

Fellowship Application

FAORN

AORN MISSION STATEMENT

AORN defines, supports, and advocates for patient and staff safety through exemplary practice in all phases of perioperative nursing care using evidence-based guidelines, continuing education, and clinical practice resources.

GUIDE & INSTRUCTIONS

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APPLICANT INFORMATION

THE APPLICATION CYCLE

The AORN Fellowship application cycle opens on July 1 and closes on September 15 each year.

DEADLINE

The deadline for submission is September 15 at 11:59pm Mountain Time. Applications received after the deadline will not be considered. Association staff are available for questions during the application process. You can reach out to aornfellows@aorn.org.

BEFORE YOU BEGIN

Familiarize yourself with the AORN Fellowship webpage at <https://www.aorn.org/get-involved/fellowship> for additional information. Application for AORN Fellowship is a personal choice based on one's professional accomplishments as a perioperative nurse. The AORN Fellowship is reserved for those perioperative nurses who have demonstrated significant and sustainable contributions that go beyond the local setting and advance the profession of perioperative nursing. The FAORNs are recognized for supporting the advancement of perioperative nursing with clear linkages to the mission, vision, and values of AORN.

As you evaluate yourself for AORN fellowship, ask yourself the following questions:

- Why do I want to become a fellow in AORN?
- Have I made a sustained and measurable impact on perioperative nursing in one of these areas: (a) clinical practice, (b) education, (c) research/evidence-based practice (EBP), or (d) administration/leadership?
- Can I provide specific, detailed evidence/documentation of outstanding contributions to perioperative nursing at the state, regional, national, and/or international level?
- Can I provide evidence of consistent outstanding contributions to AORN and perioperative nursing (e.g., innovative new practice, articles, textbooks)?
- Does my CV reflect all my accomplishments?
- Am I willing to commit the time to complete the application process?
- Am I willing to remain engaged with FAORN activities?

APPLICATION REQUIREMENTS

- Applicants must be sponsored by one Fellow (FAORN) in good standing with AORN. A list of sponsors can be found on the AORN website.
- Sitting members of the AORN Board of Directors, AORN staff, and current members of the FAORN Fellowship Selection Committee (FSC) are not eligible to apply for Fellowship or sponsor applicants during their tenure.
- The FSC review process is limited to the information provided in the application (narratives, CV, sponsor, and facility/leader letters). An FSC member's personal knowledge of a candidate is not part of the application and cannot be considered.
- FAORN Eligibility Requirements include:



- Hold an unrestricted and active license to practice registered nursing at the time of application.
 - Active member in AORN at the time of application. Fellows must maintain membership in AORN to renew their fellowship status.
 - Hold a master’s degree or higher, at least one degree must be in nursing, i.e., BSN, MSN, DNP, PhD in nursing.
 - Hold a nationally recognized current or emeritus status certification in nursing.
 - Demonstrate commitment to the mission, vision, and values of AORN.
 - Have made significant contributions to the activities of the Association and the advancement of perioperative nursing in one of the following areas of (a) clinical practice, (b) education, (c) research/evidence-based practice (EBP), or (d) administration/leadership.
- Pay the \$350 nonrefundable application fee.

SELECTION CRITERIA

The applicant must demonstrate substantive, sustained, and outstanding contributions to AORN and perioperative nursing at the state, regional, or national/international level. The area of impact should be in clinical practice, education, administration/leadership, **or** research/evidence-based practice. Data and examples must demonstrate significant outcomes. Admission into the Fellowship in AORN is based on the evaluation of a candidate’s full application by the Fellow Selection Committee

SUBMIT AN APPLICATION

For additional questions and concerns regarding the submission process please contact aornfellows@aorn.org

If there is missing or incomplete information in any of the sections or if information is falsified, fabricated, and/or embellished, the application will be ineligible and will not be reviewed.

Step 1: Create an Account to Login to the Application Portal

Visit <https://aorn.secure-platform.com/fellowship/organizations/main/home> to access the FAORN application portal. Login or create a new account.

