MORNA GAUZETTE

May **2008**

President's Message

I attended the AORN 55th Congress in Anaheim, California from March 29-April 3, 2008 and it was an experience that I will never forget as it was my first congress. There were so many educational sessions, poster presentations and exhibits; it was difficult to decide which ones to attend. I will tell you about two of my favourites.

Attendees entered the Arena for the Opening Ceremony on Sunday to the lively strains of The Laryngospams, a group of singing nurse anesthetists who transformed old favourites into anesthesia- and surgery –related parodies ("Mr. Sandman" became "Mr. Gas Man" and "Breaking Up Is Hard to Do" became "Waking Up Is Hard to Do"). This group was fantastic and I have ordered their two CD's.

Monday's General Session speaker was John G. Miller author of "QBQ! The Question Behind The Question". His presentation "How are you doing on life's path?' ran with a humorous tone throughout. He asked "Are any of you the finished product? If so, please leave, so you don't embarrass the rest of us."

The QBQ is guiding principles for life where the answers are in the questions you ask yourself. Making personal accountability a core value is something everyone can apply to their lives at home and at every organizational level. Mr. Miller explained that leadership is not about title, position, and tenure. It's a moment by moment disciplining of your thoughts. Titles don't leave a legacy, people do!

He repeatedly came back to the practice of better personal accountability; we must make better choices in the moment by asking ourselves what I can do to make a difference? Mr. Miller stated that people did not go to work to fail and needed to earn what they get by having higher accountability by which people will experience more joy in their lives.

Victim thinking was a theme Miller emphasized. He stated victim question usually started with 'why' or 'when'. Examples: "Why isn't anyone else working as hard as me?" or "when am I going to get some help around here?" We should not allow ourselves to make excuses or blame others. You cannot change anyone else; you can only change yourself.

The ultimate QBQ, explained Miller, is "How can I let go of what I Can't control?" He stated "Stress is a choice. If you cannot control something, what is the point in fretting over it? He explained that service is doing something for someone that you did not have to do and by doing this it can bring joy to your life and successes that you have never imagined.

One valuable thing that I learnt is that we as perioperative nurses must first look after ourselves, in order to provide our patients with safe care. Enjoy your summer and I look forward to seeing you in September with a new look for our first meeting.

Donna Fallis
President MORNA

2007-2008 EXECUTIVE

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CONFERENCES - INTERNATIONAL AND CANADIAN

DATES INTERNATIONAL

2008 June 25 WHO's (World Health Organization) Launch Event "Safe Surgery Saves Lives", Washington DC WHO | Safe Surgery Saves Lives

2008 June 25 – 27 "Healthy People for the Healthy World", Bangkok, Thailand; Mahidol University Faculty of Nursing in collaboration with Department of Nursing of Ramathibodi Hospital and is co-sponsored by the University of Michigan School of Nursing and the University of Alberta Faculty of Nursing (www.healthyconf2008.com)

2008 June 29 – July 3 International Nursing Research Conference, Facing the Challenge of Health Care Systems in Transition; The Israel Society for Nursing Research; Jerusalem, Israel Nursing Research Conference

2008 July 13 – 15 AORN 6th Annual Executive Symposium, "Creating a Culture of Safety" Beaver Creek, Colorado aorn.Executive Symposium.

2008 August 17 -22 International Association for the Study of Pain, 12th World Congress on Pain, Glasgow, Scotland UK

2008 Sept 4 – 6 Perioperative Nurses College of New Zealand Annual National Conference 2008, "Mission Possible", Hawke's Bay Opera House, Hastings NZ. NZ perioperative nurses college

2008 Oct 6-9 AfPP (Ass'n for Perioperative Practice) 44th Annual Congress & Exhibition, Harrogate International Centre, North Yorkshire, England AfPP 44th Annual Congress

2008 Nov 5 – 6 KAORN(Korean Ass'n OR Nurses)National Conference, Seoul South Korea www.kaorn.org

2009 April 17-19 5th EORNA European OR Nurses Ass'n Congress, Copenhagen, Denmark www.eorna.org

2009—Durban, South Africa, ICN Congress

2009 Mar 15 – 19 – AORN 56th Annual Congress "Embrace the Future" Chicago, IL

2009 June 19-25 ICN 24th Quadrennial Congress, Leading Change, Building Healthier Nations, Durban, South Africa ICN 24TH QUADRENNIAL CONGRESS

