Snips & Snaps

ORNAA NEWSLETTER

QEII Hospital OR Staff photo for Perioperative Nurses Week 2018. Photo Credit: Katelyn Nielson

ORNAA EDUCATION DIRECTOR MESSAGE

Welcome to my first edition of the Snips & Snaps Newsletter. The format may have changed but the information within will always be pertinent to you, perioperative nurses of Alberta. I am hoping to make the Snips & Snaps newsletters engaging and interesting to read.

I am asking for your involvement by sending me research articles, personal reflection papers or poems, or perioperative nursing quotes. All article submissions will be considered for our writing awards that are given out at the ORNAA Annual General Meetings. Without your submissions, this article will simply be filled with my ramblings.

Thank you and Enjoy!

Lauren Llewellyn, RN, BScN, CPN(c)

ORNAA Board Members Sporting their Costumes at the Superhero Themed Social Event, September 20th,2018

We are Superheroes!

Thank you to the conference committee and AEAC committee who together put on an outstanding ORNAA conference and social events. Thank you to all the members and non-members who were able to attend the conference in its entirety or simply for a day. There are many hours put into making these conferences what they are, and it is always wonderful to see a good turnout! The speakers were engaging and their topics diverse. We now look forward to the ORNAC conference in April, and then the ORNAA AGM in October.

As Operating Room nurses, we have the gift to make a meaningful connection with our patients in a very brief amount of time. We are there to lift spirits when they are down; to be a hand to hold when there is nothing more that we can do. We have an insane memory; we should NOT be able to name and count as many instruments as we do on a daily basis. We can manage many big personalities and make them work together effectively. And although many of us wish that we wouldn't, we will work overtime and miss breaks so that our patients receive the best care that they need and deserve. Not all superheros are nurses, but all nurses are superheros!

Pictures from the ORNAA conference will soon be available for viewing on ornaa.org

The Power of Perioperative Pride

Being a new nurse in the OR is intimidating and difficult. You are thrust into a brand new environment nursing school could have never prepared you for; instruments, equipment, anesthesia. Everyone is wearing the same grey/blue scrubs, and you don't know whether the person next to you is a surgeon or a respiratory therapist, never mind trying to remember their name. Every day is a struggle- every scrub, your heart pounds out of your chest as you think through the steps of the procedure, reminding yourself time and time again that you're supposed to be 2 steps ahead of the surgical team. Cut, cautery, dissect, isolate. The surgeon holds their hand out to you, and you hold your breath hoping the lahey you handed up was the right instrument. You don't notice how physically and mentally exhausted you are until you thank everyone in the OR for the day, walk down the hall to the change rooms, and finally collapse on the bench in front of your locker. Often times, you go home thinking about how that senior nurse in the room looked at you when you asked, "Is this what I should do next?" realizing right as the words left your lips that you already knew the answer.
The first year is difficult. As nurses, we are perfectionists. We often are quick to criticize ourselves, aspiring to obtain a breadth of knowledge that takes years to develop.

This year, myself and some colleagues attended the ORNAA annual conference in Red Deer titled "I'm and Operating Room nurse, what's your superpower?" We chatted in the car about how we worried that the attendees would already all be friends, how it may be difficult and how we may be considered outsiders- but we looked forward to one thing; the learning. I don't think I could have prepared myself for all the valuable things I did learn at the conference.

The education speakers were one thing, but what struck me was the perspective I gained talking to the ORNAC president. She called us her "retirement plan"- with a laugh and a smile, I realized that we really were the next generation of perioperative nurses. This completely shifted my way of thinking when I came into work. I started to feel so much more confident; confident to ask questions, to teach with what knowledge I had, and to admit when I didn't know something. Instead of feeling like a fly on the wall, I started to realize that I had the power to make all the difference in each and every interaction I had every day.

Our job is one with little recognition. We rarely receive it from our patients, our colleagues, our doctors. The best recognition we can give to ourselves is our pride in our profession. We do the best job we can, the best for our patients, not for the thanks and appreciation, but for the satisfaction that comes with knowing that we did our due diligence. As perioperative registered nurses, that is our superpower.

Rawan Tahan, RN (SCORNA)

Muriel Shewchuk Excellence in Leadership Award

Congratulations to **Lucia Pfeuti**, the award recipient of the Muriel Shewchuk Excellence in Leadership Award, which was awarded during the AGM at the 2018 Biennial ORNAA conference.

August 8, 2018

To the ORNNA Awards Committee,

I am nominating Lucia Pfeuti for the ORNAA Muriel Shewchuk Excellence in Leadership Award. Her dedication and commitment to perioperative nursing has influenced and engaged nurses to provide exceptional patient care. In this letter, I will provide examples of how Lucia has demonstrated professional excellence in operating room (OR) leadership by empowering staff, promote a supportive work culture, and leads by example. She has committed hours of research into continuous nursing education that has influenced the way nurses deliver care in the OR. I will conclude this letter with examples of how Lucia has promoted effective relationships within a multidisciplinary team while advocating for nurses in an OR setting.