Step 2: Confirm your Eligibility and complete the Required Application Sections

CURRICULUM VITAE

Upload your current CV using the template headers below. Should you not have information to include under each heading of the CV template, leave that section blank (e.g., if you have nothing to list under the “research” header Your CV must validate the accomplishments discussed in your narratives. The CV cannot exceed 20 pages and must be at least 11-font size. See the resources tab on the FAORN Webpage for the template for a CV.

Applicants should expect to share:

- **Title/employment** –*current title, employment*
- **Licensures & Certifications** –*certifications and/or credentials with numbers*
- **Educational History** –*academic degrees earned, formal post-doctoral education, and/or degrees in progress, including the institution name.*
- **Professional Background /Work History** –*employment*
- **Contributions and impact** –*in your area of focus for the application*



- **Awards & Honors** –awards, grants, and/or honors
- **Publications and Selected Written Work** –written work such as publications, book chapters, clinical practice guidelines, patents, tools, or instruments.
- **Speaking Engagements/Teaching** –speaking engagements such as keynotes, panels, media interviews, and/or podium, poster, or abstract presentations
- **Research** –funded research, non-funded conducted research, or evidenced based practice initiatives.
- **Leadership Positions in AORN and other professional organizations** – voluntary, appointed, or elected leadership roles in nursing, health care, or other organizations, outside of your employment
- **Philanthropy** –community involvement related to perioperative nursing
- **Additional Experiences that Demonstrate Impact** --optional

APPLICANT STATEMENTS

Applicants provide narratives for each of the three statement topics described below. The CV must align with the applicant's narratives.

1. **Professional Evolution:** Provide evidence of your professional nursing role, outcomes, and accomplishments within your employment or volunteer service and document the specific outcomes and accomplishments that extend beyond employment and the local environment. Summarize your significant individual contributions at the state, regional, national, or international level demonstrating potential for scalable impact. (500-word limit).
2. **Contributions to Perioperative Nursing:** Provide evidence of contributions to perioperative nursing, demonstrating the linkage to the AORN mission, vision, and values. Briefly describe the substantive, sustained, and significant impact of your contributions. Be as specific as possible, providing data to support the effect of your work. (500-word limit).
3. **Area of Expertise:** Specify in which one of the four areas you will focus your submission, then write your narrative addressing the contributions and accomplishments in that specific expertise area. (500-word limit).
 - **Clinical Practice:** Describe a specific innovation or contribution to clinical perioperative nursing resulting from your practice initiatives, as well as plans for future clinical impact.
 - **Education:** Describe your contributions to the development, expansion, or evolution in the advancement of perioperative nursing education including publications, presentations, webinars and other forms of knowledge/education transmission and your future plans.
 - **Research/EBP:** Describe your scholarship contribution and outcomes for the advancement of perioperative nursing as a researcher or translator of research initiatives in the practice setting, and your plans for future contributions.
 - **Administration/Leadership:** Describe your leadership role, outcomes, and accomplishments within your employment role or volunteer service. Provide specific outcomes and accomplishments that extend beyond employment, and plans for personal evolution and continued growth and development.



SPONSOR LETTERS

Candidates must provide two letters of support. One from an AORN colleague who is an FAORN in good standing or an AORN member who is a Fellow in the American Academy of Nursing (FAAN). The second letter of support is from a facility leader who is familiar with your contributions. Letters should not exceed 500 words maximum.

1. Select your AORN sponsor from the drop-down box.
2. Upload the AORN sponsor's letter in the space provided.
3. Enter the name and email address of the facility/leader.
4. Upload the facility/leader's letter in the space provided.

FAORN FELLOWSHIP PLEDGE

Read and attest your agreement to the Fellowship Pledge

As a Fellow in the Association of periOperative registered Nurses, I hereby pledge to:

- *Make significant and ongoing contributions to the advancement of perioperative nursing.*
- *Uphold the integrity of the perioperative nursing profession.*
- *Maintain my membership with AORN in good standing.*
- *Maintain an unrestricted license to practice registered nursing.*
- *Maintain a nationally recognized current or emeritus status certification in nursing.*
- *Actively promote AORN, its members, and the Association's activities.*
- *Promote the AORN Fellowship to possible candidates.*
- *Serve as a sponsor for potential fellows.*

I understand that Fellowship in AORN is a privilege with ongoing responsibilities, and that if I fail to continue to meet the requirements of Fellowship, I will no longer be legally allowed to use the FAORN designation in any context and will cease to receive Fellowship recognition from AORN.

