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Call for Abstracts ORNAC 2007

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President's Message

I love this time of year. I love the colours and the smell of autumn in the air. Perhaps it is a holdover from my student days when the new school year began in September, but I have always seen it as the start of something new!

On the topic of new things, I have had many opportunities to learn new things from my fellow perioperative nurses in the past few months.

In June I was fortunate enough to be able to attend the European Operating Room Nurses (EORN) Conference in Dublin, Ireland. It was a superb conference that offered an excellent opportunity to learn about practices in other countries, to discover some good ideas for our own conference, and to meet with perioperative nurses from around the world. EORN conferences only come around every three years – make plans to attend the next one in Copenhagen, Denmark in 2009.

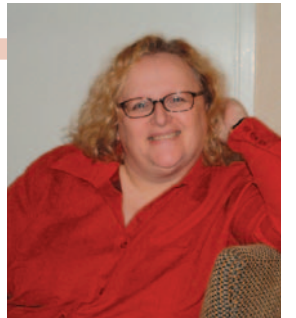
Plans for the 2007 Victoria, BC, ORNAC National Conference are really kicking into high gear now. I would encourage you to think about getting involved.

International Federation of Perioperative Nurses (IFPN) will be participating for the first time in ORNAC's history. IFPN's contribution will involve the presentation of various speakers from around the world. Take advantage of this opportunity to learn from your international colleagues and to learn more about IFPN. In the next few journals, you will learn more and more about this organization and its impact on perioperative nursing on a global level.

There are several ways to get involved with the 2007 conference and with ORNAC. Submit a poster presentation and be eligible to win a prize! Posters are a great way to “get your feet wet” at a national conference and to share information in a simple, concise way.

The call for papers is still open until October 1 (see page 7), so there is plenty of time yet to submit an abstract of a presentation topic for consideration by the committee. Members of

provincial OR associations are also eligible to win the *Solumed Award for Best Scientific Presentation!*



ORNAC offers many other opportunities for involvement. We are always looking for submissions to this journal. If you have an article idea, or have written something that would be a great addition to our journal, please submit it! This journal is not just for ORNAC members it is also by ORNAC members. It can only be as good as its contributors and the ideas they share. Information is available via dmurphy@ClockworkCanada.com or on the website. ORNAC members are also eligible for the *ORNAC/J&J Drake-Thompson Writing Award*.

Make plans now to attend the 20th National Conference in Victoria, BC, April 22 to 27, 2007! Details can be found at www.ornac.ca and as always, I am only an email away at [President@ORNAC.ca!](mailto:President@ORNAC.ca) 🍁

McKay

Marcy McKay, RN CPN(C), is President of the Operating Room Nurses Association of Canada. She is a staff nurse at Victoria, General Hospital, Victoria BC, and is currently the webmaster for www.ornac.ca.

Marcy McKay, infirmière autorisée, CPN(C), est la présidente de l'Association des infirmières et infirmiers de salle d'opération du Canada. Elle est infirmière de soins généraux au Victoria General Hospital, Victoria, C.-B., et est actuellement webmestre du site www.ornac.ca.

Message de la présidente

J'adore ce temps-ci de l'année. Les couleurs et l'odeur de l'automne m'enivrent. Ce n'est peut-être que mes souvenirs d'enfance de la rentrée, mais j'ai toujours considéré que l'automne est le moment privilégié de commencer de nouvelles choses.

Et en parlant de nouvelles choses, depuis quelques mois j'ai souvent eu l'occasion d'apprendre bon nombre de nouvelles choses de mes collègues infirmières périoopératoires.

En juin, j'ai eu le privilège d'assister à la conférence de l'association européenne d'infirmières et d'infirmiers de salle d'opération, la *European Operating Room Nurses Association (EORNA)* à Dublin en Irlande. Ce fut une formidable conférence fournissant d'excellentes occasions d'apprentissage au sujet de la pratique dans d'autres pays qui ont stimulé chez moi des idées pour notre propre conférence tout en me permettant de rencontrer des infirmières et infirmiers périoopératoires des quatre coins du monde. Les conférences de l'EORNA n'ont lieu qu'aux trois ans – inscrivez-le dans votre agenda pour l'année 2009 à Copenhague au Danemark.

La préparation de la conférence nationale 2007 de l'AIISOC à Victoria en Colombie-Britannique est maintenant partie à toute vitesse. Je vous encourage à y participer.

Pour la toute première fois dans l'histoire de l'AIISOC, la *International Federation of Perioperative Nurses (IFPN)* participera à notre conférence en ajoutant au programme des conférenciers d'à travers le globe. Profitez de cette occasion pour apprendre de vos collègues internationaux et pour vous familiariser avec la IFPN. Les quelques prochains numéros du présent journal vous permettront d'apprendre davantage sur cet organisme et sur l'influence qu'il exerce sur le domaine de soins périoopératoires au niveau international.

Il existe plusieurs manières de participer à la conférence nationale 2007 de l'AIISOC. Soumettez une affiche et courez la chance de gagner un prix! Présenter une affiche est une excellente façon de tenter le terrain tout en

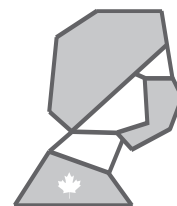
partageant de l'information de manière simple et concise.

La demande de communications étant ouverte jusqu'au 1 octobre (voir page 7), vous avez encore le temps de soumettre au comité un résumé de discours ou d'affiche. Si vous êtes membre d'une association provinciale d'infirmières et d'infirmiers de salle d'opération, vous courez également la chance de gagner le prix Solumed pour la meilleure présentation scientifique (*Solumed Award for Best Scientific Presentation*)!

Il y a maintes manières de s'impliquer dans l'AIISOC. Par exemple, nous sommes toujours contents de recevoir vos soumissions pour le présent journal. Si vous avez une idée, ou que vous avez déjà rédigé un texte qui répond au mandat du journal, soumettez-le! Ce journal n'est pas seulement conçu pour les membres de l'AIISOC, il est aussi créé par les membres de l'AIISOC. Sa qualité dépend des idées que partagent ses collaborateurs. Pour plus de renseignements, veuillez visiter notre site Web ou envoyer un courriel à dmurphy@ClockworkCanada.com. Les membres de l'AIISOC sont éligibles à gagner le prix de rédaction de l'AIISOC/Johnson & Johnson Medical Products Drake-Thompson Writing Award.

Prévoyez assister à la 20^e conférence nationale de l'AIISOC à Victoria en Colombie-Britannique du 22 au 27 avril 2007! Pour de plus amples renseignements, veuillez visiter www.ornac.ca ou encore communiquer directement avec moi en envoyant un courriel à president@ORNAC.ca! 🍁

Marcy McKay, inf., CPN(C)



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EDITORIAL CONTENTS

8 PERFORMANCE APPRAISALS IN THE OR: EVERYONE'S BUSINESS

By: Joan Porteous

31 LAPAROSCOPIC RADICAL PROSTATECTOMY: A LESS INVASIVE APPROACH

By: Judy Paré

38 ORNAC GOES TO IRELAND!!

By: Linda Socha

42 III^e CONGRÈS MONDIAL DES INFIRMIÈRES ET INFIRMIERS DE L'ESPACE FRANCOPHONE

Par: Francine Cloutier

INDUSTRY ANNOUNCEMENTS

7 ORNAC NATIONAL CONFERENCE CALL FOR ABSTRACTS

7 AIISOC CONFÉRENCE NATIONALE APPEL DE RÉSUMÉ ET D'AFFICHE

21 CALL FOR PHOTOS – ORNAC VIDEO

22 ORNAC SEEKS FEDERAL INCORPORATION

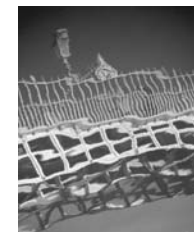
26 INTRODUCING THE MURIEL SHEWCHUK LEADERSHIP AWARD

28 ORNAC IN A NUTSHELL

29 L'AIISOC EN BREF

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Ha'penny Bridge, Dublin, Ireland, reflected in the Liffey river
Photo by: Jaap van den Beukel, courtesy Tourism Ireland



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Operating Room Nurses Association of Canada 20TH NATIONAL CONFERENCE

Victoria, BC – April 22-27, 2007

Share your accomplishments in the fields of perioperative clinical practice, education, professional development, research, and administration! The 2007 Conference Program Committee invites you to submit an abstract for paper or poster presentation at our

20TH ORNAC NATIONAL CONFERENCE:

“Lighting the Way to Perioperative Excellence.”

Abstracts will be considered for presentation in one of the following forums:

Poster: A visual display. Posters will be displayed Tuesday, Wednesday, & Thursday

Paper: A 15-minute presentation by the author(s) plus 5 minutes for question & answer

Posters will be selected based on relevance and implications for perioperative nursing. Criteria are available at www.ORNAC.ca.

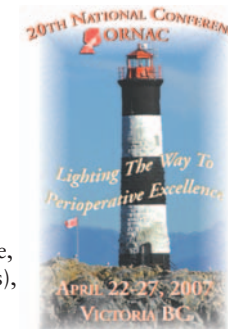
Abstract submissions should have a maximum of 150 words on a single-spaced page, typed in a size-12 font. The abstract heading should include: title, author(s) name(s), institution name, city, province, contact information, and specific field of focus.

The submission deadline has been extended to October 1, 2006.

