CANADIAN
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NURSING JOURNAL

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Professional Development

Education

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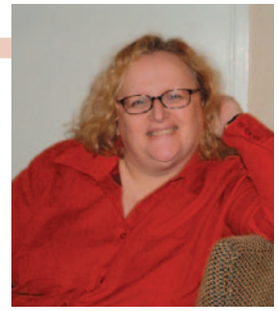
President's Message



It has been quite a productive autumn for ORNAC. We are involved in many new initiatives that provide the opportunity to impact on the safety of our patients. ORNAC's belief in the basic values of *Knowledge, Collaboration, Respect, Professionalism and Continuous Quality* serves us well in our association with these initiatives. It is extremely satisfying to realize that our mandate is being further fulfilled through our involvement with various outside entities. ORNAC has been asked to participate in more areas and has responded by providing access to our perioperative expertise and assisting in leading change. We shall attempt to provide guidance and a perioperative perspective at every possible corner.

The leadership opportunities for today's perioperative nurse are vast and ever changing. In a recent discussion about leadership with a younger colleague I learned that she did not view herself as a leader because she had less than 5 years' experience. She believed that a leader required years of experience and a position of power. I, however, see everyone as a leader – we all play a leadership role at one time or another. A leader is someone who guides and gives direction to others. Every one of us is a leader in some way, shape, or form. As nurses we provide leadership to our colleagues (whether they be nurses, doctors or auxiliary staff) and, most importantly, to our patients and their families. Our patients rely on us to guide them through one of the most critical, stressful events of their lives. Their families rely on us to keep their loved ones safe and look to us for direction and reassurance. Demonstrating our respect for our patients, and our belief in utilizing the highest standards of care possible, helps lead our colleagues by giving them direction and motivation.

Recently one of our most visible perioperative nurses – Muriel Shewchuk – retired. Muriel's leadership, dedication to this profession, and commitment to the professional organization has been exemplary. Muriel's accomplishments are well known and she has planted seeds of leadership in perioperative nurses across this country. ORNAC has been extremely fortunate to benefit from her zeal and drive. We are grateful that she plans to remain active with Canadian OR Leaders (CORL) and ORNAC.

"It is clear that strong nursing leadership, from the executive level to the unit level, complimented by maximizing the leadership potential of every nurse, is an essential element to achieve quality care and quality professional practice environments."[1]

You have an opportunity to be a leader, in some way, every day. ORNAC wants to help perioperative nurses become leaders and so we are pleased to announce the creation of a **Leadership Fund** in honour of our past, present and future leaders. The criteria for this fund will be developed over the next year with the first presentation at the 2007 ORNAC National Conference.

ORNAC will continue to evolve and to encourage perioperative registered nurses to step up to the leadership role – whether at a federal or a provincial level, or while working at a single healthcare facility, all leaders make a difference.

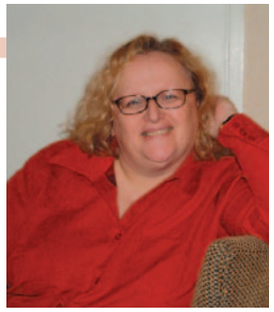
Wishing you and yours a wonderful holiday season.

1. Canadian Nursing Association, Position Statement on Nursing Leadership, 2002. http://www.cna-nurses.ca/can/documents/pdf/publications/PS59_Nursing_Leadership_June_2002_e.pdf

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



Cet automne s'est avéré une saison très occupée pour l'AIISOC. Nous participons à plusieurs nouvelles initiatives nous permettant d'exercer une influence positive sur la sécurité de nos patients. Nos mandats de savoir, collaboration, respect, professionnalisme et qualité sont des plus utiles lors de notre participation à ces initiatives. Il est très motivant de voir que l'essentiel de notre mandat prend de l'envergure grâce à notre coopération avec plusieurs organismes externes. La participation de l'AIISOC est de plus en plus demandée et nous avons répondu à cette demande en partageant notre expertise périopératoire et en comblant le rôle de leader pendant cette période de changement. Nous offrirons nos conseils et notre expertise partout où ils sont demandés.

Les occasions de leadership présentées aux infirmières et infirmiers périopératoires d'aujourd'hui sont nombreuses et changent constamment. Récemment, lors d'une discussion sur ce sujet avec une jeune collègue, j'ai appris qu'elle ne pensait pas pouvoir jouer le rôle de leader parce qu'elle avait moins de 5 ans d'expérience. Pour elle, un leader devait posséder plusieurs années d'expérience et occuper une position de pouvoir. Mais moi, je vois tout le monde comme un leader; de temps à autre nous jouons tous ce rôle. Un leader est une personne qui guide et qui donne des conseils aux autres. D'une façon ou d'une autre, nous sommes tous des leaders. En tant qu'infirmières, nous adoptons le rôle de leader auprès de nos collègues (qu'ils soient infirmières, médecins ou autre personnel) et, encore plus important, auprès de nos patients et de leurs familles. Nos patients se fient sur nous pour les guider à travers une de périodes les plus critiques et stressantes de leurs vies. Leurs familles s'attendent à ce que nous leur fournissions des conseils et un peu de réconfort. En faisant témoin de notre respect des patients ainsi qu'en atteignant le plus haut niveau de soins possible, nous aidons nos collègues de par notre exemple et notre motivation.

Il n'y a pas très longtemps une de nos infirmières les mieux connues, Muriel Shewchuk, a pris sa retraite. Le leadership et le dévouement à cette profession ainsi qu'à cette association dont elle a fait preuve sont remarquables. Ses accomplissements sont bien connus et elle a semé les graines du leadership chez bien des infirmières et infirmiers à travers le pays. C'était l'heureuse sort de l'AIISOC d'avoir parmi ses membres une personne si remplie de zèle et d'énergie. Nous sommes très contents qu'elle a l'intention de continuer ses activités au sein des Canadian OR Leaders (CORL) et de l'AIISOC.

« Il est clair qu'un bon leadership dans les soins infirmiers, allant du niveau exécutif jusqu'à celui du service et appuyé par l'exploitation du potentiel de leadership de chaque infirmière, est un élément essentiel à la réalisation des soins et des environnements professionnels de qualité. »(1)

Vous avez, tous les jours, l'occasion de démontrer votre leadership d'une manière ou d'une autre. Parce que l'AIISOC veut aider les infirmières périopératoires à devenir des leaders, nous sommes très contents d'annoncer la création d'un fonds de leadership en reconnaissance de nos leaders d'autrefois, d'aujourd'hui et de demain. Les détails de ce fonds seront établis l'année prochaine et la première présentation de celui-ce sera faite lors de la conférence nationale de l'AIISOC en 2007.

L'AIISOC continuera à évoluer et à encourager les infirmières périopératoires autorisées à tenter le rôle de leader – que celui-ci soit au niveau fédéral, provincial ou dans un seul établissement de santé – car chaque leader fait une différence.

Avant de dire adieu je veux souhaiter à vous et vos familles une heureuse saison des fêtes. Que vous connaissiez la paix et l'amour l'année prochaine comme toujours.

***Marcy McKay,** inf., CPN(C)*

1. Canadian Nursing Association, Position Statement on Nursing Leadership, 2002. http://www.cna-nurses.ca/can/documents/pdf/publications/PS59_Nursing_Leadership_June_2002_e.pdf

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Editorial Contents

Hands on learning at VIHA
Cover photo courtesy VIHA Multimedia

PROGRAMME DE FORMATION SUR PLACE DE SOINS PÉRIOPÉRATOIRES DE LA VANCOUVER ISLAND HEALTH AUTHORITY (VIHA)

Auteur: *Fern Christensen, infirmière autorisée, baccalauréat en sciences infirmières CPN(C), formatrice d'infirmières cliniques, infirmière de salle d'opération, Royal Jubilee Hospital, Victoria (BC), participe au développement et à la mise en oeuvre du programme de formation périopératoire sur place de la Vancouver Island Health Authority (VIHA) depuis 2000.*

RÉSUMÉ

La Vancouver Island Health Authority (VIHA), en collaboration avec la University of Victoria (UVIC), offre aux étudiants de quatrième année du programme de baccalauréat en soins infirmiers un programme servant d'introduction aux soins périopératoires. L'objectif de ce programme est d'aider à recruter des infirmières et infirmiers autorisés de salle d'opération. Le programme a un effet positif sur le recrutement et la fidélisation des infirmières et infirmiers diplômés de UVIC. L'importance du programme se voit encore plus clairement en se rappelant qu'une grande portion des infirmières et infirmiers périopératoires actuels prendra la retraite dans les prochaines quelques années.

En raison des coûts élevés de la formation en soins infirmiers et l'investissement financier important qu'ont déjà fait les étudiants, le programme de soins périopératoires est offert sans frais car il peut faire partie, pour les candidats acceptés, du cours de soins infirmiers de UVIC.

L'objectif est d'encourager la participation en réduisant le fardeau financier, le stress et l'anxiété du nouveau diplômé qui veut se spécialiser. Du côté de l'étudiant, celui-ci s'engage à travailler pour la VIHA pendant un minimum d'une année, engagement qui vient appuyer les efforts de fidélisation de l'hôpital.

Ce programme fournit aux étudiants en soins infirmiers admissibles de l'expérience importante en soins périopératoires. Pendant une période de 3 mois les étudiants reçoivent une formation théorique compréhensive en salle de classe ainsi que de l'expérience pratique grâce au programme de préceptorat. Le personnel connaît les avantages des relations interpersonnelles avec les étudiants ainsi que ceux du développement professionnel. Tout en ajoutant aux connaissances et aux habiletés en soins périopératoires des étudiants, ce programme vise également piquer leur intérêt dans le domaine dans le but d'assurer la croissance de la profession des soins périopératoires à Victoria.

VANCOUVER ISLAND HEALTH AUTHORITY (VIHA) IN HOUSE PERIOPERATIVE NURSING PROGRAM

Author: *Fern Christensen RN BScN CPN(C), Clinical Nurse Educator, OR, Royal Jubilee Hospital, Victoria BC, has been involved in the development and initiation of the VIHA - OR in-house program since 2000.*

ABSTRACT

The Vancouver Island Health Authority (VIHA) in liaison with the University of Victoria (UVIC) offers an introduction to Perioperative Nursing Program to 4th Year undergraduate nursing students. The aim of this program is to help recruit Registered Nurses to the Operating Room. It has been advantageous to the recruitment and retention of nurses graduating from UVIC. Its importance is increased by the fact that a significant quantity of Victoria's perioperative nurses will be retiring in the next few years.