COSTS ASSOCIATED WITH FELLOWSHIP

The \$350 application fee is non-refundable. New Fellows cover their own transportation and housing costs at the annual conference. A \$250 fee is payable every two years.

First, submit the application online. Applications will be open for submission from **July 1, 07:00am MT** and close on **Sep 15, 2023, 11:59pm MT**. Once you have completed the application, Sponsor and Leader information, and the applicant certification, **please make sure you follow payment instructions when submitting the application online** to pay the required, nonrefundable \$350 application fee.

Once an application is submitted you cannot make modifications. Should you have an extenuating circumstance regarding a necessary change after submission, please contact aornfellows@aorn.org. **Applications must be submitted online by September 15, 11:59pm MT to be reviewed.**

SPONSOR AND FACILITY/LEADER INFORMATION

SPONSORS AND FACILITY/LEADERS:

The application includes sponsor and facility/leader statements. Applicants collaborate with both individuals in the process of producing the letters and collect their statements for uploading.

Please note that sponsors are NOT permitted to submit an application on behalf of the applicant.

Sponsor and facility/leader statements verify and amplify the applicant's narratives, citing specific evidence of significant and sustained contributions, and the impact or potential impact of those contributions. These letters are intended to enhance the applicant's qualifications, not restate the applicant's narratives. Authors of these statements must consider the Eligibility Requirements of Fellows and affirm that FAORN qualifications are satisfied and how the applicant has advanced perioperative nursing and the mission of AORN.

SPONSOR & FACILITY/LEADER RESPONSIBILITY GUIDELINES

- State the relationship with the candidate and how long you have known them.
- Provide the completed statements for applicant to upload.
- Support individuals whom they believe are truly ready for Fellowship. If the candidate is not ready, coach and mentor them in overcoming the deficits.
- Work collaboratively with the applicant sponsor and facility/leader to prepare a complete, cohesive, and compelling application.
- Amplify the candidate's contributions to enhance the Fellow Selection Committee's understanding of the candidate's accomplishment.
 - The sponsor and leader statements provide a greater understanding of the candidate's work, framing and expressing its impact from the leader/sponsor's perspective.
 - Please verify and amplify the applicant's statement. Cite specific and objective evidence of significant and sustained contributions, and the impact or potential impact of those contributions.
 - Reinforce the applicant's description of the impact of their contributions with first-hand knowledge of their work and how that relates to ways in which they can leverage their expertise to advance perioperative nursing. Provide specific examples and evidence of the impact.
 - Maximum length of letter: 500 words, excluding salutation, closing, and signature.

SPONSOR STATEMENT EXCERPTS FROM EXEMPLARS

These exemplars are intended for informational purposes only. *Statements represent responses to the Sponsor Question and should not be interpreted as a complete sponsor or leader statement.*

Excerpt 1: Professional Connection

– *I am honored to write a Nurse Leader Letter of Recommendation for _____ who is seeking*

*induction into the fellowship of AORN. Her 30-year history with AORN is long-standing and reflects her **commitment to the vision and values of AORN**. She advanced through the ranks of AORN, serving as the chair of the Recommended Practices Committee and then as a member of the Nominating Committee and the Board of Directors. This service culminated in her tenure as the AORN President. During her growth within AORN she has continued to be an icon and mentor whom I have learned from and continue to do so. She communicates openly and honestly; she is unafraid to innovate, thereby improving perioperative practice. She writes extensively about patient safety as evidenced by her 45 publications. She collaborates with RNs, MDs, Technologists, and others with her writing projects and in her clinical practice of caring for patients...*

Excerpt 2: Diverse Elements Connecting to Periop Nursing

- *The candidate has embraced and developed distance learning at the University and served as the Director of Distance Education for 10 years. She has provided information about distance learning at AORN Expo, in the AORN Journal with three publications, and in five poster sessions...*