Please send three (3) copies of the abstract, by the deadline, to:

Donna Gramigna, Program Chair • Royal Jubilee Hospital, Clinic 3 • 1952 Bay Street
Victoria, BC V8R 1J8 • Fax: 250-370-8476 Attention Donna • Email: donna.gramigna@viha.ca

Unsigned, incomplete, or late submissions will not be processed.



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Discours : Présentation de 15 minutes par l'auteur ou les auteurs suivi d'une période de questions de 5 minutes.

Les affiches seront évaluées selon leur pertinence et l'impact que pourrait avoir leurs propos sur la pratique des soins périopératoires.

Les critères sont disponibles au www.ORNAC.ca.

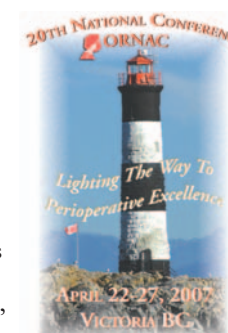
Chaque résumé doit comporter un maximum de 150 mots et être dactylographié dans une police à 12 points sur une seule page à simple interligne. L'en-tête du résumé doit inclure le titre, le nom de l'auteur/les noms des auteurs, le nom de l'institution, la ville, la province, les coordonnées de la personne contact et le domaine précis d'intérêt.

La date limite des soumissions a été reportée jusqu'au 1er octobre 2006.

Veuillez envoyer avant cette date trois (3) copies du résumé à l'adresse suivante :

Donna Gramigna, présidente du programme • Royal Jubilee Hospital, Clinic 3 • 1952 Bay Street
Victoria (C-B) V8R 1J8 • Télécopie : 250-370-8476 (Attn: Donna) • Courriel : donna.gramigna@viha.ca

Aucune soumission non-signée, incomplète ou en retard ne sera considérée.



LES ÉVALUATIONS DE RENDEMENT : UNE ACTIVITÉ QUI TOUCHE CHACUN D'ENTRE NOUS

Auteure : Joan Porteous, infirmière autorisée, baccalauréat en sciences infirmières, CPN(C), est formatrice en soins périopératoires au service de salle d'opération au Winnipeg Health Sciences Centre.

RÉSUMÉ

Les évaluations de rendement concernent tout le monde. Les infirmières et infirmiers périopératoires participent souvent à l'orientation de nouveaux employés et jouent le rôle de formateur auprès d'autres apprenants. Chaque infirmière participe également au processus d'évaluation de son propre rendement. Cet article a comme objectif l'examen de formulaires d'évaluation de rendement et de procédures relatives aux entrevues d'évaluation de rendement. Des exemplaires de formulaires d'évaluation de rendement à l'intention des infirmières et infirmiers périopératoires ainsi que des critères de rendement sont inclus. Quelques difficultés potentielles reliées aux évaluations de rendement sont identifiées et l'impact des lois canadiennes sur celles-ci est également discuté.

PERFORMANCE APPRAISALS IN THE OR: EVERYONE'S BUSINESS

Author: Joan Porteous RN, BN, CPN(C) is the Nursing Educator in the General Hospital Operating Room Department at Winnipeg's Health Sciences Centre.

ABSTRACT

Performance appraisals affect everyone. Perioperative nurses often participate in staff orientations and act as preceptors for other learners. Nurses also participate in their own performance appraisal process. This article

discusses performance appraisal forms and performance interview processes. Examples of a performance appraisal form design and performance indicators for perioperative nurses are included. Potential problems with performance appraisals are identified and the impact of Canadian law on performance appraisals is discussed.

Performance appraisals affect all perioperative nurses. Perioperative nurses often participate in new staff orientations and act as preceptors for other learners, and, in doing so, become involved in the performance appraisal or review process. Nurses also participate in their own performance appraisal process.

The performance appraisal process has been defined as a structured formal interaction between a subordinate and supervisor, that usually takes the form of a periodic interview in which the work performance of the subordinate is examined and discussed, with a view to identifying weaknesses and strengths as well as opportunities for improvement and skills development.¹ The process is two-way and involves input and feedback from the person whose performance is being evaluated.

Every nurse has a right to know how well they are doing and what can be done to improve job performance. Most nurses want to know what their manager thinks of their work. Well-written job descriptions provide the foundation for building an effective job evaluation process.²

Well-written job descriptions and performance appraisals based on standards of patient care and clinical practice are essential for quality patient care in the OR.² As more and more patients undergo surgical procedures in day care settings, it becomes increasingly difficult to perform postoperative wound infection surveillance and evaluate the quality of perioperative care.

Complications that occur as a result of care in the OR are most often not reported back to the hospital or to the nurse and are generally treated in a physician's office. Health care

facilities have an obligation to ensure employees effectively reduce risk to patients by providing competent staff to care for the surgical patient. Performance appraisals are recognized as a risk management strategy and play an important part in perioperative risk modification programs.³

USES OF PERFORMANCE APPRAISALS:

Performance appraisals offer important information for the nurse and the manager. A performance appraisal can be the basis on which administrative decisions are made regarding promotions, transfers, terminations, etc. They are also used to foster employee development. For example, the manager and nurse may jointly develop action plans designed to help the nurse improve through such activities as formal training, academic course work or clinical coaching.⁴

The information from a performance appraisal can also be used to compare a nurse's actual performance to expected standards of care. The appraisal process provides an opportunity to identify different levels of competence; determine the appropriateness of interventions such as education, reassignment or promotion; and support a continuing open communication and strong rapport. It also provides an opportunity to recognize individual performance and provide support for individual needs. Performance appraisals can act as a motivational tool, when used effectively, by providing an opportunity for the nurse to objectively reflect on skill levels. Indirectly, they can also help assess the manager's supervisory skills and effectiveness of his/her leadership style.⁴

PERFORMANCE APPRAISALS AND THE LAW:

Performance appraisals, and the decisions made based on a performance appraisal (such as terminations), are under the authority of provincial law.⁴ An employee may sue an organization over an employment decision that is based on questionable performance appraisal results. Evaluations must be accurate.^{3,4} In the terms of many collective agreements, a



Photo by/par J. Porteous

A unit manager giving a performance appraisal to a perioperative nurse

grievance can be filed if the nurse disputes the appraisal. Some collective agreements state that written performance appraisals are mandatory and define at least how often they are to occur.⁵

To protect against lawsuits, ratings must be fair, consistent, and based on fair and objective criteria. Consistency between performance objectives and the rating itself is vital. If, for example the appraisal does not match job objectives, and the employee is rated on elements that were not clearly articulated, the rating may be deemed unfair. As long as the rating elements, or indicators, are objective, and not subjective (i.e. not influenced by personal interpretation), the manager will be able to defend the rating that has been challenged. Seeking objectivity as a clear standard will limit the possibility of legal trouble.³

Before disciplinary action can be taken, an employee must be made aware of the employer's dissatisfaction and must be given an opportunity to remedy substandard performance. A series of informal meetings, performance appraisals that are not precise, and undocumented verbal reprimands will make it difficult to establish that "progressive discipline" took place. The employer must tell

PERFORMANCE APPRAISALS (cont.)

the employee, in specific terms, that job performance has not been satisfactory and must be improved or it shall lead to suspension or termination.⁴

Although one can never be completely certain that a performance appraisal system is legally defensible, there are a number of steps that will help ensure that the procedures will be completed in a nondiscriminatory manner:^{4,6}

The appraisal should be in writing;

The appraisal should be shared with the employee and the employee should have the opportunity to respond in writing;

There should be a mechanism by which an employee can appeal the results of the performance appraisal;

There should be adequate opportunity to observe the employee's job performance;

Notes on the employee's performance should be kept during the entire evaluation period.

These notes should be shared with the employee during the course of the evaluation period. This process should be documented;

The evaluators should be trained on how to carry out the performance appraisal process, how to complete the form and how to carry out the feedback interview.

EVERYONE NEEDS TO KNOW ABOUT PERFORMANCE APPRAISALS:

There are specific issues to be considered by both employees and managers in regards to achieving fair, and objective performance evaluations.⁴

From the nurse's perspective some things to consider, that may have a positive impact on a performance appraisal, include:

1. Do you update your supervisor on your work?
2. Do you ask for clarification when you need it?
3. Do you understand the performance expected of you?
4. Do you track your own progress?



Photo by/par J. Porteous

Getting the thumbs up!

5. Were your goals clear at the beginning of the performance period?
6. Do you take responsibility for your performance?
7. Do you receive or request feedback about your performance?

From a manager's perspective, some things to consider are:

1. Are the rating factors objective?
2. Do nurses understand what is expected of them?
3. Are you documenting the nurse's performance during the entire rating period?
4. Are you communicating to the nurse about her or his performance during the rating period?
5. Have you received training on implementing the performance appraisal process?
6. Is your appraisal free from extraneous comments and personal opinions?
7. Are you rating performance solely on the basis of skills and abilities?

