures. This process could then provide the ability to determine the appropriate skill mix needed to have the right nurse, provide the right care, to the right patient at the right time. The RN will always be needed in the Operating Room but if we work together with our LPNs or RPNs we can build a strong cohesive team that provides the highest quality of care to our patients.

Question: Any words of advice for new registered nurses who are interested in career prospects in the OR?

A career as perioperative registered nurse is a rich and rewarding one. The patient is never more vulnerable than when they come to the Operating Room and they need the knowledge, skill and judgement of the perioperative RN to provide a safe environment for them to have surgery. I would strongly encourage all newly registered nurses to consider perioperative nursing as a career path. It is one of the best decisions I have ever made. 🍁

LES RÉPERCUSSIONS DE LA RECONNAISSANCE PROFESSIONNELLE SUR LES INFIRMIÈRES ET LES INFIRMIERS AUTORISÉS EN SOINS PÉRIOPÉRATOIRES : UNE ENQUÊTE DESCRIPTIVE QUALITATIVE

Auteurs :

Kathryn Schroeter, Ph. D., IA, IASO, est professeure adjointe au collège de soins infirmiers de l'Université Marquette, à Milwaukee, WI ainsi que chercheuse principale pour cette étude de recherche.

Michelle M. Byrne, Ph. D., IA, IASO, est professeure et coordonnatrice du programme d'éducation de la M. Sc. Inf., au North Georgia College et à l'Université d'état – département des soins infirmiers et co-chercheuse principale pour cette étude de recherche.

Katharine A. Klink, M. S. Inf., IA, est professeure adjointe clinique à l'Université Carroll et elle a été responsable de l'analyse des données et de l'analyse documentaire pour cette étude.

Matthew Beier, M. Sc. Inf., IA, ICS - détenteur d'un certificat de spécialiste, IASO, est directeur des services chirurgicaux au Aurora Medical Center, à Grafton, WI, et est responsable de l'analyse des données pour cette étude.

Natalie S. McAndrew, M. S. Inf., IA, IA en soins de phase aiguë, ICS, est ICS à l'unité de soins intensifs cardiovasculaires de l'Hôpital Froedtert du Medical College of Wisconsin, à Milwaukee, WI, et est responsable de l'analyse des données pour cette étude.

Les perceptions des infirmières et des infirmiers, telles qu'observées dans cette étude, ont révélé des aspects positifs liés à l'obtention de leur agrément en soins périopératoires.

RÉSUMÉ :

A lors que la pratique des soins de santé fait de plus en plus de progrès au plan de la technologie et que cette dernière est de plus en plus spécialisée et complexe, on observe une demande accrue pour l'obligation de rendre compte. La reconnaissance professionnelle indique qu'un praticien ou une praticienne a maintenu un niveau de compétences, de connaissances et de techniques acceptable, ou possède peut-être même un niveau supérieur dans un domaine de pratique spécialisée.

Bien que la reconnaissance professionnelle des infirmières et des infirmiers soit offerte depuis des décennies, une évaluation plus poussée de sa signification et de ses répercussions dans le contexte de la pratique ne semblait pas exister. L'objectif de cette étude qualitative, menée à Chicago, en Illinois et aussi en ligne, était de décrire les perceptions des infirmières et des infirmiers en soins périopératoires quant aux répercussions qu'a eu la reconnaissance professionnelle sur leur pratique professionnelle et dans leur vie personnelle. Le concept d'enquête qualitative a été utilisé pour cette étude. Un échantillon au jugé (N = 149) a été obtenu des infirmières et des infirmiers autorisés en soins périopératoires, détenteurs d'un certificat de spécialiste.

Une analyse thématique a été utilisée pour expliquer les perceptions des infirmières et des infirmiers. Cette analyse thématique consistait à chercher à travers les données, dans le cas présent, les réponses fournies lors de l'enquête, afin d'identifier tout schéma récurrent. Un thème se compose d'un groupe de catégories connexes communiquant des significations semblables et ressort habituellement par le biais d'un processus analytique inductif. Les thèmes qui sont ressortis des données ont été divisés en deux groupes – les répercussions sur la pratique professionnelle et celles sur la vie personnelle. Le thème principal qui est ressorti par rapport au point de vue personnel des répondants était la fierté de leurs accomplissements ou de leurs réalisations et une confiance accrue. Le thème qui décrivait les répercussions professionnelles était la crédibilité. Certains thèmes, comme les connaissances, la confiance et les possibilités, se chevauchaient dans les deux groupes.

Les perceptions des infirmières et des infirmiers, telles qu'observées dans cette étude, ont révélé des aspects positifs liés à l'obtention de leur agrément en soins périopératoires. Les conclusions de cette recherche contribuent à accroître nos connaissances quant à la façon dont la reconnaissance professionnelle a des répercussions sur les expériences personnelles et professionnelles des infirmières et des infirmiers.

KEYWORDS: CERTIFICATION, PERIOPERATIVE NURSING, PROFESSIONAL PRACTICE, CONFIDENCE, CREDIBILITY.

THE IMPACT OF CERTIFICATION ON CERTIFIED PERIOPERATIVE NURSES: A QUALITATIVE DESCRIPTIVE SURVEY

Authors:

Kathryn Schroeter, PhD, RN, CNOR, is Assistant Professor College of Nursing, Marquette University, Milwaukee, WI, and Primary Investigator for this research study.

Michelle M. Byrne, PhD, RN, CNOR, is Professor and MS Nursing Education Program Coordinator, North Georgia College & State University - Dept. of Nursing, and Co-Primary Investigator for this research study.

Katharine A. Klink, MSN, RN, is Clinical Assistant Professor at Carroll University and was responsible for Data Analysis and Literature review for this study.

Matthew Beier, MS, RN, CNS-BC, CNOR, is Manager of Surgical Services, Aurora Medical Center - Grafton, WI, and responsible for Data Analysis for this study.

Natalie S. McAndrew, MSN, RN, CCRN, CNS, is CNS – Cardiovascular ICU, Froedtert Hospital/Medical College of Wisconsin, Milwaukee, WI, and responsible for Data Analysis for this study.