Excerpt 3: State, Regional, National, or International Contribution

- *The candidate is a fountain of knowledge that she readily shares with others, locally at the state level, and nationally. Locally she has mentored 12 authors within her chapter and hospital, one of whom became AORN President. At state and national level conferences she has presented 22 programs as evidenced in her CV, especially writing for publication...*

ADDITIONAL GUIDANCE FOR APPLICANTS

Applicants must clearly demonstrate and document their significant and sustained impact on perioperative nursing in one of the following areas: (a) clinical practice, (b) education, (c) research/evidence-based practice (EBP), or (d) administration/leadership. Applicants should anticipate the requirement of being able to position their contributions explicitly within the broader context of perioperative nursing. Applicants must articulate concisely the scope, reach, or extent of their work. Although projects may begin at local level, the FAORNs are recognized for their significant and impactful contributions beyond the local setting. Only **one** area of expertise should be the focus of the application.

Many projects that advance perioperative science are the result of a perioperative team. The FAORN applicant should clearly describe their contributions and work efforts on the team. The applicant's individual contribution must be innovative and unique. Regardless of the area selected, the innovations must have been impactful beyond the individuals' own practice setting and replicated or sustained into other delivery systems.

Applicants who select **clinical practice** focused contributions must provide a description of the innovation or improvement in perioperative care along with a description of the impacted population. Such clinical project examples are (a) development, implementation, and evaluation of unique models of perioperative nursing care, (b) evidence of active participation in mentoring others in unique and innovative models of care, (c) evidence of the applicant's unique role in team-based innovations, or (d) implementing clinical practice changes (i.e., smoke free, sharps safety, etc.).

Applicants who select **education** as their focus must demonstrate the impact or outcomes on a wider population. Examples may include (a) initiating innovative perioperative onboarding activities that



have highlighted retention of nursing staff and subsequently adopted by the entire hospital system, (b) innovative curricular activities of working with local universities or colleges to engage students, (c) teaching a perioperative elective that has allowed students to become new members of the perioperative team, (d) dissemination of educational initiatives and the impact on patient outcomes through peer-reviewed publishing, post or podium presentations at national or international conferences.

Applicants who select **research/EBP** as the focus may select between knowledge generation, knowledge application, or improvement science. Knowledge generation occurs through principles of scientific inquiry whereby problems are explored through an appropriate methodology. Results are disseminated through publications and presentations. Funding is not required for the applicant to meet the research focus. Knowledge generation or discovery should result in generalizable knowledge. Knowledge application follows the cycle of evidence-based practice (EBP). Applicants translate findings into the setting and evaluate the impact of the intervention. Lessons learned can be shared through publications or presentations.

Applicants who select **administration/leadership** should describe their leadership journey and articulate the impact of their leadership on the growth of the staff or organizations they serve. Indicate the impact of their leadership on others and how have they mentored others to achieve professional goals, operational excellence, or improved patient care/outcomes. Demonstrate career progression. Record the outcomes achieved because of their leadership e.g., financial, patient satisfaction, staff satisfaction, professional collaboration. Demonstrate how the candidate shared their experiences with others in the larger perioperative community and their potential for the future.

FELLOWSHIP APPLICATION EXEMPLARS

The FAORNs have a diverse range of backgrounds and experiences. Applicants respond to three questions, (a) professional evolution, (b) contributions to perioperative nursing, and (c) one of the four focal areas. The exemplars below reflect impact areas. The exemplars do not reflect a full application, the examples below only reflect segments of the application.

These exemplars are intended for informational purposes only.

