**Candidates’ responses to the Q&A are presented in their entirety without changes, edits, or corrections.**

BOARD OF DIRECTORS

Kathleen C. Law, DNP, MS, RN, CNOR

1. **Describe what makes you the most qualified candidate for the office of Board of Directors.**

As a perioperative nurse for more than 30 years, I have had the opportunity to see the profession grow through the guidance and support of AORN. Perioperative nurses have a reputation of being strong, determined, proactive, and innovative individuals. These are adjectives I would use to describe myself. As we struggle through nursing shortages, we need to find ways to continue to advocate for ourselves and each other. I have always been an advocate for my staff and for our profession. The leadership of AORN, including our Board of Directors, needs to find creative ways and be innovative in meeting these challenges and others which will cross our paths. I have never turned away from a difficult situation or challenge; I want to be a part of the solution through our Board of Directors. My years of experience, especially in perioperative leadership, will assist in accomplishing this goal.

1. **Describe a time when you had to make a difficult and unpopular decision that would affect your staff or colleagues. How did you handle the situation?**

I’ve had the opportunity to live through many different phases of perioperative nursing over the years, i.e., an abundance of staff in the 80’s to unprecedented shortages today. Due to budget constraints, my organization enacted a hiring freeze for all levels of staff, including perioperative RNs. As the director, it was my responsibility to have the open discussions with colleagues, to educate them on the role of the perioperative nurse, and the value we bring to the table to our patients, our providers and each other. We contracted with consultants whose objective was to ‘assess’ our staffing plan for the OR. The recommendation was to change our staffing model to a 50:50 mix. This was an untenable situation which created an unsafe environment for our patients. We attempted to work through this model, but in the end, I was successful with effecting change which resulted in a safer model.

1. **Share one life experience, hobby, or fact about you that most people don't know and would be surprised to learn about you.**

Opioid Use Disorder (OUD) is a ‘disease’ which affects people of all walks of life, my family was no exception. I lost a niece to a heroin overdose due to OUD and my father was addicted to oxycodone because of the many surgeries he had over the years. As a doctoral student at the University of Pittsburgh, I had the opportunity to work with the Pennsylvania State Secretary of Health, Dr. Rachel Levine, spearheading the Opioid Task Force whose charge was to develop the *Safe Prescribing of Opioids in Pediatric and Adolescent Populations* guidelines. After six months, the task force was successful producing the guidelines which are still in use today. Following this initial project, I participated on the task force which revised the *Treating* *Chronic Non-Cancer Pain* guidelines. Dr. Levine is now the U.S. Assistant Secretary for Health, and I was privileged to work collaboratively with her.