POTENTIAL PROBLEMS:

No matter what type of appraisal device is used problems can arise that will lessen the accuracy of the performance rating.⁴ If performance

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ratings can be shown to be inaccurate, it will be difficult to defend in a court of law. Potential problems described by Armstrong and Appelbaum (2003) include⁴:

1. Some appraisers tend to overrate the employee's performance. This is called **leniency error**. For example, one appraiser may rate every one of his or his staff as "above average". This creates problems for both the manager and the hospital. Giving a mediocre nurse lenient ratings will make it difficult to later take corrective action such as disciplining her or him.
2. Another difficulty can relate to the length of time during which behaviour is evaluated. Typically, the evaluator recalls recent performance and tends to forget more distant events. As a result, the performance rating reflects what the employee has contributed lately, rather than over the entire evaluation period. This **recency error** can create both legal and motivational problems. Legally, if a disgruntled employee can demonstrate that an annual evaluation actually reflects performance over only the last two or three months, the hospital will have great difficulty defending the validity of the appraisal process. In terms of motivation, recency error demonstrates to all employees that they need only perform at a high level near the time of their performance review.
3. Sometimes an appraiser fails to differentiate between the various performance dimensions, such as job knowledge or communication skills, and assigns ratings on the basis of an overall impression, either positive or negative, held of the employee. This is called **halo error**. In most instances employees have uneven strengths and weaknesses. Thus, it should be relatively uncommon for an employee to receive the same rating on all performance dimensions.
4. The **horns effect** is the reverse of the halo effect. An overall poor rating emerges because a negative performance in one area brings down all the others.⁴

Regular note taking will enable the appraiser to avoid these problems.

DOCUMENTING PERFORMANCE:

Appraising another person's performance over a considerable period of time is a difficult job. A useful mechanism for increasing the accuracy of performance ratings is to keep notes about behaviour that is out of the ordinary in either a positive or a negative way. Record the name of the employee, date of incident, brief description of the incident, and report what action was taken. The best time to write the note is just after the incident occurs, with the note focusing on the specific behaviours, not an interpretation of them.^{2,4} An average note will take only a couple of minutes to complete.

THE PERFORMANCE APPRAISAL FORM:

Figure #1 provides an example of the first page of a performance appraisal form for perioperative nurses. The form can have several potential uses. It may prove helpful to have the nurse complete the self-performance appraisal form ahead of time and bring it to the interview. In this way she or he will have the opportunity to be prepared to discuss and compare it with the same tool as the manager has completed. By comparing the same tool both parties can clearly identify any differences and similarities in each other's perspectives and identify issues for discussion.

Individuals should be evaluated based on both general personal attributes as well as behavioural criteria. Fuller identifies desirable personal attributes for success in an operating room environment. They include care and empathy, respect for others, emotional self-control, honesty and ethical behaviour, manual dexterity, organizational skills, concentration, problem-solving skills, and sense of humour.⁷ Indicators used to measure personal attributes on a performance appraisal form include those identified in Figure #2.

Behavioural criteria include competencies demonstrated in the clinical area. ORNAC and AORN provide excellent guidelines and standard statements for this focus.^{8,9}

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PERFORMANCE APPRAISALS (cont.)

Competencies would include assessing the patient, planning and implementing care, assisting the anaesthetist, positioning the patient, skin prep, sterile technique and others. Examples of indicators that are used to measure behavioural competency are listed in Figure #3.

The performance appraisal form could also provide space for educational sessions attended, evaluation of last year's goals and goals for professional development in the next year as well as sick time taken during the last year. Space for comments from the nurse, as well as the unit manager, is essential.

THE PERFORMANCE APPRAISAL INTERVIEW:

It is important that the appraiser, who is usually the OR manager, be well-informed and credible,

in order for the nurse to view the process as accurate and fair.

A key step in a successful performance appraisal process is good planning. Keep in mind what you want to accomplish. Anticipate potential disagreement with some of your ratings; most people see themselves as above average performers and tend to forget their mistakes and recall their accomplishments.⁴ Set up the interview with at least two days notice. Be prepared to give specific examples of behaviour to support the ratings. Try to anticipate how the employee will react to the appraisal. By anticipating such a reaction, one can often deal with it effectively with statements such as "Before I made the ratings, I spoke with two other nurses to make sure they were reasonable".

Figure #1 First Page of a Performance Appraisal Document

GENERAL DUTY PERIOPERATIVE NURSE PERFORMANCE APPRAISAL	
<input type="checkbox"/> Probationary <input type="checkbox"/> Interim <input type="checkbox"/> Annual/Biannual <input type="checkbox"/> Self	
Name of Employee: _____	
FOR SELF-PERFORMANCE APPRAISAL ONLY:	
Employee's Signature: _____	Date: _____
FOR PERFORMANCE APPRAISAL BY AN EVALUATOR:	
Employee's Acknowledgment: I have reviewed this document and discussed the contents with the evaluator. My signature means that I have been advised of my performance status, and does not necessarily imply that I agree with the appraisal.	
Employee's Signature: _____	Date: _____
Appraiser's Signature: _____	Date: _____
OR Manager's Signature: _____	Date: _____

Figure #2 Indicators for Personal or Skill Attributes

Please use the following codes to indicate the level of performance demonstrated:	
1. Improvement required: does not meet expectations 2. Novice: requires more learning and experience to demonstrate skill 3. Competent: meets expectations and applies knowledge and skills 4. Expert: exceeds expectations – intuitively adapts to changing situations 5. Not applicable	
<input type="checkbox"/>	1. Ensures preoperative requirements are met and documented appropriately.
<input type="checkbox"/>	2. Assesses the patient's physical and emotional status preoperatively.
<input type="checkbox"/>	3. Ensures the physical safety of the patient.
<input type="checkbox"/>	4. Provides emotional support to the patient and significant others where applicable.
<input type="checkbox"/>	5. Completes intraoperative documentation in accordance with the policies.
<input type="checkbox"/>	6. Performs surgical count in accordance with policy.
<input type="checkbox"/>	7. Cares for specimens as per policy.
<input type="checkbox"/>	8. Demonstrates a thorough understanding of sterile technique and aseptic practices.
<input type="checkbox"/>	9. Observes the surgical field and anticipates the needs of the surgical team throughout the procedure and responds accordingly.
<input type="checkbox"/>	10. Utilizes tools such as the surgeon's preference card to anticipate requirements for each procedure and responds accordingly.
<input type="checkbox"/>	11. Demonstrates appropriate use and care of instrumentation and equipment.
<input type="checkbox"/>	12. Demonstrates appropriate infection control practices including routine practices.
<input type="checkbox"/>	13. Leaves the theatre stocked and tidy at the end of the shift.
<input type="checkbox"/>	14. Adheres to dress code.

Figure #3 Indicators for Behavioural Attributes

Please use the following codes to indicate the level of performance demonstrated for the following statements:	
1. Meets expectations 2. Improvement required 3. Does not meet expectations	
<input type="checkbox"/>	1. Maintains a professional demeanor.
<input type="checkbox"/>	2. Demonstrates respect for hospital property.
<input type="checkbox"/>	3. Demonstrates respect for others.
<input type="checkbox"/>	4. Keeps others informed appropriately.
<input type="checkbox"/>	5. Establishes priorities for nursing actions.
<input type="checkbox"/>	6. Responds appropriately to complications and unexpected events.
<input type="checkbox"/>	7. Maintains confidentiality and privacy
<input type="checkbox"/>	8. Demonstrates a willingness to share knowledge.
<input type="checkbox"/>	9. Adheres to scheduled hours of work and rest periods.
<input type="checkbox"/>	10. Works with appropriate speed and dexterity.
<input type="checkbox"/>	11. Remains focused on the patient and the surgical team.
<input type="checkbox"/>	12. Expresses humor appropriately.

SURGICAL SMOKE



RISK

Surgical smoke can carry dangerous bacteria and viruses, including HIV. It can produce upper respiratory irritation and may have mutagenic potential.

FACT

An estimated 23,000 operating room professionals are exposed to electrosurgical smoke each year in Canada, including surgeons, nurses, anesthesiologists, and surgical technologists. Sadly, many existing operation room smoke evacuation systems are underutilized due to bulky handpieces that nobody likes to use.

NEED

A smoke capture device that makes it easy to gain compliance of the surgical staff and will work with all smoke evacuation systems.

PENEVAC SOLUTION



The PenEvac electrosurgical pencil with integrated smoke evacuation is a multi-function design featuring a slim handpiece, extendable tip, clear nozzle and torque-reducing swivel that articulates the suction tubing.

When the Smoke Evacuator is turned on, everyone can "Breathe Easy".
Ask for more details on the PenEvac from AMT Electrosurgery!

Canada's Leading Smoke Evacuation Company

1-888-803-6799

AMT: ELECTROSURGERY
INTEGRATING SAFETY AND PERFORMANCE

PERFORMANCE APPRAISALS (cont.)

Plan to conduct the interview in a private area free from interruptions.

The interview is more likely to go well if documented behaviours are discussed throughout the evaluation period. Try to establish a problem-solving climate for the interview and focus on how you can work together to improve future performance. Be aware that everyone has his or her own tolerance level for criticism and if pushed beyond that point defensiveness will set in.

It is best to take time to put the nurse at ease in order to facilitate a two-way conversation. Start with small talk and give an overview of the type of information that was used to create the performance rating. Make it clear that the purpose of the performance review is to help the nurse do the best possible job, and state this at the beginning.

Review the ratings with the nurse, citing specific examples of behaviour that resulted in a particular rating. Do this both for low and high ratings. Do not rush through the ratings. Ask for the employee's feeling about the ratings and listen to them, accept them, and respond to them. In order to do this, you must have confidence in your ratings. Do not cut the person off or argue. Together, decide on specific ways in which performance can be strengthened and document the results. Set a date for follow-up.

Should you change a rating if the employee challenges it? If the rating is not accurate, change it, but do not do so during the interview. If the employee challenges a rating, and you believe she or he may have a case, tell the person you need some time to think about it and you will get back to them. When an error occurs, it should be corrected. Most nurses respect a manager who admits a mistake and corrects it. Allowing yourself time to reflect on your ratings will free you from the pressure of making snap, and possibly incorrect, judgements.