Due to the high cost of nursing education and

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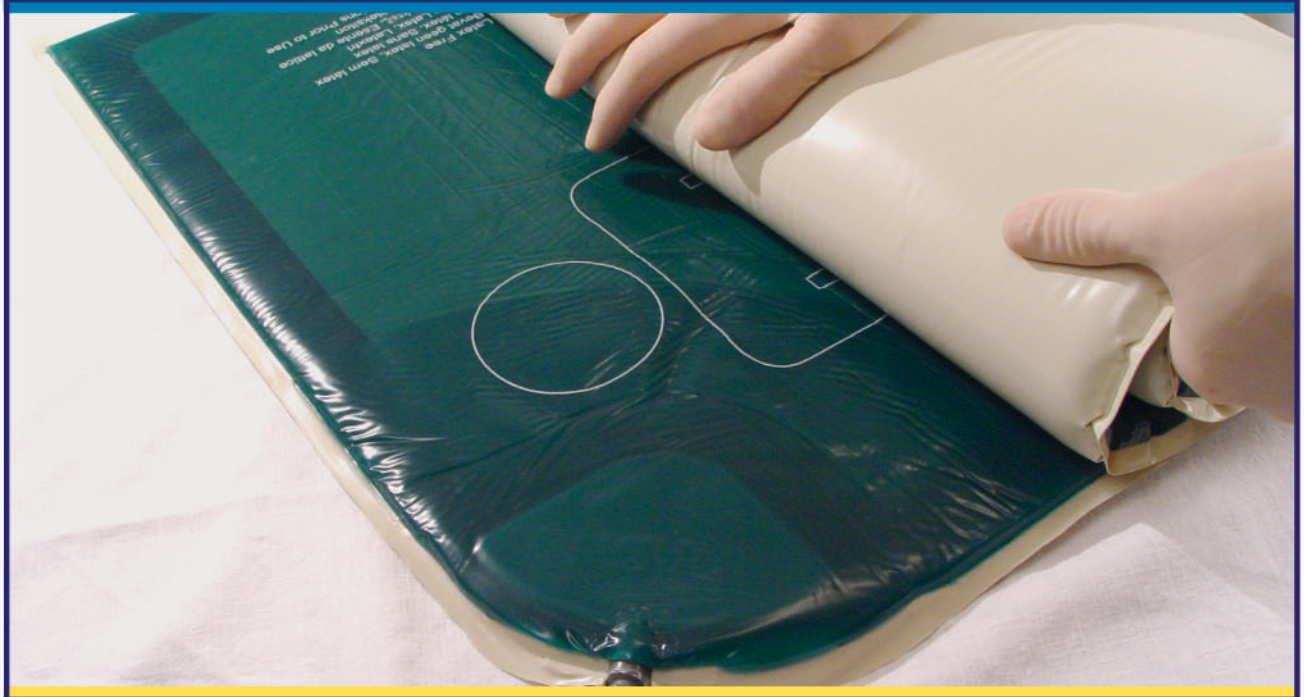

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Canadian OR Leaders (CORL)

Pam Railton
First Assistant Network of Canada (RNFANC)

VIHA (cont.)

the financial investment that has already been committed by nursing students, the Perioperative nursing program is free to the student as the program can be included, for the successful candidate, as part of the UVIC nursing course. The intention is to encourage participation by reducing the financial burden, stress, and anxiety for the new graduate who intends to specialize. In return, the student is required to work in the VIHA for a minimum of one year, thus supporting the retention efforts of the hospital.

For eligible nursing students, this program provides access to extensive perioperative nursing experience. Over the course of 3 months they are exposed to extensive theory in a classroom setting as well as clinical practice through a preceptorship program. The mentoring relationships that develop between perioperative nurses and students lead to meaningful relationships and professional growth for staff. The perioperative focus of the program improves the knowledge and skill set of nursing students. The intent is to increase nursing student's interest in pursuing a career as a perioperative nurse and to help ensure continued growth of the perioperative nursing profession in Victoria.

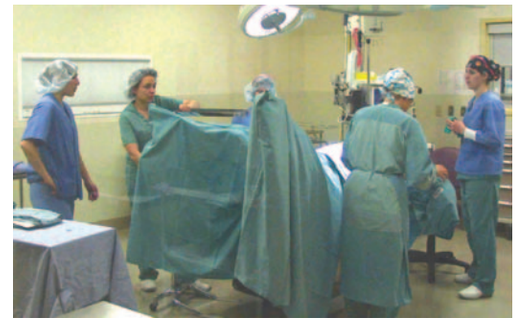
Recruiting Bachelor of Science in Nursing (BSN) students and experienced Registered Nurses (RN) into the perioperative setting is essential if RN's are to continue to have a strong professional presence.[1]

WHERE HAVE ALL THE OR NURSES GONE?

Nursing education curriculum, culture, and philosophy have changed radically over the years as the nursing profession has grown to meet the demands of the 21st century. In the past, the nursing student's experience in the operating room (OR) was the result of practical training, focused on aseptic technique, scrubbing, gowning and gloving and basic instrumentation. Today, nursing schools have moved from the hospital to the college, or university, setting where students prepare, with a different focus, for hospital experiences. Hospital based nursing programs included several weeks of training in various specialized areas. Training has moved away from the medical model to a more generalist preparation. As a result, clinical experiences in specialty areas within nursing have been reduced. [2]

Current nursing curriculum is preparing the practitioner to be a generalist rather than a specialist. The OR experience in most nursing programs is either non-existent or limited to brief observations or patient follow-throughs where the student spends one day with a surgical patient, observing the patient's preoperative, intraoperative and postoperative experience. Many educational institutions operate under the perception that OR nursing is a technical trade not a professional specialty to pursue.[1] The perioperative nurse's focus is on the physiologic, psychological, sociocultural and spiritual needs of the patient and family. The OR is mechanically driven with highly technical equipment. Each surgical specialty carries its own challenges with specialized equipment and technology. The nurse's role goes beyond the delivery of a technical skill or task. The perioperative nurse must design, coordinate, evaluate and deliver care to meet the identified needs of each patient during the preoperative, intraoperative and postoperative phase. Perioperative nurses provide care designed to meet these individualized needs through the use of the nursing process.

Post-graduate programs are available for many nursing specialties. Their criteria are strict and



Courtesy VIHA Multimedia

L to R: Instructor (Fern Christensen) teaching drape techniques to nursing students Carla Rizzuti, Nadine Pallister, Catherine Hunter, and Dawn Maroney

Courtesy VIHA Multimedia

L to R: Preceptor, Susan Rambout, with Student Carla Rizzuti

they can be expensive to take and difficult to get in to. The VIHA program offers a cost-effective, more accessible, alternative for those wishing to specialize in perioperative nursing.

The Inception of the VIHA Perioperative Nursing Program

Back in 2000, hospitals began to recognize that there was, and could continue to be, a serious shortage of experienced perioperative registered nurses in Victoria and across the country. Hospitals began to look to new, creative responses to the nursing shortage and to try new ways and innovative methods to educate, train, and recruit perioperative nurses.

In response to the nursing shortage crisis, the Healthcare Labour Adjustment Agency (HLAA) offered to fund educational courses to those healthcare areas with the greatest need. The OR ranked second only to the Emergency Room (ER) and both areas took precedence in the development of training and recruitment programs.

The HLAA provided educational material, to support the development of an OR course, including:

- *Introduction To Perioperative Nursing Curriculum Guide* prepared by Bonnie Lantz, Past President of Registered Nursing Association of British Columbia (RNABC)
- *Two text books: Barry and Kohn's Operating Room Technique* and Alexander's *Care of the Patient in Surgery*
- Association of Perioperative Registered Nurses (AORN), Videos *Perioperative Nursing 101 program*

The Royal Jubilee Hospital (RJH) and the Victoria General Hospital (VGH) collaborated in the development of the VIHA Perioperative Nursing Program. The HLAA Perioperative Nursing Program Curriculum was used as the basis of this program with the addition of:

- VIHA's vision, mission and objectives
- Operating Room Nurses Association of Canada (ORNAC) Recommended Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice (2003)
- VIHA policies and procedure manuals

After in-house (VIHA) applicants for the ER program were identified nurses from all hospital clinical areas were able to apply for the OR in house program. The OR Program was not posted until the ER program was filled. Nurses who applied for the ER program and were not selected could apply for the OR program if they desired. Eight RNs were selected, using seniority-based criteria, for the program. The nurses received their full wages during the twelve weeks of training.

Was it effective?

The removal of nurses from understaffed hospital areas to fill the in-house programs put more pressure on the remaining nurses throughout the hospital. The fact that the ER and OR nursing courses were offered at the same time and that acceptance had been based on applicant seniority was a great strain on the wards. Having these courses run at the same time depleted both human resources and the wealth of knowledge held by senior staff nurses.

During the first two weeks of the theory/classroom days one nurse dropped out of the program. Three of the seven nurses returned to their previous jobs within the first year. At the time of writing, four nurses from this program were still working within VIHA OR's.

It was observed that the experienced ward nurse had a difficult time adjusting to the return to a novice role in nursing. This illustrates suggested behaviour related to adult learning theory.[3]

In addition, students had not been required to commit themselves to the OR after the completion of the course. As a result, the program involved a large investment by the hospital with a fifty percent retention rate after one year.

Collaboration with UVIC School of Nursing

In January 2002 a trial with UVIC was approved and the faculty selected two students (taking final fourth year courses N475 & N491, *Consolidated Practice Experience* and *Nursing Practice Transitions*). These courses provide the opportunities for the nursing students to draw together all previous learning – in theory and clinical – and to focus on practice. The courses are offered from January to April over 12 weeks of full time study and experience.

The UVIC faculty determined that it was possible for students to meet the requirements for N475 and N491 while taking the OR in house program. The OR in house program requirements were over and above their UVIC course-load. The OR program replaced ward time and, in addition, the students finished the three months with a certificate in Perioperative nursing.

The UVIC students were joined by three VIHA employees (two of whom were recent UVIC nursing graduates).

Courtesy VIHA Multimedia

L to R: Preceptor, John Baker, with student Catherine Hunger

Courtesy VIHA Multimedia

L to R: Student, Nadine Pallister, with surgeon, Dr. David Naysmith, and Preceptor, Joanne Thackray

The results from this second group were significantly different from the first group. Four of the participants – the nurses who were recent UVIC graduates and the two individuals who were accepted while in school – are, at the time of writing, still working in the OR. The more senior VIHA employee returned to previous nursing employment and did not pursue a career in the OR.

Since 2002, the VIHA in-house perioperative nursing program has been offered every year, from January to April, for UVIC students. The popularity has grown as the success of the graduates has been realized. Current programs are seeing ten to twenty applicants per year. Enrolment, despite strict criteria, remains at eight to ten students every year. UVIC carefully evaluates the student's ability to be "practice ready" and assess the student's emotional and physical ability to complete UVIC's final semester while taking on the extra workload of an OR in-house program.

Course Outline

The program is twelve weeks in length and is facilitated by two OR Clinical Nurse Educators. The students begin with two weeks of classroom work, focused on basic theory pertaining to the scrub and the circulating nursing roles.

The classroom work is also amalgamated with the clinical component during the remaining 10 weeks. The focus during this time is on the nursing process, domains of nursing practice,

related competencies and quality indicators. Theory studies are organized around the phases of the OR environment – Pre-operative, Intra-operative and Post-operative phases.