ABSTRACT

As the practice of healthcare becomes more technologically advanced, specialized and complex, there is an increasing demand for accountability. Certification demonstrates that an individual practitioner has maintained an acceptable, or perhaps more advanced level of qualifications, knowledge, and skills in a specialty practice area.

The nurses' perceptions, as shared in this study, revealed positive aspects related to their achievement of certification in perioperative practice.

Although certification for nurses has been available for decades a detailed evaluation of its meaning and implications for practice seems to be unavailable. The purpose of this qualitative study, conducted in Chicago, Illinois and also online, was to describe the perceptions of perioperative nurses as related to the impact that certification has had on both their professional practice and on a personal level. A qualitative survey design was used for this study. A purposive sample (N = 149) was obtained from board certified perioperative specialty nurses.

Thematic analysis was used to explain the nurses' perceptions. Thematic analysis involves searching through data, in this case the narrative responses to the survey, to identify any recurrent patterns. A theme is a cluster of linked categories conveying similar meanings and usually emerges through the inductive analytic process. Themes that emerged from the data were categorized

into two groups -- impact on professional practice and personal impact. The primary theme that emerged related to respondents' personal perspectives was pride in accomplishment or achievement and increased confidence. The theme that described professional impact was credibility. Some themes, such as knowledge, confidence, and opportunity, overlapped both groups.

The nurses' perceptions, as shared in this study, revealed positive aspects related to their achievement of certification in perioperative practice. The findings of this research expand knowledge about how certification impacts on the nurses' personal and professional experiences.

INTRODUCTION

There is an increasing demand for accountability in all areas of society and this is especially evident in health care

where practice has become more technologically advanced, specialized and complex. Certification has evolved to demonstrate to the public, and the profession, that an individual practitioner has maintained an acceptable or perhaps more advanced level of continuing qualifications, knowledge, and skills in his or her specialty practice area. Expert knowledge, clinical judgment, communication skills, professionalism, and performance are but a few of the aspects associated with obtaining and maintaining certification.

If nurses meet the established criteria for certification they may sit the examination. As a result, nurses from countries other than the United States may hold the CNOR (perioperative certification) credential. The Competency and Credentialing Institute (CCI) developed the CNOR credential and has maintained it for more than 30 years. According to CCI membership data (2011), there are approximately 160 international nurses who hold the CNOR credential and 32% of those nurses are Canadian.¹

In Canada the Canadian Nurses Association (CNA) offers the CNA certification in 19 specialties/areas of nursing practice. The number of nurses with valid CNA certification has risen from 14,526 in 2007 to 16,878 in 2011.² According to the CNA Professional Practice & Regulation division as of July, 2011, there are 1,538 nurses who hold the perioperative specialty certification of CPN(C).² The CNA certification is a voluntary, recognized credential for registered nurses who meet specific nursing practice criteria, continuous learning and exam-based testing requirements. The credential, which must be renewed every five years, confirms that an RN has demonstrated competence in a nursing specialty/area of nursing practice by having met predetermined standards.²

Certification represents a commitment to the leading edge in health-care and professional standards and indicates to patients, employers, the public and professional licensing bodies that the certified nurse is qualified, competent

and current in a nursing specialty/area of practice.² Various studies have postulated that certification provides an opportunity to establish expertise within a nursing specialty.³⁻¹⁰ The National League for Nursing (NLN) postulates that certification creates a means for nurses to demonstrate their expertise in a specialty role.¹⁰ Nursing specialty certification is evidence of a commitment to professional nursing practice and quality patient outcomes.^{3,5,12-15}

Although certification for perioperative nurses, in both the United States and Canada, has been available for decades, a detailed understanding of its meaning and implications for practice did not seem to be available. The purpose of this study was to explore and describe the perceptions of perioperative nurses related to the impact that certification has both on their professional practice and on a personal level. The survey focused on the areas of patient outcomes, the value of certification, and the influence of specialty certification on professional practice in order to more fully describe, explain, and examine the phenomenon of certification and its impact on nurses.

Patient Outcomes

An important area of certification research development is the influence of nursing specialty certification on professional practice. To explore this question Cary¹³ randomly sampled 19,452 nurses from 20 different nursing specialties in the United States, the District of Columbia, Canada, Puerto Rico, and the Virgin Islands. A large portion of the sample (72 percent) received at least one or more benefits from their certification status such as recognition, promotion, increased pay, or job security. An important finding from this large study was that 40 percent of nurses who had been certified for 5 years or less believed that certification improved their confidence in detecting and intervening in complications when delivering nursing care. Cary asserts that this finding provides limited evidence that certification may be an important system-related variable that should be considered in the evaluation of patient outcomes.¹³

Certification, and how it relates to patient outcomes, is challenging to study because of the complexity of the variables and factors that influence patient care. The relationship between such factors as increased knowledge, confidence and skill has potential to greatly influence patient outcomes.⁷ The evidence on nurse certification and its influence on patient outcomes have, to date, been mixed.^{15,16} A study by Frank-Stromborg, et.al. examined the effect of oncology nurse certification (OCN) on the nurse sensitive patient outcomes of symptom management (fatigue and pain), adverse events (infection and decubitus ulcers), and admissions to the hospital. It was hypothesized that OCNs would have significantly better outcomes. The data did not, however, support this hypothesis. A limitation of the study, as acknowledged by the study authors, was the fact that data was obtained from retrospective chart reviews and there were no controls so the acuity and patient risk of complications may have differed in the certified and noncertified nurse groups.

Newhouse, Johantgen, Pronovost, and Johnson¹⁷ studied the effects of specialty certification, RN agency use, 24-hour staffing, and code drills on patient outcomes (mortality, complications and length of stay). A total of 32 hospitals in Maryland participated in the study. Surveys that addressed the Perioperative Nursing Data Set (PNDS) elements, that links nursing interventions to specified patient outcomes, were sent to perioperative managers. The estimated odds of complications, while not statistically significant, decreased by eight percent for every ten percent increase in the proportion of nurses who were certified in perioperative nursing (CNOR).