Lucia is a clinical nurse educator at the Foothills Medical Centre (FMC) main OR for eleven years. Through her role as an educator, she has the ability to empower staff to actively participate in assessing, planning, implementing, and evaluating their nursing care. Her exceptional knowledge in OR nursing has influenced staff for over eleven years. This is evident in the FMC OR robust orientation process where each learner completes a thorough orientation program. She participated in the delivery of the Calgary Health Region Perioperative Program in the first phase of conception and was a key player in the reinstallation of the program. The FMC OR has successfully completed and achieved an ORNAC approved program in 2013-2016 and for 2016-2019 where Lucia trains nurses in the OR setting. The program has accepted over 120 students since 2010 and 80% of those nurses continue to work in the OR today. Lucia has delivered preceptor workshops to supplement the orientation program.

Lucia promotes a positive OR work culture by encouraging positive communication among staff and students. She is readily available for coaching needs and is timely in her communication. Lucia is known as the “go-to” person for clinical questions among the staff and colleagues. She has challenged staff to develop themselves both on a personal and professional level. Her involvement with sustaining a positive OR work culture has promoted growth of individuals and in nursing practice.

Lucia leads by example by demonstrating respect, integrity, and collegiality. She is true believer of leading by example. For example, she has recognized that there are a large number of staff and students at the site she works in so she adheres to best practice standards by advocating for the ORNAC standards. She has demonstrated respect among individuals from different disciplinary teams. She uses constructive confrontation tools with colleagues and staff to understand varying perspectives. Her actions have been genuine in that colleagues and staff feel respected by her and admire her integrity to the profession of perioperative nursing.

Lucia has demonstrated a commitment to continuous education and research by recertifying her CNA certification since the time she achieved it since 1999. She has been involved with the ORNAC organization in varying capacities since 2007. She was the education director for SCORNA, the SCORNA and ORNAA president elect, president, and past president. She was the ORNAC provincial director for Alberta and is currently the ORNAC Secretary. She has been involved in both provincial and national conference planning committees. She was involved in the ORNAC standards committee as well. Lucia goes beyond in this role by committing to global responsibility by participating in a CNA initiative involving learners in Dubai to preparing them to write their CNA Perioperative exam. Lucia collaborated with another educator to develop study material and formal classroom style study sessions. Lucia's ability to commit to continuous education and research has expanded beyond Alberta and into the global community.

Lucia has positively influenced change in the health care delivery related to the OR by participating in provincial initiatives such as the Safe Survey Checklist and the Perioperative Education Committee. She has been contacted by various leaders within her organization for practice questions and a resource for perioperative education. As the chair of the Perioperative Education Committee, I feel her input is valued by the team and the leaders that have influence over how perioperative education is delivered. Throughout this letter, I have indicated the many teams Lucia has been part of that has promoted effective relationships within a multi-disciplinary team in a healthcare setting. From volunteering in various roles with the ORNAC organization to participating in committees within Alberta Health Services that are comprised of members of varying positions, or teaching staff preceptor techniques, Lucia has been an integral part of many teams to providing effective relationships in the OR.

I would like to conclude this letter with Lucia's ability to advocate for nurses and nursing in the OR setting. She consistently speaks up on issues affecting the staff and encourages others to do the same. She is easy to talk to about issues and provides excellent mentorship towards how one should address issues in the most professional manner while keeping in mind the patient. Lucia is a strong patient advocate which is evident in her teachings.

Lucia is an excellent candidate for the Muriel Shewchuk Excellence in Leadership Award. She has demonstrated the qualities in a leader, patient advocate, and nurse colleague who has developed an environment for learning and support.

Thank you to the committee for considering,
Rana Sleiman

SNIPS AND SNAPS WRITING AWARDS

Congratulations to **Janelle Head**, winner of the Snips & Snaps Original scholarly paper award, and **Ginger Krause**, winner of the Snips & Snaps Special Interest Award; both from NORNA. All the Snips & Snaps awards are monetary awards. Up to six scholarly papers, as well as one special article, can receive these awards YEARLY at the Annual General Meeting.

SCORNA Social event September 28, 2019:

Fun was had by all, including Mother Nature!

Snow, hail and rain all within an hour.

The best part of the evening was watching the Stampeders win!

PERIOPERATIVE NURSES WEEK 2018

South Health Campus (Calgary) OR held an open house November 4th for friends and family members.