AORN also has many workshops available throughout the year. www.aorn.org

DATES WINNIPEG/CANADIAN

2008 June 4 – 8 5th World Conference on Breast Cancer, Heart, Soul & Science "It's a Small World After All", Winnipeg Convention Centre www.wcbcf.ca

2008 June 5 CRNM's 94th Annual General Meeting and Education Day, CRNM 94th AGM

2008 June 20 CHICA Manitoba Infection Prevention and Control Conference 2008 CHICA Manitoba conference

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2008 May 29 – June 5th, CHICA (Community & Hospital Infection Control Ass'n) Canada, 2008 National Education Conference, Palais des Congrès Montréal, Québec CHICA-CANADA - 2008 Conference

June 6 & 7, 2008 ORNANS, Annual conference Operating Room Nurses of Nova Scotia; Amherst, NS "Opening Doors of Opportunity" www.ornans.ca

2008 June 15- 18 ORNAO (perioperative RN's Ass'n of Ontario) 10th Biennial Conference, "Perioperative Nurses: Paving the Way to Patient Safety", Toronto, ON conference.ornao.org

2008 June 16-18 CNA, Ottawa The Canadian Nurses Ass'n is celebrating its centennial this year, check it out! Congratulations to ORNAC Past President Marg Farley, one of CNA's 100 nurses to know in 2008www.cna100.ca

2008 Sept 11 & 12 CCSVN(Canadian Chapter Society for Vascular Nursing)- 8th Annual Meeting Bessbourgh Fairmount, Saskatoon, Saskatchewan CCSVN

2008 Sept 17-20 5th International Council of Nurses International Nurse Practitioner / Advanced Practice Nursing Network (INP/APNN) Conference, Toronto, Canada www.inpapnn2008.com

2008 Oct 23 – 25 AWHONN Canada's (Ass'n of Women's Health, Obstetric, & Neonatal Nurses)19th National Conference, Ottawa www.awhonn.org Canada

2008 Oct 29 – 31 32e Conférence Provinciale de la CIISOQ au palais des Congrès, Québec.

2009 June 7 – 12 St. John's NF for 21st ORNAC National Conference "The Depth of Perioperative Nursing…What Lies Beneath" Call for Abstracts now open ORNAC conference link

2011 22nd ORNAC National Conference, Regina, SK
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HOSPITAL REPS

Concordia Hospital
Colleen Ungrin
OR 661 7198
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Fax 661-7201

Grace Hospital
Leanne Moyer
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Mary-Jane Wasney
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Fax 787-1078

Misericordia Hospital
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99 Cornish Ave R3C 1A2
Fax 788-8529

Pan Am Clinic
Ardith Hammerling
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Fax 475-9486

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Fax 697-3077

Victoria Hospital
Iris MacMillan
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Fax 269-7683

Any of these Conferences pique your interest?
Sources of funding

1. WRHA – $500.00 each year Jan to Dec, & 3 days salary replacement, to a maximum of 6 days per year. (Those outside of the WRHA contact your local HA).
2. MNU – $200.00 per fiscal year (available to all MNU members, contact your ward rep). Some locals have additional educational funds.
3. MORNA members – contact your rep for funding guidelines (must have been a member in the previous year).

CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

CPN (C) Certified Perioperative Nurse Canada

CNA CERTIFICATION/RECERTIFICATION

Consider becoming certified in your specialty as a perioperative nurse.
Plan now to write in 2009.
Applications will be accepted between Sept 2 and Oct 17, 2008 to write April 4, 2009.
Visit www.ornac.ca and www.cna-aiic.ca for more information about certifying or re-certifying. There is an opportunity available to win the application fee from the Canadian Nurses Foundation, visit www.cna-aiic.ca for more information.

Application guidelines and eligibility criteria are on the web.
Web - www.cna-aiic.ca

1. Cost - The cost for writing the exam & for Recertification by exam is $477.75
   Recertification by continuous learning is $273.00
   See the web site for details.
2. Funding - $500 per year, is available from WRHA for those employed in the WRHA. $150 is also available from MORNA if you have attended at least three MORNA educational sessions in the previous fiscal year.
3. What about forming a study group?