Students are required to write three papers reflecting their knowledge of the Anaesthesia Role, Circulating Nurse Role, and Scrub Nurse Role. Eleven quizzes and one final exam are written.

"Practice is the best instruction of them all." — Aristotle.

During the clinical component the students, with their preceptor, decide what cases they will be involved in based on the students' agreed-upon learning needs. Students are evaluated, at midterm and again at program completion, through the use of a skills checklist and a clinical performance review (based on ORNAC standards of practice). Throughout the program the goal is to tie theory to practice through a focus on areas such as advocacy for patient and family and teamwork within the OR community.

The students apply the theory and skills that have been learned in the classroom to the practice setting. In the last few weeks of the course they learn through practice as a supernumerary member of the OR team.

The clinical expectation of the program is that each student will have exposure to a range of specialties including: General Surgery, Urology, Orthopaedics, Ear Nose & Throat (ENT), Vascular, Obstetrics, Gynaecology, Neuro-surgery and Plastics.

Courtesy VIHA Multimedia

On left, student, Susan Rambout, scrubbed in with Preceptor (behind the student) in the OR (on right are the surgeon and physician assistant)

The Strength of Preceptorship:

"The greatest good you can do for another is not just share your riches, but reveal to them their own." — Benjamin Disraeli

The VIHA perioperative nursing program is built upon the strength of preceptor, or mentor, involvement. The program's success is a direct result of the relationship that develops between the preceptor and the student. The preceptor opportunity is offered on a volunteer basis to full time operating room registered nurses, who have a minimum of three years experience in the operating room.

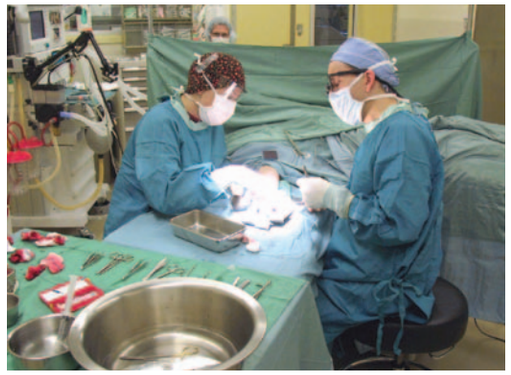
Recruitment of preceptors can be challenging and requires creative motivating strategies that will attract, and retain, staff members to the role.[4]

Preceptorship, while challenging, can enhance the quality of work life. It is a conscious giving of self that requires a commitment of emotion, time, and energy with very little in the way of support from the hospital. It also leads to meaningful relationships and professional growth.

Preceptorship strengthens the nursing profession by increasing the opportunities available to evolving nurse leaders while helping develop competence, confidence and satisfaction in the work place.[5] Without a sufficient supply of nurses who are willing to serve as preceptors there will not be enough nursing graduates available to offset staffing shortages now or in the future.[6]

The Future

The perioperative registered nurse may become extinct if they are not being prepared to replace the generation that is currently retiring. The average age of an RN in Canada in 2003 was 44.5 years, an increase of 1.7 years from 1999. The average age increased, in every jurisdiction, between 1999 and 2003. There were more RNs aged 55–59 years in the workforce in 2003 than RNs aged 30–34 years. More than one-sixth (17.7%) of the



Courtesy VIHA Multimedia

L to R: Student, Chrystal Reuther, flying solo with Plastic Surgeon Dr. Jason Gray.

RN workforce in Canada was aged 55 years or older in 2003.[9] By 2011, the largest group of employed nurses will be in their mid to late fifties and exiting the nursing profession, for retirement, at a fast pace.[6] Research also indicates that an increasing proportion of registered nurses are retiring early, many by age 56. If RNs were to retire at 55, Canada would be expected to lose 64,248 RNs by 2006, a figure equivalent to more than one-quarter (28%) of the 2001 RN workforce. This projected loss is more than double the expected loss based on a retirement at age 65. Under this scenario, RN losses were most severe in British Columbia (32%) and least severe in Atlantic Canada (22%). Quebec, which ranked first for retirement at age 65, falls to fifth for retirement at age 55.[8] The predicted nursing shortage is also associated with the exodus of Canadian nurses to other countries, the population increase of 20% by 2011, and an increasingly aging population that will have increased health care requirements.[7]

Conclusion

If nursing students are not exposed to perioperative nursing content they will graduate unaware of the specialty practice opportunities that perioperative nursing offers.[1] Aging nurses will soon reach the typical retirement age of 65 years. Research indicates that an increasing proportion of registered nurses are retiring early, many by age 56 and will impact the OR nursing workforce in the next several years. In the VIHA operating rooms there is nursing staff stability, likely in thanks to the in-house program. The operating rooms are beginning to be staff with a new generation of nurses that are well educated, specialized, dedicated and eager to take on the future role of the registered nurse in the operating room.

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UPDATE FROM ORNAC
MISE À JOUR DE L'AIISOC

ORNAC has been working for the past 20+ years to promote Excellence in Perioperative Nursing. This summer it is appearing that all the hard work that has gone before is paying off. ORNAC, for the first time in its history, has been invited to be part of various federal councils, and we have an opportunity to make a strong, positive impact in patient care.

Depuis plus de 20 ans l'AIISOC œuvre à la promotion de l'excellence dans la pratique des sciences infirmières en salle d'opération. Cet été nous voyons les fruits de notre labeur. L'AIISOC, pour la toute première fois, a été invitée à participer à plusieurs conseils fédéraux, ce qui nous fournit l'occasion d'avoir un plus grand impact positif sur les soins offerts aux patients.

The **International Federation of Perioperative Nurses (IFPN)** is an organization that represents the views of perioperative nurses globally through its affiliation to International Council of Nurses. There are 14 members of IFPN who work collaboratively, as a federation, to raise the international profile of perioperative nursing issues and to share good practices. Margaret Farley, ORNAC Past President, was recently elected to the position of Full Board Member on the IFPN Executive. For the next three years Ms. Farley will attend each meeting of the Executive Board and the Council of National Representatives. She will also participate on, or chair, committees as needed. Congratulations to Margaret and our thanks for her willingness to represent Canada.

La International Federation of Perioperative Nurses (IFPN) est un organisme représentant les intérêts des infirmières et infirmiers périopératoires au niveau mondial grâce à sa participation au International Council of Nurses. Les 14 membres de la fédération travaillent ensemble afin de faire mieux connaître les enjeux du domaine des soins périopératoires et de partager les meilleurs pratiques. Margaret Farley, présidente sortante de l'AIISOC, est récemment devenue membre du conseil exécutif de l'IFPN. Les trois prochaines années la verront assister à toutes les réunions du conseil exécutif et du conseil des représentants nationaux. Elle fera aussi partie d'autres comités selon les besoins. Nous offrons à Margaret nos sincères félicitations. Nous la remercions également d'avoir accepter de représenter le Canada.

Canadian Patient Safety Institute (CPSI) is mandated to provide leadership and coordinate the work necessary to build a culture of patient safety and quality improvement throughout the Canadian health care system. A not-for-profit corporation, the Institute promotes best practices, raises awareness and provides advice on effective strategies to improve patient safety. The Institute is committed to working with national networks and expertise and is supported by a secretariat located in Edmonton, Alberta and Ottawa, Ontario. ORNAC has been invited to sit as a voting member of the CPSI and as well, we have been invited to nominate a candidate for election to the first permanent board of CPSI. Margaret Farley, SK, and Bonnie McLeod, BC, have been nominated to serve on a CPSI committee. Bonnie McLeod has also been nominated as a candidate to the board of directors.

L'Institut canadien sur la sécurité des patients (ICSP) assume un rôle de leadership et de coordination afin de créer une culture propice à la sécurité des patients et à l'amélioration de la qualité dans l'ensemble du système de santé. Organisme à but non lucratif, l'Institut s'emploie à faire connaître les pratiques exemplaires, à sensibiliser et à prodiguer des conseils sur des stratégies efficaces d'amélioration de la sécurité des patients. Il s'engage à collaborer avec des réseaux nationaux et des spécialistes et est appuyé pour ce faire par un secrétariat installé à Edmonton (Alberta) et à Ottawa (Ontario). Non seulement l'AIISOC a été invitée à se joindre à l'ICSP en tant que membre votant, mais nous avons également été demandé de nommer un candidat admissible aux élections du premier conseil permanent de l'ICSP. Margaret Farley (SK) et Bonnie McLeod (BC) ont été choisies comme membres d'un comité de l'ICSP. Bonnie McLeod a aussi été nommée en tant que candidate pour le conseil administratif.

Safer Healthcare Now! is a grassroots campaign to enlist Canadian healthcare organizations in the implementation of six targeted interventions in patient care. Each of the six interventions upon which the campaign is built has an evidence base indicating that appropriate implementation and practice can lead to reduced mortality and morbidity. ORNAC has become a partner in this initiative, and will promote enrollment, sponsor education sessions, and other campaign activities. The ORNAC representative for this initiative is Sue Styles, AB.

Des soins de santé plus sûrs – maintenant! est une initiative populaire visant à inciter les organismes canadiens de soins de la santé de mettre en œuvre six interventions spécialisées en soins de santé. Chacune des six interventions sur lesquelles est basée la campagne sont elles-mêmes basées sur des recherches indiquant que l'adoption et l'exécution appropriées de ces stratégies peuvent réduire la mortalité et la morbidité. Maintenant devenue partenaire dans cette initiative, l'AIISOC fera la promotion de l'adhésion, commanditera des séances d'information et participera à d'autres activités de la campagne. La représentative de l'AIISOC pour cette initiative est Sue Styles (AB).

Canadian Council for Donation and Transplantation is an advisory body to the Federal/Provincial/Territorial Conference of Deputy Ministers of Health (CDM). Through its collaborative initiative work the CCDT develops advice to support the CDM in their efforts to improve and coordinate organ and tissue donation and transplantation in Canada. ORNAC has been invited to participate in discussions, and nominate representatives for Council and Committees. The ORNAC representative for this initiative is Linda Socha, SK.

Le **Conseil national sur le don et la transplantation (CNDT)** est un comité consultatif de la Conférence fédérale/provinciale/territoriale des sous-ministres de la Santé (CSM). Par le biais de son travail collaboratif, le CNDT appuie par ses conseils la CSM dans son objectif d'améliorer et de coordonner au Canada le don d'organes et de tissus et la transplantation. L'AIISOC a été invitée à participer aux discussions et de nommer des représentants aux conseils et comités. La représentante de l'AIISOC pour cette initiative est Linda Socha (SK).

Canadian Nurses Association's (CNA) Dialogue on Advanced Nursing Practice has been hard at work this past summer, reviewing a huge number documents pertaining to the nurse practitioner role and advanced nursing practice (ANP). In October, there was a 3-day symposium on ANP, with 100 representatives from various provinces and disciplines participating in discussions. ORNAC is participating in the document review and participated in the symposium. The representative at these discussions is Marcy McKay, BC. For more information visit www.cpni.ca.