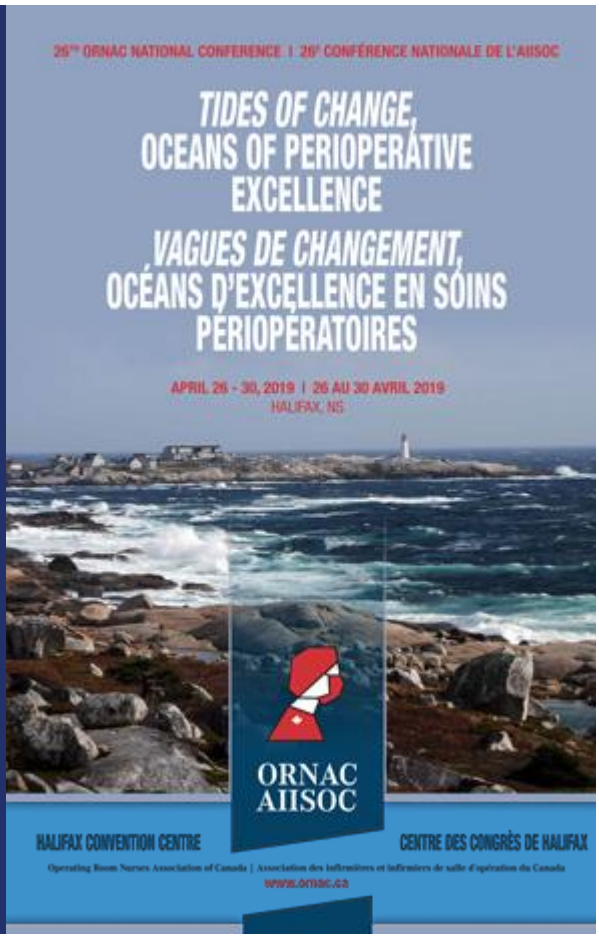
We had 370 people (!!!) come through our doors and participate in the activities that were set up by the organizing team.

You could cauterize your name into a pumpkin, play with some position devices and the fracture table, see the instrumentation for Total Hip Arthroplasty, retrieve gummy worms from our pumpkin abdomen, suture sponges together, get casted, or get your hands on intubating our ESIMs patient.

Register Now

Registration is open for the upcoming ORNAC conference being held April 26-30th, 2019 in Halifax, NS. All information regarding accommodations and travel, as well as the program at a glance are on the ORNAC website. Be educated, meet nurses from across the country, and have a blast!

https://ornac.ca/en/news-events/conferences/ornac-2019



ORNAC Officer and Board of Director Positions

CALL FOR NOMINATIONS 2019

The positions of President, President-Elect, and Secretary, as well as Leadership, Education, and Advanced Practice are open for nominations until February 1st, 2019. These positions are all two year commitments, except Leadership, which is a 1-year term (2019-2020). If you have any interest in playing an active role in your Perioperative nursing profession at the national level, please see the additional information at:

https://ornac.ca/en/about-us/leadership/call-2019

ORNAC Registration/ Renewal is open for the 2019 membership year. Go to the membership tab at www.ornac.ca to join today!

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

-John Quincy Adams

A Spotlight on ORNAC Standards

STANDARD 2.9.13

Fingernails shall be clean, short, natural, and appear healthy (Phillips, 2017).

- Natural nail tips should be short.
- Artificial nails, extenders or artificial enhancers shall not be worn (Phillips, 2013; PIDAC 2014)
- **Staff shall adhere to the healthcare facility's infection control policy regarding the use of nail polish**

Rationale as given in the 2017 Edition of The ORNAC Standards, Guidelines, and Position Statements for Perioperative Registered Nurses, p. 145

- *The subungual region harbours the majority of microorganisms on the hand. Damaged nails may provide a harbor for microorganisms* (Phillips, 2017)
- Nails reaching beyond fingertips, natural and/or artificial can tear gloves.
- Artificial nails and tips harbor higher numbers of organisms.
- *Artificial nails are known to promote the growth of Staphyococcus aureus, gram-negative bacilli and yeast as moisture becomes trapped between the natural and artificial nail* (Phillips,2017).
- *Jewelry and/or artificial nails interfere with hand hygiene and the donning of personal protective* (White, 2013).
- *Chipped or peeling polish may provide a harbor for microorganisms* (Phillips, 2017).

A Critical Analysis of Leadership Perspective in Health Care

Author: Rana Sleiman, RN, BScN, CPN(c)

Many perspectives of leadership theories have been introduced throughout my leadership journey. The distributed leadership perspective best describes the type of leadership I demonstrate in my role as a Registered Nurse (RN). I feel this leadership perspective is effective in facilitating organizational macro and micro decisions. This paper will define Jackson and Parry's (2011) distributed leadership perspective with an example of how this theory can be applied to the healthcare setting. I will examine two different perspectives in comparison to distributed leadership perspective and how it provides

positive contributions to organizational life. I will include a brief statement on how distributed leadership perspective has a negative impact on leadership in the healthcare setting.

