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AORN Connections

Supplement to *AORN Journal*

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Perioperative nurses take note of music

MUSIC THERAPY MAY EASE ANXIETY AND IMPROVE OUTCOMES FOR SURGICAL PATIENTS

By Kimberly Retzlaff
Associate Editor, *AORN Journal*

Sounds can provoke emotional responses—joy at hearing a baby's giggle, irritation at hearing a car honking in traffic—and music is no different. Used therapeutically, the right music at the right times may be beneficial in the perioperative setting, if for no other reason than alleviating patient anxiety. Implementing a music therapy program in a surgical facility can be a relatively easy and inexpensive way to improve patient care, as long as the process is carefully conceived and discussed openly.

The importance of choice

Recent research indicates that music in various stages of the surgical process not only reduces anxiety, heart rate, respiratory rate and blood pressure, but also may decrease pain and improve the patient's perception of hospitalization. One key to these benefits may be allowing the patient to choose his or her music, or whether to listen to music at all, for two reasons.

"First, it's critical that patients choose the specific music that they listen to because what may be calming for me might not be for you," stressed Larry Asplin, RN, MSN, CNOR, clinical director for surgery and central processing, St. Cloud Hospital, St. Cloud, Minn. "Second, patients who are able to select their own music feel they have choices, autonomy, because when you come in to surgery you don't really have a choice for much of anything."

Photo courtesy of Linda P. Voyles. Used with permission.

CHRISTINE DUGUID (RIGHT) and Theresa Carbajal demonstrate how music therapy looks in action in the pre-op department at Banner Estrella Medical Center, Phoenix.

Changing music between the different operative phases may also be something to consider. Asplin remembered one patient who chose different music for her preoperative, intraoperative and postoperative phases. When he spoke to her in recovery, she told him that she felt great because she knew the music that was playing was her "recovery music," which meant to her that she had made it through surgery and was alive.

"Music has such a strong connection—she doesn't remember treatment or care or even me visiting her in recovery, but she remembers the music," Asplin said. "Her vital signs were more

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AORN Connections

AORN Connections offers an authoritative perspective on perioperative practice issues and advocacy positions and spotlights noteworthy members, partners and association activities.

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Vivian Watson, RN, CNOR, has long been part of AORN, sharing her passion as a nurse through her longtime service in many capacities, most recently as the association's ombudsman. Despite adversity in her life, Watson has remained dedicated to her profession and to caring for others. 16

aorn.org/news

Visit AORN Connections *online to read more in-depth coverage of the stories in this issue.*

Listen to the Perioperative News Minute podcast at aorn.org/News/Podcast

NEWS & Advocacy

STANDARDS

ANA and International Transplant Nurses Society co-publish first standard for transplant nursing

The American Nurses Association (ANA) and the International Transplant Nurses Society (ITNS) announced in August the release of *Transplant Nursing: Scope and Standards of Practice*. The one-volume reference guide identifies and defines expectations for the role and practice of the transplant nurse.

ANA and ITNS developed the guideline by convening a panel of nurse experts, who not only assessed and analyzed the field of transplant nursing, but also went on to describe and delineate it. Transplant nursing includes the care for solid organ candidates and recipients and living donors, and they work to protect, promote and optimize the health of transplant recipients and the living donors. *Transplant Nursing: Scope and Standards of Practice* contains six standards for nursing practice and nine for nursing professional performance.

STUDIES

Neck surgery for cervical spine disorders found to ease associated headaches

Patients who have arthroplasty or arthodesis can be expected to have improvement in headache symptoms two years after they undergo anterior cervical neck operations, according to a study published in the August 2009 issue of the *Journal of Bone and Joint Surgery*.

The study's purpose was to determine the prevalence of headaches in patients with cervical radiculopathy (shooting pain in the arm) or myelopathy (spinal cord dysfunction) and the effectiveness of an anterior cervical surgery in relieving headache symptoms associated with the cervical disease. The study does not include migraine headaches.

INFECTION PREVENTION

APIC promotes safe injection practices to prevent blood-borne illness

With more than 35 cases of viral hepatitis occurring in the country within the last decade because of unsafe injection practices, The Association for Professionals in Infection Control and Epidemiology (APIC) announced its strong support for adherence to safe injection practices in United States clinical settings.