Narrative 1 Professional Evolution

Exemplar 1:

I have dedicated my professional career to providing and promoting excellent patient care, focusing on evidence-based practice (EBP). This is closely aligned with AORN's mission of promoting patient safety and providing practice support and professional development for nurses. As a perioperative clinical nurse specialist, I served as a daily resource to staff and developed evidence-based policies. I led by example, modeling the value of AORN and certification, and mentored many perioperative nurses to be their best. I oriented new staff, supported the integration of Periop 101, and educated staff about patient safety initiatives and the underlying evidence. I developed evidence-based policies, resource material, and competency assessments. Investigated adverse events, collaborated with other disciplines, and implemented changes based upon the best evidence available, to promote patient safety and achieve positive outcomes. I have shared this knowledge by educating nurses in clinical settings, undergraduate and graduate programs, and conferences. This willingness to share best practices and ability to articulate the underlying evidence has resulted in many invited presentations locally, statewide, nationally, and internationally. I have engaged members, potential members, and the



community through Perioperative Nurses Week activities, including an OR open house. I secured approval to be a provider of continuing education by the Iowa Board of Nursing (BON) and coordinated educational programs. I petitioned the BON to consider the role of registered nurse first assistant to be within the scope of nursing practice and wrote the documents needed to legally make this change. My most significant contributions to AORN nationally have been the promotion of EBP, first through more integration of evidence into the Recommended Practices, and next advocating for the transition to evidence-based guidelines. I review AORN draft guidelines when available for public comment and have served as a content expert during development of some. I have identified the gaps in evidence in these documents and have conducted research to fill some of these gaps. I have supported the AORN Surgical Conference and Expo as a frequent presenter, and poster judge. I have donated to the Foundation to support a nursing student scholarship to attend the conference and scholarships for AORN members to continue their education.

Exemplar 2

Since my early years as a member, my commitment to the association's vision and values has never wavered. This has been demonstrated at the local and national level by my membership and chairmanship of several committees, my election to the Board of Directors and the Presidency of AORN and my continued dedication since leaving that office.

In the early 1990's I represented AORN at initial meetings of the Agency for Health Care Policy and Research (AHCP, later AHRQ), which was charged with enhancing the quality, effectiveness, and outcomes of health care by developing clinical care guidelines and a national data base that would include elements that contribute to effective and quality patient care. In 1991 AORN established the Project Team on the Effectiveness Initiative which I chaired. The Effectiveness Project Team created a strategic plan; one element of that plan was to "establish a data base that describes perioperative practice." The work of the Task Force led to the Data Elements Coordinating Committee, the PNDS Task Force and eventually Syntegrity. I was an active member and leader of all those committees and am proud that the initial work has evolved to confirm AORN as the "indispensable resource for evidenced-based practice" assisting to define and measure what perioperative nurses do that contributes to patient outcomes. My induction as an FAAN in 1992 centered around my work with the data elements and the PNDS.

My early focus on ambulatory surgery started in 1982 when I was hired to open and manage a physician owned freestanding surgery center. The role was my first perioperative leadership opportunity. My professional challenge soon became evident. There were skeptics in those early days, not the least of which were my colleagues on the AORN Board who believed that nurses practicing in the ambulatory surgery arena should not be active members of AORN because ambulatory surgery was only *minor surgery*. I very vocally challenged that assumption. Because of my experiences I went on to become a national speaker and in 1983 presented the first of 15 national seminars for AORN on the topic of ambulatory surgery. I was appointed as chair of the Ad Hoc Committee on Ambulatory Surgery and the Task Force on Ambulatory Surgery, represented AORN at FASA, the JCAHO and AHA and worked with AORN as we developed the "standards of excellence in the delivery of perioperative care" to support our members as they expanded this field.

Narrative 2 Contributions to Perioperative Nursing

Exemplar 1

My seminal contributions focus on *innovative* practice & service initiatives. I joined AORN in 1976 and attended every AORN Expo since 1979. I've been a chapter delegate, chaired committees, and served on the board and in officer roles at the local level since joining. At the state level, TCORN, I served as both



chair & member of the Workshop Planning Committees for 3-years & President serving as a representative to the TX NLAC, fostering legislative initiatives in TX. At the national level, I served on committees and the Board, both as a member, then as the VP when AORN purchased the building that it now occupies.

My long-standing commitment to improve nursing practice began in 1990 with the AORN Think Tank. I assumed a leadership role on AORN's Data Elements Coordinating Committee (DECC), culminating in the development of the PNDS. The PNDS describes critical elements of PN practice and was the first specialty nursing language recognized by ANA and SNOMED.