Kendall-Gallagher and Blegen¹⁸ used secondary data analysis to examine the possible relationship between the number of certified critical care nurses and adverse patient events in a sample of 48 intensive care units from a random sample of 29 hospitals from across the United States. Data were collected regarding the number of certified nurses, organizational and nurse characteristics,

and adverse patient events (medication errors, falls, skin breakdown and hospital acquired infections). The researchers found that the proportion of intensive care nurses who hold the CCRN credential had an inverse relationship to the number of documented falls. It is evident from the research reviewed that certification may be influential on patient outcomes. However, the effect of specialty certification on patient outcomes requires further study.^{13,17,18}

The Value of Certification

Many studies have examined the value that nurses and nurse managers place on certification.^{6,18,19,20} The Perceived Value of Certification Tool® (PVCT®) was developed, by the US-based Competency and Credentialing Institute, to measure the value of certification in perioperative nursing and can be accessed at <http://www.cc-institute.org/aprn/resources/pvct>.⁶ The results of a study that was based on a pilot test of the tool indicated that, with the exception of the item indicating that certification increases salary, the sample (90 percent) agreed with the value of certification as it related to feelings of accomplishment, satisfaction, validation of specialty knowledge, professional growth, and commitment, professional challenge and credibility.⁶

The PVCT®, although originally developed for perioperative nurses, has since been used in other certification studies as the constructs of certification value are also applicable to other nursing specialties.^{18,19} These studies demonstrated that certification is valued by certified and noncertified nurses.¹⁹ Certified nurses had higher agreement scores on the value statements than non-certified nurses.^{20,21}

Achievement of Magnet® designation, developed by the American Nurses Credentialing Centre, by a health care organization is considered demonstration of an environment where nursing excellence is prevalent. Certification is one of many elements examined when hospitals apply for Magnet® designation.²² The fact that the number of nurses certified in an organization must be reported in the Magnet® application process may be one explanation for why nurse managers indicated a higher value of certification on the PVCT® value statements.^{22,23} It is apparent from this review that both certified and noncertified nurses in various specialties value certification^{6,19,20} and that nurse managers also hold a nurse's certification status in high esteem.¹⁹⁻²¹

Professional Practice

The nurses in Cary's¹³ study reported that certification increased their sense of control over their practice and autonomy, and also enhanced communication and collaboration. Researchers studying professional practice and certification have examined variables such as empowerment and autonomy²⁴ to explore the possible influence of certification on these factors. Piazza, et, al.²⁴ also explored the differences in nurses' perceptions of empowerment and found significant differences in the empowerment scores – with the certified nurses having a greater sense of empowerment than the non-certified nurses.

IO Foreign Body FORCEPS
PINCES IO à corps étranger

E.30.893.F 20GA, 3 prongs 1.9mm, removable tip only
20GA, 3 fourches 1.9mm, pointe amovible seule

E.30.893.S 20GA, 3 prongs 1.9mm, fix tip (not shown)
20GA, 3 fourches 1.9mm, pointe fixe (non illustré)

E.10.010.T
Titanium Handle Only
Manche titane seul

Removable Tips / Pointes interchangeables

E.30.892.F.18 18GA, 2 prongs 2.5mm, tip only
18GA, 2 fourches 2.5mm, pointe seule

E.30.892.F.20 20GA, 2 prongs 1.9mm, tip only
20GA, 2 fourches 1.9mm, pointe seule

IO Foreign Body MAGNET
AIMANT IO à corps étranger

Limbal Open Sky Pars Plana

I-O, MAGNET

I.O.1000
PROBE / TIGE-SONDE: 19GA, 1.1MM X 33MM
HANDLE / MANCHE Ø 10MM X 100MM LONG
POWER / PUISSANCE: 1.000 GAUSS (AT TIP ONLY / À LA POINTE SEULEMENT)

DIAMOND KNIFE for relaxing incision
COUPEAU DIAMANT pour incision relaxante

ME.707
Settings at 0.50, 0.55 and 0.60, Single Sided
Footplate, 6 Faces 1.0mm blade, Titanium Handle
Paramètres à 0.50, 0.55 et 0.60, plate-forme
lame 6 facettes 1.0mm, manche de titane

IRIS RETRACTORS
ÉCARTEURS à IRIS

Disponible / Jetable

OP.5213.1 Flat polypropylene fiber
Fibre rectangulaire de polypropylène

OP.5067.1 Round polypropylene fiber
Fibre ronde de polypropylène

SMALL PUPIL DILATORS
DILATEURS à PUPILLE

BEEHLER

E.15.578 4 Points
16GA

E.15.572 3 Points
18GA

E.15.571 2 Points
20GA

DRAPE RETRACTOR
ÉCARTEUR À CHAMP
Disponible / Jetable

NEVILA DISPOSABLE DRAPE RETRACTOR

1888.K.1243
Pack of 24, non sterile
Boîte de 24, non stérile

For more information, please contact us - Pour de plus amples informations, s.v.p. nous contacter



1273, St-Louis, Terrebonne, QC,
J6W 1K6, Canada
T : 450.471.1379 • 1.800.361.1502
F : 450.471.1030
instrumentarium-online.com
info@instrumentarium-online.com

Wynd²⁵ measured nurses' attitudes toward professionalism using a descriptive comparative/correlational design. Data analysis revealed that attitudes toward professionalism were significantly related to nurses' experience, higher education in nursing, membership in professional organizations and specialty certification.

Our review of professional practice and certification shows, overall, that nurses associate certification with empowerment,²⁴ professionalism²⁸ and collaboration and job satisfaction.¹⁵ While the majority of studies have focused on patient outcomes,¹⁶⁻¹⁸ the value of certification,^{6,19-21} and how certification relates to professional practice,^{24,28} few studies have allowed nurses to articulate, in their own words, the personal and professional meaning of certification.

Many of the studies that have explored the value of nursing certification have used a survey data tool,^{6,13,19-21} that limited the participants' ability to describe, in narrative detail, their perception of certification and its effect on them personally and professionally. In order to address this issue, the qualitative study, being discussed in this article, was designed to provide certified perioperative nurses with the opportunity to describe their feelings and beliefs about the professional and personal value of certification.

Theoretical framework

Certification, as a component of professionalism, contributes to the creation of a nurse's professional identity and, in turn, a deeper sense of self-identity. Self-identity can be defined as feelings of existence, integrity, identification. It is formed through the roles one portrays and through interactions with others.²⁶ According to Ohlen and Segesten,²⁷ professional identity is integrated with personal self-identity and includes how nurses see themselves within the profession of nursing. Competencies within the profession, such as those demonstrated for certification, allow the nurse to develop a greater sense of self-identity and, in turn, a more multifaceted professional identity.

