

Charlotte Guglielmi's Closing Session Speech
AORN Congress
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I have vivid memories of sitting in the arena at the Anaheim Convention Center for my first AORN Congress Opening Session. Watching the leaders on that stage, I remember thinking “no way could I ever do that!” But here I am, and I am ready to lead!

As I prepared to begin my year as your AORN President, I reflected on the many facets of my life that have guided me to this point. First and foremost is my faith and the ways that it has opened my heart to discern what it means to be a servant leader. Next is family. I am delighted that my niece Holly, a perioperative nurse has been here with me all week experiencing her first AORN Congress. I am truly blessed with a wonderful family that includes my mother, my sister and brother, their spouses, and my nieces and nephews. I know in my heart that my dad is with me in spirit. How proud he would have been. And, finally; there are my friends. I am fortunate to have many dear and generous friends especially those with me today, Fr. Peter Quinn and Susan Troy who, when I travel, empty my mailbox for me each day, make sure that when I return the porch light is on and there is milk and juice in the refrigerator. My friends, every January, ask the same question, “What is it with Congress Week?” and then they listen to me every day until Congress week arrives.

I am very fortunate for the support I receive from every level at Beth Israel Deaconess Medical Center. Of special note are my director, Elena Canacari, RN, CNOR, our leadership team, and the Periop Education Team, all of whom have willingly taken on numerous additional responsibilities so that I can serve the members of AORN. I also thank all of my partners in care who have taught me well and inspired my passion for a safe, just culture: our senior vice president of operations and chief nursing officer, Marsha Maurer, and the leaders of the departments of surgery and anesthesia represented today by Dr. Don Moorman, the immediate past Vice Chair of our Department of Surgery. Most importantly, I thank all of the clinical nurses and surgical technologists who look to me for practice support and who never fail to lead by example, keeping their eyes glued on the patient every minute of the day.

My presidency would not have been possible without the support of my AORN family, my chapter and others who are too many to name. I have had the privilege of serving with eight AORN Presidents, each of them different, each of them sharing with me his or her unique leadership style. I have assimilated their best traits into my personal style, which has helped to form me into the leader I am today.

Faith, family, and friendships are not only the key facets in my life, they are the key facets of AORN. Our faith in the power of perioperative nursing has aided us in our drive to improve care of the surgical patient. Our love and support for the family of nurses and their specialties that comprise AORN allow us to face our challenges, agreements, and disagreements with love and respect for our fellow members. The friendships that we develop in the Association are among the gifts we receive for the time and energy we spend serving our profession. These facets of life

are the cornerstones of AORN, and they are an integral part of my vision for our year ahead.

Now, we celebrate the beginning of a new chapter in our AORN story. We celebrate the “*Freedom to be*” caring nurses, leaders, and advocates. We will take the light of our passion into our work sites, share it, nurture it and return with it when we gather next March in Philadelphia. We have entered this new decade together committed to creating AORN’s preferred future.

Creating our future means changing our environment. We started this work a year ago when I articulated a vision that mandates our Board to listen to all perioperative nurses. I think it is crucial for AORN’s success that we know and understand the realities you face at work as well as your ideas for solutions. Your Board will achieve this through a number of active environmental scans. We will continue the practice of holding a town hall discussion at our annual leadership meeting in July. In addition, beginning in May and continuing each month, your Board will hold webinars that will provide education focused on critical practice issues while offering you a pipeline to the Board members to share your thoughts on those issues that affect your everyday practice. The Board will review your feedback as a standing agenda item on its biweekly conference calls.

Furthermore, I plan to use our new OR Nurse Link platform to give us the functional ability to do new and different things. For example, we need to find a way to better anticipate your needs. The National Committee on Education has been charged with creating a pilot process to monitor MemberTalk, and communicate the issues raised to their Board liaison who will share them with me and the rest of the Board during our environmental scan discussions. My hope is that this process will allow us to respond to your needs quickly.

For years as AORN leaders we have often been asked, isn’t there a way to be more responsive in how we express AORN’s official positions? In February, the AORN Board of Directors approved a change in the way position statements will be approved. Colleagues, the way that we managed position statements at the annual business meeting of our association is tradition with a small “t”. There are no guidelines in our bylaws or articles of incorporation that prescribe the process for managing these statements. Now is the time to move into a new era using technology that is available to respond in a timely manner with position statements that are consistent with the association’s mission, vision and values. The new process, will utilize the same system we use to approve our recommended practices. After the position statement is developed it will be posted on the web site for a prescribed period of time, usually 30-45 days, for member response. At the end of the comment period the responsible authors will review the comments, modify the statement and then send it to the Board of Directors for approval. Following the approval the statement will be posted on the web site and circulated to the appropriate organizations. This process will allow all members to take a more robust role in creating meaningful statements and allow the association to produce position statements in a timely manner. A more comprehensive description of this change will be published in the April Connections.