Le Dialogue sur la pratique infirmière avancée au Canada de l'Association des infirmières et infirmiers du Canada (CIIC), grâce à leur travail assidu cet été, a révisé un très grand nombre de documents portant sur le rôle de l'infirmière praticienne et la pratique infirmière avancée. En octobre, un symposium de trois jours sur cette dernière a été tenu auquel 100 représentants de plusieurs provinces et de disciplines variées ont assisté. L'AIISOC a participé au symposium et s'implique maintenant à la révision de documents. La représentante de l'AIISOC participant à ces discussions est Marcy McKay (BC). Pour de plus amples renseignements, veuillez visiter www.cpni.ca.

UPDATE FROM ORNAC (cont.)

Canadian Nurses Association (CNA) Nursing Portal is a web-based resource designed to help nurses in Canada, and around the world, manage their careers, connect with colleagues and healthcare experts, and learn new ways to care for their patients. ORNAC will participate in the review of the portal, and make recommendations pertaining to perioperative nursing. Donna Gramigna, BC, will represent ORNAC.

CANADIAN NURSES PORTAL
PORTAIL CANADIEN DES INFIRMIÈRES ET INFIRMIERS

Le Portail canadien des infirmières et infirmiers est une ressource en ligne conçue pour aider les infirmières et infirmiers au Canada, et à travers le monde, à gérer leurs carrières, à garder contact avec leurs collègues et les experts en soins infirmiers ainsi qu'à apprendre de nouvelles techniques de soins. L'AIISOC participera à la revue du portail et fera de recommandations relatives aux soins infirmiers péri-opératoires. Donna Gramigna (BC) sera la représentante de l'AIISOC.

Canadian Nurses Association (CNA) Specialty Nurse Certification exams are being reviewed to determine if there is an opportunity for revision. ORNAC will participate in both the review and the revision of the perioperative specialty certification exam. Margaret Farley, SK, will represent ORNAC.

La revue des **examens de certification en soins infirmiers de l'Association des infirmières et infirmiers du Canada (CIIC)** est en cours afin de déterminer si une révision est requise. L'AIISOC participera à la revue comme à la révision de l'examen de certification relatif au domaine péri-opératoire. Margaret Farley (SK) sera la représentante de l'AIISOC.

www.ORNAC.ca

10 ANS DU PROGRAMME DE CERTIFICATION EN SOINS PÉRIOPÉRATOIRES

Auteur : *Suzanne Blais Gumpert, infirmière autorisée, baccalauréat en sciences infirmières, COHN(C), est une des coordonnateurs de l'Association des infirmières et infirmiers du Canada (AIIC).*

Les infirmières et infirmiers périopératoires commémorent cette année le dixième anniversaire du programme de certification de l'Association des infirmières et infirmiers du Canada, un organisme méritant nos sincères félicitations pour avoir franchi cette étape importante. Nous célébrons cet accomplissement grâce à un groupe d'infirmières et infirmiers périopératoires engagés qui a dédié énormément de temps à travailler avec l'AIIC afin de recevoir cette désignation spéciale. Le premier examen de certification offert en 1995 est le fruit de leur labeur (496 infirmières et infirmiers ont reçu cette certification suite à cet examen).

Maintenant, en 2005, 1660 infirmières et infirmiers sont certifiés en soins périopératoires au Canada (CSP(C)).

10 YEARS OF PERIOPERATIVE NURSING CERTIFICATION

Author: *Suzanne Blais Gumpert RN, BScN, COHN(C) is the Certification Coordinator with the Canadian Nurses Association (CNA).*

Operating Room nurses are commemorating 10 years of certification with the Canadian Nurses Association (CNA) Certification Program and are to be sincerely congratulated in achieving this very important milestone. Our ability to celebrate this decade of accomplishment is the result of a very dedicated group of perioperative nurses who volunteered a great deal of time to working with the CNA in order to obtain a specialty designation. They then worked on the development of the first perioperative certification exam that was offered in 1995 (496 nurses obtained the first Perioperative certification credential after this exam).

Currently, in 2005, there are 1660 Canadian nurses who proudly claim the Certified in Perioperative Nursing Canada (CPN(C)) or Certifié(e) en soins périopératoires Canada (CSP(C)) credential.

What is Nursing Certification?

Specialty certification is a voluntary program developed by the CNA in conjunction with other related national associations. The program permits RNs, with pre-established hours of nursing experience in the specialty field, to receive a professional specialty designation through the completion of a certification exam.

The CNA Certification Program was initiated by a membership request in June 1980 through a biennial resolution that directed CNA to study the feasibility of developing examinations for certification in major nursing specialties. Through the efforts and support of national nursing groups, the first certification exam was offered to neuroscience nurses in 1991.

A principal requirement for the establishment of certification examination for a specialty is that the national association, along with other representatives within the field, demonstrates that the knowledge and skills required of the RN comprise a distinct body of knowledge that is unique to the specialty. More explicitly, the stated goals of the certification program are to enable the assessment of specialized knowledge and skills, to enable the identification of nurses in a distinct specialty as 'certified / not certified', and to ensure that the assessment is based on competencies that are different than the entry-level 'RN' knowledge base and different than that of other nursing specialties.

Due to the direct involvement of the specialty association in the creation of the certification examination each certification exam is quite distinct (although the same process is used for the development of each exam). Examination committees are formed, from within each of the specialties, and the framework, blueprint, and multiple choice items developed for each examination reflects only content that is unique to that particular specialty. All development and maintenance activities for each CNA nursing specialty certification exam are performed in the same manner.

CNA believes this represents the best possible approach to certification. It is not necessary to test knowledge already possessed by the RN because that content is common to all, or most, of the specialties.

For the perioperative specialty, ORNAC works closely with the CNA, and the CNA owned Assessment Strategies Inc. (ASI), toward the development of the perioperative competencies and the certification exam. Nurse experts in perioperative nursing from across Canada provide their knowledge and expertise to ensure the exam fairly validates the knowledge of a perioperative nurse who meets the established criteria.

What is the difference between RN License and Certification?

The RN license is the minimum requirement for professional nurses and signifies entry-level knowledge and ability to provide care for clients. It does not recognize, or indicate, acquired and increased knowledge over the passage of time.

Nursing specialty certification, on the other hand, recognizes a voluntary process during which a nurse has developed specialty knowledge beyond the entry level and chooses to undergo a rigorous process in order to confirm, through an exam, her/his knowledge of the specialty. Certification is based on existing professional practice and, therefore, validates that a nurse's knowledge is current.

What are the benefits?

Certification in perioperative nursing makes a difference to the clients who entrust a nurse with their care, to employers who staff their facilities with skilled and experienced perioperative nurses, and to the nurse who has acquired the CPN(C). It confirms that the perioperative certified nurse has the experience to deliver complex specialized care to clients. The confidence held by clients in their qualified caregiver is strengthened when they are aware of a nurse's credentials and can bring additional comfort at a time when they are feeling vulnerable and unsure. Public awareness is growing and is increasingly looking for confirmation of the caregiver's credentials.[1]

CNA believes employers, recognizing the benefits of certification in perioperative nursing, are confident that recruiting and retaining these highly qualified nurses provides them, and their clients, with the ability to meet the new demands in client care. Many employers who support this valuable program are providing employees with financial help and additional study tools to take the certification exam.

Nurses with certification report that certification has enabled them to experience personal growth and a greater satisfaction in their nursing practice. [2]

How is the exam developed?

Each exam is developed by an exam committee that consists of volunteer certified nurses in the specialty who have been selected, by CNA, from various regions across Canada and each of the four nursing domains (clinical practice, education, research and administration). The exam committee works with experienced ASI consultant psychologists and psychometrists who have expertise in statistical/quantitative methods. The committee is guided by detailed testing principles to ensure the program remains valid, reliable and fair. The nurses provide the content and the consultants lead them through the process. The committee membership always includes at least one bilingual nurse. All exams and related materials are prepared in both English and French.

The exam committee also provides the content for the specialty *Nursing Certification Exam Prep Guide*, which is designed to help nurses prepare either on their own or in study groups. The guide includes the exam blueprint, the competencies developed for the specialty, the bibliography used to create the exam, and sample test questions and key answers along with their rationale.

The competencies which are used for the development of the exam and the bibliography are also available on the CNA website by

Continued on Page 24

Value # 3

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It's a great time to consider:

Victoria

Victoria General Hospital and Royal Jubilee Hospital are the Island's primary centres for Trauma, Neuroscience, Pediatric, Orthopedic, General, Obstetric, Cardiac, Thoracic, Renal, Urological, Vascular, Retinal and Oncology services. Between the two centres there are 24 operating theatres. Both hospitals offer a host of specialty services.

Nanaimo

Nanaimo Regional General Hospital, located mid-Island, is a major referral centre for General Surgery, Orthopedics, ENT, Plastic Surgery, Gynecology/Obstetrics, Facial/Maxillary Surgery, Ophthalmology and Urology. A new 8-suite Operating Room, Post Anesthetic Department, Surgical Day Care Unit and state-of the-art Sterilizing and Processing Department opened in April 2005.

Duncan

In this slightly smaller community, Cowichan & District Hospital continues its own OR upgrades to accommodate expanded services with 3 operating suites. Services include General Surgery, Orthopedics, ENT, Gynecology/Obstetrics, Opthamology and Urology.

Campbell River

At this referral centre for the Island's northern region, an endoscopy suite and 3 operating rooms support surrounding communities including local islands as well as Campbell River residents. Services include Orthopedics, General Surgery, Plastics, ENT, Gynecology, Obstetrics, Urology and Dental.

Salt Spring Island

Lady Minto Hospital is the island's primary centre for General Surgery: Gynecology, Urology and Endoscopy. There are 2 new operating theatres and a new 880 square foot post-anaesthetic recovery room. Salt Spring Island serves a population of approximately 12,000 residents.

Please visit our website at www.viha.ca to see all our current positions.

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For more information and to apply, visit our website at *www.gov.pe.ca/jobs*.

We would like to thank all applicants for their interest; however, only those who are selected for an interview will be contacted.

Prince Edward Island CANADA

Have a question or comment for someone at ORNAC?

Standards Committee:
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Awards Committee:
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About Perioperative Nursing Practice:
practice@ornac.ca

ORNAC President:
president@ornac.ca

General Information:
info@ornac.ca

www.ORNAC.ca

Congratulations to the following Canadians who presented at the **World Conference on Surgical Patient Care** in Barcelona, Spain, Sept 25 to 29, 2005.

Félicitations aux canadiens suivants qui ont présenté des discours à la **Conférence mondiale sur les soins de patients de chirurgie** à Barcelone en Espagne du 25 au 29 septembre 2005.

Barbara Bolding, *RN, MSN,MBA*
Jennifer Cogan, *MD*
Helena Hutton, *RN, BSN, ME(C)*
Rita Morrison, *RN, BBA, MBA*
Coleen Newland, *CRN*
Madeline Patenaude, *RN, CPN(C)*
Ann Robinson, *RN, CCRT*
Julie Zendhnizadek, *RN, CPN(C)*

finding the specialty in the certification section found at www.cna-aiic.ca.