Canadian Operating Room Nursing Journal (CORNJ)

Please ensure that MORNA has your correct & current address. If the journal is considered undeliverable, the cover is ripped off and the journal is discarded by Canada Post. The cover is then delivered back to the publisher with a C.O.D. charge of $0.65 for each cover. ORNAC pays for all returned journals decreasing final profits. Any changes of address also need to be submitted as soon as possible to prevent any delays in subsequent mailings. Subscription problem inquiries should be directed to the MORNA executive, not directly to Clockwork/CORNJ.***Your change of address can be done directly on the ORNAC website. Go to http://www.ornac.ca, then journals, select subscriptions.*** The change of address window can be found here.

One Day in the Perioperative Course











Isabel Adams Award for Excellence in Perioperative Nursing

Know someone who deserves an award for excellence in perioperative nursing? Nominate them for the Isabel Adams Award.
This award is presented to an outstanding Perioperative Nurse, who through major commitment has made a significant contribution to operating room nursing in Canada. The award is presented every second year at the national conference. The winner must be a member of the Canadian Nurses Association, when the body of the contributions to Perioperative Nursing occurred.
Applications may be obtained from the chairperson of the awards committee and must be received by December 31 year prior to conference to be awarded at the ORNAC Conference.
Contact awards@ornac.ca See the ORNAC website under education – awards for more information.

****Regional News From WRHA****

Did you know!

1. There are revisions to the Surgical Count Policy:

    - All procedures require a count of, at a minimum, Needles and Designated Miscellaneous Items.
    - Sponges shall have the radiopaque tabs pulled when counting to ensure they are securely attached.
    - Instruments shall not be counted at commencement of closure until removed from the body cavity.
    - A relief count of all initially counted items shall be performed if another person permanently relieves either the scrub nurse or the circulating nurse.
    - The incoming person(s) shall perform relief counts and the incoming person(s) shall sign the count sheet. Out-going staff shall not leave until the surgical count is verified.

2. Revisions are being made to the Correct Site, Correct Procedure, Correct Patient for Surgical Procedures policy that will amend who can mark the surgical site. Information will be circulated once finalized.

3. Guidelines are being developed for management of high humidity levels this summer. The guidelines aim to reduce the need to cancel surgeries due to excess humidity in the OR, MDR, and Sterile storage areas.

    For more information these Regional policies may be viewed on the WRHA INTRANET website (this differs from the general public WRHA website and is accessible at WRHA facilities) or contact your educator/facility policy manual

****Regional News From WRHA****
(Continued)

4.Four Perioperative Orientation Sessions have been held since September 2007.

Participants completed Orientation include:

- Pawel Maly – SOGH
- Lori Boyce – CH
- Jonathon Bahrychuk – HSC Adult
- Amy MacGregor – HSC Adult
- Sarah Lazaruk – HSC Adult
- Paul O'Flaherty – HSC Children's
- Cathy Marinelli – HSC Adult
- Marcello Paolucci – CH
- Paula Enns – CH
- Kathy Winter – Altona
- Marie Maclean – Carmen
- Hayley Meyers – HSC Children's
- Kristoffer Bautista – SOGH
- Lovely Jemimah Calixto – HSC Children's

Participants in the process of completing their clinical experience:

- Amanda Louise-Marie Holmes – HSC Adult
- Carl Bryan Manuel – HSC Adult
- Louise Arbez – HSC Children's
- Mona Montsion – Steinbach
- Paul Davidson – VGH
- Katayon Shamlow – CH
- Ekaterina Amara – HSC Adult

Participants completing Pain Clinic Orientation:

- Marcia Jarjour - HSC
- Sharon Trosky - HSC
- Susan Leonard - HSC
- Jackie Cole - HSC
- Donna Schminowski - HSC

****Regional News From WRHA****
(Continued)

Preceptors (Alternate Preceptors)
without whom the Orientations would not be possible
Thank You!