In addition to hearing from our members, I think it is important that we also allow our members to hear from their colleagues in perioperative practice. Therefore, we will introduce a new quarterly column in the *Journal* that will provide a venue for colleagues from multiple disciplines including surgeons, anesthesiologists and risk managers, to share their opinions and

commentary on some of the most critical clinical issues facing all of us, such as elimination of wrong site surgery and prevention of surgical site infections.

I have also heard from many of you that you would like to have more support from your nurse executives in addressing perioperative practice issues. To help remedy this situation we are establishing an Executive Leadership Advisory Panel. This group will focus on identifying the ways that AORN can serve all members by engaging their nurse executives in meaningful dialogue.

To strengthen the bonds of our “family,” I want to try a new approach to mentorship by adjusting the make up of our committees. This year we will match the passion and experience of our seasoned members with the enthusiasm and excitement of the new generation. By bringing together the experienced and novice, frontline nurse and executive, educator and student, we will engage our members more broadly in the work of the Association.

I am amazed at the work that AORN staff members have done to create an online content management system to manage our members’ willingness-to-serve data. Almost 200 members have completed this process. We now have the ability to match our member’s expertise, areas of interest, volunteer history, and generational profile with the work that needs to be done by the various committees and task forces. This tool, enabled me to offer positions on committees to more than 80% of the volunteers who are 40 and under, thereby engaging our younger generation in our volunteer workforce. Of members invited to serve on committees, 25% will be serving our Association at the national level for the first time. I want to be clear, however, that no matter your age, experience, specialty, or history, your voice is important to me, and I challenge each of you to submit your willingness-to-serve form and to encourage your colleagues to do so as well. This information is vital to our ability to make sure the correct people are at the table when issues arise. We need to know about you and what you can offer AORN.

I believe that as your President I have the responsibility to ensure that our collective knowledge and expertise influences every product, every service, and every solution that is developed by our Association. Furthermore, I am committed to the concept that authentic solutions come from empowered frontline nurses who practice at the point of care, who speak up, and who exercise the freedom to be caring nurses. To that end, the Nursing Practice Committee has been renamed the Clinical Nursing Practice Committee.

This group will work on two key areas, the first of which is development of implementation packages for recommended practices. So often, we are faced with difficult questions about how to move recommended practices from the page to the practice environment. These implementation packages will answer frequently asked questions about the recommended practices and provide real-time templates for policies, documentation, and skills checks, as well as tools to audit practice. Secondly, the committee will create a “sharps management bundle” that will include the tools to assist in multidisciplinary implementation of a neutral zone or safe zone, evaluation of sharps injury reduction products, and steps to conduct clinical trials of those products.

Our work will continue to advance the ongoing development of the Perioperative Nursing Data

Set (PNDS) and our SYNTEGRITY™ product. We have redesigned the manner in which we support this work from the volunteer side by dividing the PNDS Task Force into two separate entities: one that will focus its energy on the data set and the other that will focus on the framework. The Research Committee will develop a set of research priorities and their rationales, so we will have a pipeline of perioperative topics to provide to those individuals or industry partners who wish to engage in perioperative nursing research.

I want to talk briefly of celebration and recognition. AORN has a long history of recognizing and celebrating our heroes, but I think we can elevate our recognition of our members' accomplishments. During the next two years, the Awards Committee will redesign the manner in which we select our award recipients. The new process will utilize broader groups of subject matter experts, rather than a small committee, to select awards recipients, thereby dramatically increasing the number of people who are active in the awards process. There is no greater honor than to receive an award from one's professional association. How much more will you cherish that award, knowing that you were selected by a panel of experts in your area of practice?

To help invest in the freedom to lead, the Membership Committee will join with the Board to convene an AORN Leadership Academy at our Leadership Meeting in July. This intensive program will be held on Friday afternoon at AORN Headquarters and give emerging leaders the tools to take their chapters, specialty assemblies and state councils to new levels, increasing their value to their members.

Most importantly, we will continue our commitment to the freedom to be advocates. We will continue relentlessly in our quest to achieve RN circulator legislation in every state. We know that this is a slow and steady process, so we will celebrate each success however large or small. The key to our success is that AORN is blessed with a diverse membership willing and able to advocate at every table to contribute nursing's voice in the work of health care reform, safety, and quality. Whenever and wherever we are invited, we will identify an AORN member with the required skills, knowledge and opinion to speak at that table. We will be heard.

As an Association, AORN possesses the freedom to be bold. Our challenge during the next 12 months is to give definition to this boldness as we demonstrate what the role of nursing will be in this new decade and how AORN will respond. I thank you for choosing an incredible group of leaders with whom I am eager to serve and for placing your trust in us. It is truly an honor and my pleasure to serve you and to lead you. Together, we will reach new peaks that we have yet to imagine.