HOW TO PREPARE FOR, AND PARTICIPATE EFFECTIVELY IN, THE INTERVIEW PROCESS:

Preparation for the performance appraisal or performance review process begins on your first day in the OR:

Keep notes on your progress;

Find out what the learning objectives are for each new area;

Ask your colleagues for feedback about your skill development on a regular basis, especially in learning situations;

Do not assume that no news is good news;

Seek help if you encounter difficulty learning a new skill;

Ask your employer for a copy of the performance review document, so you know the criteria to be measured; and

Remember that you are only being evaluated on what others see you do and hear you say. Others do not know what you are thinking. Communicate clearly.

Your employer should give you advance notice of your upcoming performance appraisal or review. To prepare for the interview process:

Remember, the information on the performance document should not be a surprise;

Prepare and bring a list of your learning goals;

Try to remain objective and open to comments;

Know the terms of your collective agreement in regard to performance appraisals;

You have every right to ask questions, seek clarification, and discuss issues; and

Use this time with your employer to identify learning goals for the future.

CONCLUSION:

Every perioperative nurse participates in performance appraisal or review processes at some time. Successful performance appraisal interviews are objective, rewarding, interactive

PERFORMANCE APPRAISALS (cont.)

and fair. When they are conducted comprehensively, confidentially and productively, performance appraisals can work to engage and motivate nurses in their own career development. Well-developed job descriptions and performance appraisals based on standards of patient care and clinical practice provide benefit to both the nurse and the manager and reduce the risk of adverse surgical outcomes and legal consequences.

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Healing the Body Enriching the Mind Nurturing the Soul



Director - Surgical Services Misericordia Community Hospital Permanent Full Time

Reporting directly to the Vice President of Operations, the incumbent is responsible for developing, integrating and implementing a vision and operations strategy for the surgical portfolio that is consistent with and supportive of the Caritas Mission and Values. The surgical portfolio includes surgical and orthopedic inpatient units, as well as a Dayward and Pre-Surgical Screening Program, the Operating Room, Recovery Room and the Surgical Processing department.

Qualifications: Bachelor of Science degree in Nursing or other relevant health care discipline, (Masters preferred), and a minimum of five (5) years of management experience in a clinical services setting. Must have demonstrated experience in engaging stakeholders in strategic operational planning and proven leadership skills.

Closing Date: Until suitable candidate is found.

"All new employees to Caritas must provide a criminal records check in accordance with the Protection for Persons in Care Act." Only candidates to be interviewed will be contacted.

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 Hospital
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 Edmonton, Alberta
 T5R 4H5
 Tel 1-877-450-7555
 Fax 780-735-2957
 hr-mis@caritas.ab.ca

Online applications preferred



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 on this or other positions, visit
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Caritas Health Group is Alberta's largest faith-based provider of healthcare.

Affiliate Members

Muriel Shewchuck
Canadian OR Leaders
 (CORL)

Pam Railton
RN First Assistant Network of
Canada (RNFANC)

ORNAC SEEKS FEDERAL INCORPORATION

Operating Room Nurses Association of Canada (ORNAC) has recently begun the process of applying for Federal Incorporation. Based on recommendations from the finance committee and ORNAC's legal advisors the Executive and Board have retained professional legal services to assist with the application process.

Understanding the details involved in this undertaking would be similar to learning a foreign language. Between the legal terminology, and the language used by Industry Canada, an interpreter is definitely in order!

A corporation is defined as a legal entity or structure created under the authority of the laws of a province or territory consisting of a person or group of persons who become shareholders. The entity's existence is considered separate and distinct from that of its members. Like a real person, a corporation can enter into contracts; sue and be sued; pay taxes separately from its owners; and do the other things necessary to conduct business. Since a corporation is an entity in its own right, it is liable for its own debts and obligations. As a result, providing that corporate formalities are followed, the corporation's shareholders typically enjoy limited liability and are legally shielded from the corporation's liabilities and debts.

Each province and territory and the federal government can grant an incorporation. All provinces and territories recognize corporations from other provinces, as well as ones that have been incorporated federally, so other factors determine whether an organization should incorporate federally.

Since ORNAC manages its organization and does business via a "virtual office" through the secure www.ornac.ca website and has no physical head office, the best choice was to seek Federal Incorporation. The most convincing aspect of incorporation is that it will facilitate ongoing operations and decision-making. There are no set restrictions with regards to the province or territory where the head office is located, the corporate records are maintained and where the annual general meetings are held. Equally as appealing is the potential for increased credibility

from both the public and political perspectives. The disadvantages of federal incorporation include start-up costs that are directly related to the process of setting up the corporation as well as professional fees for legal and accounting services. Additional downsides to this process include the complex application process itself and the requirement by Industry Canada to receive approval from the Minister of Industry when ORNAC wishes to make changes to certain bylaws. Carrying on business as a corporation will require ORNAC to file an annual return and inform Industry Canada of any changes to the Board of Directors and/or location of our registered office. All of this will lead to an increase in the ongoing professional costs for legal and accounting services.

The basic tenet of incorporation for ORNAC to be considered a not-for-profit Corporation is that its directors (Executive and Board) share the responsibility to act in best interests of the corporation. ORNAC currently aspires to practicing all elements of good governance within the organization. Incorporating will emphasize these elements. A few of the elements of good governance include steering toward the mission and guiding strategic planning, being transparent, developing appropriate structures, maintaining fiscal responsibility, ensuring an effective management team is in place and overseeing its activities, and planning for succession and diversity of the Board. Incorporation will also emphasize the requirement of the directors to practice fiduciary duty (obligation of loyalty, honesty and good faith).

Operating a not-for-profit corporation involves complex legal, accounting, and tax issues. It is mandatory that the ORNAC Executive and Board have sufficient knowledge about these issues. ORNAC has the duty to seek professional advice and assistance to ensure compliance with applicable laws. Reliance on outside professionals provides evidence of due diligence by ORNAC.

To date, ORNAC has made the necessary changes to the bylaws in order to align with Industry Canada requirements. It has also begun the enormous task of reviewing and revising its

Rules and Regulations to reflect the current bylaws and practices of the ORNAC Executive and Board. Once the Executive and the Board have approved all bylaw revisions, the new bylaws, along with the application for Letters Patent, an open letter issued by the government granting a right or status to a corporation, will be submitted to Industry Canada. Once both items have been approved ORNAC, Inc. will begin conducting business as a corporation.

The entire process is expected to be completed by late fall 2006. The transition should be completely seamless and without disruption of services to the membership. For more information please do not hesitate to contact ORNAC at www.ornac.ca. 🍁

Bibliography

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2006 ORNAC AWARDS

LE PRIX DE RÉDACTION DE L'AIISSOC / ORNAC JOHNSON & JOHNSON MEDICAL PRODUCTS DRAKE-THOMPSON WRITING AWARD

Out of all of the CORNJ articles published in 2005, nine met the award criteria. After reviewing blinded articles, the Award Committee selected authors **Margaret Farley** and **Linda Socha** for their joint efforts in the March 2005 CORNJ article titled *Severe Acute Respiratory Syndrome and its Effects on Health Care: How Canada has Dealt with this Ordeal*.

Parmi les articles publiés dans la revue de l'AIISSOC en 2005, neuf ont satisfait aux critères de ce prix. Après la révision d'articles anonymes par le comité de prix, celui-ci a choisi l'article de **Margaret Farley** et **Linda Socha** publié dans le numéro de mars 2005 de la revue : *Le Syndrome Respiratoire Aigu Sévère et ses Effets sur les Soins de Santé : Comment le Canada à fait face à cette crise*.

BOURSE AIISSOC / ORNAC JOHNSON & JOHNSON MEDICAL PRODUCTS BURSARY FOR OR NURSES / POUR PERSONNEL INFIRMIER DE SALLE D'OPÉRATION

Six applications were received for this bursary. After review by the awards committee, education bursaries were awarded to **Jackee Higgins**, *Doctorate of Education, University of Toronto*; and **Bonnie Patterson**, *Bachelor of Science in Nursing, Ryerson University*.

Nous avons reçu six demandes pour cette bourse. Après la révision de celles-ci par le comité de prix, **Jackee Higgins**, *candidate au doctorat en pédagogie à la University of Toronto*, et **Bonnie Patterson**, *candidate au baccalauréat en sciences infirmières à la Ryerson University*, ont toutes deux reçu une bourse.

CONGRATULATIONS TO ALL THE WINNERS!!!

FÉLICITATIONS À TOUS LES RÉCIPENDAIRES!



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ORNAC ANNOUNCES . . .

The 2005 CARDINAL HEALTH RESEARCH GRANT

VALUE: up to \$5,000

WHO

Available to researchers who meet the criteria as outlined in the Cardinal Health Research Grant Guidelines for Applicants (see HOW).

WHAT

An annual grant of up to \$5,000 sponsored by Cardinal Health and administered by the ORNAC Research Committee.

WHY

To promote perioperative nursing research activities and to encourage the integration of research findings into perioperative nursing practice in order to improve perioperative patient care.

WHEN

Letters of Intent are required by November 15, 2006. Application deadline is March 15, 2007. Grant recipients will be selected at the May 2007 ORNAC Board meeting.

HOW

Guidelines for Applicants and Application Forms are available from Karen Frenette, Chair of ORNAC Research Committee, at kfrenette@reg6.health.nb.ca or through the ORNAC Website: www.ornac.ca



L'AIISOC ANNONCE . . .

