

SPRING 2026

SNIPS & SNAPS

ORNAA NEWSLETTER

RED DEER: OR OLYMPICS 2025



In December, we hosted our annual OR Olympics in-service at RDRH, providing staff with an engaging and educational experience. Participants were divided into two teams and competed for points to win prizes, with each station offering unique learning opportunities.

Highlights included:

- Compressions and Intercom Training: Staff practiced high-quality chest compressions and learned to effectively call for help using our new intercom system.
- Conjoined Twin Challenge: Teams collaborated to set up recently introduced orthopedic nail sets, reinforcing teamwork and technical skills.



- Trashketball: A returning favorite where correct answers to clinical questions earned teams the chance to score points by tossing into strategically placed sponge buckets. The red line could not be crossed!
- Stockinette Game: Another returning favorite that was brought back from previous years which engaged teams and sparked laughter.

This event combined fun, competition, and hands-on learning - an excellent way to strengthen skills and end the year on a positive note. Staff truly value interactive education, and the OR Olympics continues to be a highlight of our annual in-service calendar.



KATELYN ANDERSON

I have had the pleasure of knowing Katelyn for the past year since she joined our PLC family. From the beginning, she has stood out as an exceptional individual. During her LPN studies, Katelyn excelled academically, maintaining a high GPA and earning multiple scholarships in recognition of her dedication and achievement.

In the operating room, Katelyn is an active and valued member of the team. She demonstrates excellent clinical knowledge, quick learning, and consistently delivers the highest quality of patient care. Her critical thinking skills are outstanding, and she approaches every situation with compassion, professionalism, and a calm, caring demeanor.

Katelyn is enthusiastic, focused, and takes great initiative. She is a strong team player who communicates effectively and works diligently to keep the OR running smoothly. She anticipates the needs of surgeons and the scrub team, ensuring that procedures flow efficiently and safely. She embodies accountability and responsibility, unafraid to take on challenges yet wise enough to seek guidance when needed. Even in high-pressure or emergency situations, Katelyn remains composed and collected, helping to create a respectful and low-stress environment for everyone involved. Her kindness, sense of humor, and down-to-earth personality make her approachable and well-liked by colleagues.

Although still early in her OR career, Katelyn has already shown great promise as both a practitioner and a mentor. She willingly shares her knowledge and supports a positive, collaborative learning environment.

Katelyn is truly a promising star in the operating room—someone whose passion, professionalism, and potential shine brightly. It is an absolute privilege to work alongside her and to witness her continued growth and contribution to our team.

DIVERSITY AND INCLUSION: TRANSGENDER PERIOPERATIVE CARE

BARBARA MUSHAYANDEBVU

April is Diversity Month, and as we reflect on inclusion in healthcare, it is important to highlight considerations when caring for transgender patients in the perioperative setting. A transgender person is someone whose gender identity differs from the sex they were assigned at birth¹.

During a presentation at the AORN Global Surgical Conference, J.D. Buchert highlighted that patients who identify as transgender are more likely to experience negative healthcare outcomes and misdiagnoses². These risks are often compounded by unfamiliar or undisclosed surgical histories, which can jeopardize patient safety in the perioperative environment. Buchert emphasized that gaps in provider knowledge and inconsistent communication across the perioperative continuum may further increase the potential for harm.

Certain gender-affirming surgeries may have implications for perioperative care. For example, laryngoplasty and/or chondroplasty performed in transgender women may increase the risk of vocal cord injury, reduced tracheal lumen, stenosis, dysphagia, or tracheal perforation—each of which can significantly impact intraoperative airway management. Procedures such as vaginoplasty, phalloplasty, or metoidioplasty with urethral lengthening may affect urinary catheter placement and increase the risk of urethral injury if not anticipated. Body contouring procedures may require positioning considerations that reduce pressure injury risk.

It is imperative that perioperative nurses understand how to identify and manage these risks to ensure safe, equitable care for this historically marginalized population. Both individual practitioners and healthcare organizations share responsibility in creating inclusive, respectful, and safe perioperative environments.

Individual Responsibilities

Perioperative nursing practice is grounded in compassion, respect, and patient advocacy. Treating every patient with dignity fosters trust and promotes safety.

- Begin every patient interaction by asking how the patient wishes to be addressed (e.g., “What name and pronouns do you use?”).
- Use the patient’s chosen name and pronouns consistently and document this information in handover notes and, where possible, the electronic health record to prevent repeated disclosure.

- Educate yourself on terminology, including the concept of “dead names,” and be prepared to explain why legal names may still appear on documentation due to regulatory requirements.
- Avoid asking about gender-affirming surgeries unless clinically relevant to the current procedure.
- Maintain confidentiality and ensure privacy at all times.
- Create a welcoming environment through visible signs of inclusion, such as pride symbols or 2SLGBTQI+ ally identifiers.

Organizational Responsibilities

Healthcare organizations play a critical role in supporting inclusive perioperative care.

- Provide ongoing education for all perioperative staff on transgender health, terminology, and cultural safety.
- Ensure policies support the use of chosen names and pronouns in documentation and clinical communication.
- Offer private, respectful spaces that promote dignity and psychological safety for all patients.

References

1. Meerwijk, E.L., & Sevelius, J.M. (2017). Transgender population size in the United States: A meta-regression of population-based probability samples. *American Journal of Public Health*, 107, e1–e8.
 2. Buchert, J. D. (2024). Transgender care: A door-to-door experience with keen focus on the perioperative setting. Association of periOperative Registered Nurses (AORN). Retrieved from AORN.org.
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