Sharing information among peers is a personal imperative. Project 2000, a precursor to the PNDS, identified the need for a PN language. This work led to the development of the DECC Steering Committee. I chaired the DECC Outcomes Team. The resulting PNDS is a unique word set that represents the PN process: patient assessment, interventions implemented, and the outcomes the nurse expects to achieve. This SNOMED mapped the PNDS to other languages and AORN has licensed it to software vendors for use with the EHR.

The PNDS provides a means to codify patient needs/problems or nursing diagnoses, expected goals or outcomes, with the list of associated interventions resulting in a way to gather data and compare results among patient groups. This work has provided a basis for improving outcomes for all perioperative patients. The accompanying PNDS model illustrates its application when caring for the patient before, during, and immediately after surgery.

In the 2nd Ed. of the PNDS book, I authored a chapter on implementing the PNDS for teaching a periop course targeted for academic or staff development settings, using the model's four domains as the foundation: Safety, Physiological, Behavioral, and Health Systems. These domains encircle the patient who resides at the center of the model. In the *AORN Journal*, I published articles by educators about various means of implementing their course content and providing evidence of the continued use of the PNDS.

Exemplar 2

I am a lifetime member of My AORN. My involvement for more than 40 years has been enthusiastic, productive, and consistent with AORN's vision and values. I am reliable, timely, and accountable. I have attended every AORN National meeting since 1981 and have always been an active member of my local chapters. My contributions include writing for publication, presenting at meetings and conferences, supporting my chapters, and mentoring colleagues.

I have encouraged many young nurses, to become active AORN members and to recognize AORN as the indispensable resource for evidence-based practice and education in perioperative nursing. Receiving the 2014 Jerry G. Peers Distinguished Service Award was a career highlight as it recognized the service and mentorship aspects of my professional career. I am an advocate for advanced academic achievement, participation in AORN, certification, and writing for publication.

I began writing for the *AORN Journal* in 1981, contributing articles, editorials, and reviews. I received a First Place Writers award in 1991. Information and education written and delivered by nurses facilitates perioperative practice and professional growth and development. I present topics of current relevance at meetings and conferences at local and national meetings to enhance perioperative practice. I have taught positioning to nursing students at the Student Sessions at the AORN national meeting on several occasions.

At the state level, I have been a leader in the Texas Collaboration of periOperative Nurses (TCORN) since 2005, serving as treasurer, webmaster, communications chair, member of the Texas Nurses' Association's Legislative Agenda (NLAC), and conference presenter. I am a charter member of the *Nurses on Boards* initiative and serve on the Board of Woven Health Clinic, a local clinic that serves the uninsured and under-insured, grant-partnering with UT Southwestern and achieving stellar results.



My international presentations have been delivered primarily in Latin America and Asia Pacific. As a member of Johnson and Johnson Medical's international business team, I collaborated with perioperative experts to develop an innovative, leading edge post graduate course for nurses in sterilization and disinfection, delivered in universities throughout Latin America to empower perioperative nurses to increase their accountability for the effectiveness of instrument processing and enhance outcomes for their surgical patients.

Narrative 3 Area of Expertise

Exemplar 1: Clinical Practice

As a mid-career practitioner, I found my passion 27-years ago and proudly identify as a perioperative nurse who makes a lasting impact on perioperative nursing and AORN. My intentional clinical focus has been to challenge current practice to elevate and achieve best practice for patients and staff throughout the perioperative setting, fully supporting AORN's mission, vision, and values. My clinical contribution reflects a strong record of adding to the body of perioperative nursing knowledge and science through dissemination of clinical best practices. Starting with my first in-service in 1996 and my first AORN publication in 2010, I have published and presented locally, regionally, nationally, and internationally on a variety of clinical perioperative nursing topics. My clinical work has been shared over 130 times, including over 40 publications, 59 podium, and 38 poster presentations, receiving awards acknowledging excellence 13 times. Additional clinical contributions to perioperative excellence include developing a new wound classification documentation tool in my organization, which is used across the nation and internationally. This tool decreased wound classification discrepancy rates across Operative Services from >35% to <5%. The tools and resources have been disseminated to over 120 hospitals, selected by the American College of Surgeons as one of their five best practices of 2011, and selected by the Army, Air Force, and Navy's Tri-service University for use in military OR's caring for war-wounded soldiers returning from Iraq and Afghanistan. I led a system-wide interprofessional task force addressing sharp injuries in the OR encompassing data assessment of sharp injuries; prioritization strategies; assessment of current practices, techniques, and processes; evaluation of commercially available safety devices; and education. Sharp injuries decreased by 22%. This work was also featured in a 2015 article. Supporting and participating in best practice bundles in surgical site infection prevention as a clinical nurse specialist and an executive leader, our organization has significantly decreased patient harm, and with this past year having a 15% reduction in surgical site infections. My CV demonstrates how I boldly challenge current practice, translating the strongest evidence into better clinical practice and disseminating research and clinical findings with colleagues far and wide.