DISTRIBUTED LEADERSHIP PERSPECTIVE

Distributed leadership perspective is included within Jackson and Parry's (2011) critical leadership perspective where everyone in the organization is involved in the leadership process regardless of their position within the organization. Distributed leadership perspective expands on the idea that leadership is not limited to levels within the system, rather shared amongst those who want to develop their ability and skill to lead (Jackson & Parry, 2011). Jackson and Parry empowered the individual when they stated that the follower has the capacity to become a leader. The distributed leadership perspective focused on the interactions and relationships rather than the stereotypical leader to follower role. Although Jackson and Parry empowered the individual, I feel like they assumed that the individual would be willing to modify their behaviour for improvement, be accountable for their actions, and support leadership development.

An example of distributed leadership perspective is when I was working in the Operating room (OR) as an RN. I am highly trained, skilled, have the capacity to lead myself, and may be asked to lead a team when necessary; however, I may not feel comfortable leading a team. An example of interactions and relationships within a distributed leadership perspective is in a surgical team. We focus on one goal, the patient, while completing our own tasks and keeping in mind the verbal and non verbal interactions we have amongst each other.

ANALYSIS OF PERSPECTIVES

Skills theory of leadership is reflective of the distributed leadership perspective because this type of leadership values the skill level of the leader and ability to negotiate with the team (Zigarelli, 2013). Skills theory of leadership is similar to how the individual in distributed leadership acts on their own self-discipline and ability to build relationships (Jackson & Parry, 2011). For example, the healthcare professional in the OR who demonstrates the confidence and strength to lead the team is often the person with the highest credibility in technical skills; however, this is dependent on their ability to persuade and diplomatically agree with the team (Zigarelli, 2013). One difference between the two perspectives that strengthens Zigarelli's (2013) skills theory of leadership is that the leader must have the ability to adapt their leadership style from macro to micro level thinking in any level of the system rather than distributed leadership, the higher up in levels within the system the more traditional the roles become (Jackson & Parry, 2011).

Unlike distributed leadership perspective where decision making is shared (Jackson & Parry, 2011), the bureaucratic form perspective addresses the macro and micro level thinking by introducing a hierarchical perspective of top, middle, and bottom levels in a system for decision-making process (Taylor, 2013). Taylor (2013) continued to contrast the distributed leadership perspective by indicating how bureaucratic form perspective focuses on the process of production and optimization rather than distributed leadership relationship building and leadership development.

However, I argue distributed leadership has an element of bureaucratic form because, at a structural level, distributed leadership mimics the traditional roles of leadership found in bureaucratic form perspective by controlling information and power while giving the lower levels of the organization a pseudo sense of power (Jackson & Parry, 2011). Although I disagree with the bureaucratic form perspective, there was a time in my career where I felt the information withheld from senior management was limiting the power I could attain and control in my RN role; however, with my deeper understanding of systems thinking, it is necessary to have a hierarchical construct to reserve macro level decisions to senior management as they have the capacity to take on the "balcony view" of the organization (Heifetz, Grashow, & Linsky, 2009). As an RN with direct patient care, I can focus on

making micro level decisions at the level of the patient. The organizational structure found within a distributed leadership perspective provides the best of bureaucratic form perspective and skills theory leadership that agrees with my leadership perspective.

CONTRIBUTIONS

The positive elements I found distributed leadership perspective contributes to organizational life are similar to the benefits found in transformational leadership. The follower in distributed leadership is empowered to lead, supported to practice leadership skills, and is nurtured through relationship building (Avolio & Yammarino, 2013; Jackson & Parry, 2011). This type of leadership provides a foundation for individuals to experiment and lead despite their position in the system. However the sharing of leadership responsibilities and the focus on relationship building can have a timely effect on the decision-making process which may negatively impact the process on patient care in the healthcare setting (Jackson & Parry, 2011).

CONCLUSION

I have been introduced to various leadership theories throughout my leadership journey. The distributed leadership perspective defined by Jackson and Parry (2011) best describes my idea of how to lead a team within a healthcare setting despite the differences argued by Taylor's (2013) bureaucratic form perspective and similarities identified in Zigarelli's (2013) skills theory of leadership. I identified how distributed leadership theory contributes to my organizational life by empowering the healthcare professional to become a leader.

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CNA Certification Program Dates to Remember

Spring

January 3-March 1: Application window to write or renew by exam

May 1-15: Certification exam window

January3-November 30: Application window to renew by continuous learning

More information at getcertified.cna-aiic.ca

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VISIT
WWW.ORNAA.ORG
FOR MORE INFORMATION

VACANT PRESIDENT ELECT BOARD POSITION

Our ORNAA President Elect is currently vacant. Plans are in place for elections to take place during the next ORNAA Board meeting, January 16, 2019. During the process, one of our current board members without a portfolio will be nominated and voted in by the members of the ORNAA Board.