

Conference Report

The following report have been submitted by members who have received financial assistance from the NSW OTA.

2014 Australian College of Operating Room Nurses 16th National Conference, Melbourne Convention & Exhibition Centre - *Written by Sarka Hartmannova*

The following is a summary of the 16th National Conference of the Australian College of Operating Room Nurses held May 21-24, 2014. The theme 'All for one and one for all' emphasised the crucial importance of leadership and teamwork in perioperative nursing. The conference was held in the city of Melbourne, and its cultured and vibrant atmosphere contributed to the dynamic and creative conference's ambiance. This summary presents an overview of the program conducted over two consecutive days across four streams (23rd/24th of May). The conference sessions and keynote presentations provided an excellent insight into current perioperative nursing trends; various approaches, analysis and recommendations were proposed.

This article is presented in several parts: background information on why and how the theme of the conference came about; selected sessions overview and summary, followed by a conclusion and references.

BACKGROUND

The biennial ACORN conference represents a unique opportunity for perioperative nurses to embrace and share the professional activity with their colleagues from around the country, and advance their professional and clinical expertise and insight.

It is also a chance to contribute to the College's outstanding reputation among health care industry and other practitioners.

The theme 'All for one and one for all-achieving our common goals' comes from 'a slogan used to evoke a sense of duty, solidarity and national unity amongst the population of a young Swiss nation'(Harding 2014, p. 5). The "Three Musketeers" novel by Alexander Dumas was first published in serial form in the magazine *Le Siècle* between March and July 1844 (Macdonald 2005). The story conveys a powerful message of men, who stayed devoted to their cause and each other, and can be easily translated into present clinical setting, where the outcome of the patient care depends on the team's effort and efficient collaboration.

The programme content offered following streams: clinical, education, management and research. Each stream comprised dedicated sessions that ran throughout the days. The keynote presentations proceeded the sessions on each day. *

(* Inclusion: only sessions and presentations attended are presented in this report; furthermore, not all sessions attended are represented due to the word limitation in this paper).

The ACORN principles acknowledged at the 16th National Conference:

- follow the vision of ACORN by encompassing and developing the essence and framework of perioperative nursing in Australia
- encourage and promote professional growth and development
- follow the values of ACORN by fostering and promoting teamwork and leadership in perioperative nursing

(ACORN Conference Handbook 2014, p. 6)

OVERVIEW OF THE CONFERENCE PRESENTATIONS

Friday 23rd of May

1. Keynote Address

Adjunct Professor and specialist anaesthetist Steve Bolsin, whose action helped to expose and end incompetent and unsafe practices in paediatric cardiac surgery in Bristol Royal Infirmary in 1995, presented an inspiring session on medical ethic and patient safety. He proposed, interestingly, that the medical force is sometimes the slowest to change, and asked the vital question: "Why do we need to think about change?". After a brief about the history of Hippocrates Oath and examples of an unethical behaviour, such as Tuskegee Experiment (Rusert

2009), he summarised the four principles of medical ethics related to duty of care (autonomy, beneficence, non-maleficence and justice). The finding that our colleagues' negative attitude towards incident reporting represents the biggest barrier in reporting the unethical behaviour was revealing; he also emphasised the importance of efficient clinical data monitoring and reporting. After all, the evidence the surgical checklist improved clinical outcomes worldwide is overwhelmingly conclusive (McDowell & McComb 2014; Tillman et al. 2013).

2. Stream: Management

Whilst the session *'The patient, The Nurse & The Expert Witness: All for One and Free for All?'* by [Sally Sutherland-Fraser](#) and [Menna Davies](#) revealed the responsibilities assumed when constructing an expert opinion for relevant authorities and manifested how it can improve patients outcomes and safety, it was concluded that the task can be extremely difficult. Although the witnesses' credibility is challenged, it is crucial they work with compassion and understanding for both the nurse and the patient.

The session *'Adapting to Change in the Perioperative Environment'* by [Nicole Vivic](#) highlighted the challenges staff encounters when experiencing structural changes within the hospital. One in three people do not adapt to change in a workplace (BattiÉ 2013); hence, it is vital the whole team works together. Efficient research, education and communication will accommodate the need to gradually accept the challenges and move forward.

3. Stream: Education

The recently proposed cuts in Australian healthcare made the session *'The Future of Healthcare: Comparing Australia and the United States'* by [Patrick Voight](#) visionary: the perioperative governance became vitally consequential. In Australia, 69% government spending goes to public healthcare, whilst it is only 46% in the United States. The life expectancy is higher in Australia than in United States, whereas the infant mortality is 4.1% in Australia, compared to 6% in United States (Laaser & Brand 2014). The lack of prevention and mismanagement of chronic diseases in the United States emphasise the need to work as a team in redesigning the supportive processes and utilisation, irrespective of the country.