HOW TO BECOME CERTIFIED IN PERIOPERATIVE NURSING?

Nurses must meet specific eligibility criteria to write the 4-hour, multiple choice, exam that takes place once a year, on the same day, in over 50 locations across Canada.

Perioperative nursing candidates must:

- be RNs, currently licensed in Canada;
- have 3900 hours of nursing practice in perioperative nursing acquired over the past five years or if the candidate has a nursing degree, or a post basic nursing certificate or diploma program of more than 300 hours in the chosen specialty, then she/he will require1950 hours of nursing practice in perioperative nursing acquired over the past three years; and
- provide endorsement, from a supervisor or manager, confirming experience in the specialty area.

Application Guides are available in the certification section at www.cna-aiic.ca.

A candidate who has successfully passed the perioperative nursing certification exam receives a certificate, a gold Certification pin and the CPN(C) or CSP(C) credential. This credential is valid for five years from the date of the exam.

WHAT IS CERTIFICATION RENEWAL?

Once nurses have acquired their certification credential it is vital that they continue to validate their nursing practice and current knowledge in the specialty. Certification is an ongoing process. To maintain the credential, a nurse renews the certification credential every five years by demonstrating 3900 hours of clinical practice in perioperative nursing, and 100 hours of continuous learning activities related to perioperative nursing, or by choosing to write the current perioperative nursing certification exam meeting the current criteria

Nurses who value this highly respected credential will take every opportunity to remain current with changes in their selected field of nursing practice. They will attend conferences, workshops and in-services. In addition they might take courses and give lectures. It is their responsibility to keep track of their certification expiry date and to inform the CNA Certification Program of any address changes. CNA will provide a reminder of the renewal date about six- months before a credential is due to expire.

WHAT ARE CONTINUOUS LEARNING (CL) ACTIVITIES?

With the implementation of continued competence and quality assurance programs in some provinces and territories, registered nurses need to maintain, and continuously enhance, their competencies through continuous learning in order to base their practice on knowledge and skills relevant to the most current client health needs.

- Each CL activity must relate to the nursing specialty and be a minimum of 30 minutes in length;
- An identical CL activity may be reported only once during the five-year certification term (e.g., Basic Cardiac Life Support (BCLS)). If the activity is taken at a higher level, one can then count both (e.g., BCLS and then Advanced Cardiac Life Support (ACLS));
- Each CL activity claimed must be earned within the candidate's five-year certification term. Candidates can forecast their CL hours up to the last day of the certification term, indicate that they will be confirming the activity prior to that date, and then show proof to the Certification program prior to the end of the certification period.
- One clock hour equals one CL hour;
- Pre-authorization from CNA is not required for CL activities to be recognized; and
- CL activities can be earned outside Canada. International CL activities are not only accepted, they are encouraged.

The CNA Certification Program allows a great deal of flexibility with regard to the type of continuous learning activities that one may undertake for credit. CNA will, however, limit the number of hours one can claim for some CL activities. Only activities that are not part of a paid position's job description are eligible.

The following are just a few examples of the types of continuous learning activities a certified nurse may wish to engage in to meet the learning needs: (additional types can be found in the Recertification Application Guide at www.cna-aiic.ca): [3]

Academic Courses

- The course content must be related to the area of certification.
- Academic credits or courses that are outside of the nursing specialty cannot be counted. (e.g., English, literature, history, music, general computer courses).

CL hours allotted:

- In general, a college or university semester course (e.g., from September to December) is equal to 36 CL hours.
- If one does not know how many credits are allowed for a course, calculate one CL hour for every clock hour spent attending the course (e.g., 3 hours/week x 12 weeks = 36 CL hours).

Conferences, teleconferences, videoconferences, seminars, workshops

- The general guidelines outlined under Academic Courses are followed.
- Total hours attended are calculated. (e.g., not necessary to breakdown every individual conference session attended).

Employer In-services

- If the in-service is offered regularly (e.g., nursing grand rounds once a month), a running list of the sessions attended, with all the pertinent information, needs to be kept. A nursing supervisor or nurse educator needs to sign the list.

Leading a study group to prepare for the certification exam

- The maximum number of hours one can claim for this activity is 20 hours.
- One can count organizing and leading a study group to help other RNs prepare for the CNA certification exam, as long as the study group is in one's certification area.
- One clock hour equals one CL hour when calculating leadership of a study group. The candidate must show proof of an agenda, outline or similar documentation to support the activity.

Professional committee membership/ participation

- Maximum number of hours one can claim for this activity is 25 hours
- The committee must be applicable to one's area of certification. It should not be part of the regular responsibilities of one's job description. The candidate must show proof of an agenda, meeting minutes, etc.

Presenter/lecturer credits

- These are credits for presentations made to other health professionals on topics related to one's area of certification.
- Preparation time can also be counted. To calculate preparation time, double the presentation time (e.g., 1 hour presentation + 2 hours preparation = 3 CL hours).

Preceptorship

- Maximum number of hours one can claim for this activity is 40 hours.
- The preceptorship must be in one's specialty area.
- The candidate should obtain documentation from the school of nursing or the manager involved in mandating the candidate's responsibilities in monitoring a student or nursing colleague.

Articles, book chapters, research projects

- One can include publication of materials relevant to one's area of certification.

CL hours allotted:

- For authorship or co-authorship of a book, allot 25 CL hours.
- For a book chapter, manuscript article or paper, allot 15 CL hours.

Research projects

- One may count a research project if it has been completed during the five-year certification term.
- One clock hour equals one CL hour when calculating one's participation in research

Nursing Certification (cont.)

Participating in CNA certification exam development

• CNA will provide proof of participation.

To summarize, nurses have the potential to validate their ongoing knowledge in their specialty by participating in the CNA Certification program. It is a voluntary process that provides them with a credential to confirm the currency of their knowledge. Further information about future exams and application deadlines can be found on the CNA website at www.cna-aiic.ca or by calling 1-800-361-8404.

ORNAC would like to thank the many perioperative nurses across Canada whose labour brought about the first Perioperative Certification Exam. We also congratulate the nurses who continue to strive for Perioperative excellence by achieving, and maintaining, their certification.

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Endnote: Much of this material has been taken from the Canadian Nurses Association website and can be found at www.cna-aiic.ca.

UPCOMING EVENTS

For details visit www.ornac.ca

PROVINCIAL & REGIONAL CONFERENCES

British Columbia	Harrison Hot Springs	April 19-22, 2006
Alberta	Red Deer	October 25-28, 2006
Saskatchewan	Regina	September 21-24, 2006
Manitoba	Winnipeg	June 15-17, 2006
Ontario	Ottawa	April 23-26, 2006
Quebec	Laval	November 7-9, 2006
New Brunswick	Miramichi	April 21-22, 2006
Atlantic Conference	Halifax	October 4-7, 2006
Newfoundland & Labrador	Grand Falls - Windsor	September 14-16, 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 (www.acorn.org.au)	Canberra, Australia	May 24-26, 2006
AORN (www.aorn.org)	Washington, DC	March 19-23, 2006
EORNA (www.eornac.com)	Dublin, Ireland	May 25-28, 2006
NATN (www.natn.org)	Harrogate, UK	October 9-13, 2006

Auteure: *Muriel Shewchuk, infirmière autorisée, baccalauréat en sciences infirmières, CPN(C), est consultante en soins périopératoires. Elle vient juste de prendre pris sa retraite après 42 ans dans les domaines de formation et d'administration périopératoires. Muriel est la cofondatrice ainsi que la coprésidente actuelle du Canadian Operating Room Leaders Network (CORL), organisme ayant récemment devenu groupe affilié de l'AIISOC. Muriel sera la représentante du CORL au sein du conseil administratif de l'AIISOC.*

L'AURA POSITIVE

Elle vous va tr s bien!

L'attitude que vous adoptez peut changer votre vie tout comme votre milieu de travail! Sans égard au nombre de gens autour de vous qui semblent ne vivre que pour se plaindre, VOUS êtes en mesure de rompre le cycle. Vous vous dites peut-être que ce n'est pas à vous de régler les problèmes du monde. Cependant, c'est à vous de rendre agréable votre propre vie, et cela comprend votre milieu de travail. En réglant ce que vous pouvez par l'application de votre attitude positive, vous ne pouvez que partager avec ceux et celles qui vous entourent votre approche positive. Imaginez que vous émettez une aura positive. Vouloir, c'est pouvoir! Alors, quelles sont les clés de l'aura positive?

Author: *Muriel Shewchuk RN, B.Sc.N, CPN(C) is a Perioperative Nurse Consultant. She has recently retired following over 42 years of Perioperative Education and Administration. Muriel is a co-founder, and currently co-chair, of the Canadian Operating Room Leaders Network (CORL) which has recently been granted Affiliate status with ORNAC. Muriel will represent CORL on the ORNAC Board.*

POSITIVE RADIANCE

The Aura Becomes You!

One's attitude can change your life and your workplace! No matter how many "crankies", or "BMWs" (not the expensive car, the "Bitch, Moan and Whiners"), you have to work with, YOU can break the cycle. You may feel it is not your job to fix the world. But it is your responsibility to make things good for yourself, and this includes your work environment. By making things right, through the use of your own positive attitude, you cannot help but share those positive vibes with those around you. Imagine a positive aura surrounding you. Mind over matter is very powerful! So what are the keys to this positive radiance?

Personal Assessment

In order to improve ones attitude, it is important to assess ones current state of mind. It is very easy to plod along day after day, without recognizing the messages that are controlling you and the aura you are exuding. Personal assessment requires a real tough and honest look in the mirror. Ask yourself how you feel about life, home, partners, children, work, and friends. Be honest about what you are contributing at work and what you look like to your colleagues. Try to imagine what they say about you in the locker room after a tough day. What are your challenges in areas such as money, marital discord, testing teenagers, elderly parents, and the demons of drugs and alcohol? What do you do after work? And then make the private list of things that you consider trouble or the cause of unhappiness in your life. Prioritize and group them into three or four categories so that the list does not become overwhelming. Then make a new list that turns these items from problems in to solutions – how are you going to change them or find a new way to deal with them? Even if solutions seem impossible, don't hide behind excuses. Destroy the problem list and keep the positive solutions list in front of you – in your mind, in your car, in your purse, or wherever you will see it often. Repeat the items on it over and over to yourself, so that you eventually start to believe your solutions are possible. Begin each new day with tons of self-talk! Eventually this turns into a week, then a month, and soon you are in a new mindset that has become automatic.

Do a really accurate personal assessment of your credibility and your clinical skills. Are you really competent? Are you ensuring that standards and policies are followed? Are you setting the best example? Are you considered a Star Performer? Know what your work critics are saying about you – don't keep your head in the sand! Do the surgeons and anaesthetists really want you working with them? What do the newbies, the competent, the struggles, the support staff and your superiors say about you? If there are issues, work to change your attitude and the perceptions of you. It is also important to focus on education and advancement everyday. Remember the patients and their families, as well as your work colleagues, are depending on you to be there and to be at your best.