Certification impacts self-identity and its influence on professional identity through group membership as based on Tajfel and Turner's Social Identity Theory (SIT).²⁸ The Social Identity Theory refers to the self-identity of a person and how this is influenced by membership and emotional significance of belonging to a group.²⁹ One distinctive variable in Tajfel and Turner's theory is how a person achieves positive self-esteem and self-identity, while being categorized as part of a group, based on specialized skills or attributes.²⁸ The application of the SIT to nursing certification creates a link between the importance of certification, the development of self-identity, and the impact this has on professional identity.

Group membership enhances the creation of positive self-identity through interactions with others and as a result of the positive attributes associated with the group itself. The relationship between development of self-identity, group membership, and professional identity within the Social Identity Theory helps to explain the benefits of professional certification.

Protection of Research Participants

This study was identified as exempt by a university institutional review board prior to initiation of the survey. Participants were informed that they could cease participation in this study at any time without penalty. As the survey was completely voluntary, there were no hazardous, uncomfortable, or stressful aspects involved in completing the survey. The individual responses were anonymous and reported as aggregate.

Method

A descriptive qualitative method was used for this study topic. The two primary researchers for this study were doctorally prepared qualitative researchers. Graduate students worked with one of the researchers on the data analysis and also wrote sections of the research reports.

Research participants were all certified perioperative nurses. Data were collected during a limited span of time (4 days) during the 2010 Association of periOperative Registered Nurses

(AORN) Congress. Participants were notified of the upcoming survey through pre-conference electronic newsletters sponsored by the Competency and Credentialing Institute (CCI). In addition, the certified perioperative nurses were invited verbally during an opening address, to a large audience, at the beginning of the conference. Both handwritten and electronic surveys were available to participants in a concierge room specifically sponsored for the board certified perioperative nurse delegates. The room contained signs, tables, chairs, and computers as well as boxes for the collection of paper surveys. All participants were asked to provide contact information as one participant was later randomly selected to win a free CNOR re-certification (Value \$210-\$280). Computer terminals were accessible for participants who chose to respond to the survey electronically.

The survey consisted of two open-ended questions, developed based on the previous literature, addressing the participants' perceptions of certification. The open-ended questions were piloted for clarity with eight board certified perioperative nurses. The survey took approximately five to fifteen minutes to complete (depending upon the length of the narrative responses).

Credibility of data

Although participant contact data was collected in order to incent participation, it was also envisioned that there may be a need to complete member checks in order to confirm qualitative descriptive themes. This step was, however, deemed unnecessary by the researchers as there had already been multiple researchers involved in the thematic analysis. These multiple researchers (three certified perioperative nurses, one non-certified perioperative nurse, one board certified critical care nurse and one nurse researcher) provided a variety of lenses which serve as an indicator of the credibility of the findings. Another credibility indicator for this research was immersion in the data³⁰ as the thematic analysis of the data occurred over a six-month period with reflexive interpretations between researchers.



Innovative Solutions for Patient Temperature Management

Ecolab offers unique solutions to help you avoid the costs and complications associated with adverse patient outcomes.

Avoiding inadvertent hypothermia is a documented component in reducing the risk of SSI. Access a continuous source of warm irrigation fluid at a controlled temperature using the IntraTemp Fluid™ Warming System, and help to maintain patient core temperature with ChillBuster® Patient Warming Blankets.

For procedures requiring therapeutic cooling of tissues and organs, the Hush Slush® Surgical Slush System provides a patented way to bring velvet soft slush to the procedure with a minimum of nursing intervention.

Ecolab Temperature Management Solutions. Innovation you can trust.



For more information: 800 352 5326
www.ecolab.com/healthcare

ECOLAB®
 Everywhere It Matters.™

UPCOMING EVENTS / PROCHAINS ÉVÉNEMENTS

For details visit
www.ornac.ca

Perioperative Nurses Week is
 November 11-17, 2012

PROVINCIAL & REGIONAL CONFERENCES

Saskatchewan	Saskatoon, SK	Sept 22 to 23, 2012
25th Atlantic Conference	Charlottetown, PEI	Sept 26 to 28, 2012
Alberta	Red Deer, AB	October 24 to 27, 2012
Quebec	Quebec City, QC	Oct 31 to Nov 2, 2012
Newfoundland	St. John's, NL	October 11 to 13, 2012
New Brunswick	Saint John, NB	April 2013

ORNAC CONFERENCES www.ORNAC.ca

23 rd ORNAC National & IFPN Conference	Ottawa, ON	April 21 to 25, 2013
24 th ORNAC National Conference	Edmonton, AB	May 2015

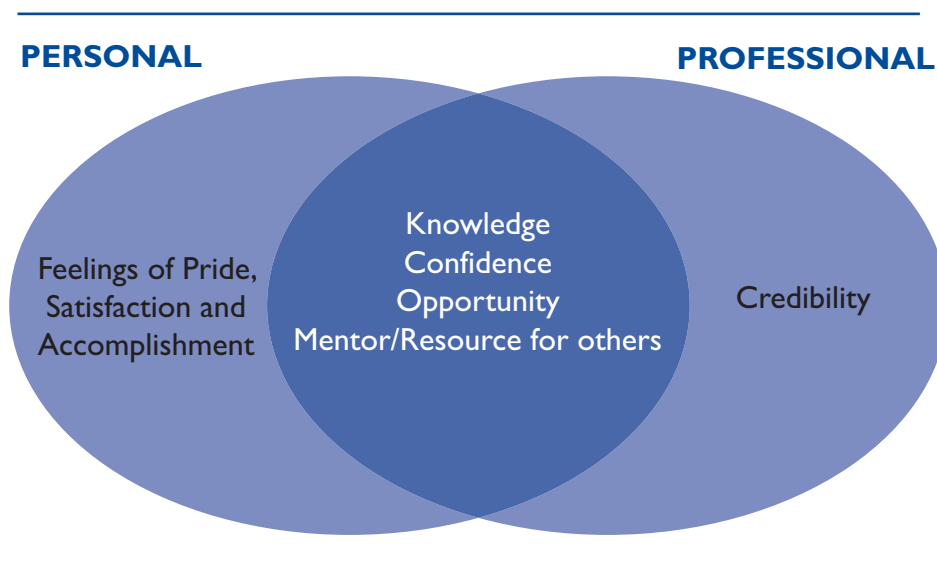
INTERNATIONAL CONFERENCES

AfPP (www.afpp.org.uk)	Birmingham, UK	October 17 - 19, 2012
AORN (www.aorn.org)	San Diego, CA	March 2 - 7, 2013
EORNA (www.eorna.eu)	Rome, Italy	2015 (dates TBC)