The recommendations for safe injection practices are published in *Safe Injection, Infusion and Medication Vial Practices in Healthcare*, a position paper that was endorsed by the Society for Healthcare Epidemiology of America.

"APIC recognizes these outbreaks are unacceptable," said Susan Dolan, RN, MS, CIC, lead author of the position paper and epidemiologist at The Children's Hospital in Aurora, Colo. "There is no excuse for failure to follow basic infection

Advocacy Update

Public Policy online road map

AORN Government Affairs coordinates grassroots activities in the promotion of AORN's legislative priorities. One of the most effective methods for influencing public policy is direct communication between constituents and decision makers.

Through the public policy pages of AORN's Web site, members have access to legislators and the tools needed to effectively communicate AORN's position on legislative initiatives. Members also can sign up to be included in the AORN grassroots network, get involved in current legislative initiatives and find information regarding legislation in their states. All grassroots members receive the monthly e-mail *AORN Advocacy Update* to keep informed about all AORN advocacy activities.

Through AORN's public policy pages, members can get involved by communicating directly with legislators and other decision makers on public policy issues that affect perioperative professionals. They can also navigate the legislative map to access the most current laws and legislation affecting perioperative nurses by individual state, as well as to find state and regional legislative coordinators, links to nursing organizations and nurse practice acts and the latest developments on public policy initiatives in each state.

aorn.org/news

Find the latest legislative updates in *AORN Advocacy Update*.

prevention practices when preparing and administering medications, giving injections and obtaining blood samples."

The position paper, along with additional resources, is available at **www.APIC.org**.

FINANCIAL AID

Financial assistance available to nurses

Health and Human Services (HHS) Deputy Secretary Bill Corr announced on Aug. 12 the release of $13.4 million for loan repayments to nurses who agree to practice in facilities with critical shortages and for schools of nursing to provide loans to students who will become nurse faculty. The funds were made available by the American Recovery and Reinvestment Act.

The awards come from two programs administered by HHS' Health Resources and Services Administration (HRSA): the Nurse Education Loan Repayment Program and the Nurse Faculty Loan Program. The former will provide $8.1 million, awarded competitively, to help 100 registered nurses pay their nursing education debts. The program repays 60% of the loan balance of RNs in exchange for two years of service at facilities with a critical shortage of nurses. Participants may be eligible to work a third year for additional repayment assistance. The Nurse Faculty Loan Program's funds total $5.3 million and will go to schools of nursing to support the training of 500 masters and doctoral nursing students who plan to become nurse faculty after graduation. Following graduation, loan recipients may cancel up to 85% of the loan principal and interest in exchange for four years of service as full-time nursing faculty at a nursing school.

For more information about HRSA and its programs, visit **www.hrsa.gov**.

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FROM AORN Headquarters

Connection. Conversations. Collaboration.

OR Nurse Link is the new social network AORN is launching to bring together all of these attributes and more. Separate, but connected to the association's main Web site – AORN.org – OR Nurse Link will add a new dimension to membership through its functionality. Members will be able to access OR Nurse Link through the AORN homepage, or by visiting **ORNurseLink.org**.

Get connected with OR Nurse Link

By Matt Gunn
News Editor/Writer

Connection. Conversations. Collaboration.

ORNurseLink
Connecting the periOperative Community

OR Nurse Link is the new social network AORN is launching to bring together all of these attributes and more. Separate, but connected to the association's main Web site – AORN.org – OR Nurse Link will add a new dimension to membership through its functionality. Members will be able to access OR Nurse Link through the AORN homepage, or by visiting **ORNurseLink.org**.

The new network will replace AORN's older Communities of Practice and MemberTalk, bringing various aspects of each into a cleanly designed and more user-friendly interface.

"I think that it's going to be exciting," said Ginger Makela-Riker, AORN online community specialist. "The current platforms are so dated, and I think (OR Nurse Link) is bringing current technology in a way that's useful to all of our members."

Using their current AORN.org login credentials, members will be able to access OR Nurse Link, a platform that is similar to popular social networks, such as Facebook and LinkedIn, but is tailored specifically for perioperative professionals.

Among the various features will be personal profiles, the ability to write and comment on blogs, specialty assembly pages and more. OR Nurse Link will encourage members to build an interest-based network of friends and colleagues, to share information across the network and participate in common interest communities.

