

May 1996 - Pipeline

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UNC Executive Board

The affairs of UNC are managed by an Executive Board which is composed of: President, Vice-President (regional representatives for western, eastern and central Canada), Secretary, Treasurer, Membership Coordinator, Sponsorship Coordinator and Past President.

Descriptions of each position are available in the [UNC Constitution](#)

Membership Coordinator: Brenda Johnston, who is a research clinician at Kingston General Hospital, Kingston, Ontario;

Secretary: Peg Graham who is a nurse clinician at Ottawa Civic Hospital, Ottawa, Ontario;

Vice-President (Central): Nancy Sarto who is a nurse coordinator at Royal Victoria Hospital, Montreal, Quebec;

Sponsorship Coordinator: Janet Fenemore who is the sexual dysfunction program coordinator at Kingston General Hospital, Kingston, Ontario; Treasurer: Adrienne Caldwell who works in the urology clinic at Ottawa Civic Hospital, Ottawa, Ontario;

Vice-President(West): Laurel Emerson who works in the urodynamic lab at Kingston General Hospital, Kingston, Ontario; President: Susan Madden who is a clinical nurse educator at Ottawa Civic Hospital, Ottawa, Ontario

Vice-President (East): Margie Waye who works in the department of urology at Izaak Walton Killam Children's Hospital, Halifax, Nova Scotia.

Urological Excellence Conference September 20-22, 1995

The 8th Annual Urological Conference was held in Halifax, Nova Scotia this year. Who ever dreamed that this annual meeting would branch out to the Atlantic Provinces.

The Planning Committee members, Halifax U.N.C., are commended for their enthusiastic and pride displayed in their city. They proved to be wonderful hosts and Halifax is an enjoyable memory indeed. The conference was held at the Sheraton on the picturesque harbor front. We all enjoyed the shopping malls, pubs, fresh fish dinners, a walking tour of the city and of course the casino, where many of us even made a few dollars.

We were entertained one evening by a wonderful maritimer named Linda Brooks, who performed her contemporary folk music to perfection. She is certainly a person who is on the brink of national recognition. Highland dancers added to the Maritime mood as well.

The theme of the Conference was "Casting Our Net to the Community" and featured such diverse topics as ethical issues in evolving health care, relaxation and imagery, urinary incontinence and surviving in the real world after a renal transplant.

Our thinking process was challenged by speaker Ann Bulley. She spoke on "Reframing Our Values: Care Giving in the 21st Century". She made us aware that our patients are becoming demanding and want more control over their own health care. They want background and information in order to make a proper decision. Historically, nurses entered the profession to "give care". This new health reform gives us a challenge as care givers because it empowers people to take care of their own health. This can be a scary thought for nursing. How much are we expected to give and take as professionals. We find the new codes of advocate and enabler difficult. The rate of change in our health care makes it difficult to visualize into the future.

The closing address, "Humour in Today's World" was presented by Bill Carr, a talented performer, writer, humorist, and media personality from Halifax. He discussed a creative approach to business and life in general and showed us how creativity and humour involve seeing the ordinary in an extraordinary way. Bill promised to fill the room with laughter and cheer and send us off feeling great- and that he did!

*Ann Sargent, RN,
Shirley Hyde, RN,
Lynne Delorme, RN Urology Unit , Ottawa Civic Hospital*

Stress and Coping in the World Today

Ken Osbourne is a Social Worker who works as a therapist at Breakthrough Coop Limited in Halifax, Nova Scotia. Ken is very familiar with the stresses encountered by nursing staff as he has worked as a Social Worker in a hospital setting.

One of the most enjoyable sessions that I attended at the Urological Excellence Conference in Halifax in September was "Stress and Coping in the World Today". Each day, either in our home, workplace, or social environment, we are faced with great stress due to significant and ever increasing changes around us. The grandparent of stress research, Dr. H. Selve. defined stress as "the adaptation of the mind and body to change". Ken entertained us with a humorous supply of cartoons which highlighted the stressors in our lives and also illustrated different coping mechanisms.