RELATED PROFESSIONS

CAS (www.cas.ca)	Calgary, AB	June 2013
--	-------------	-----------

Figure 1. Certified Nurses' Perceptions of the Impact that Certification has on them Personally & Professionally



During the data analysis phase field notes were utilized for comparison and to establish trustworthiness and inter-rater reliability between the reviewers.

Sample

A purposive sample (N=149) was obtained from board certified perioperative specialty nurses who were attending the AORN National Congress. Some participants (n=16) completed the survey electronically while the majority (n=133) completed the paper and pencil version of the survey. All certified nurse participants were over the age of 18 and represented a variety of ages and ethnicities. The mean age of the participants was 52 years. Female nurses comprised 97 percent of the sample and male nurses comprised 3 percent.

Research Questions

The two research questions were:

1. Describe the impact (if any) that certification has had on your professional practice? Please provide an example; and
2. Describe the impact (if any) that certification has had on you personally? Please provide an example.

Data Analysis

Thematic analysis was employed in this study. Three types of data coding were

used in the analysis: open coding for comparative analysis; axial coding to establish categories and subcategories; and selective coding to combine and integrate all categories into central/core categories.³⁰ Use of notes and diagrams helped to clarify and confirm the process of data analysis. According to Lincoln & Guba the results and conclusions of the study should reflect the experiences and ideas of the participants, rather than those of the researcher, and this is established via notes and/or an audit trail.³⁰

The participants' responses were italicized and actual quotations were used to support the derived themes. The multiple researchers, both certified and non-certified in perioperative nursing, examined common patterns and themes of the content using qualitative strategies.^{30,31} The researchers generated themes, using these patterns, that provided a description of how certification impacted the participants personally and/or professionally.

Results

The major themes that emerged from this analysis included knowledge enhancement, confidence, opportunity, and the role of mentor. Actual quotations will be provided as thick

descriptions supporting the themes and allowing for readers to transfer the findings to their areas of interest. These themes were found in both the personal and professional perspectives of the respondents. The theme of pride/satisfaction/accomplishment emerged only in the personal perspectives and the theme of credibility was evident only in the respondents' professional perspectives. (see Figure 1)

Brief examples of the comments to researchers have, in order to illustrate the participants' descriptions, been described and categorized as follows:

- Selected narrative examples of the certified nurses' perceptions that reflected mutually exclusive themes (see Table 1); and
- Selected examples of the certified nurses' perceptions of the impact that certification has on them personally & professionally. (see Table 2)

Themes from the Personal Perspective

The primary theme elicited from participants, when describing the personal impact of certification, reflects feelings of pride, a sense of accomplishment or achievement, and increased confidence. One participant shared "I'm proud to be certified. I wear my pin so patients know..." Another participant stated "The most impact of achieving certification was personal satisfaction and pride in my achievement."

Themes from the Professional Perspective

The main theme elicited by participants, when describing the professional impact of certification, was credibility. Nurses reported that being recognized by colleagues such as managers, peers, patients, students, and surgeons reinforced this feeling of credibility. In addition, the nurses conveyed that they felt more respected and even felt honored by their colleagues as a result of their certification. One nurse stated "I believe that certification increases one's credibility as a professional and as an expert. This credibility enhances one's

position at the table when advocating for patients.”

Mutually Inclusive Themes

Themes that were identified in both personal and professional domains included knowledge, confidence, opportunity, and being a mentor for others. Knowledge referred to the information gained through studying for the certification exam as well as the

increase in knowledge relating to perioperative practice. This was conveyed by a nurse who felt certification was the driving force behind continuing education in perioperative nursing practice. Other nurses expressed that because of their certification they attended many more educational offerings and had a more acute awareness of the importance of life-long learning. This learning not only

increased their overall specialty knowledge but kept them abreast of practice changes.

One nurse commented that [certification] ‘has made me more conscientious and aware of safe patient care practices.’ Another nurse summed up her feelings by saying “As for my professional practice, being certified demonstrates my broad knowledge in

Table 1. Selected narrative examples of the certified nurses’ perceptions that reflected mutually exclusive themes

Knowledge	Confidence	Opportunity	Mentor/Resource
<p>“Maintaining my CNOR certification has helped me keep up with the most current knowledge and research out there in my specialty.”</p>	<p>“... it gives me more confidence and belief in my practice. I trust myself and have confidence in my education.”</p>	<p>“... it has enabled me to get employment at different medical centers and consulting jobs.”</p>	<p>“It makes me more respected because I am certified. It also makes me a resource for the new nurses...”</p>
<p>“Although I have always “thirsted” for new information, achieving CNOR meant that I would always be ... expanding my knowledge to keep my certification and to provide each patient in my care with a competent perioperative nurse”</p>	<p>“I am focused on learning more. Every time you read and attend conferences you learn more which empowers you. This has given me more confidence in myself as an OR Nurse.”</p>	<p>“I have been teaching for many years now, and the required credits to maintain my certification has given me the opportunity to continue my learning process in the perioperative arena.”</p>	<p>“... I took the test to prove to myself that I was competent. As I shared all the information I learning in preparing for the test, coworkers got interested. I have coached 6... and have seen professional confidence grow in my department.”</p>
<p>“My confidence in my knowledge was reinforced and makes me a more proactive nurse sharing my knowledge with others.”</p>	<p>“It helped me become more confident in being a leader and staff developer (educator).”</p>	<p>“Certification has served as a source of... financial incentive in the form of a certification bonus by (my) employer.”</p>	<p>“By having my certification, many look to me as the expert of governing knowledge. Often my opinion is asked in reference to ... perioperative nursing.”</p>
<p>“... I have always thirsted for new information, achieving CNOR meant that I would be always reading or expanding my knowledge horizons to keep my certification.”</p>	<p>“The CNOR fosters confidence and credibility in my own perception of my abilities”</p> <p>“Certification has given me a sense of self-confidence.”</p>	<p>“...has enabled me to advance my career within my organization. In the past 6 months, I have received a raise, promotion, and employer recognition.”</p>	<p>“My coworkers will approach me with practice questions and use me for a resource ... I feel like I can contribute to safe and excellent care for my patients because I have a firm reference base”</p>
<p>“The most important thing professionally that maintaining my certification has done was to keep me current in my practice.”</p>	<p>“...gives me the confidence to take a stand on practice issues.”</p>	<p>“Once I was certified I applied for the clinical ladder nurse III in my hospital, which I was awarded.”</p>	<p>“The impact on my professional practice of certification is one of increased motivation to encourage my co-workers to become certified.”</p>
<p>“My professional practice is influenced by the knowledge that I have acquired from my educational endeavor.”</p>		<p>“There is a 5% increase in pay for being certified.”</p>	<p>“It [certification] gives me an edge with my fellow co-workers. I have been one of the ‘go to’ people.”</p>