"The community's going to be much more self-directed," Makela-Riker said.

Additionally, members will have one place that incorporates MemberTalk, the Communities of Practice, their individual chapters, specialty assemblies, committees, state councils and even be able to receive updates from AORN News.

OR NURSE LINK Continued on 12

From the Board

Anne Fairchild

Anne Fairchild, RN, BSN, MS, CNOR
Treasurer, AORN Board of Directors

Economically speaking, 2009 has been AORN's most challenging year. Due to a $1.5 million loss in investments in 2008, Headquarters' staff and the Board had to make the following extremely tough decisions to ensure our fiscal health:

- Reduction in force (12 full time employees)—first in AORN's history
- Moved investments from stocks into bonds and money market
- No merit increases or incentives
- 401K matching reduced
- Delayed capital projects
- Reduced travel for staff, committees and Board
- Reduced marketing and other expenses
- Reduced staff's professional development
- Instituted a fee to non-members for the Nurse Consult Line

The good news—as a result of all these actions, AORN should break even for 2009. Additionally, we've succeeded in using innovative methods to continue to accomplish our goals and meet members' needs. We believe 2010 will bring new growth and increased revenues from AORN products and services, allowing us to reinstate staff benefits and other value-added items.

The Nominating and Leadership Development Committee releases the 2010 ballot.

AORN Mission, Vision and Core Values part of 2010 ballot

Immediately following the 2009 Leadership Conference in July, the Nominating and Leadership Development Committee (NLDC) headed to AORN Headquarters for the 2010 ballot deliberation. This process took two days as the NLDC carefully reviewed nearly 40 applications submitted from about 135 names nominated by AORN members. Applicants had also submitted a resume highlighting their skill sets.

The 2008 Nominating Committee discontinued the use of a point system and developed job requirements for each elected office. The 2009-2010 NLDC used this methodology and implemented a ballot deliberation process incorporating the AORN Mission, Vision and Core Values.

The vote to select these 2010-2011 leaders from this ballot will be conducted during AORN's 2010 Congress in Denver.

2010 AORN National Ballot

President-elect (one to be elected)
Anne Marie Herlehy, RN, MSN, CNOR
Illinois
Deborah G. Spratt, RN, MPA, CNOR, NEA-B
New York

Vice President (one to be elected)
Beverly Kirchner, RN, BSN, CNOR, CASC
Texas
Rosemarie Schroeder, RN, BSN, CNOR
Wisconsin

Secretary (one to be elected)
Jane A. Kusler-Jensen, RN, BSN, MBA, CNOR
Wisconsin
Martha D. Stratton, RN, MSN, CNOR, CNAA
South Carolina

Board of Directors (three to be elected)
Renae N. Battié, RN, MN, CNOR
Washington
Denise Jackson, RN, MSN, CNS, CRNFA
Texas
M. Renee Khalar, RN, BSN, MBA, CNOR
Texas
Deborah Farina Mulloy, RN, PhD, MSN, CNOR
Massachusetts
Rose E. Seavey, RN, BS, MBA, CNOR, ACSP
Colorado
Annette Wasielewski, RN, BSN, CNOR
New Jersey
David A. Wyatt, RN, BSN, MPH, CNOR
Colorado

Nominating & Leadership Development Committee
(three to be elected)
Sandy Albright, RN, BSN, CNOR
Pennsylvania
Claire R. Everson, RN, CNOR, CCAP
Arizona
Jill A. Gehrmann, RN, MBA, CNOR
Illinois
Judith L. Goldberg, RN, MSN, CNOR
Connecticut
Trudy Kenyon, RN, CNOR
Oregon
Marisa "Missi" Merlino, RN, MHA, CNOR
Texas

Supporting research

The AORN Foundation is pleased to announce the funding of a collaborative research project between AORN and AkkeNeel Talsma, PhD, RN, from the University of Michigan's School of Nursing. Based on a grant award through Medline Industries Inc., the objective of this research project will be to further the understanding of the impact of OR nursing activities and clinical system factors on adverse events in the OR and surgical patient outcomes. Findings from this research project, *An Evaluation of Perioperative Processes of Care and Patient Outcomes*, hold the potential to have a national impact on the safety of surgical patients.