Although mental health was the early adopter of Clinical Supervision, as [Suellen Moore](#) in *'Clinical Supervision for Perioperative Nursing Staff'* pointed out, Clinical Supervision in NSW is focused on a point of care and mentoring our junior nurses. It was emphasised Clinical Supervision is not a judgement, assessment or performance management; rather, it is a form of professional support. Its benefits include increased sense of wellbeing, professional confidence and accountability. An excellent conclusion was that clinical supervision enables 'the emotional load of caring'.

Saturday 24th of May

1. Keynote Address

Air Ambulance M.I.C.A, Flight Paramedic and Team Leader [Peter Davidson](#) presented his remarkable story of bravery, leadership and team determination. He almost lost his life to rescue eight survivors from the sinking yacht 'Standaside' in one of the worst maritime disasters in Australia's history, the Sydney to Hobart Yacht Race 1998. The emotional requirement to adapt to change rapidly was enormous. It demonstrated the strength of the team spirit - the authentic "All for one and one for all"; the standing ovations signified this monumental achievement.

2. Stream: Clinical

The risks of retaining instruments or products during surgical procedures and the contributing factors were discussed in *'A Review of Existing Count Practices in the Operating Suite to Achieve Our Common Goal of Safe Patient Practice'* by [Fiona Adcock](#) and [Jane Thomas](#). The goal of the project was to not only evaluate existing practices, but also implement practice changes. The contributing factors in unsafe practice were inconsistencies in the count processes, environmental factors, such as poor communication/documentation, and multiple team changeovers. The implementation of guidelines concerning all accountable items, double checking and formal processes for 'bagged' items were instrumental in the significant practice improvement. It was a great team effort: open forum for discussion, observational audit and feedback were employed.

3. Stream: Research

The challenges of conducting research within a multidisciplinary team were related in one of the last conference session: *'Unity and Solidarity: The Tale of Two Nurses Working Collaboratively to produce Quality Clinical Research'* by [Anne Jong](#). The story represented the experience of two nurses working together to achieve a

common goal, and was conducive to evidence based nursing. The session reminded us of the strenuous, yet rewarding experience of research work. The support received from a research mentor and staff from across the department, and the assistance from University with the extensive data entry were instrumental in sustaining the commitment to this demanding task. Once again, a collaborative approach led to a successful outcome for all — clinical staff, patients and the community.

CONCLUSION

The conference has highlighted the increasing diversity and globalisation we are experiencing in the current world of perioperative nursing. It is evident that only through collaboration, trust founded on evidence based practice, and a team effort that goes beyond adversity, the true outcomes of our striving can be achieved: the excellence in providing the best and safest clinical care for our patients. We could not do it without the simple motto in mind: 'All for one and one for all!

REFERENCES

- ACORN 's Vision and Values 2014, in *2014 ACORN Biennial Conference Handbook*, Melbourne, Victoria, p. 6.
- BattiÉ, RN 2013, 'The IOM Report on the future of nursing: what perioperative nurses need to know', *AORN Journal*, vol. 98, no. 3, pp. 227-234, CINAHL with Full Text, EBSCOhost.
- Harding, S 2014, 'Calling all musketeers of the guard!', in *2014 ACORN Biennial Conference Handbook*, Melbourne, Victoria, p. 5.
- Laaser, U, & Brand, H 2014, 'Global health in the 21st century', *Global Health Action*, vol. 7, pp. 1-9, EBSCOhost.
- Macdonald, R 2005, 'Behind the iron mask (cover story)', *History Today*, vol. 55, no. 11, pp. 30-36, Australia/New Zealand Reference Centre, EBSCOhost.
- McDowell, D, & McComb, S 2014, 'Featured article: safety checklist briefings: a systematic review of the literature', *AORN Journal*, vol. 99, e13, pp. 125-137, ScienceDirect, EBSCOhost.
- Rusert, B 2009, 'A study in nature: the Tuskegee Experiments and the New South Plantation', *Journal Of Medical Humanities*, vol. 30, no. 3, pp. 155-171, EBSCOhost.
- Tillman, M, Wehbe-Janek, H, Hodges, B, Smythe, W, & Papaconstantinou, H 2013, 'Surgical care improvement project and surgical site infections: can integration in the surgical safety checklist improve quality performance and clinical outcomes?', *Journal Of Surgical Research*, vol. 184, no. 1, pp. 150-156, Science Citation Index, EBSCOhost