LA BOURSE DE RECHERCHE CARDINAL HEALTH

2005 VALEUR: jusqu'à 5000 \$

QUI

Chercheuses et chercheurs satisfaisant aux exigences mentionnées dans le guide d'admission à la bourse de recherche Cardinal Health (voir COMMENT).

QUOI

Bourse annuelle pouvant atteindre 5000 \$, parrainée par Cardinal Health et administrée par le comité de recherche de l'AIISOC.

POURQUOI

Promouvoir des activités de recherche et intégrer leurs résultats dans nos pratiques de soins périopératoires dans le but d'améliorer ou de valider ces soins auprès des patients.

QUAND

Soumettre votre lettre d'intention par le 15 novembre 2006. La date limite pour soumettre votre demande est le 15 mars 2007. La sélection des gagnant(es) de la bourse se fera lors de la réunion du conseil d'administration de l'AIISOC de mai 2007.

COMMENT

Le guide d'admission et les formulaires d'application sont disponibles auprès de la présidente du comité de recherche, Karen Frenette, par kfrenette@reg6.health.nb.ca, ou par le biais du site web de l'AIISOC : www.ornac.ca



ORNAC ANNOUNCES THE MURIEL SHEWCHUK LEADERSHIP AWARD!

ORNAC is pleased to introduce the *Muriel Shewchuk Leadership Award!* The award is to be presented every 2 years, at the ORNAC National Conference, to a Perioperative Registered Nurse who is a member of ORNAC and whose leadership has made an outstanding contribution to the profession of Perioperative Nursing at the local, provincial/territorial, national or international level.

Now for some background on the leader who inspired the creation of this award – Muriel Shewchuk. Muriel retired from active Perioperative RN practice in 2005 after nearly 43 years of dedicated service.

She was born and raised in Alberta and, after completing nursing school in Nova Scotia she began her career, in 1962, as an RN at the University of Alberta. She has worked in a variety of positions including staff RN, Educator, Manager, Charge Nurse (urology, plastics, ophthalmology & neurosurgery), School of Nursing Instructor, OR Techniques Instructor, and independent nurse consultant... just to name a few! She's traveled the globe, working in five Canadian provinces, Puerto Rico, and the United Kingdom.

A few highlights of Muriel's contribution to perioperative nursing include:

- One of the founding board members (Secretary) of Operating Room Nurses Association of Canada (ORNAC)
- Involved in the creation of the Canadian Operating Room Nursing Journal (CORNJ)
- Involved in the creation of the ORNAC Post Basic course Review program & curriculum
- 1990 - 1992 ORNAC Secretary
- 1991 Recipient of the Isabelle Adams Award for Perioperative Excellence
- Assisted in the creation of Perioperative Certification Exam with CNA
- Assisted in the creation of the ORNAC Standards
- Instituted and developed Canadian perioperative benchmarking
- Co-chair of the Canadian Operating Room Leaders Network (CORL)
- Current representative of CORL on the ORNAC Board



Photo by/par A. Oucharek Mattheis

Muriel Shewchuk

Muriel sets the standard for all perioperative nursing leaders. ORNAC is pleased to be able to honour that spirit now, and in the future, through the creation of this award.

The deadline for nominations for the first ever *Muriel Shewchuk Leadership Award* is December 31, 2006. For more information visit www.ORNAC.ca and click on education then awards.

L'AIISOC ANNONCE LE PRIX DE LEADERSHIP MURIEL SHEWCHUK LEADERSHIP AWARD!

L'AIISOC est content de présenter le *Prix de leadership Muriel Shewchuk Leadership Award!* Tous les deux ans à la conférence nationale de l'AIISOC, ce prix sera décerné à une infirmière ou infirmier périopératoire autorisé(e) membre de l'AIISOC dont la contribution professionnelle au domaine des soins périopératoires a été reconnue au niveaux local, provincial ou territorial, national ou international.

Et maintenant un peu d'histoire sur le leader qui a inspiré la création de ce prix : Muriel Shewchuk. Muriel a pris sa retraite en 2005 après près de 43 années de service dans le domaine des soins périopératoires.

Muriel est née et a grandi en Alberta. Après être

diplômée de l'école de soins infirmiers en Nouvelle-Écosse en 1962, elle a débuté son carrière d'infirmière autorisée à la University of Alberta. Depuis ce temps-là elle a comblé une variété de postes tels infirmière de soins généraux, formatrice, gérante, infirmière-chef (urologie, chirurgie plastique, ophtalmologie et neurochirurgie), instructrice d'école de soins infirmiers, formatrice en techniques de salle d'opération et infirmière-consultante indépendante...pour commencer! Elle a voyagé d'un bout à l'autre du globe s'arrêtant travailler dans cinq provinces canadiennes, à Porto Rico et au Royaume-Uni.

Parmi les contributions de Muriel au domaine des soins périopératoires figurent les suivantes :

- Membre fondateur du conseil de l'Association d'infirmières et infirmiers de salle d'opération du Canada (secrétaire)
- Membre du comité chargé de la création du journal de l'Association d'infirmières et infirmiers de salle d'opération du Canada
- Membre du comité chargé de la création du programme d'études de la révision de formation post-scolaire
- Secrétaire de l'AIISOC 1990-1992
- Récipiendaire du prix d'excellence Isabelle Adams Award for Perioperative Excellence en 1991
- Membre du comité chargé de la création de l'examen d'agrément en soins périopératoires en association avec l'Association des infirmières et infirmiers du Canada
- Membre du comité chargé de la création des normes de l'AIISOC
- Créatrice du programme d'analyse comparative dans le domaine des soins périopératoires au Canada
- Co-présidente du *Canadian Operating Room Leaders Network* (CORL)
- Représentante actuelle du CORL sur le conseil de l'AIISOC

Muriel a établi la norme pour tout leader en soins périopératoires. En créant ce prix, l'AIISOC est ravie de pouvoir rendre hommage, aujourd'hui comme demain, à son esprit novateur.

Pour de plus amples renseignements, veuillez visiter www.ORNAC.ca (anglais seulement). ❁

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ORNAC IN A NUTSHELL — SPRING 2006

Author: Lynn Anderson, ORNAC Secretary

The Spring Executive & Board meeting was held in Toronto May 5-7, 2006

- ∇ President, Marcy McKay welcomed new Board members Monique Trachy, QC, and Thelma MacNeil, NS.
- ∇ Thank you and farewell was expressed to departing Board members Bonnie McLeod, BC, Dianne Johnson, AB, Brenda Badger, MB, and Angela Patten, NL.
- ∇ Observers attending the meeting were Kelly Kuz, AB, and Alaine Young, ON.
- ∇ The Executive met for one day prior to the Board & Executive meeting. During this meeting they reviewed the *Rules & Regulations Manual* and the ORNAC By-laws in preparation for the process of incorporating the Association at the Federal level. This process will take place over the next several months.
- ∇ ORNAC is planning to develop a national database. This database will assist ORNAC with the distribution of CORNJ, selection of Award recipients, National Conference registration, and for maintaining membership in CNA. This information will only be used for ORNAC business and will never be sold to any outside parties.
- ∇ The *Because You Care* video is being updated. If you would like to submit recent photos from your province please see page 21 or contact your provincial board member.
- ∇ The ORNAC Board and Executive will participate in a 2-day Strategic Planning Seminar in conjunction with the Fall 2006 Board meeting in Toronto. The purpose of this seminar is to develop new goals and create a business plan for the future of ORNAC.
- ∇ The Standards Committee has completed its review of Module Two (Infection Prevention and Control) and the updated module should be available for release this Fall. Module One (ORNAC Beliefs and Professional Standards) is next in the review process. Anyone with expertise in this area, suggestions for review items, or interest in assisting with revision, can contact standards@ornac.ca.
- ∇ The Awards committee has developed criteria for several new Awards. For information on new or existing awards visit www.ORNAC.ca.
- ∇ The 2006 Cardinal Health Research Grant will be awarded at a provincial conference this Fall. Stay tuned for the recipient's name and the research project highlights.
- ∇ Recent by-law changes resulted in a new election process for our Treasurer – for the first time, this election took place in the year before, instead of during, a National Conference. The role of the Treasurer has changed dramatically over the past several years and it was felt to be in the best interest of ORNAC to transition the Treasurer in a non-conference year. Alaine Young, ON, has been elected ORNAC Treasurer 2006-2008. Ray Larkins, the current Treasurer, will transition this position until November of this year.
- ∇ We are excited that there are several Perioperative Education Programs being evaluated for ORNAC approval. To find out more about the approval process contact perioperativeeducation@ornac.ca
- ∇ ORNAC President, Marcy McKay, has recently represented ORNAC at various conferences including the *World Conference on Surgical Patient Care (WCSPC)* in Barcelona, Spain; the *AORN Congress*, Washington, DC; and *European Operating Nurses Association Conference (EORNAC)*, in conjunction with the *International Federation of Perioperative Nurses (IFPN)* Executive meeting, in Dublin, Ireland. At home she attended provincial conferences in British Columbia, Alberta, Manitoba, and Saskatchewan.