Alberta Health Services (AHS) is one of the leading healthcare systems in Canada, responsible for the delivery of healthcare to more than 3.7 million Albertans. We operate more than 400 facilities, including 84 acute care hospitals and emergency centres, cancer treatment centres, community health centres, and mental health & addiction facilities. AHS values the diversity of the people and communities we serve and is committed to attracting, engaging and developing a diverse and inclusive workforce.

We are looking for **Operating Room Nurses** to join our growing workforce. With a strong commitment to work/life balance, competitive benefits and a collaborative work environment we know we have a career that will fit you.

Working at AHS enables a better quality of life, not only for our staff, but for their families – there's no shortage of reasons to join our team.

what's your reason?

www.albertahealthservices.ca

For more information email careers@albertahealthservices.ca or search and apply for positions on our website

The Regina Qu'Appelle Health Region is the largest health care delivery system in southern Saskatchewan, and one of the most integrated health delivery agencies in the country. The Regina Qu'Appelle Health Region provides tertiary care to residents of Saskatchewan in two provincial hospitals - the Regina General Hospital and the Pasqua Hospital.

The Regina Qu'Appelle Health Region currently has the following full-time opportunities available:

Registered Nurse – Operating Room:

- Diploma or Degree in Nursing
- SRNA registration is required
- Current BCLS
- Current OR nursing experience and/or completion of an approved Perioperative Nursing program is required

Operating Room Technician/LPN:

- Practical Nursing diploma
- SALPN licensure is required
- Current BCLS
- Completion of an approved Perioperative program is required

Relocation assistance is available.

To apply, please email your resume to jobs@rqhealth.ca. For more information on these opportunities, please contact Clay Benaschak at (306) 766-5206.

Have a question or comment for someone at ORNAC? We're just an e-mail away!

Standards Committee:

standards@ornac.ca

Awards Committee:

awards@ornac.ca

Editorial Advisory:

journal@ornac.ca

National Conference:

nationalconference@ornac.ca

exhibits@ornac.ca

registration@ornac.ca

publicity@ornac.ca

About Perioperative Nursing Practice:

practice@ornac.ca

ORNAC President:

president@ornac.ca

General Information:

info@ornac.ca

Perioperative Careers with Balance

Caring for both yourself & others

The Southern Interior of British Columbia is a world renowned vacation destination. We have what you are looking for... a challenging career and a balanced lifestyle in a four-season playground that sees you swimming, skiing or mastering a yoga pose within minutes of leaving the OR.

We Offer...

- *Career satisfaction ~ caring for one patient at a time & giving it your all*
- *A variety of surgical specialties to keep you current and challenged*
- *Building strong relationships as you get to know who's 'behind the mask'*
- *Cohesive teamwork across the spectrum of nursing, support, anesthesia and surgeons*
- *Respectful communication among team members*
- *Continuous learning & leading-edge technology*
- *Cardiac Surgery OR expansion*



Competitive Wages ~ Relocation Support ~ Comprehensive Benefits

CRANBROOK ~ TRAIL ~ GOLDEN ~ SALMON ARM ~ VERNON ~ KELOWNA ~ PENTICTON ~ KAMLOOPS ~ WILLIAMS LAKE



www.roomtogrowbc.ca

Apply to Competition # 421897

Donna.Weber@interiorhealth.ca



Interior Health
For your whole life

surgical care and my dedication to my patients. Having my certification also raises the bar for my colleagues in surgical services.”

Mentor/Resource for Others

An additional prominent theme was that certified nurses described a sense of obligation as a resource person and mentor, both formally and informally, for other perioperative nurses. The participants described the need to advocate for other nurses to take the exam and to promote specialty certification in their site of employment. One participant stated “Certification affords me the ability to encourage other staff members to attain certification. The certification rate in our facility is 69%!” Another participant wrote, “I personally mentor other members of my OR to work on completing their certifications.”

In a further example, one participant stated “It has helped me become a resource person for the staff who are not as knowledgeable on all areas in the

OR. This indirectly caused me to become an informal leader among my peers.” Participants also identified how certification has led to them becoming a resource and a leader beyond the operating room. Another respondent spoke to physician recognition by stating “I feel that my voice is more respected by my colleagues and the surgeons. I have observed that my opinion regarding particular issues has been sought out.”

Opportunity

Another recurring theme described how certification has given perioperative nurses the opportunity for advancement in their careers. One contributor recalled “It has enabled me to advance my career within my organization. In the past six months I have received a raise, promotion and employer recognition.”

Some employers recognize certified nurses with monetary incentives. One certified nurse stated “There is a 5%

increase in pay for being certified.” Likewise another echoed “Certification has served as a source of...financial incentive in the form of a certification bonus by (my) present employer.”

Survey participants were clear that being certified in the perioperative setting has provided many benefits to them. One nurse stated “I believe that it helps (me) to get hired wherever I want to work.” And another stated “I believe that certification was directly linked to my employability.”