Believe in Yourself!

Remember you are smart, compassionate, eager, trustworthy, intelligent, keen, and energetic and many other wonderful things. Or at least you were when you started nursing. If it has changed, try to determine where the positive attributes went – dig them out – they are likely not buried very deep – and put them back in to your daily attitude and aura. Find the words to the old song "I Had It My Way" and tell yourself "Damn I'm Good" – not arrogantly, but in a positive manner. Walk tall. Your motto needs to be "I'm making my life, and this world, a better place!"

Positive Action

Be a "Star Performer". Arrive early to work, with a smile on your face. Some days you will have to fake it but you likely won't have to fake it for long. Eventually your new attitude will take over and your mind will automatically focus on the positive. Remember, it is very hard to be cranky or mean to someone who is looking you in the eye and smiling ever so nicely. Those around you will be affected by your attitude. And from your perspective, your mind usually focuses on one emotion at a time – if a smile is on your face it is very hard to be cranky. Smiles rule!
Take your breaks with at appropriate times and for the appropriate length of time. Try to always think about your impact on the rest of the team. Be sure they know where you are and that you are there for them. Return when you are expected and assure that everyone you work with gets fair and equitable treatment. At the end of the shift make sure there is no undue hardship for those left behind. Always support your team members by being present, dependable, competent and supportive.

It is important that you have zero tolerance for any abuse of any kind directed at any one. If you witness abuse determine why it is occurring and deal with it immediately, and in a positive manner, so that everyone has their say and is treated in a positive and respectful manner. Follow up to make sure there are no outstanding issues. Use positive techniques to put an instant stop to all rude, demeaning, devaluing interactions. Remember, no one intentionally comes to work to start trouble – find out what the issue is and facilitate an improvement in the situation. Be cautious not to take the monkey on to your own back – make sure you guide the perpetrators toward an acceptable and positive outcome. It may not be your job, but remember you are aiming to make the work place, and your life, a better place. If you can make a contribution, just do it!

Focus your friendly, cheery "Good Morning" on to the sad, the loners, the quiet, the new, your support staff and, above, all the "crankies". Be consistent day after day and make sure you target those that most need a boost and to feel included. When opportunities arise, sit among the "crankies" and bring up a positive conversation in an effort to turn the negative swirl into a positive tide that will engulf all. Put the "crankies" on your team – it will make them feel good – and commend them on the good things they do in a way that others will hear. Working with one crankie at a time might lead to the most success. You may just crack that negative shell. Remember, there is a sensitive person under there who only wants someone to care about them.

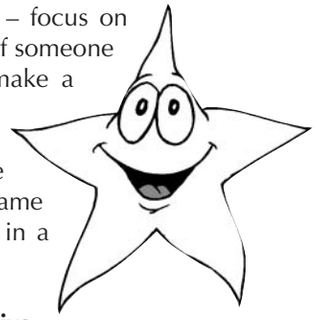
Keep track of special events and accomplishments in your colleagues' lives and

pay attention to tragedies. Write a note, send a card or send some other acknowledgment. The impact of small, caring, gestures, especially in written format, has tremendous value.

Keep the negative stuff in a special imaginary box with a tight lid – only bring it out when absolutely necessary. Deal only with those essential items and get the lid back on. Remember the box is not part of you – you are detached from it. Do not leave the lid off and let the negative fumes escape and corrupt your positive environment – it is a hazard to your health! Build another box of solutions and successes. Take pride in the solution box. When the time is right, get rid of the negative items by moving them into the positive solution box. Do not over discuss, moan about, or regurgitate the past negatives – put them in the wind and send them away forever.

In spite of all your best attempts to be positive there will be times when the hurt feelings penetrate your positive coat. Instead of letting the difficult emotional hurt get to you, step outside yourself and do a constructive analysis of what has happened. Look through the eyes of each person involved and be really honest. What really happened? What led up to the event? How did each person handle it? What were the mitigating factors? What was the fall-out for each person? What is the game plan to recover? All too often we play the "pity me game" with ourselves, without being really honest and objective. Move on and ask yourself what you have to contribute and what you have learned. Do not bottle up negative feelings, as stress is very destructive. If the work environment is pure ugly, and too much to waste your time on, move on to another environment.

Always plan for a good day and a good week – assume it will be positive, no matter what. Talk to yourself on the way to work – don't worry, the man in the car beside you only thinks you are singing! Develop an inner smile and focus on it! Remember the tremendous power of negative thinking often increases the likelihood of problems. DO NOT ALLOW any negative thoughts in to your mind. Rephrase sentences so that it is the positive side and bury the negative possibility – focus on what can be done. If someone is being negative make a point of asking what is going well – this will force him or her to reframe his or her thoughts in a positive way.



Key Points to Positive Radiance

- ★ Focus on what you can do – NOT what you can't do;
- ★ Be the victor NOT the victim;
- ★ Turn bad habits into Good Habits;
- ★ You may not be able to forget, but try to forgive all those who have hurt you. Holding on to it is only destroying you;
- ★ Focus on solutions – even if seems impossible at first thought;
- ★ Mentally, drive only in forward – NO reverse;
- ★ Be aggressive about the positive, prepare to win not lose, but make sure you don't win at the expense of others;
- ★ Consistently and persistently maintain a positive aura and it will become integral to your being;
- ★ Think enthusiastically, confidently, kindly, and with high integrity; and
- ★ SMILE. Say "Can I Help You" and "THANK YOU" often – and mean it!

Summary

Visualize your positive vibes penetrating the tough alligator skin of the downtrodden "crankies". By warming their sad soul even just a few degrees a day it will slowly, but surely, improve their attitude and your life. Imagine the strength of a "gang" of positive attitudes and what they could accomplish. Make it your agenda to develop a consistent and strong positive attitude. Use your mind to create a satisfying aura that will surround you in a positive light. We need positive attitude to surround us all! Make it so!

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 Application deadline is March 15, 2006. Grant recipients will be selected at the May 2006 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***

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L'AIISOC ANNONCE. . .

LA BOURSE DE RECHERCHE CARDINAL HEALTH 2005 VALEUR: jusqu'à 5000 $

QUI Chercheures et chercheurs satisfaisant aux exigences mentionneés 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 La date limite pour soumettre votre demande est le 15 mars 2006. La sélection des gagnant(es) de la bourse se fera lors de la réunion du conseil d'administration de l'AIISOC de mai 2006.

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***

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L'INFIRMIÈRE PREMIÈRE ASSISTANTE EN CHIRURGIE :
UNE FONCTION ENRICHISSANTE

Auteur: *Jocelyne Arpin, RN, NFSA, BAA, Présidente du RIPAC.*

RÉSUMÉ

Parmi les différentes spécialités disponibles pour les infirmières, une a capté notre attention; l'infirmière première assistante en chirurgie. Au Québec, c'est une jeune profession, c'est donc dans l'intérêt de faire connaître le rôle et les fonctions de l'infirmière première assistante en chirurgie que cet article fut rédigé. Nous y ajoutons un volet historique, légal ainsi qu'un clin d'œil sur les perspectives d'emploi et d'avenir.

NURSE FIRST SURGICAL ASSISTANT (NFSA)
A REWARDING CAREER

Author: *Jocelyne Arpin, RN, NFSA, BAA, is the President of RIPAC.*

ABSTRACT

In the wide field of nursing specialities, there is one that captured our interest; Registered Nurse First Assistant (RNFA). In Quebec this is a new profession (known as Nurse First Surgical Assistant or NFSA) so the author has written about the progression that has been achieved, a description of the role, a brief update about its present situation and finally a word about what the future holds.

To enrich their professional lives and careers, many nurses look toward choosing a field to specialize in. While some clinical fields are very well known others, regardless of their importance, are often overlooked or less known by the nursing community. The goal of this article is to help build recognition of the role and function of the nurse first surgical assistant in Quebec. Indeed the importance of keeping this field of expertise growing begins first and foremost with each an every nurse, her desire to work in this field and the importance that nurses will lend this new field.

HISTORY

As a result of a shortage of doctors and residents, and to fulfill a growing need in surgical assistance, The Corporation Of Operating Room Nurses Of Quebec (CORNQ) in collaboration with Université du Québec à Trois-Rivières (UQTR) started a program for OR nurses to train and become nurse first surgical assistants. In September 1996 the first class of students started a "certificat en soins périopératoires" (certificate in perioperative care). Three subsequent graduating classes have followed (as of June 2005) and each group is working to demystify the perception of their newly acquired skills.

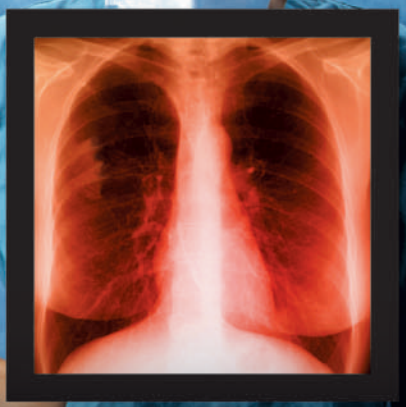
Working as a nurse first surgical assistant requires the completion of the "certificat en soins périopératoires (4110)" from UQTR plus at least 2 years of experience as an OR nurse. Since 1996, **79** nurses have graduated. There is a possibility for nurses without OR experience to complete the "programme court en pratique infirmière en salle d'opération" (short program in operating room nurse practice) from UQTR (0316) and then apply for the certificate program. Some hospitals currently require the completion of the 0316 program as a prerequisite for OR nursing positions.

THE LAW AND NURSE FIRST SURGICAL ASSISTANT

On December 13, 2000, the legal settlement, worked for by l'Ordre des infirmières et infirmiers du Québec (OIIQ) and Le Collège des Médecins du Québec (CMQ), that acknowledged the formation and the function of the nurse first surgical assistant was published. This law allows Nurse First Surgical Assistants to perform certain acts previously reserved only for doctors. They include evaluating patients and finding and preventing problems related to the surgical process. An NFSA can evaluate the patient's condition before the transfer to the recovery room. The NFSA can also apply corrective or emergency measures under the supervision of a surgeon.

Continued on Page 36

SURGICAL SMOKE

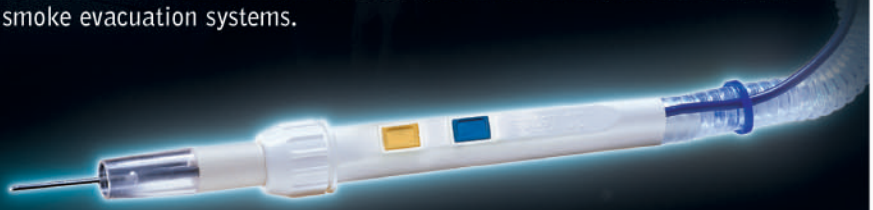


RISK Surgical smoke can carry dangerous bacteria and viruses, including HIV. It can produce upper respiratory irritation and may have mutagenic potential.