- ∇ Past-President Margaret Farley and President-Elect Linda Socha also participated in the IFPN Executive meeting in Dublin, Ireland.
- ∇ Marcy McKay and Margaret Farley will be presenting a session at the Association for Perioperative Practice (AfPP) meeting in Harrogate, UK next month.
- ∇ For the first time ever IFPN will be presenting several sessions at the ORNAC National Conference. In addition, our affiliate members, *Canadian OR Leaders (CORL)* and *Registered Nurse First Assistant Network of Canada (RNFANC)* will also present several sessions. Watch for the new Affiliate Board members, and their flags, during the Opening Ceremonies processional. Also visit the ORNAC booth to see our many changes. ✨

L'AISOC en Bref — Printemps 2006

Auteure: Lynn Anderson, ORNAC Secretary

La réunion de printemps des conseils exécutif et administratif a eu lieu à Toronto le 5 au 7 mai 2006.

- ∇ La présidente de l'AISOC, Marcy McKay, a accueilli les nouveaux membres des conseils : Monique Trachy (QC) et Thelma MacNeil (N-É).
- ∇ Nous avons remercié les membres suivants de leur service : Bonnie McLeod (C-B), Dianne Johnson (AB), Brenda Badger (MB), et Angela Patten (T-N).
- ∇ Aussi présents à la réunion étaient Kelly Kuz (AB) et Alaine Young (ON).
- ∇ Le conseil exécutif s'est rencontré le jour avant la réunion des conseils exécutif et administratif. Lors de cette réunion le conseil a révisé le guide des normes (*Rules & Regulations Manual*) et les règlements de l'AISOC pour que l'association puisse



Photo by/par A. Oucharek Mattheis

ORNAC Board & Executive as of May 06 (L to R)
 Front Row: Margaret Farley, Lynn Anderson, Marcy McKay, Linda Socha; 2nd Row: Karen Frenette, Kim Reese, Donna Gramigna, Ray Larkins; 3rd Row: Dianne Johnson, Muriel Shewchuk, Brenda Badger; 4th Row: Dorothy Connor, Donna Marin, Audrey Hiebert; 5th Row: Pam Railton, Chris Downey, Cathy MacAulay; 6th Row: Bonnie McLeod, Francine Cloutier, Angela Patten, Thelma MacNeil; 7th Row: Sue Styles, Alicia Oucharek Mattheis, Sue Pardy; Back Row: Joanna Schubert, Monique Trachy, Greg Samson.

devenir personne morale au niveau fédéral. Ces démarches seront entreprises pendant les prochains mois.

- ∇ L'AISOC prévoit la création d'une base de données nationale laquelle facilitera la distribution de son journal, la sélection de récipiendaires de prix, l'inscription à la conférence nationale et le suivi d'adhésions à l'Association des infirmières et infirmiers du Canada. Les données y figurant seront utilisées uniquement par l'AISOC pour fins légitimes de celle-ci et ne seront en aucune circonstance vendues à quelque tierce partie que ce soit.
- ∇ La vidéo *Because You Care* sera bientôt mise à jour. Pour soumettre des photos récentes, veuillez contacter votre représentant provincial.

- ✓ La réunion d'automne 2006 des conseils exécutif et administratif à Toronto comprendra également une réunion de planification stratégique de deux jours. Le but de cette réunion sera de développer de nouveaux objectifs et de créer un plan d'affaires qui régira l'avenir de l'AIISOC.
- ✓ Le comité de normes a terminé la révision du Module 2 visant la prévention et le contrôle de l'infection (*Infection Prevention and Control*), la sortie du module nouvellement mis à jour étant prévue pour cet automne. Le prochain module qui sera révisé est le Module 1 portant sur les croyances et les normes professionnelles de l'AIISOC (*ORNAC Beliefs and Professional Standards*). Si vous avez de l'expertise dans ce domaine, des suggestions de sujets de revue ou que vous aimeriez aider avec la mise à jour, veuillez envoyer un courriel à standards@ornac.ca.
- ✓ Les critères de plusieurs nouveaux prix sont également en cours de développement. Informez-vous sur les nouveaux prix ainsi que sur ceux actuellement offerts en visitant www.ORNAC.ca.
- ✓ La subvention de recherche Cardinal Health Grant de 2006 sera décernée pendant une conférence provinciale cet automne. Demeurez à l'écoute pour connaître le nom du récipiendaire et les points saillants du projet de recherche.
- ✓ En raison de modifications apportées aux règlements relatifs à l'élection du trésorier, pour la première fois notre nouveau trésorier fut élu l'année précédant la conférence et non l'année même de celle-ci. Étant donné que le rôle de trésorier a grandement changé au cours des dernières années, nous avons décidé qu'il serait prudent de ne plus changer de trésorier pendant l'année de la conférence. Le poste de trésorier de l'AIISOC 2006-2008 sera comblé par Alaine Young (ON). Ray Larkins, trésorier actuel, transférera ses responsabilités à Alaine au mois de novembre de cette année.
- ✓ Nous sommes contents d'annoncer que plusieurs programmes de formation en soins périopératoires sont en cours d'évaluation pour l'approbation de l'AIISOC. Pour de plus amples renseignements sur l'évaluation, veuillez envoyer un courriel à perioperativeeducation@ornac.ca.
- ✓ Notre présidente, Marcy McKay, s'est récemment présentée en tant que représentante de l'AIISOC à plusieurs conférences : la conférence mondiale sur les soins de patients chirurgicaux (*World Conference on Surgical Patient Care*) à Barcelone en Espagne; le congrès de l'AORN à Washington DC; et la conférence de l'association européenne d'infirmières et d'infirmiers de salle d'opération (*European Operating Room Nurses Association*) à Dublin en Irlande, cette dernière étant en association avec la réunion du conseil exécutif de la *International Federation of Perioperative Nurses*. Ici au Canada elle a également assisté aux conférences provinciales en Colombie-Britannique, Alberta, Manitoba et Saskatchewan.
- ✓ L'ancienne présidente Margaret Farley et la présidente désignée Linda Socha ont également participé à la réunion du conseil exécutif de l'IFPN à Dublin.
- ✓ Marcy McKay et Margaret Farley présenteront un discours le mois prochain à la réunion de l'*Association for Perioperative Practice* (AfPP) à Harrogate au R-U.
- ✓ Pour la toute première fois, des représentants de la IFPN présenteront des discours à la conférence nationale de l'AIISOC. De plus, des représentants de deux de nos associations affiliées, les *Canadian OR Leaders* (CORL) et le *Registered Nurse First Assistant Network of Canada* (RNFANC), animeront plusieurs sessions. Gardez l'œil ouvert pour les nouveaux membres de conseil affiliés, et leurs drapeaux, pendant le défilé des cérémonies d'ouverture. Et n'oubliez pas de visiter le kiosque de l'AIISOC pour voir tout ce qu'il y a de nouveau! 🍁

PROSTATECTOMIE LAPAROSCOPIQUE RADICALE : UNE TECHNIQUE MOINS EFFRACTIVE

Auteure : Judy Paré, infirmière autorisée, est la coordonnatrice des soins urologiques périopératoires au Regina Qu'appelle Health District à Regina en Saskatchewan.

RÉSUMÉ

L'auteure discute de prostatectomie laparoscopique radicale en examinant la sélection et l'évaluation des patients, l'approche, l'expérience périopératoire des patients et en comparant la prostatectomie ouverte et la prostatectomie laparoscopique.

LAPAROSCOPIC RADICAL PROSTATECTOMY: A LESS INVASIVE APPROACH

Author: Judy Paré, RN, is the Urology Coordinator in the operating room of the Regina Qu'appelle Health District in Regina, SK.

ABSTRACT

The author discusses laparoscopic radical prostatectomy from the perspective of patient assessment/selection, approach, patient perioperative experience, and a partial comparison between open and laparoscopic prostatectomy.

With the widespread use of the prostate specific antigen (PSA) test since the 1990s, more men are now diagnosed with early prostate cancer. For those who are in reasonable health and expected to live at least 10 years or longer, surgical removal of the prostate remains an excellent treatment option and, in fact, provides many men with the opportunity of a long-term cure.¹

Opportunities for cure increase when men are more informed of the need for testing. Men should be encouraged to get their PSA checked as often as women go for a mammogram. By encouraging men to talk about their symptoms, and by keeping nurses across the country informed about new techniques, we increase our ability to help the men in our lives survive prostate cancer.

WHAT IS RADICAL PROSTATECTOMY?

The prostate in an older man is a somewhat larger than walnut-size gland wedged in between the lower end of the bladder and the base of the penis. Radical prostatectomy refers to the total surgical removal of the prostate gland and its cancer.

At the point where the lower tip of the prostate meets the base of the penis there is a tubular muscular structure responsible for bladder control, called the external urinary sphincter. In addition, two erectile nerves run closely alongside the prostate from its base to its tip. If these nerves are cut during surgery, the patient stands a good chance of losing his ability to have an erection. The challenge is to remove all the cancer, while assuring the maximal bladder control and erectile function possible.

The surgeon will try to achieve four main goals:

- complete removal of the prostate cancer;
- maximal preservation of the urinary sphincter in order to maintain good bladder control after surgery;
- preservation of the erectile nerves when possible, to allow good return of potency; and
- minimizing patient suffering during the surgery and recovery.

In Canada, three different surgical approaches are available – open radical retropubic prostatectomy, perineal prostatectomy, and laparoscopic radical prostatectomy.

Open radical retropubic prostatectomy is by far the one most commonly used in this country. It was the most common method used prior to laparoscopic surgery. During this procedure the

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Veillez visiter le site Web de l'AISOC (www.ORNAC.ca) pour plus de détails.

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SOLUMED

LAPAROSCOPIC RADICAL PROSTATECTOMY (cont.)

surgeon makes a cut on the lower half of the abdomen, usually from the belly button down to the base of the penis.