Seven Oaks	**Concordia**
• Dale Mercier	• Donna Fallis
• Jeremy Zinko	• Karen Watchorn
• Ricardo Manalang	• Colleen Ungrin
• Pat Manning	
	VGH
HSC Adult	• Sarah Gallick
• Laura Larkins (twice)	
• Joan Porteous(Pain Clinic Nurses)	**Steinbach**
• Christine Cloutier	• Nicole Traillefer
• Susan Kostyk	• Edith Hiebert
• Joanne Dlugosz	
• Karla Roy	**Carmen**
• Kim Celaire	• Allen Peters
	• Lal Froebe
HSC Children's	
• Willow Yakiwchuk	**Altona**
• Karen Rodgers	• Pat Dick
• Krys Cox	• Karen Billing
• Kim Fox	• Karen Cowan
• Pam Doering	• June Schwartz
• Alison Glenday	• Anne Friesen
• Rachelle Isaac	

Thank you to Guest Speakers!

Brenda Claggett	**Anesthesia**
Joan Porteous	**Forensics**
Leah Restall	**Pregnant Patient**
Cristy Pragides	**Children in Surgery**
Dr Marie Edwards	**Ethics**

Next Perioperative orientation session tentatively planned for Sept 2008.
Submitted by –
Carol Shack Regional Perioperative and MDR Nurse Educator

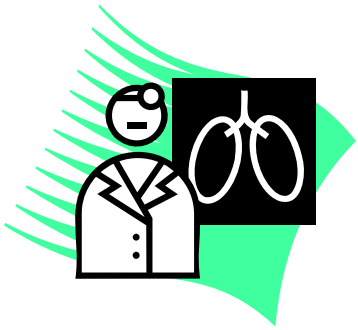
On April 10th I attended the "Multidisciplinary Development & Training Program" hosted by CIARE (Clinical Institute of Applied Research & Education) Victoria General Hospital. I would like to share some information from one of the presentations given by GiselePereira BPT of the Dept. Of Physical Therapy at the UofM .

The title of her presentaion was "COPD-Decelerating the Silent Epidemic".

COPD is a respiratory disorder largely (80-90%) caused by smoking. The statistics show that smoking is the #1 preventable cause of death in Canada and 22% of all deaths are attributable to smoking. The number of Canadians that die due to smoking each year is more than 45,000.

A Canadian Lung Association study has found that half of Canadians are either currently smoking or have smoked in the past. Also as many as 3 million Canadians may have COPD which is double previous estimates. One in seven Canadians aged 45-49 may have COPD . They found that 1.5 million Canadians are diagnosed with COPD and 1.6 million may have the disease but are undiagnosed. For patients who are >40 yrs. and are current or ex-smokers a spirometry test should be done if they answer yes to any one of the following questions:

1. Do you cough regularly?
2. Do you cough up phlegm regularly?
3. Do even simple chores make you short of breath?
4. Do you wheeze when you exert yourself, or at night?
5. Do you get frequent colds that persist longer that those of other people you know?



Unfortunately 68% of Canadians at risk for COPD have never had a spirometry test, therefore it is undiagnosed. I was surprised to hear that with the increase in the incidence of COPD it is projected to be the 3rd cause of death by 2020. Mortality rates for women used to be less than men but has increased from 1987 to 1998. It is expected that there will be more deaths in women than men in the future.

Because there is no cure for the disease, patients have to be educated on how they can improve their quality of life. Smoking cessation is the single most effective intervention which reduces both the risk of developing COPD and slows its progression.

There are 5 Grades in the Dyspnea Scale with Grade 1 on the scale are patients who are not troubled by breathlessness except with strenuous exercise and the highest grade being severe shortness of breath.

Educating the patient is key to attaining the goals for managing COPD. These goals are:

-to prevent disease progression
-to alleviate breathlessness and other respiratory symptoms
-to improve exercise tolerance and daily activity
-to reduce frequency and severity of exacerbations
-to treat exacerbations and complications of disease promptly
-to improve health status
-to reduce mortality

With patients/families working closely with health care professionals to develop a plan in order to manage this disease the patient can gain control of his/ her overall health.

Before I attended this presentation I wasn't aware of the fact that this disease affected so many Canadians. Hopefully with this information, people who are at risk will be tested with spirometry, which would diagnose them sooner. With earlier diagnoses they will be better able to manage the disease and have a better quality of life.

Submitted by Iva Joslin

2007 ORNAC Conference Article Review
Submitted by: Karen Warcimaga R.N. CPN(C)

A special thank you to MORNA for assisting me and making it possible for me to attend this valuable conference.