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.

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AMÉLIORER LA QUALITÉ DU SERVICE DANS UN MILIEU DE SALLE D'OPÉRATION ET DE STÉRILISATION

Auteures:

May Griffiths-Turner, technicienne de laboratoire médicale, certifiée en prévention des infections, est practicienne en prévention des infections à St. Joseph's Healthcare, Hamilton, ON.

Ruth Stevenson, infirmière autorisée, MEd, certifiée en prévention des infections, est gestionnaire / responsable de la prévention des infections à St. Joseph's Healthcare, Hamilton, ON.

RÉSUMÉ

Problématique:
Améliorer la qualité du service fourni par le service de stérilisation et de salle d'opération en appliquant une approche multidisciplinaire coordonnée de groupe.

Projet:
Un comité de direction a été formé comprenant des membres de l'administration, du service de stérilisation, de la salle d'opération et du service de prévention des infections. Le mandat était d'améliorer la qualité de service offerte par les services de stérilisation et de salle d'opération par le biais de pratiques fondées sur l'expérience clinique dans le but d'améliorer les soins aux patients. Le représentant du service de prévention des infections a été nommé président, étant perçu comme ayant une perspective d'ensemble et un intérêt direct au projet en général plutôt qu'à un service en particulier. Au début le comité s'est réuni à toutes les deux semaines mais il a adopté une réunion mensuelle une fois le trajet établi. Des problématiques spécifiques ont été identifiés, un plan d'action développé, un échéancier établi et les personnes responsables de problématiques particulières ont été identifiées. Un système d'évaluation a été mis en place.

Résultats:
Les problématiques examinés comprennent : accroître l'efficacité du retraitement des instruments, réduire la fréquence de la stérilisation rapide, retirer les dispositifs à usage unique du processus de recyclage, réviser la stérilisation à l'oxyde éthylène, prévenir la perte des instruments chirurgicaux, atteindre un niveau optimal du stock d'instruments chirurgicaux, mettre à niveau les protocoles de nettoyage des salles d'opération, introduire la péremption par événement, développer un système standardisé de formation et de formation continue du personnel du service de stérilisation, utiliser les indications biologiques afin de surveiller la stérilisation de tout dispositif implantable et améliorer le contrôle de la qualité de la documentation. Des solutions à ces problématiques ont été développées et mises en place selon les normes de l'Association canadienne de normalisation (CSA) et de l'Association des infirmières et infirmiers de salle d'opération du Canada (AIISOC), ainsi que selon les normes de certification de la *Central Sterile Association of Ontario* (CSAO) et des lignes directrices de Santé Canada.

Apprentissages:
Cette initiative a développé un fort sentiment d'appui à l'intérieur de l'équipe en développant les relations professionnelles, la résolution de problèmes en collaboration, le leadership partagé et le dialogue plus ouvert entre les services. Cette pratique a dépassé les problématiques originaux pour inclure des services connexes: urgence, accouchement et traitements mineurs. L'atteinte de notre mandat a eu pour résultat une qualité de service améliorée grâce aux pratiques exemplaires dans la salle d'opération et le service de stérilisation.

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IMPROVING QUALITY OF SERVICE IN A STERILE PROCESSING AND OPERATING ROOM SETTING

Authors:

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Ruth Stevenson, RN MEd CIC, is an Infection Control Manager / Officer at St. Joseph's Healthcare in Hamilton, ON.

ABSTRACT

Issue:
To improve the quality of service provided by the Sterile Processing Department (SPD) and the Operating Room (OR) through a coordinated multi-disciplinary team approach.

Project:
A Steering Committee was struck consisting of members from Administration, SPD, OR and Infection Prevention and Control. The mandate was to improve the quality of service provided by the SPD and OR through evidence-based practices resulting in enhanced patient care. Infection Control was named Chair. Infection Control was viewed as having a broad perspective and a vested interest in the overall project rather than with any specific department. Meetings were held biweekly initially and then monthly once momentum was established. Specific issues were identified, an action plan was developed, timelines were established and the persons responsible for addressing specific issues were named. An evaluation process was implemented.

Results:
Issues addressed included: increased efficiencies when reprocessing instruments, reduced frequency of flash sterilization, removal of single use medical devices (SUMeD) from the recycle stream, review of Ethylene Oxide (ETO) sterilization, prevention of loss of surgical instruments, attained optimal inventory levels of surgical instruments, upgraded OR cleaning protocols, introduced event related sterility, developed standardized SPD staff training and demonstrated continued competency, used biological indicators to monitor sterilization of all implantables and improved quality control documentation. Solutions to these issues were developed and introduced consistent with Canadian Standards Association (CSA) Standards, Operating Room Nurses Association of Canada (ORNAC) Standards, Central Sterile Association of Ontario (CSAO) Certification practice standards and Health Canada Guidelines.

Lessons Learned:
This was an initiative that built strong team support through the development of working relationships, collaborative problem solving, shared leadership and increased dialogue between each department. This model of practice moved beyond the original areas to include related departments including: emergency, labour and delivery and minor procedure rooms. Achieving our mandate produced improved quality of service through best practices in the OR and SPD.

ISSUE / INTRODUCTION

Surgical services and sterile processing departmental responsibilities and functions have undergone a tremendous change in the last 12-15 years. Demands on the human and material resources in healthcare have impacted how service is provided. Advances in technology stress capital and operational budgets, resulting in smaller inventories that demand rapid turnover. As a result, in 2001, an independent review was conducted to ensure best practice standards were being met in the Sterile Processing Department (SPD) and Operating Rooms (OR). An assessment of the current departmental performance, workload activity, and process issues and concerns between SPD and the OR was completed. Subsequently, a number of recommendations were made concerning the

Nurse First Surgical Assistant (cont.)

The functions authorized for the nurse's first surgical assistants during the operating phase are:

Positioning;
Prepping;
Draping;
Achieving haemostasis by electric or mechanical means;
Clamping, cauterizing or tying vessels;
Assuring organ and tissue exposure through suctioning, sponging, placing and holding retractors, irrigating the operative site, cutting tissue as determined by the surgeon, and placing sponges around operative sites;
Suturing fascia, sub-cutaneous tissue and skin;
Choosing sutures and needles, suturing, cutting and making knots; and
Using any instruments at the surgeon's request, manipulating laparoscopes, hitting the osteotome, etc.

It should be noted that the acts of medical assistance are always under a surgeon's direct supervision and the level of assistance will vary based on the nurse's experience. For example, a nurse who has experience assisting in cardiac surgery can harvest the saphenous vein and the radial artery. The NFSA's role and function in the clinical field calls for the development of specific skills from both a theoretical and a practical point of view.

RIPAC for Nurse First Surgical Assistants

Since the settlement in December 2000, the committee in perioperative nursing care (started in 1997 by the first group of certificate graduates) was replaced by the "Regroupement des Infirmières Premières Assistantes en Chirurgie" or RIPAC (Regrouping of the Nurses First Surgical Assistants). RIPAC is a permanent committee of the Corporation of Operating Room Nurses of Quebec (CORNQ). RIPAC's goal is to connect all Nurses First Surgical Assistants to enable them to share experiences and information. RIPAC, along with CORNQ, promotes quality of care and builds links with government, professionals, universities and unions while collaborating with the Order of Nurses of Quebec (ONQ) and the college of medicine. RIPAC also participated in the formation and the evaluation of guidelines for the nurse first surgical assistant role. For those interested in learning more about the role of nurses first surgical assistant, RIPAC created two documents:

1. "Description de fonction de l'infirmière première assistante en chirurgie" (Description of the Function of the Nurse First Assistant in Surgery) and
2. "Protocole d'actes délégués de l'infirmière première assistante en chirurgie" (Protocol of Delegated Acts of the Nurse First Assistant in Surgery).

The Future and Job Prospects:

At the time of writing, 30 positions for NFSAs had been created within Quebec hospitals. In some facilities, additional NFSAs are used on an as needed basis without the creation of an actual position. NFSA graduates continue to work to educate their superiors and the administration of each centre about the role in order to encourage the creation of more positions. Encouraging the support of medical staff is also very helpful. A new group of NFSA students began their studies in September 2005 at UQTR.

Along with the desire to inform the nursing community of the particular of this new role, RIPAC believes it is important to build profile and understanding of the program in order to ensure it is maintained and continues to grow.

For informations about the « Certificat de premier cycle en soins infirmiers périopératoires » or the « Programme court en pratique infirmière en salle d'opération » please contact Aline Gagnon at aline_gagnon@videotron.ca.

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Translation from the original French provided by Suzanne Cadorette B.Sc.N, CSP(C), NFSA.

operations of reprocessing to prepare surgical instruments and procedure case carts to meet the needs of the daily surgical schedule in tandem with patient and occupational infection prevention.

As a result of this review, administration moved to improve the quality of service provided by the Sterile Processing Department (SPD) and the Operating Room (OR) through a coordinated multi-disciplinary team approach.

PROJECT / METHODS

A Steering Committee was struck in 2002 that included a representative from Administration, the SPD Manager, SPD Clinical Coordinator, OR Manager, Peri-Operative Educator, Nurse Manager of Ambulatory Health Surgi-Centre and Infection Prevention and Control personnel. Each person had a vital role to play in the process. Administration was an asset due to their ability to initiate recommended changes that would have a financial impact on the hospital budget. The managers of SPD, OR and Ambulatory Surgi-Centre were essential members of the committee. Their departments are inter-dependant and many issues have an impact on these departments. The managers could direct change in practice when necessary and required a close, cooperative relationship for the success of this initiative. The SPD Clinical Coordinator and Peri-operative Educator would then be able to facilitate the changes by ensuring they were communicated clearly to the appropriate personnel. Infection Prevention and Control personnel provided neutrality, an overall perspective and were an asset in addressing infection control issues and recommending evidence-based changes that were consistent with established guidelines. Meetings were initially held bi-weekly and then monthly once momentum was established.

The committee's mandate was to improve the quality of service in the Sterile Processing Department and the Operating Room. This would be accomplished by; identifying issues, developing an action plan, establishing timelines, naming persons responsible for specific issues, implementation of recommended changes and a process of evaluation. The committee's action plan identified approximately 40 major and minor issues that would be addressed. Among them were frequent emergency / flash sterilization, reuse of single use devices, review of Ethylene Oxide (ETO) sterilization, surgical instrument loss, inadequate OR cleaning schedule, time related versus event related sterility, SPD standardized training and competency, quality control documentation and instrument reprocessing inefficiencies.

SOLUTIONS / RESULTS

Solutions to the issues were evidence based and consistent with current established guidelines and standards from Operating Room Nurses Association of Canada (ORNAC) Standards, Canadian Standards Association (CSA) Standards, Central Sterile Association of Ontario (CSAO) Certification Standards of Practice and Health Canada Guidelines.