To manage stress, we can remove the source of stress (ALTER), get away from or prevent stress (AVOID), or learn to live with the stress (ACCEPT). We can remove the source of stress by changing something through problem solving, direct communication, time management, and/o skill acquisition. To avoid stress we can remove ourselves from the situation by walking away, saying no, delegating, and/or knowing our limits. To accept stress, we must equip ourselves mentally and physically by building resistance: physically through diet, exercise and relaxation; mentally through clear goals and values, taking time for mental health, developing a social support system and a spiritual commitment.

At the end of the presentation, Ken took us through a guided relaxation experience using a Turkish brass bowl was so effective that the group almost slept through the lunch break!

Lynne Delorme, RN

Problem Solving & The Research Process

At the Urological Excellence conference held in Halifax September 28 & 29, 1995, I presented a very preliminary report on a research study we are conducting at the Robson Clinic investigating the efficacy of using a standard microwave oven to sterilize plastic urinary catheters. The staff of the Robson Clinic identified a need for a method of home sterilization of plastic urinary catheters for our spinal cord injured patients who maintain clean intermittent catheterization (CIC) as a method of bladder management. Microwaving has been proposed as a suitable home sterilization method, but a literature search suggested that this had not been tested in a controlled environment using plastic catheters. We discussed with our patients what routines they use for cleaning and a common trend was to either wash the catheter after use with soap and water, or more frequently, rinsing with tap water.

The plan outlined in the original protocol included contaminating MED-RX "female" 1 2FR plastic urinary catheters, in suspensions of five different microorganisms. The catheters would be rinsed under tap water for 30 seconds then placed in a standard microwave oven for 3, 5, and 10 minute periods. Culturing would take place following contamination, rinsing, and each of the microwave stages. A pilot test was conducted in September and again in November, 1995. For the pilot testing, we selected an E. Coli strain isolated from the urine of a Lyndhurst Hospital spinal cord injured patient. For the initial pilot testing, we completed all phases of testing and culturing with a smaller number of catheters. As with all research experiments, modification and repetition is necessary to achieve conditions that will be appropriate for testing. We were not satisfied with the results of the initial testing because of no detectable growth after the rinsing step, and went on to repeat a test in November. Modifications to our technique included reducing the amount of time that the catheters were rinsed under tap water from 30 seconds to 10 seconds. This seemed reasonable and more realistic according to patient routine. We validated this premise by questioning appropriate patients who visited the Clinic on time spent rinsing with tap water. They described spending between 5-10 seconds rinsing. A second modification was to vortex the sterile broth medium containing the contaminated catheters, versus simply shaking them manually to enhance dislodging of bacteria adherent to the catheter. We also decreased the volume of sterile broth used to culture the catheters after the contamination and rinsing stage, from 100 to 50ml which permitted detection of lower numbers of bacteria. The culture results for the inoculated catheters for both pilot experiments were identical and adequate at 3.5×10^5 CFU/mL. (CFU = colony forming units). The rinsing phase, however, was significantly improved with the second test from a condition of no growth to 1.5×10^4 CFU/catheter. The microwave step was omitted in the November testing. We will now continue with the experiments including the microwave phase.

In summary, the research process can be an exciting learning experience. As in other life experiences, the receipt for success must include a generous measure of patience and problem solving skills. Regardless of the outcome, all research results in increased knowledge which can only be of benefit to other professionals, and most importantly to our clients.

Jan Pelletier, RN Coordinator, Robson Clinic Lyndhurst Hospital

Urological Excellence Conference '96

I am pleased to announce that the Urology Nurses of Canada (UNC) Montreal, will be hosting the Urological Excellence Conference on September 26-27, 1996 at Hotel du Parc which is in the heart of the city where one can enjoy the night life in Montreal. We anticipate that the conference will attract nurses from our province and across Canada. Booking early can save 50% on airfare. You can use our Convention Register #2730 when booking. Same benefits apply to nurses interested in going to the CUA being held in Vancouver in June, 1996. The theme of the conference is ' Restructuring Health Care in the 90's. Discussions involve future trends in urology, ethical issues and how to cope with today's health care changes.

Tickets will be available for our Entertainment night on September 26, 1996. Conference brochures and information are available from Nancy Sarto (514) 842-1231 Ext 4037.