I had the pleasure of attending the 20th National ORNAC Conference in Victoria, B.C. in April of 2007. Because of its westernmost location, presenters who might not attend a Central or Eastern Canadian Conference were present at this gathering. There were many insightful seminars, but one that caught my attention was a presentation by James Harrison entitled," *Bullying and Harassment in the Workplace – An Australian Perspective."*

James Harrison has been working as a Perioperative Nurse in Australia for more than 20 years. During that time, he has observed and collected the data that he used in his presentation. In particular, the author defined exactly what constitutes bullying and harassment in the workplace, as well as the effect and implications of this behavior. He examines strategies that can be used to combat this poisonous attitude, as well as discussing the role(s) that everyone has in developing a working environment free of harassment and bullying.

A recent Australian study shows that workplace violence affects more that half of all health care workers, while another suggests that 46 % of all Australian workers reported being bullied in the workplace. Conservative estimates indicate that nearly 1 in 6 nurses worldwide are bullied. These conditions are mostly under-reported and surrounded by a culture of silence for a myriad of reasons.

Most people have differing ideas about what exactly constitutes bullying in the workplace. Those who have come to recognize the behavior characterize bullying as being negative in nature to the recipient, as well as being persistent and long term in nature. A worldwide definition is as follows," Repeated, and over time, offensive behavior through vindictive, cruel, or malicious attempts to humiliate or undermine an individual or group of employees."

Generally speaking, those who bully are usually in a position of trust, authority, power, and responsibility, although many times colleagues bully as often as managers. As well, men and women bully equally.

Some examples of bullying behavior are as follows:

- Overruling of decisions.
- Public humiliation.
- Undervaluing and belittling of staff/colleagues.
- Ignoring or excluding staff or colleagues.
- Failure to acknowledge a job well done.
- Lack of autonomy.
- Constant criticism.
- Withholding of information.
- Shouting.
- Target of gossip.
- Deliberately impeding progress/development.
- Setting up others for failure.

On the other hand, harassment is part of a wider issue, that of occupational violence. While it has been prevalent, it has also been unrecognized in nursing for a long time due to lack of clarity and consistency

around the terminology. There is research evidence within Perioperative and other nursing specialties that goes back at least 20 years.

Harassment can be defined as behavior that is unwelcome, unsolicited, usually unreciprocated, and usually (but not always) repeated. It tends to make the workplace or association with work unpleasant, humiliating, or intimidating for the people or group targeted by this behavior. It goes without saying that this would then make it difficult for effective work to be done. Harassment can be verbal, physical, or sexual, and it can have a racial or disability overlay.

The question that is then raised is that if the preceding were so prevalent, why don't we hear more about it? Some of the many reasons are as follows:

- It's under-reported and frequently surrounded by a culture of silence.
- Many victims don't realize they are being bullied or harassed.
- The victims don't know what to do about it, or
- They believe that nothing can be done to improve the situation.
- Additionally, nurses think they will not be believed or taken seriously.
- They fear retaliation, or
- When they have complained, it has not been dealt with properly.

For those who wish to differentiate between bullying and harassment, harassment can be a one-time event, while bullying tends to be repeated over time, often escalating the intensity. Harassment can have a physical component or a sexual connotation, while bullying is primarily psychological in nature, at least initially. Harassment, in some cases, particularly when associated with assault or sexual harassment, can have a criminal element; this tends not to be the case with bullying. What's important to note is that harassment and bullying are similar concepts, in that both are an abuse of power in the workplace. In both instances, women tend to be harassed or bullied more often than men; however, women are also perpetrators of this unacceptable behavior. Now, cyber-bullying is being reported, with people being harassed and/or bullied via phone or email. Provincial legislation does provide for remedies for those faced with harassment or bullying. Its main intent is to spell out severe punishment in the hopes of avoiding bullying and harassment in the first place, thereby providing a safe working environment for all.

Symptoms of those affected by bullying or harassment include both physical and psychological displays. Physical signs include disturbed sleep, loss of appetite, headaches, and inability to relax. Psychological symptoms include loss of confidence/self esteem, acute anxiety, self doubt, paranoia, and depression.