Confidence

Another emerging theme was an increased level of confidence in practice as a result of certification. One nurse commented “The CNOR fosters confidence and credibility in my own perception of my abilities,” and another nurse echoed “Certification has increased my confidence in myself and my practice.” One more nurse stated that certification has “given me more confidence in myself as an OR nurse.”

Table 2. Selected examples of the certified nurses’ perceptions of the impact that certification has on them personally & professionally

<p>Personal Theme: Feelings of Pride, Satisfaction, Accomplishment</p>	<p>Professional Theme: Credibility</p>
<p><i>“I’m proud to be certified. I wear my pin so patients know ...”</i></p> <p><i>“The most impact of achieving certification was personal satisfaction and pride in my achievement.”</i></p> <p><i>I’m proud that I have this certification. My co-workers and personal friends look at me differently, I believe. Maybe I just look at myself differently. Even though there are a lot of nurses certified, it feels like I’m the one.”</i></p> <p><i>“Personally, I know that my patients’ are always first in my mind. When they ask what do the initials CNOR mean, I am proud to elaborate and explain, usually ending with a broad smile from the patient.”</i></p> <p><i>“Certification has given me a sense of personal accomplishment ... It gives me a deep sense of satisfaction knowing my specialized knowledge is recognized and respected among colleagues and physicians.”</i></p>	<p><i>“...I know my credential gives me credibility with my students”.</i></p> <p><i>“My patients question the meaning of CNOR. They seem to really appreciate being taken of by someone who has gone the extra mile to be good in their field.”</i></p> <p><i>“With my certification comes more autonomy and credibility. I go above and beyond the usual competency and educational requirements of my facility.”</i></p> <p><i>“I believe that certification increases one’s credibility as a professional and as an expert. This credibility enhances one’s position at the table when advocating for patients.”</i></p> <p><i>“It clearly demonstrates to my employer, peers, and patients that I am extremely competent and committed. It enhances my credibility with physicians and leadership...”</i></p>

And yet another stated, “Personally, it gives me more confidence and belief in my practice. I trust myself and have confidence in my education.”

Certification also promotes confidence as a nurse leader. One nurse, who is in a leadership position, commented how certification “gives me the confidence to take a stand on practice issues.” Another nurse stated “My confidence in my knowledge was reinforced (through certification) and makes me a more proactive nurse sharing my knowledge with others.”

Knowledge

Many of the nurses who responded stated that achieving CNOR has increased their knowledge in the operating room. One nurse stated “My professional practice is influenced by the knowledge that I have acquired from my proactive or educational endeavor (CNOR).” Still another nurse stated “Maintaining my CNOR has helped me keep up with the most current knowledge and research out there in my specialty.”

Staying current in operating room knowledge through certification has effects beyond the individual certified nurse. Nurses who participated commented on how they used their increased knowledge to affect patient care. One nurse noted how certification can “Expand and broaden knowledge with the bottom line on the best practices and outcomes for our patients.” The knowledge of a certified nurse also affects those around them. One nurse commented “Maintaining contact hours made it possible for me to bring back that knowledge to my coworkers,” while another nurse stated “My knowledge is shared with my colleagues who are not up to date.”

Limitations

This study was implemented at a national conference, possibly reflecting a bias of enhanced professionalism of our participants. As the place for data collection was a concierge room

specifically designated for board certified perioperative nurses, and funded by the certification body, there could be a positive influencing bias factor. Member checking adds credibility to the findings and the researchers deemed that the research team of six nurses provided a broad lens for analysis and confirmation of the thematic findings. Another limitation is that this research is perception based and lacks the direct linkage to how certification impacts patient outcomes.

Implications for further research, education and practice

There have been numerous studies, both quantitative and qualitative, that have examined the perceived value of certification.¹⁸⁻²¹ Future research focusing on how certification actually impacts nurse practice and patient outcomes would be scientifically warranted. Nurse educators and clinicians should promote life-long learning as a mandate to students and practicing nurses. This research would provide specific examples of how certification is valued both personally and professionally.

SUMMARY

Perioperative nursing has competencies that are similar and evident in Canada and the US. Certification in these two countries are comparable and the data from this study is relevant to both.

Themes from this data were categorized into two main domains: impact on professional practice and personal impact. Some themes overlapped into both groups. Nurses reported that certification impacted their professional practice via increased knowledge, career advancement, enhanced credibility and respect, improved salary, maintenance of current practice skills and becoming recognized as a resource for others. The impact of certification on the nurses personally included: increased confidence and pride and feelings of accomplishment and satisfaction. The themes support the Social Identity Theory through participants’

statements on group involvement, and how this enhances the distinction of the group from others, but also how it helps one define positive feelings of self. Positivity, as articulated by the study participants, was reflected in a variety of ways from increased knowledge to increased confidence.

The perceptions of the nurses revealed many positive aspects related to their achievement of specialty nursing certification in perioperative practice. The relationship between such factors as increased knowledge, confidence and skill has potential to greatly influence positive patient outcomes. The findings of this research expand knowledge about what certification means to the professional nurse in both personal and professional domains, thus providing insight into the perceived benefits of certification.

ORNAC Standards pertaining to this article can be found in the Operating Room Nurses Association of Canada (ORNAC) (May 2011) Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice (10th edition). Section 1, p.21.

REFERENCES

1. Personal communication with CCI staff. 1/28/2011.
2. Canadian Nurses Association. Updated May 28, 2012. Retrieved May 29, 2012 from <http://www.cna-aicc.ca/en/professional-development/specialty-certification/what-is-certification/statistics/and> <http://www.cna-aicc.ca/en/professional-development/specialty-certification/what-is-certification/>
3. American Association of Critical-Care Nurses 2003. Safeguarding the patient and the profession: the value of critical care nurse certification. *American Journal of Critical Care*, 12(2), 154-164.
4. American Board of Nursing Specialties 2005. Promoting excellence in nursing certification