Emergency/Flash Sterilization:

The frequency of emergency / flash sterilization[1] was reduced after monitoring and documenting items flashed in OR and Surgi-Centre. The committee reviewed and analysed three months of data. They determined the time required for reprocessing in SPD, reviewed surgery booking practices, and increased surgical instrument inventory of high traffic items such as "eye sets" for the ophthalmology service that resulted in decreased demand for emergency / flash sterilization. SPD and OR continued to monitor and audit emergency / flash sterilization to determine why instruments were being flash sterilized and how often this occurred. This provided supporting evidence that the incidence of flash sterilization continued to decline. This documentation continues to be reviewed regularly and will provide an alert if the practice of emergency / flash sterilization starts to increase. Countermeasures can then be taken to halt escalation.

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Ethylene Oxide (ETO) sterilization:
Use of Ethylene Oxide (ETO) sterilization [2,3,4] was reduced by first assessing all items sterilized with ETO. Some items were replaced with purchased pre-sterilized products. Other instruments that required ETO sterilization were replaced with hydrogen peroxide gas plasma or steam compatible items. An additional hydrogen peroxide gas plasma sterilizer was purchased that provided a quick turnaround time of 50 minutes. Ozone (O_3) technology, another low temperature method of sterilization, was investigated as an alternative for ETO sterilization. It was subsequently determined to be unsuitable for our needs due to the four-hour sterilization time required and the unavailability of validation of this method by manufacturers for their instruments.

Single Use Medical Devices:
Single use medical devices[5] were removed from the reprocessing stream by, implementing a process by which the SPD Manager verified with the source department if an instrument was single use or could be reprocessed. Manufacturer's guidelines for reuse and reprocessing were requested in writing. Single use items sent to SPD are not reprocessed.

Mesh bag and basket system:
A mesh bag and basket system[6] was introduced for small items to reduce instrument loss, reduce sharps injury, and increase efficiency of reprocessing in SPD.Standardized major and minor basic instrument sets were introduced in the emergency department, Urgent Care Centre and minor procedure rooms. Each basic instrument set is contained in a stainless steel mesh basket. It remains together as a unit throughout use, return and reprocessing. Upon return to SPD for reprocessing, the basket allows visual inspection for sharps and safe removal before handling. Missing instruments can be spotted immediately and sought, or replaced and costs charged to the appropriate department. Before introduction of this system, replacement cost of instruments was approximately $2000 every 3 months. After introduction, no replacements have been necessary for 6 months. Laryngoscope blades arrive in a labelled colour coded mesh bag that identifies the department for return. Before introduction, blades were routinely lost or returned to the wrong department. After introduction, a department could rely on safe return of their laryngoscope blades and complaints were reduced.

OR cleaning schedule:
The OR cleaning schedule was aligned with ORNAC Standards[7] by developing checklists that outline the required daily, weekly and monthly cleaning. Dates and signatures are required. Specially trained housekeeping staff were dedicated to the OR. Housekeepers report directly to the OR Manager instead of Environmental Services.

SPD training and competency testing program:
A comprehensive SPD training and competency testing program was developed that was consistent with CSAO Standards of Practice.[8,9,10,11,12,13,14] and Health Canada Guidelines.[15] The SPD Clinical Coordinator provided initial training. Detailed pictorial and text instructions were developed outlining the disassembly, cleaning, assembly, and sterilization of all instruments and sets. (Figure 1 & 2) These comprehensive reference binders have been developed for each surgical specialty. They are available at all workstations for easy reference. SPD staff must demonstrate competency before they are permitted to work unsupervised. A mandatory annual review utilizing an internal checklist is conducted to demonstrate continued competency.

Event Related Sterility:
Current standard of practice has moved from time-related sterility to event-related sterility, reducing unnecessary reprocessing in SPD. First the committee members addressed issues of restructuring physical space and realignment of individual roles within the OR i.e. housekeeping. An Event Related Sterility policy and procedure was developed. Staff education was provided including what constitutes an event and the importance of stock rotation to ensure sterile packages are "first in" and "first out". Closed cupboard storage was implemented in keeping with ORNAC Standards[7]. Exchange carts were introduced in Day Surgery and Minor Procedure Rooms. Auditing use helped to eliminate hoarding. Each department must sign out items are taken and par levels are established and monitored. An enhanced cleaning regimen was implemented in OR and SPD consistent with ORNAC Standards[7].

Quality Assurance:
Comprehensive Quality Assurance measures were introduced in SPD and OR. One hundred percent of the sterile process is now monitored and documented. There is two-person signature verification that all parameters of packaging and sterilization have been met. Instrument sets lacking initials are rejected. Biological indicators were introduced into each autoclave load to monitor sterilization of all implantables. Problems are resolved as close to the source as possible. Staff in-service training sessions are conducted weekly, providing knowledge, thereby empowering staff with the confidence to make decisions at the front line. Any staff member can shut down the system if there is a problem.

Evaluation:
A process of evaluation was implemented. A documented Quality Assurance (QA) system was initiated with OR and SPD to track trends. The SPD Manager audits sterilizer checklists twice daily. Errors or omissions are immediately communicated directly to the staff. The SPD Clinical Coordinator performs a random audit of a sample of surgical instrument sets to ensure that they are complete. The OR completes a QA form to identify any omissions such as a missing integrator, or missing instrument from a surgical instrument set. The SPD QA Committee reviews all forms. Change in practice is developed from this information. It is also used to drive the content of weekly staff in-service education.

LESSONS LEARNED / DISCUSSION

After meeting for a number of months the OR and SPD came to understand the impact of procedures and procedural changes on each other's department. They developed respect for each other's work and realized the importance of each person's role. This increased level of understanding facilitated open communication and collaborative problem solving that is beneficial to all concerned. Providing quality of service is a team effort. This process brought together infection control, quality control, education, training, administration and accountability. When new issues arise, the Steering Committee has a proven mechanism in place for continued improvement based on agreed priorities. This initiative has built strong team support through the development of working relationships, collaborative problem solving, shared leadership and increased dialogue between each department. This model of practice moved beyond the original areas to related departments such as emergency, labour and delivery and minor procedure rooms. Achieving our mandate produced improved quality of service through implementation of best practices in the OR and SPD. It has also provided a proven framework through which new issues can be addressed and effective resolution can occur. We realized that what began as a task force with a fixed mandate and time frame, has evolved into a valuable standing committee that continues to address process, policies, procedures and quality assurance in the SPD and OR, facilitating ongoing quality improvement for enhanced patient care at St. Joseph's Healthcare.

ADDENDUM / UPDATE

On November 25, 2003 The Ontario Ministry of Health and Long Term Care issued a mandatory audit of all sterilization and disinfection practices in Ontario Hospitals.[16] This occurred following news items of unsterilized or improperly sterilized instruments being used on patients in Ontario hospitals. This labour intensive document had a deadline of January 9, 2004. Fortunately due to the enormous efforts already undertaken by the Sterile Processing Steering Committee the audit was manageable and our practice met current established guidelines.

ACKNOWLEDGEMENTS

The authors would like to acknowledge the other members of the Sterile Processing Steering Committee who made this initiative a resounding success. Janina Berenyi, SPD Clinical Coordinator; Don Janzen, SPD Manager; Mariana Markovic, Peri-Operative Educator; Derek McNally, Administrative Director; Janice Orovan, OR Manager; Liz O'Sullivan, Nurse Manager Surgi-Centre.

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Your Professional Organization – Why Volunteer?

VOTRE ORGANISME PROFESSIONNEL – POURQUOI S'IMPLIQUER?

Auteures: *Marlene Weeks, infirmière autorisée, baccalauréat en sciences infirmières, MHS, CPN(C), RNFA, infirmière permanente, Royal Jubilee Diagnostic and Treatment Centre, Victoria (BC), trésorière de BCORNG, trésorière de la 20e Conférence nationale de l'AIISOC*

En réfléchissant sur ma dernière expérience de planification de conférence ainsi que sur ce qui m'attend dans mon rôle de trésorière de la Conférence nationale de 2007, je me rappelle les moments trépideux où je me suis demandé, tout comme le faisaient mes proches, pourquoi je m'implique dans de telles choses. Je vous dirai la même chose que j'ai dit à mes collègues pendant la planification de la Conférence provinciale BCORING de 2004: il y a plein raisons pour lesquelles de fais du bénévolat. J'ai lu à quelque part que les individus continuent à faire du bénévolat autant et aussi longtemps qu'ils croient contribuer de manière importante et que leurs efforts sont reconnus. Au comité de planification de Montréal: j'apprécie grandement tout ce que vous avez fait pour que je puisse tellement m'amuser à la 19e Conférence nationale! Votre altruisme a fait toute la différence pour près de 1800 personnes!

YOUR PROFESSIONAL ORGANIZATION – WHY VOLUNTEER?

Author: *Marlene Weeks, RN, BScN, MHS, CPN(C), RNFA, Staff Nurse, Royal Jubilee Diagnostic and Treatment Centre, Victoria, BC, BCORNG Treasurer, and 20th ORNAC National Conference Treasurer.*

Fresh on the heels of another ORNAC conference I again reflect on the many volunteer hours that go into conference planning. The Montreal committee should be very proud of its accomplishments. After the rest of us have returned home, the work of these dedicated conference planners continues as they tidy up loose ends, ensure outstanding bills are paid, tabulate evaluations, and put the finishing touches on the updated conference planning committee guidelines. All of their efforts are greatly appreciated by the 2007 Conference Planning group as we move full steam ahead towards our reunion in Victoria.

Reflecting on my last conference planning experience, and on what the future has to hold in my current role as 2007 Conference Treasurer, I recall the hectic moments of the planning process where you (and those around you) begin to question why you get yourself into these things. As I shared with my 2004 BCORNG provincial conference planning cohorts, there are many reasons why I volunteer. I once read somewhere that people will continue to volunteer as long as they feel they are making a contribution that matters and are appreciated for doing it. To the Montreal planning committee: I appreciate everything you did to enable me to have a fantastic time at the 19th National Conference! You selflessly made a difference to almost 1800 people.

Although, by definition, voluntary service is done without monetary payment, it does not come without its rewards. The personal satisfaction I get from each accomplishment is a primary motivating factor for me. It is like writing a paper – I may not like all aspects of the task at the time but when all is said and done, and the completed paper is in my hot little hands, I'm just thrilled. Another part of me feels that I owe it to the nursing profession that has enabled me to have so many fabulous experiences, impact so many lives, and meet so many fascinating and fabulous people. When I entered into nursing I did so with the realization that it would be my responsibility to engage in life-long learning and to help further the profession. Volunteering with BCORNG and ORNAC has provided me with several opportunities to do just that.

Although I could go on and on about the many other reasons why I volunteer, I prefer to let each reader reflect on why he or she volunteers. If you don't currently volunteer, perhaps now is the time to consider it? Or perhaps your role will be to support those who do volunteer through a kind gesture or a simple heartfelt 'thank you' for their dedication.

Courtesy BCORNG

BCORNG Executive
L to R (back row) Marlene Weeks (author), Bonnie McLeod, Susan Beye
(front row) Robyn Austin, Donna Gramigna

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— St. Francis of Assisi

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