The AORN Foundation believes that evidence-based research is fundamental to quality patient care and should be the basis for perioperative nursing practice. Therefore, in a continuing effort to improve patient outcomes, the AORN Foundation provides funding for research studies like this

project that impact surgical safety and outcomes. Donations to the AORN Foundation help to ensure that important programs such as the AORN Research Grant Program can continue to "Support the Nurses Who Make Surgery Safe." To learn more about the Foundation, visit the AORN Foundation at **aorn.org/AORNFoundation**.

stable and she was released earlier than normal."

It may be prudent to guide patients in selecting their music, however, because "chaotic" music might be counterproductive, according to Linda P. Voyles, RN, BSN, CNOR, perioperative endoscopy clinical educator, Banner Estrella Medical Center, Phoenix, and author of *Simply Successful Surgery* (Miracles Every Moment Publishing, 2007).

"Chaotic music—hiphop and heavy metal, even if we enjoy them in a party environment, or salsa when you're dancing and celebrating—does not initiate a physical relaxation response, which is what we need at the time of surgery or illness," Voyles explained. "Chaotic music is not healing to our cells in the surgical environment. We need to promote the relaxation response at this time in order to increase cell oxygenation and decrease blood pressure and pulse rate."

Music in practice

Because of the hectic nature of preoperative visits and all of the things that need to be discussed, the holistic process should be started earlier if it is to be effective, recommended Bonnie Denholm, RN, MS, CNOR, a perioperative specialist in the AORN Center for Nursing Practice.

"Ideally, the process would begin in the physician's office to get the patient thinking about the setup and their choices in music before going to the hospital or surgical center," she said.

At Asplin's facility, patients are made aware of the music therapy program during the preoperative phone call, and information is included in the preoperative packet that is mailed to the patient's home. When patients arrive on the day of surgery, they listen to music during the preoperative phase, and if they request it, during surgery. Patients also listen to music during recovery. They use headphones and CD players or iPods so the music is continuous.

Having the patient wear earphones in the OR is ideal because it insulates them from the noise of machinery or instrumentation. In addition, "Patient-selected music played in the OR could be a distraction for the team," Denholm advised.

In Voyles' facility, when patients bring their own supplies, the items are marked with a patient sticker. However, patients are advised that it is preferred they use the hospital's headphones and CD player to eliminate the risk that their belongings might be lost.

Playing it safe

Transmission of infection is another issue to consider in creating a music therapy program.

"There can be a cross-contamination issue with ORs that are set up for patient-centered music therapy if there are patient headphones in the OR that are reused for several patients throughout the day. It is important to decontaminate the music equipment between patients," Denholm stated. "If patients bring their own headphones, metal components would be another concern if electrosurgery is planned for the procedure."

Research on Music Therapy in the Perioperative Environment

Coronary heart disease—music therapy has a moderate effect on anxiety; reduces heart rate, respiratory rate and blood pressure; and reduces pain when used for two or more sessions, according to a review of 23 trials with a total of 1,461 patients (*Cochrane Database Syst Rev*: April 15, 2009).

Surgical abortion—music therapy decreases procedural pain, according to a meta-analysis of 40 studies with a total of 5,131 patients (*Cochrane Database Syst Rev*: April 15, 2009).

Elective surgical procedures—Music improved anxiety, perception of hospitalization, relaxation, and stress, in 27 patients undergoing surgical procedures of the brain, according to a randomized, controlled trial (*J Music Ther*: Fall 2008).

Total knee arthroplasty—patients listening to self-selected music experienced less pain at three and 24 hours postoperatively than the control group, according to a study of 30 patients (*J Knee Surg*: October 2008).

Cesarean birth—patients listening to self-selected music with headphones for 30 minutes postoperatively had less pain and lower cumulative opioid consumption than patients who wore headphones for 30 minutes postoperatively with no music, according to a study of 80 patients (*J Altern Complement Med*: September 2008).

Pediatric procedures—music is effective for reducing anxiety and pain in children undergoing medical and dental procedures, according to a research review of 19 randomized, controlled trials (*Ambul Pediatr*: March-April 2008).

To maintain cleanliness, music items can be wrapped in plastic or even a surgical glove, Voyles suggested. Earphones and music players should be wiped down and disinfected before surgery. "The OR team members who are facilitating the music therapy program should discuss ahead of time how they will maintain the cleanliness or sanitization of items that patients bring from home," Voyles said.