- from the American Board of Nursing Specialties: A position statement on the value of specialty nursing certification. *Viewpoint*, September/October, 10.
5. Briggs, L. A., Brown, H., Kesten, K., & Heath, J. 2006. Certification a benchmark for critical care nursing excellence. *Critical Care Nurse*, 26(6), 47-54.
 6. Gaberson, K. B., Schroeter, K., Killen, A. R., & Valentine, W. A. 2003. The perceived value of certification by certified perioperative nurses. *Nursing Outlook*, 51, 272-276.
 7. Frank-Stromborg, M., Ward, S., Hughes, L., Brown, K., Coleman, A., Grindel, C. G., et al. 2002. Does certification status of oncology nurses make a difference in patient outcomes? *Oncology Nursing Forum*, 4, 665-672.
 8. Fitzpatrick, M. A. 2003. Certified practice: We owe it to our patients and ourselves. *Nursing Management*, March, 6.
 9. Desilets, L. D. 2007. Nursing professional development certification. *The Journal of Continuing Education in Nursing*, 38, 12-13.
 10. Collins, S. E. 2006. Specialty certification in nursing: A hallmark of excellence. *The Pennsylvania Nurse*, March, 5.
 11. National League for Nursing (NLN). 2012. *Certified Nurse Educator (CNE) 2012 Candidate Handbook* pg. 3.
 12. Trossman, S. 2002. What do credentials mean to you? Nurses talk about the value of ANCC certification. *Nevada RNformation*, 11(3), 31.
 13. Cary, A. H. 2001. *Certified registered nurses: Results of the study of the certified workforce*. American Journal of Nursing, 101, 44-52.
 14. Cliff, B., & Martinez, J. 2004. Value of nursing certification. *Journal of Hospice and Palliative Nursing*, 6(3), 191-192.
 15. Wade, C. H. 2009. Perceived effects of specialty nurse certification: A review of the literature. *Association of Perioperative Registered Nurses Journal*, 89, 183-192.
 16. Stromborg, M. F., Niebuhr, B., Prevost, S., Fabrey, L., Muenzen, P., Spence, C., et al. 2005. Specialty certification more than a title. *Nursing Management*, May, 36-46.
 17. Newhouse, R. P., Johantgen, M., Pronovost, P. J., & Johnson, E. 2005. Perioperative nurses and patient outcomes-Mortality, complications, and lengths of stay. *AORN Journal*, 81(3), 508-528.
 18. Kendall-Gallagher, D., & Blegen, M. A. 2009. Competence and certification of registered nurses and safety of patients in intensive care units. *American Journal of Critical Care*, 18(2), 106-116.
 19. Prowant, B. F., Niebuhr, B., & Biel, M. 2007. Perceived value of nursing certification-Summary of a national survey. *Nephrology Nursing Journal*, 34(4), 399-402.
 20. Niebuhr, B., & Biel, M. 2007. The value of specialty nursing certification. *Nursing Outlook*, 55, 176-181.
 21. Sechrist, K. R., Valentine, W., & Berlin, L. E. 2006. Perceived value of certification among certified, noncertified, and administrative perioperative nurses. *Journal of Professional Nursing*, 22(4), 242-247.
 22. Magnet Recognition Program – Download Tools. Accessed 5/1/12 at <http://www.nursecredentialing.org/Magnet/Application%20Process/Download-Tools.aspx>.
 23. Weeks, S. K., Ross, A., & Roberts, P. L. 2006. Certification and magnet hospitals. *American Journal of Nursing*, 106(7), 74-76.
 24. Piazza, I. M., Griffin, M. Q., Donahue, M., Fitzpatrick, J. J., & Dykes, P. C. 2006. Differences in perceptions of empowerment among nationally certified and noncertified nurses. *The Journal of Nursing Administration*, 36(5), 277-283.
 25. Wynd, C. A. 2003. Current factors contributing to professionalism in nursing. *Journal of Professional Nursing*, 19(5), 251-261.
 26. Mlinar, S., Tusak, M., Karpljuk, D. (2009). Self-concept in intensive care nurses control group women. *Nursing Ethics*, 16(3), 328-339.
 27. Ohlen, J. 1998. The professional identity of the nurse: concept analysis and development. *Journal of Advanced Nursing*, 28(4), 720-727.
 28. Puddifoot, J. 1997. Psychological reaction to perceived erasure of community boundaries. *The Journal of Social Psychology*, 137(3), 343-355.
 29. Tajfel, H. & Turner, J. 1986. The social identity theory of group behavior. In S. Worchel & W. Austin (Eds.) *Psychology of intergroup relations*(pp 7-24). Chicago: Nelson Hall.
 30. Burns, N., & Grove, S. K. 2009. *The practice of nursing research: Conduct, critique, and utilization* (6th ed.). Philadelphia: Saunders Elsevier.
 31. Lincoln, Y. S., & Guba, E. G. 1985. *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications. 🌸



Fog-Reduction Technology That Works.



Introducing the Smart-Seal™ Surgical Mask

The newest addition to our facial protection portfolio, the Smart-Seal™ Surgical Mask features a first-of-its-kind, patent-pending fog-reduction system.

In recent clinical trials, 94 percent of Smart-Seal™ Mask wearers reported zero fog during their surgical procedure.

Better Fit.

Features a patent-pending, “cinch and hug” **single-tie design** that creates a custom seal around the wearer’s nose and mouth.

Superior Protection.

Offers the next evolution in protection, addressing not only fog and fit, but also providing the **highest level of filtration and fluid-resistance.**



CardinalHealthCanada

For more information, please contact us at **1.888.291.5033**



3G Third Generation Vinyl Gloves

Strength. Comfort. Protection.

Just as effective as nitrile for most uses

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?

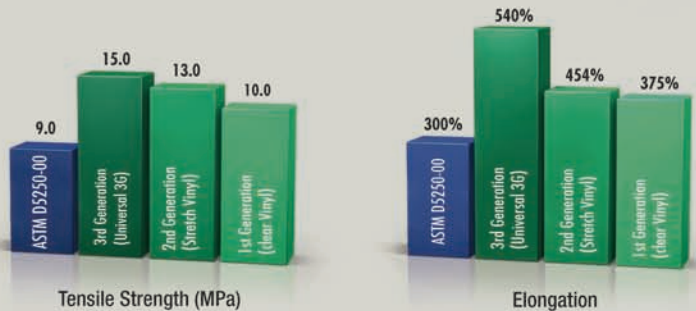
A proprietary formulation of ultra-high weight resins and special softening and strengthening agents offer strength, comfort and barrier protection other vinyl gloves cannot.

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.