If you are confronted with bullying or harassment directed at you or a co-worker, the most important step to remember is to take action! Wherever possible, confront the person responsible and ask them to stop. Make them aware of the local policies, in case they weren't aware that they were doing something wrong. Keep a running diary of all meetings and circumstances, in case you need proof at a later date. Try to be accepting and non-judgemental, and talk to your colleagues to see if others besides you are affected. At this point, you may need to talk to your manager.

If you are management, you will need to intervene and talk to the alleged bully to try to get their version of the events. If you are satisfied that the behavior was inappropriate, a warning may be necessary, along with clear instructions on the behavior expected. At this point, further education may be required. It is very important to keep a record of all meetings in the event further action is required.

If a staff member wants to pursue their complaint formally, there are options:

- Advise staff to write a formal grievance letter to you or the appropriate manager.
- Have them make an individual or group complaint to the Union.
- Victims of sexual or racial harassment should go directly to HR to lodge a complaint. HR should act immediately in these regards.
- If necessary, it may be necessary to contact the Corporate or Provincial "Whistle Blower."
- Person complaining should be re-assured that they can speak without fear of reprisal, victimization, further distress, or embarrassment.
- Explain to the individual that it will be a very stressful process, but that you will take their complaint seriously, will investigate it thoroughly, and will continue to support them.

The dilemma for managers is that they may have responsibility for their staff, yet they may be totally unaware of any bullying/harassment taking place. Even if they are aware, they may have insufficient evidence to act on, or victims who refuse to pursue the issue. It's possible that they tried to get resolution through HR or managers, only to receive an unsympathetic ear. The situation is made even more frustrating if the perpetrator is in a position of power (manager, surgeon).

In all circumstances, the best policy is to be proactive and try to prevent bullying before it happens via the use of enforceable policies, as well as to take a zero tolerance approach if any harassment or bullying is detected. It is very important to heighten the awareness of these issues so that no one can claim ignorance on bullying or harassing behavior. Workplace policies need to be available to all, should contain clear definitions, and must be enforceable. You should at all times role model the behavior you expect from your staff. Most importantly, you should act immediately if you have any concerns.

All actions should abide by the rules of natural justice, in that they should demonstrate:

- Confidentiality
- Impartiality
- Fairness
- Sensitivity
- Seriousness
- Swiftness
- And should be carried out without victimization.

It is important to note that incidences of bullying and harassment are on the rise. It should also be noted that nurses are the healthcare organization's prime asset, and that a healthy organization has healthy assets, but only if they are protected from unsatisfactory behaviors. While management has a clear role, it is important to note that it takes the efforts of everyone to maintain a respectful and thriving workplace!

MORNA Membership Information

1. **Active Membership is $35.00 as of June 1, 2008**
2. **Deadline for membership is Dec 1, 2008**
3. **Send completed application form and fees (cheques payable to MORNA) to:**

MORNA Treasurer
Ms Gladys Zinnick
Seven Oaks Hospital
c/o OR
2300 McPhillips Ave
Winnipeg, MB R2V 3M3

Operating Room Nurses Association of Canada

&

Manitoba Operating Room Nurses Association

Membership Registration July 1, 200_ to June 30, 200_

*****Registration Deadline Dec 1, 200_******

Active ☐ Associate ☐ Honorary ☐ Affiliate ☐

CRNM Reg #_____ CPN (C)☐ Year of (re)Certificaton :_____ CPN (C) # _____

Personal Please Print

Last Name: _____ First Name: _____

Address: _____City:_____Province:_____ Postal Code:_____

Telephone #:_____ Fax #:_____ Email:_____(MORNA Gauzette will be received via email if email address submitted)

Hospital/Employer

Name:_____

Address:_____ City:_____ Province:_____ Postal Code:_____

Telephone #:_____ Fax #:_____Email:_____

Area of Practice

Please indicate if other than OR _____

Full time ☐ Part Time ☐ Retired ☐

RN☐ CRN☐ Specialty:_____ RNFA ☐ Educator ☐

Staff Nurse ☐ Management ☐ Research ☐ Other: ☐ Please Indicate Area :_____

Education

Diploma☐ Post-Graduate OR Course☐ Baccalauteate☐ Master's☐ PhD☐

Currently enrolled in an educational program☐

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For Signing Officer's Use

Date Rec'd_____Cheque ☐ Cheque #:_____ Cash ☐ Membership #:_____

District/Region:_____