Another consideration with patients who wear earphones while under anesthesia is protecting their hearing.

"It's critical that we control the volume," Asplin said. "We set the volume that the patient says is best, and we put tape across the volume control so that it can't be accidentally adjusted."

Ensemble work

Nurses who are interested in starting a music therapy program at their facilities will find greater success if they have a champion, if not a team, Voyles said. She recommended starting the conversation during a staff meeting or facility in-service, or reaching out via the facility newsletter, for example, to see who voices interest.

Talking to physicians one-on-one with research in-hand may help get them involved, especially if they are interested in seeing how it will affect patient outcomes, Voyles added.

Using research and positive results also can help with gaining financial support. "With finances, it's helpful for managers to know the research background and how minimal the cost is compared to the benefit," Voyles said.

She recommended putting together research articles, a list of materials needed to start the program—like CDs, CD players and the batteries for them—as well as where the items can be purchased and the associated costs—to make it as easy as possible.

"Ultimately it's for the patient's outcome," Voyles said. "If research shows that music affects the outcomes they have, then as patient advocates it's really important for nurses to help with education, raising the awareness of the perioperative team."

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It's not often easy to picture the state of healthcare outside the United States without seeing it firsthand, particularly in developing nations or those otherwise underserved. AORN President Patrick Voight, RN, BSN, MSA, CNOR, was able to volunteer some of his time recently on a four-day trip to Africa with Mercy Ships.

AORN president Voight joins Mercy Ships effort in Africa

By Matt Gunn
News Editor/Writer

It's not often easy to picture the state of healthcare outside the United States without seeing it firsthand, particularly in developing nations or those otherwise underserved.

AORN president Patrick Voight, RN, BSN, MSA, CNOR, was able to volunteer some of his time recently on a four-day trip to Africa with Mercy Ships. Joining Voight on the journey was Gene Robinson, the president and CEO of IMS, AORN Foundation board member and founder of Instruments of Mercy (IOM), a nonprofit organization that restores and refurbishes medical instrumentation for healthcare providers on mission trips.

A global charity that has operated hospital ships in developing countries since 1978, Mercy Ships' largest vessel, the Africa Mercy, was stationed at the city of Cotonou in Benin, a country bordered by Togo and Nigeria.

"When I first found out about Africa Mercy – probably about a year ago – I was fascinated," Voight said. "I was fascinated with all the volunteers who do medical missionary work, and the scope of services they really provide."

Voight opened a dialog with Mercy Ships about a year ago. During Congress 2009 in Chicago he introduced Robinson to Mercy Ships.

By June Voight, Robinson and several others were visiting Mercy Ships' mission in Cotonou on behalf of AORN and IOM.

"When I took over as the president of the association in March 2009, we announced and kicked off our collaboration with Mercy Ships," Voight said. "I felt that as an ambassador – as a collaborative partner with Mercy Ships – that I really needed to go over there and experience it firsthand, so that I could take the experiences back to our membership and try to get them excited about volunteering."

"It truly has been fantastic," said Mila Hightower, Mercy Ships marketing director who accompanied Voight and Robinson on the visit. "Patrick was well received onboard by the nursing staff there on the ship. It meant a lot more to the nursing staff to have him on board than I think anyone could have imagined."

In his time aboard the Africa Mercy, Voight met with nursing volunteers, saw the scope of practice and even participated in procedures. Though it was only a four-day visit, he was treated to the full scope of what Mercy Ships does.

The Africa Mercy itself is a small city of crew and volunteers. At any given time the ship has about 450 people onboard trained in anything from seamanship and cooking to medicine and sterilization.

A nurse can spend as little as two weeks volunteering, and like all Mercy Ships volunteers, pays his or her travel to and from the location as well as crew fees. The most tenured nurse aboard the Africa Mercy has served seven years. A typical mission in any one city lasts 10 months.

"We're so much appreciative for AORN and the members of AORN," said Mercy Ships CEO Sam Smith.

In addition to Voight's representation of AORN with Mercy Ships, Robinson and IOM were able to forge a relationship with Mercy Ships that will bring IOM's charitable work in instrument repair to the ship. Through IOM, IMS is sending a technician to serve aboard the Africa Mercy in September.

Find more information on Instruments of Mercy at **www.instrumentsofmercy.org**. For more on Mercy Ships, visit **www.mercyships.org**.