Exemplar 2: Education

Empowering perioperative nurses to live "Our Shared Purpose of Safe Surgery Together" and withstand the current tides through education is an amazing opportunity. I am thrilled to continue collaborating through education via a five-point revitalization strategy: first, recruit early by introducing perioperative specialty in the community via teddy bear clinics or therapeutic play for kids and perioperative career fair for the youth. Second, retain sustainably by contributing viable recruitment and retention strategies as a member of the advisory board of AORN's Novice Nurse Publication. In addition, continue to support seasoned or novice nurses' holistic growth through team-building activities and creative educational sessions. Third, recognize talent authentically. Recognition of team members' potential and strategic partnership to grow clinical leaders are vital to the strategic vision of building a continuous pool of nurses in a nurturing environment. Next, relive the power of mentoring. As a product of meaningful mentoring relationships, I have contributed as a mentoring education leader in our facility through the years. I plan to continue to bring mentoring innovations to the chapter, specialty assembly, state, and



national committee levels by encouraging mentoring among peers and serving as a facilitator of these mentoring opportunities. Lastly, refocus via resilience and self-care. To continue giving, I must value continuous growth via self-pause, whether through having quality time via a rejuvenating vacation, a tasty meal in #daffslittlekitchen, or completing further studies. These self-care opportunities will help me recover and sustain joy for the rest of my professional journey. These creative pauses will help me reallocate time for future meaningful contributions: journal publications, podium presentations, community service, and nursing professional organization leadership. Indeed, surviving the current time is not achieved through a sprint or marathon; one must be part of the relay! I pledge to receive and pass the baton with conviction through advocating for humanity, learning daily, generously sharing, and embracing diversity via AORN Fellowship.

Exemplar 3: Leadership

My career positively influences patient safety and nursing education. I impacted patient safety by creating a collaboration with the local medical school faculty. Together, we created, implemented, and evaluated a pilot crew resource management (CRM) project to improve teamwork on the cardiovascular service line. Our outcomes eliminated an 80% turnover rate among team members while increasing surgeon satisfaction.

I advocated and created the role of a patient safety specialist providing the bandwidth to focus on process improvement projects, patient safety, and expanding CRM beyond the cardiovascular service. The CRM training was expanded to all surgical services, which included nursing staff, faculty, and residents. With the increased professionalism and teamwork within perioperative services, the hospital safety committee *endorsed* CRM.

This experience positioned me as a change agent for other organization projects. I then created a perioperative research nurse scientist position, a game changer for accelerating patient safety initiatives and mentoring staff in evidence-based practice, research, and process improvement. This work resulted in two funded research grants, unfunded research for obstetrics, 3-regional/national presentations, 5-posters, and 2-publications.

Building on my success, I launched an academic service partnership between the hospital and the university. The partnership resulted in implementing perioperative learning experiences in the baccalaureate curriculum. Thus, began my negotiations between two organizations. I did more than demonstrate the *recruitment* need for perioperative nurses, but valuable learning experiences within the operating room environment. The program garnered sustainability in 2012 when the CON's Associate Dean funded a perioperative clinical scholar (PCS) position.

