

30th Biannual ORNAC Conference

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It's ANZAC Day, April 25 2013 and here I am in another country. It is a strange feeling, knowing back home there are parades and memorial services happening and here in Ottawa it is another day.

I've attended the 30th ORNAC, (Operating Room Nurses Association of Canada) biannual conference, held on this occasion in Ottawa. I applied for my first educational grant from the NSW OTA and was successful in receiving support to attend this conference. A process that I assumed would be long winded, but I was pleasantly surprised by the promptness in reviewing my application and notification of the outcome.

This is my first trip to Canada. Ottawa is the capital of Canada; it is situated between Montreal and Toronto on the eastern side of the country. In some respects it is similar to Canberra, a capital city between two well known and prominent destinations with minimal high rise buildings, wide roadways, small population of less than 900 000 and mountain ranges in the distance. In essence, a big town. Being so close to the US border I was expecting Ottawa to be very similar to the United States in its architecture and food scene, how wrong I was. The food is on the healthier side with far more options in the fresh and non fried variety, the architecture is resonant with France which makes sense given I am across the river literally from French Canada where the national language is French. Don't be confused though, walking the streets on the English side of the river would have you convinced that you were in French Canada, everyone speaks French. I had to keep reminding myself where I was; it is interesting being in an English speaking country yet bilingual conversations were surrounding me.

The main purpose of my trip was to attend the ORNAC conference. I have attended quite a few international, national and state conferences before, but I have to say this would be one of the best conferences I have been to. The number of delegates reflects that of numbers attending the National ACORN conferences, fewer than 1000 delegates, but the calibre of the presenters and the topics presented was of a high standard and all under one roof.

The conference was held at the Ottawa Convention Centre, which sits virtually on the banks of the Ottawa River and the UNESCO listed Ottawa Canal. The Convention Centre was an appropriate site; it is large without being overwhelming, the room sizes varied, but were appointed appropriately for the presentations. In other words, rooms were not oversized or too small for the concurrent sessions. The sound quality was good, but I did note that the IT support was not as evident or accessible as it appears to be back home in Australia.

The conference was well organised by the ORNAC conference committee. From the registrations, to communication of daily events, changes to the timetable and to maintaining time of the presentations. For me, the only constructive comment for future events would be the inclusion of a meeting place for international delegates; a room, a central point, somewhere to meet up with peers from either the same or different country. There were apparently eight (8) Australians registered for the conference. I met two (2) at the Canadian Dinner night; I only found them as they were wearing a T-shirt with the Australian Flag on it. I found four others at the last social event the evening prior to the conference concluding. This was a highlight for me, (finding other Australians) who included Phyllis Davis, (former NSW OTA President) and Ruth Melville, (current ACORN President).

I attended the keynote presentation, delivered by a Canadian Astronaut, Dr. Dave Williams. For an hour and a half he entertained us with his life journey from working as an Emergency Specialist to becoming an astronaut and now the CEO of a healthcare facility in Canada. His focus was risk management. Like many of the presentations that followed Dr Williams, the focus of his discussion was identifying risk, minimising risk and awareness of culture.

Culture has an impact on risk management; the culture of an organisation, from an executive level through to a local level has the ability to either minimise risk or accept risk as a part of the process. Culture influences the thought processes and willingness of its members to actively participate or choose not to participate in risk management. Dr Williams highlighted that group members fear consequences when speaking out when working in environments that focus on individual error or 'blame and shame' environments; in my opinion it is fair to say that organisations that were built up and existed on tradition and hierarchical structures created such environments. There is much in the literature that suggests healthcare was one of these organisations. While healthcare organisations are making an effort to move away from this type of culture, we need to be mindful that environments that do blame individuals continue to exist in healthcare and will do so for some time to come. Changing culture takes time and effort; that effort is everyone's responsibility. It comes down to leadership. Regardless of individual roles and status, we all have the ability to communicate with our colleagues and patients, communication that can either influence action and behaviour or discourage the same. In essence leadership is about influence.

What is important to influence? To me it is about influencing safe healthcare, safe practice and having a learning environment. To achieve this, Dr Williams and following presenters discussed team building and the creation of team environments through a shared set of attitudes; development of 'non critical introspection' skills. These skills refer to behavioural competencies. Developing and assessing communication, leadership, fellowship, creativity, flexibility and empathy. As a Clinical Nurse Educator (CNE) one of my domains includes assessment of competence. ACORN defines competency as skill, knowledge, values and attributes. In my opinion we do not assess values and attributes in a fair and valid process. Jumping ahead, a Scottish Psychologist, Professor Rhona Flin has developed such a tool to assess behaviour. Her presentation on the following day discussed her research process in development of this tool. To date, Professor Flin and her team have published a tool assessing behaviour of Surgeons, Anaesthetists and Instrument/Circulating Nurses. Currently a behavioural assessment tool is being developed to assess anaesthetic nurses. At the time of writing this report I haven't tried to access these tools, but they are available to download through the University of Aberdeen website.

More than just behaviour in developing highly effective teams is communication and moving away from normalisation of deviance. There have been some articles published in AORN (American Operating Room Nurses) around this topic. Normalisation of deviance allows acceptance of deviations from standards of care. Such deviations are not anticipated to cause harm, but deviations encourage risk. Safe healthcare could take lessons from space as well as aviation. Dr Williams explained NASA's 'zero fall tolerant' environment. This is about astronauts not falling in space when they do space walks. NASA accepts mistakes will occur but aim for no consequences from mistakes. It's about leadership risk management and provision of quality influenced by organisational culture to minimise risk.

Copied from NSW OTA August 2013 Suite Talk newsletter