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Beginning in January 2010, *AORN Journal* will have a new look and be printed in the larger format of 8.5" x 11" paper.

New look for *AORN Journal*

Beginning in January 2010, *AORN Journal* will have a new look and be printed in the larger format of 8.5" x 11" paper. According to Liz Haigh, AORN's director of publishing, the larger format will allow for a more "open" and flexible page design. It will also facilitate the use of a larger type font for the content—a feature that was highly praised by members attending the AORN Leadership conference last month in Denver, where the new look was unveiled. Conference attendees also complimented the new cover design, calling it "fresh" and "more up-to-date."

The new design will give the *Journal* a less "dense, text-heavy" feel and allow for the use of more illustrations and photos. Speaking of the *Journal*'s current design, Haigh used the metaphor of a small room, noting that "the furniture fits only one way. With the larger format, we'll be able to have more space for images and call-out boxes that help present the content."

Making the shift to this larger size was partly prompted by the realities of today's advertising market. Haigh noted that advertising is a very important revenue stream for the Journal. Her analysis found that moving to a larger page size was cost neutral while providing advertisers the advantage of not having to resize an ad for the *AORN Journal*, as they currently need to do.

Patricia C. Seifert, RN, MSN, CNOR, CRNFA, FAAN, the *Journal*'s editor-in-chief, remarked that the *Journal* will have more opportunities to showcase stories about — and for — perioperative nurses.

"We are excited to promote innovation, excellence and quality practice in perioperative nursing," she said.

OR NURSE LINK Continued from 6

ORNurseLink
Connecting the periOperative Community

Bringing what was formerly a disparate network of interests and specialties under the single OR Nurse Link network has potential to increase communication among members as well.

"There's been a lot of excitement around OR Nurse Link's messaging functions – being able to message groups such as chapters efficiently without having to use e-mail," Makela-Riker said.

Beyond participation in groups, message boards and blogs, members will be able to share documents and search both OR Nurse Link and AORN.org.

Makela-Riker said the network is on schedule for a soft launch in early September, with initial access going to chapter leaders, specialty assembly leaders and others. OR Nurse Link will be widely available by October.

Here's a look at some of the features you will find on OR Nurse Link:

- **Customized profile page**
- **MemberTalk**
- **Groups**
- **Resource Center**
- **Blogs**

aorn.org/news

Read about more features of OR Nurse Link at aorn.org/News.

The Ambulatory Surgery Center Specialty Assembly (ASC SA) is reviewing the significant changes in the Centers for Medicare & Medicaid Services (CMS) regulations and exploring how AORN can address these changes.

Ambulatory Surgery Center SA

ASC Specialty Assembly forms task force

The Ambulatory Surgery Center Specialty Assembly (ASC SA) is reviewing the significant changes in the Centers for Medicare & Medicaid Services (CMS) regulations and exploring how AORN can address these changes.

Among the changes are the CMS Conditions for Coverage that went into effect in May, which provide new and extensive surveyor guidelines and call for an expanded number of surveyors and more aggressive efforts to survey more surgery centers more frequently. Becky Small, RN, BC, MS, CNOR, said the ASC SA started a task force to address these upcoming changes and investigate the ways in which AORN can help surgery centers adapt.

Among the areas the task force has identified that AORN could address are to provide support to members through alerts disseminated through AORN communications, to encourage a "community of practice" dialog in implementing changed policies and posting "changed policies" for new requirements, and to identify and to use available communications to inform members about the actual surveyor experience prior to surveys.

The task force is scheduled to meet monthly through conference calls and will communicate through e-mail as necessary.

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EOE

The AORN Leadership Specialty Assembly will be conducting a meeting during *OR Manager*'s Managing Today's OR Suite conference, which takes place from Oct. 7-9 at Caesar's Palace in Las Vegas.

LEADERSHIP SA

Leadership SA to contribute to OR Manager conference

The AORN Leadership Specialty Assembly will be conducting a meeting during *OR Manager*'s Managing Today's OR Suite conference, which takes place from Oct. 7-9 at Caesar's Palace in Las Vegas.

OR Manager's Managing Today's OR Suite conference focuses on practical topics related to the management of surgical services such as efficiency, information technology, staff retention and cost management.