In perineal prostatectomy, an incision between the scrotum and the anus allows the surgeon access to the prostate gland.

The newest method, and a less invasive technique, is laparoscopic radical prostatectomy. In this procedure, the surgeon makes only five tiny (stab) incisions (about 1/2 to 1 cm long) and inserts a laparoscope and other laparoscopic instruments through the incisions. Using the Laparoscopic instruments the surgeon then dissects the prostate gland from the bladder and the base of the urethra, places it inside a purse string bag, and then removes it through the incision just under the belly button (the incision will be increased in size if required).

THE SURGICAL PROCESS:

The following steps are involved in laparoscopic radical prostatectomy surgery:

CONSULTATION.

Once a biopsy has confirmed a diagnosis of prostate cancer the urologist begins to discuss treatment options with the patient. By factoring in all the relevant available information— the man's age and health, PSA test results, results of the rectal examination, Gleason Score (a measure of the aggressiveness of the cancer) and percentage of positive biopsy cores (how much cancer is in the tissue sample) – the surgeon makes an educated guess about the stage of the cancer and recommends the reasonable treatment options. Once the patient and the surgeon discuss, and agree upon, a surgical treatment the surgeon will provide further important information regarding the best surgical approach, bladder control after surgery and the probability of preserving erectile function. Finally the surgeon will discuss any possible complications that might arise from the operation. These include a 5% incidence of severe urinary incontinence, a 50% incidence of impotency, with minimal perioperative morbidity including bleeding and adjacent organ injury (i.e. tear in the rectum).²

PREPARATION FOR SURGERY:

Approximately one week before the operation, the patient will undergo various blood and urine tests, a chest x-ray, an electrocardiogram and, on occasion, an assessment by a medical specialist, such as an anesthetist or cardiologist, to ensure he's healthy enough to withstand the surgery. On the day prior to the surgery the patient will be restricted to a liquid diet until 8 hours before the surgery, at which time he will be required to fast. On the evening before the procedure he will need to give himself a small fleet enema to empty the rectum.³

INTRA AND POST-OPERATIVE PROCESSES:

The patient is admitted on the morning of the surgery and will receive a general anaesthetic. Laparoscopic surgery generally takes about 2 1/2 to 3 1/2 hours.

During the procedure, the surgeon carefully dissects the nerves away from both sides of the prostate gland (nerve sparing, to help keep the man potent after surgery). This is the most difficult part of the surgery and not all surgeons do nerve sparing laparoscopically. The surgeon then dissects the prostate away from the bladder neck and urethra at the base of the prostate and does the anastomosis by rejoining the bladder neck opening to the urethra. The surgeon may also, at this time, inspect the rectum to make sure no tears have occurred from inside. This can be done by placing a sterile glove over the one currently being worn, doing a rectal examination while monitoring visually via the laparoscope. A catheter is then inserted and will remain for on average one week while the anastomosis heals.

Post-operatively, the patient will be taken to the recovery room prior to being sent back to his hospital room. He will have a urinary catheter and a drainage tube (15fr. Round Jackson Pratt drain) in his lower abdomen. The catheter, there to assist with the healing of the urethra until the anastomosis is healed, can usually be removed one week after the surgery. The drainage tube allows the surgeon to detect any urinary leakage at the anastomosis site and, if none is detected,

Continued on Page 36



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LAPAROSCOPIC RADICAL PROSTATECTOMY (cont.)

it is removed the day after surgery. On the evening after the surgery, the patient is allowed to get out of bed, start drinking liquids and have visitors. Most patients will be discharged after breakfast the next morning.

CONVALESCENCE:

The patient's activities are restricted for two weeks – no driving, heavy lifting or strenuous work. Often what's most bothersome is the presence of the urinary catheter but, fortunately, this is usually removed within a week. The exception would be cases where the surgeon felt that there were bleeding complications and the healing process might be slower.

RETURN OF BLADDER CONTROL AND ERECTILE FUNCTION:

Bladder control will not return overnight but will improve slowly and steadily. About 50% of men who undergo laparoscopic prostate surgery will have full function within three months, and about 90% regain control in six months. During this period, wearing a protective pad will be necessary. Similarly, for patients who have "nerve-sparing" procedures, the return of erectile function is also gradual. Only about one-half to

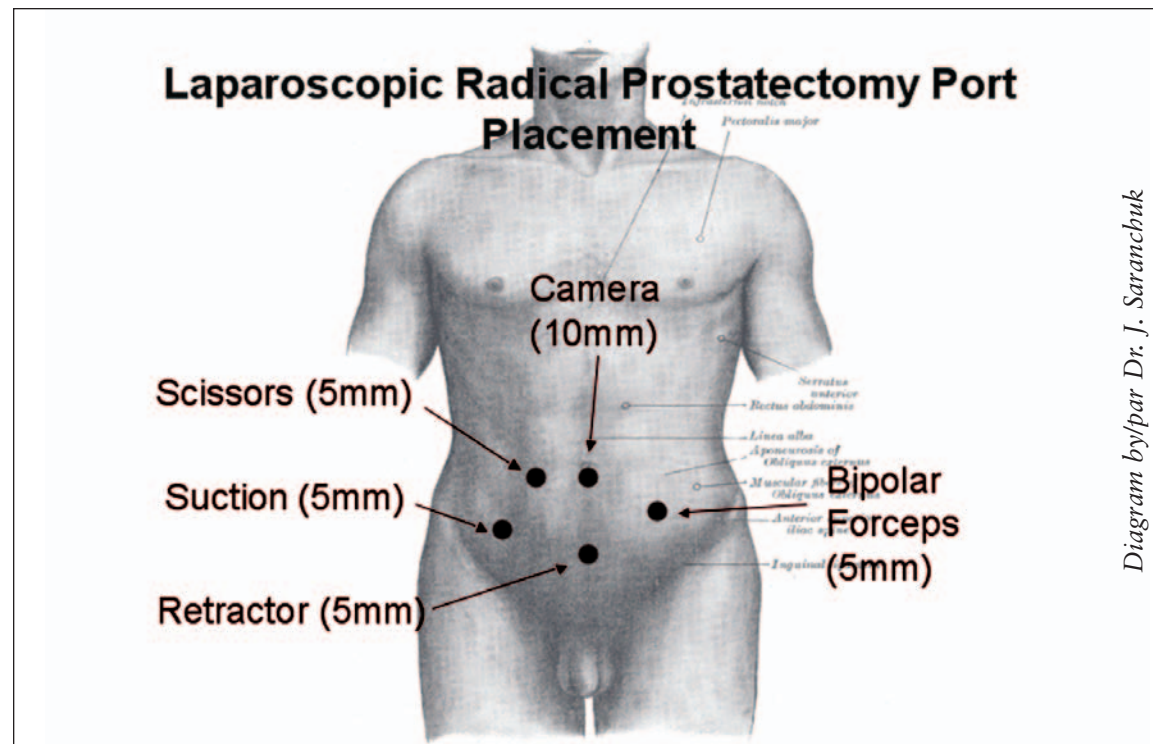
two-thirds of patient will have full recovery of erectile function, and this can take anywhere from three to 24 months. The man starts to develop a partial erection during this time. Oral medications such as sildenafil, tadalafil or vardenafil can help to speed up recovery.¹

LAPAROSCOPIC VERSUS OPEN SURGERY:

To date there have not been any studies conducted to document the direct comparison between the two different surgical approaches. While radical retropubic prostatectomy has a longer history than laparoscopic surgery the early results from the newer technique are very promising.¹

It is now generally accepted that, in experienced hands, both procedures provide equal cancer control, bladder control and preservation of erectile function.

The main advantage of laparoscopy is that it is less invasive. The patient now requires an overnight stay (compared to 5 or more days in hospital for the open procedure) and the incisions are extremely small (compared to an open incision of about 4 inches).



On the other hand, laparoscopic surgery takes longer to perform than open surgery resulting in the patient being under general anaesthesia for a longer period of time. But the future looks bright for the laparoscopic approach. With the 12-times magnification capability it offers, surgeons have the unique opportunity to perform meticulous dissection and the potential for continuing to improve the surgical results.

BENEFITS OF LAPAROSCOPIC SURGERY (COMPARED WITH OPEN SURGERY) FOR PROSTATE CANCER:

- equal cancer control, bladder control and preservation of erectile function compared with open surgery;
- minimally invasive;
- smaller chance of requiring blood transfusion;
- less need for postoperative pain medication;
- shorter hospital stay;
- faster recovery time; and

- smaller chance of developing complications (e.g. narrowing at the point where the bladder is rejoined to the base of the penis).¹

As this paper is being written more new techniques and ideas are being tried to perfect this operation to enable a man to be cancer free from the prostate, to have almost complete, if not total, control back of his bladder function, and to be potent post operatively. The author's healthcare facility had, as of June 2006, completed over 600 of these procedures.

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1. *Our Voice* – Special Edition.
2. Ed Tse, M.D. and Russel Knaus M.D. "Laparoscopic Radical Prostatectomy – results of 200 consecutive cases in a Canadian Medical Institution". *The Canadian Journal of Urology*, 11.2 (2004) : 2177.
3. *Ibid*, page 2173. ♣

UPCOMING EVENTS

PROVINCIAL & REGIONAL CONFERENCES

Alberta	Red Deer	October 25-28, 2006
Quebec	Laval	November 7-10, 2006
Atlantic Conference	Halifax	October 4-7, 2006

ORNAC CONFERENCES

www.ornac.ca

20th National	Victoria, BC	April 23-27, 2007
21st National	St. John's, NL	June 7-12, 2009

INTERNATIONAL CONFERENCES

ACORN	Surfer's Paradise, Australia	May 21-24, 2008
AORN (www.aorn.org)	Orlando, USA	March 11-14, 2007
NATN (www.natn.org)	Harrogate, UK	October 9-13, 2006

ANAESTHESIA

CAS (www.cas.ca)	Calgary, AB	June 22-26, 2007
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For details visit www.ornac.ca

ORNAC GOES TO IRELAND!!