I mentored the new PCS in using QSEN and PNDS concepts. The perioperative learning experience began with nursing students in the accelerated BSN program and expanded to perioperative learning in med/surg I, med/surg II, and a senior practicum option. From 2012-2017, over 150 students had a perioperative experience each academic year, over 30 students' senior practicum was in the OR, and 10 BSN graduates were hired into the OR. The outcomes were presented at three national conferences. Due to the PCS success, I successfully advocated for an obstetrical CS role.

Exemplar 4: Research/EBP

My patient safety work has had a substantial impact in the perioperative arena as the dissemination of this work has impacted local to international levels. Sharing my perioperative research evidence and patient safety evidence-based practice includes 15 peer-reviewed manuscripts with 377 citations, 7-book chapters, one editorial, 5-expert opinion interviews, and over 100 presentations to inform practice for thousands of perioperative nurses. I held national webinars addressing national patient safety goals and surgical site infections that were broadly dispersed by Joint Commission Resources and the Infection Control Education Institute. Specifically, my educational presentations to nurses over the last 20 years



have included sharing perioperative best practices related to the prevention of unplanned hypothermia, postoperative delirium, intraoperatively acquired pressure ulcers, and surgical smoke evacuation from local to international audiences. Since 2002, my research has focused on unplanned perioperative hypothermia (UPH) and its relationship to other health complications such as postoperative delirium, intraoperatively acquired pressure ulcers, and thermal discomfort. Moreover, I was awarded the 2005 Award for Outstanding Achievement in Perioperative Nursing Research. My research, examining the impact of two warming interventions on thermal comfort and preoperative anxiety was a top ten cited article in AORN Journal (2007-12). I created the Thermal Comfort Inventory (TCI) by modifying Kolcaba's Comfort Questionnaire to extrapolate to thermal comfort. In addition to being used in the US, the TCI has been used in studies in Korea, Taiwan, Turkey, and Sweden. My most recent research involves postoperative delirium (POD) and the relationship with UPH. This seminal research into the physiological impacts of UPH as it relates to POD is poised to strategically impact perioperative patient assessment and management across all age groups. Recently, an AORN funded secondary analysis of the UPH data set from my UPH/POD study explored core temperature trends across the surgical continuum. My sustained perioperative patient safety work, education, research, and evidence dissemination led to receiving the 2018 AORN Award for Excellence in Perioperative Nursing. This award is the highest honor bestowed by AORN recognizing an individual whose accomplishments have had global implications on perioperative nursing in the areas of practice, education, and research.

QUESTIONS

The AORN staff are available for support during regular U.S. business hours, Monday – Friday, 9:00 AM – 5:00 PM MT. Please reach out to aornfellows@aorn.org with questions or for assistance.

APPLICATION CHECKLIST

Review Application Form. Make sure all fields are complete.

- Fellowship Criteria Met**
- AORN Mission, Vision, Values reviewed**
- Selected area of focus identified** (clinical practice, administration/leadership, education, or research/EBP)
- Curriculum Vitae (CV)** CV *DOES NOT* exceed 20 pages and font size no smaller than 11
- Supporting Narratives:** Three narratives have been accurately completed and each is within the 500-word count. They cite your:
 - Professional Evolution
 - Contributions to perioperative nursing with linkages to the AORN mission, vision, and values.
 - Significant contributions to perioperative nursing in **one** of the following areas: Clinical Practice, Education, Research/Evidence-based Practice, or Administration/Leadership
- Sponsorship:** Sponsorship sections have been accurately completed and letters of recommendation have been uploaded to the application form. Letters are limited to 500 words. Both the sponsor’s and the facility/leader letters verify and amplify in **measurable terms** the contributions of the applicant.
- FAORN Pledge Acknowledgement:** All fields are complete and signed.
- \$350.00 Non-refundable Application Fee Paid:** Please make sure you follow payment instructions when submitting the application online.

AFTER SUBMISSION

If selected to be a Fellow, you will need to prepare the following items.

- Short bio written in third person. Bios cannot exceed 255 characters, including spaces. Review examples here: <https://www.aorn.org/get-involved/fellowship/fellows-of-aorn-faorn>
- Headshot: must be JPEG format and size 250x250.