The Leadership Specialty Assembly is very proud to announce the sponsorship of a dynamic educational session, "Effective Leadership, it Takes a Team," at the conference. AORN board member, past Leadership SA Chair and current Board of Directors liaison to the Leadership SA, David A. Wyatt, RN, MPH, CNOR, will be co-presenting this session.

Another Leadership SA member, Sherron C. Kurtz, RN, CNOR, CNAA, MSA, MSN, will be co-presenting another session, "Moving Beyond Double Doors, a Journey to Improving Patient Flow."

All Leadership SA members and nonmembers are encouraged to attend the conference, particularly the Leadership SA's session, which takes place at 6:45 p.m. Oct. 9 in the Capri Room at Caesar's Palace.

Each of the members of the 2009-2010 Leadership Coordinating Council will be attending this conference and look forward to meeting and talking with fellow Leadership SA members during the event.

The AORN Leadership Specialty Assembly comprises perioperative nurses who are interested in administration, management concepts, leadership skills and organizational dynamics for perioperative services.

Coordinating council members who will be attending the OR Manager conference follow.

2009-2010 Leadership Specialty Assembly Coordinating Council

Chair - Holly Ervine, RN, BSN, CNOR

Past Chair - Martha Stratton, RN, MSN, MHA, RNFA

Communication Chair - Donna Label, RN, MSN, CNOR

Education Chair - James Stobinski, RN, MSN, CNOR

Professional/Practice Issues Chair - Deborah Hickman Mathis, RN, MSN, CNOR

AORN Board Liaison - David Wyatt, RN, MPH, CNOR

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17th Annual Perioperative Clinical Update
October 9 & 10, 2009 ~ Columbia, MO

FEATURED SPEAKERS

Louise Kuhny, RN, MPH, MBA, CIC
The Joint Commission
"Patient Safety in the OR and PACU"

Christine Dempsey, BSN, MBA, CNOR
Press Ganey Association
"Patient Flow Improvement"
"Patient, Staff and Physician Satisfaction"

Bill Bondeson, PhD
Bioethicist and Award-Winning Philosophy Professor
University of Missouri
"The Ethics of Informed Consent"

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Events

Watch for these upcoming events!

October 1-3: 2009 ANCC National Magnet Conference™
Location: Louisville, Ky.
Provider: American Nurses Association
Program: Find out how evidence-based practice and research impact nursing outcomes and how transformational leadership results in nursing excellence.
Information: http://www.anccmagnetconference.org/

October 7-9: Managing Today's OR Suite Conference
Location: Las Vegas
Provider: *OR Manager* in collaboration with the AORN Leadership SA
Program: Network with other OR Managers while learning and sharing problem solving techniques and effective strategies for practice change.
Information: http://www.ormanager.com/mtors/documents/mtors09brochure.pdf

October 9-10, 2009: 17th Annual Perioperative Clinical Update
Location: Columbia, Mo.
Provider: MU Sinclair School of Nursing in Cooperation with Heart of Missouri Chapter, AORN
Program: Learn how to achieve the multiple expectations related to providing high quality, safe and cost-effective care with limited resources.
Information: http://nursingoutreach.missouri.edu

AORN Connections

AORN, Inc.
2170 S Parker Road, Suite 400
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AORN Connections

Members making a difference

Members making a difference: Vivian Watson

Vivian Watson

Vivian Watson, RN, CNOR, has long been part of AORN, sharing her passion as a nurse through her long-time service in many capacities, most recently as the association's ombudsman. Despite adversity in her life, Watson has remained dedicated to her profession and to caring for others.

Born with a cleft lip and palette to sharecroppers in rural Mississippi, Watson was raised by an aunt through childhood.

"The challenges I faced early on helped shape my career as a nurse," Watson said.

Watson went into training as a registered nurse at the age of 18, one year after her cleft palette was repaired. She has remained in the field since, cherishing a career that has lasted more than four decades. As AORN's ombudsman, Watson mediates and resolves disagreements and misunderstandings as an independent and objective third party.

AORN perioperative nursing specialist Marisa Tapia, MSN, RN, CNS, recently completed a digital storytelling project about Watson and posted the video to YouTube (Search: AORN Vivian Watson). Tapia will be conducting digital storytelling workshops for nurses and educators to learn how to use multimedia for professional development and sharing messages.