Author: Linda Socha RN, BSN, RNFA, CPN(C), President Elect, ORNAC.

The 4th European Operating Room Nurses Association Congress (EORNAC) took place in Dublin, Ireland, May 25th to May 28th, 2006. Marcy McKay, President of ORNAC, attended and brought greetings on behalf of ORNAC. Margaret Farley, Past President of ORNAC, attended as a board member of the International Federation of Perioperative Nurses (IFPN) and participated in the pre-congress IFPN meetings. As President Elect of ORNAC I attended out of my own desire to network and learn the ropes from my predecessors... and because of my yearning to see Ireland!

The theme of the congress was *Perioperative Care: On the Shores of Excellence*. The scientific program offered delegates innovative and stimulating topics including counting procedures, violence in the operating room environment, classifying and processing medical devices, education and development of surgical care practitioners, web-based education, and infection control issues. A major international conglomeration of exhibitors was a central feature of this congress. The EORNAC planning committee estimated approximately 3000 people, representing close to 30 countries from around the world, attended this conference!

Of special note, a group of Canadian nurses, from Sunnybrook and Women's College Health Sciences Centre in Toronto, presented "A Trauma, eh?". Congratulations to Sandra McDowell, Barbara McArthur, Alexandra



Photo by/par M. McKay

(L to R) Helen Vandoremalen, Shirley Lindgard, Sandra McDowell, Alexandra Leeksma, and Barbara McArthur, Sunnybrook and Women's College Health Sciences Centre, Toronto, presented at EORNAC.

Leeksma, Helen Vandoremalen, and Shirley Lingard for giving our international colleagues a Canadian perspective on Perioperative nursing practice in a trauma centre. Their session demonstrated teamwork at its finest and offered insight in to the many facets involved in providing excellent care in one of the busiest trauma OR departments in Canada. The group even showed its great Canadian spirit by hanging a few Canadian flags on the podium!

The opportunity to network and share knowledge with our international colleagues in perioperative care was a truly amazing experience. The Irish warmth and hospitality, with EORNA's fantastic organization, made this congress a memorable success. On a personal note, I came away with the realization that Canadian perioperative nurses truly are leaders in our field in terms of standards of practice, patient safety, and the credibility we bring to the nursing profession. 🍁



Photo by/par M. McKay

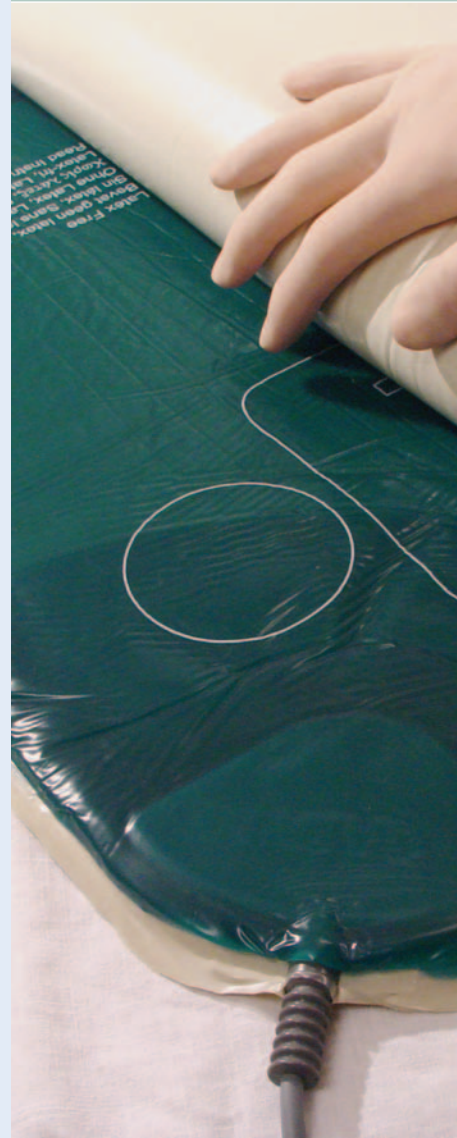
ORNAC executive representatives and other Canadian representatives from Toronto and Calgary.



Photo by/par M. McKay

Mary McAleese, President of Ireland, opens EORNAC to 3000 delegates.

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FOR MORE INFORMATION visit us at our web site www.whitehorsehospital.ca or contact the Human Resources Department by phone at (867) 393-8701, by fax at (867) 393-8880 or email sherrie.hall@wgh.yk.ca.

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To join our dedicated team, send your resume to: Southlake Regional Health Centre, Human Resources Department, 596 Davis Drive, Newmarket, ON L3Y 2P9. Fax: 905-853-2218. E-mail (Word format): careers@southlakeregional.org

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Current opportunities for OR Nurses include full-time roles at North Vancouver's Lions Gate Hospital and at Vancouver General

Hospital (VGH) as well as casual positions in Squamish and other beautiful coastal communities.

Our high-calibre workplaces include small-town settings where you'll experience all aspects of general nursing from labour and delivery to acute trauma and palliation as well as the bustle of urban acute settings, including 2 operating rooms at VGH currently being redesigned to accommodate state-of-the-art robotics.

Take your career to a new level.

• Experienced OR Nurses:

Be part of an elite team that provides exceptional results for patients in an organization that is committed to your ongoing skills enrichment and career advancement. VCH offers a fast-paced, dynamic and innovative environment with some of the country's finest surgical suites including several Centres of Excellence.

• Perioperative Educators:

This is a unique opportunity to join our education team and be a part of the development of our new Perioperative program. We are looking for experienced OR Nurses with excellent organizational and interpersonal skills to teach both theory and clinical components of Perioperative Specialty Nursing. Your Baccalaureate in Nursing plus experience in an acute care OR environment, along with a background in learning facilitation, clinical teaching and/or client education make you an ideal candidate.

• RNs interested in training to be an OR Nurse:

VCH promotes professional development by offering a fully funded, 6-month enhanced post-graduate perioperative program. This is a great opportunity to take a step towards a new career. We are recruiting for December 2006 classes. Upon completion of the program, you will begin your OR Nursing career in a full-time position in one of our operating rooms.

What RNs enrolled in the program say:

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III^E CONGRÈS MONDIAL DES INFIRMIÈRES ET INFIRMIERS DE L'ESPACE FRANCOPHONE

Auteur : Francine Cloutier, inf. CSP(C), Présidente Provinciale Corporation des infirmières et infirmiers de salle d'opération du Québec (CIISOQ)

La Corporation des infirmières et infirmiers de salle d'opération du Québec (CIISOQ) a participé au III^e Congrès Mondial des infirmières et infirmiers de l'espace francophone (SIDIEF) tenu au palais des congrès de Québec du 14 au 18 mai 2006 (www.sidiief.org).

Plus de 975 infirmières francophones venant de France, de Belgique, du Liban, du Maroc, d'Haïti, du Camerone, du Gabon (Afrique Centrale), du Congo et du Canada contribuèrent au succès de l'événement. Le salon des exposants avec plus de 46 kiosques et 11 tables d'associations et regroupements d'infirmières fut un point de rendez-vous privilégié.

Ce congrès d'échange international a permis d'aborder les problématiques communes et de constater la diversité, la créativité et la richesse des diverses pratiques de soins infirmiers qui ont cours dans le monde.

Ce rassemblement fut une occasion de faire connaître la contribution des soins infirmiers périopératoires au maintien du mieux être des populations dans le monde par la promotion des normes de pratiques canadiennes ainsi que par l'identification internationale des organismes ressources en soins infirmiers périopératoires.



Photo by/par F. Cloutier

Information Stand / Table de promotion de la CIISOQ

3RD WORLDWIDE CONGRESS FOR FRANCOPHONE REGISTERED NURSES IN QUEBEC

Author: Francine Cloutier, RN, CPN(C), President, Corporation of Operating Room Nurses of Quebec (CORNQ)

The Corporation of Operating Room Nurses of Quebec (CORNQ) participated in the 3rd World-Wide Congress for Francophone Registered Nurses held at the Quebec Palais des Congrès, Quebec City, May 14 to 18, 2006.

More than 975 French-speaking nurses from Belgium, Lebanon, Morocco, Haiti, Cameroon, Gabon (Central Africa), Congo and Canada, were instrumental to the success of the event. One of the most interesting elements was the Exhibition Hall where we had 46 exhibits and 11 information stands from diverse nursing associations.

This international exchange forum was a unique opportunity to look into common nursing problems and highlight the resourcefulness and creativity of our nursing colleagues from all over the world.

This gathering made possible a statement concerning the significant contribution of Perioperative Nursing to the health care of the world population by promoting Canadian Recommended Standards for Registered Nursing Practice and identifying International Perioperative Nursing Associations. 🍀



Photo by/par F. Cloutier

Coffee break in the Exhibition Hall with two nurses from Gabon / Pause-café dans la salle d'exposition avec deux infirmières venant du Gabon



Marianne Finlay
Director of Surgical Services
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