



New President's goals include legislation, education, liaisons

In her first message, a President sets the tone for the year to come. It is perhaps the most difficult "President's message" to write because it should outline goals and dreams and also give AORN members a clue to the leader's thinking and the flavor of her leadership style.

I have had a year to prepare for this office and seven years before that to become intimately acquainted with AORN as vice-president, as a member of the Board of Directors, and as a member and chairman of the Editorial Committee. These eight years have been some of the most valued years of my life. They have given me opportunities to grow and learn, both professionally and personally, and have also directed my skills and contributions to an Association I believe to be the best of any in the nursing field. It is an understatement to say that leading AORN is an honor. I view this coming year as an awesome responsibility, a fantastic experience, and a year of greatness for AORN.

This message, read by you in April, is written in early February. The setting is a ski resort in the Colorado Rockies where I am spending a few days of recreation and relaxation. The scene is one of stately grandeur, solid, snow-covered mountain peaks, and the serenity of falling snow. It is not coincidental that AORN Headquarters is located in the shadow of these Rockies, for it, too, represents solidarity and a rich tradition.

From this perspective, I offer several goals

for AORN for this year. These goals are in addition to ongoing projects and deliberations.

First, there will be a continuing emphasis on legislative issues. Through the *Journal* and *AORN Newsletter*, we are keeping you informed of our involvement with the US Department of Health, Education, and Welfare (HEW) and proposed changes in regulations involving operating room nursing. AORN is a powerful force in the health field, and we must broaden our legislative view to include issues that indirectly affect us and our patients.

A visit to Washington, DC, in January emphasized to me that we need aggressively to make ourselves known to federal officials as well as our local and state representatives. Too much happens in Washington in the health care field to let it slip by AORN. To promote understanding of what we do, we need to translate operating room jargon into lay terms. We have to proclaim to the public and our elected and appointed government representatives that what we do makes a difference to each surgical patient.

AORN's Legislative Committee is a valuable right hand for all of us in becoming informed of legislative issues and language. I intend to strengthen this Committee's impact and contributions.

We will persist in our lingering problems with HEW regarding proposed regulations allowing OR technicians or licensed vocational nurses to circulate. Be assured that AORN is and will be seen and heard, clearly and strongly, on this issue. By the time this message is published, I hope we will have some resolution to this problem. You, the members, have written many letters, done much to publicize our role as OR nurses, and probably will be asked again to contact government officials. It is,

after all, a problem that affects each of us in our own operating rooms. Throughout the many months we have worked on this problem, I have felt and seen strong rallying and a sense of purpose among a large majority of our members. It gives your leaders added strength to know that you are there, with 100% backing.

Regardless of the final outcome of this issue, AORN's goals will continue. Our images as OR nurses, speakers, and proponents for our patients are too strong to be disrupted. However, we expect that regulatory bodies will recognize our professional function and that the regulations will continue to require RNs in the circulating role. Much of this depends on our educating government officials, neighbors, friends, and the general public about what OR nurses do.

My second goal—a standing goal of AORN's Planning Committee—is increased involvement with other professional health care groups. Much is being done now. AORN has liaisons with the American College of Surgeons, American Society of Anesthesiologists, American Nurses' Association (ANA), National Student Nurses' Association (NSNA), Association for the Advancement of Medical Instrumentation, American National Standards Institute, and others. This list can be increased if it is for AORN's benefit. I hope to evaluate and instigate cooperative ventures with other nursing and health organizations throughout the year. As I attend the meetings of the Federation of Specialty Nursing Organizations and ANA, I realize the respect that AORN has in the nursing field. The potential of the Federation is just beginning to be tapped, and I foresee it as the future united voice of nursing.

In the third goal, I have a personal as well as professional investment. It is to help nursing students experience a meaningful perioperative rotation in their basic programs. As a former OR instructor in two-, three-, and four-year nursing schools, I can attest to the great value of an OR experience and to the many benefits the students receive. Although the pendulum seems to be swinging back to the OR as a clinical laboratory, we have a long way to go.

AORN now has several tools to encourage basic OR education. I believe that *Surgical Experience: A Model for Professional Nursing Practice in the OR* (core curriculum) and its predecessor, *Intraoperative Learning*, are two

of our finest publications. They are already being used to design curricula in many schools. Project 25's perioperative role definition provides a conceptual framework for an active OR experience.

This year, we will promote our belief that all nursing students should have an experience in the operating room. The Dean's Conference, planned for June, will be one of the first formal encounters between AORN and nursing educators. AORN is inviting six nursing school deans from around the country and the president of NSNA to a meeting at Headquarters in Denver. Details of the conference will be described in a future "President's message."

The purposes of the meeting are to acquaint these deans with our beliefs about the perioperative role and our ideas about use of the OR for students. We also are requesting feedback from these educators about curriculum planning and methods of devising student clinical rotations. We see this as an exciting new venture and anticipate that it will lead to additional larger conferences for educators.

Local chapter members can contribute to this goal by face-to-face meetings with faculty in their locales. Many of you have already done this. Some of you have explained AORN's core curriculum to faculty, some have invited students and faculty to chapter meetings, and other chapters offer scholarships to students who intend to make OR nursing a career. All of these activities are commendable. I strongly advocate continuing any activities that acquaint future nurses with the operating room.

My dreams for AORN are also yours. The team effort of AORN is one of its most prized attributes. I am one of 11 members of the Board of Directors, helping to direct activities that result from your input and communications. I believe a Board of Directors must also be future-oriented. We must be pacesetters, for you have elected us to direct AORN's activities.

I will expect you, the members, to continue making yourselves heard and to communicate your needs and concerns to your leaders. In return, you can expect that I will listen and keep an open mind for thoughts that may be innovative or different from mine. One of a President's major roles is to be a facilitator and director of communications. As your leader, I will be democratic, responsive, firm, and fiercely loyal

to AORN.

A President could not function without many support systems. In addition to the Board, another support system is our Headquarters staff of 50, a blend of idea people who are action oriented as well. They are all masters in their fields, each one contributing to the cause of AORN.

The leadership of AORN has been sound and solid. Your past presidents continue to serve you in many capacities. True leaders, they represent operating room nursing well and are a resource for all of us.

Committee members carry out many of AORN's goals and often are our unsung heroes. Many of nursing's leaders are right in our midst, chairing and contributing to committee work. Many of you volunteered for committee membership this year and, although there were not openings for all of you, your potential and willingness are realized and appreciated. Do volunteer again in the future.

My support system also includes my local AORN chapter (San Fernando Valley, Calif). These chapter members are my friends and constant sources of ideas and advice.

Finally, I want to acknowledge the backing of the administration and staff of Centinela Hospital Medical Center, Inglewood, Calif. Without their aid, I could not have assumed the presidency. The OR staff willingly fills the gaps when I am away on AORN business and welcomes me when I return. Their spirit and dedication to patient care are the finest I know.

In this atmosphere of teamwork, I have set these charges for myself as your leader during this year. The majesty of the Colorado Rockies has been a perfect place for thinking and contemplation. I hope that my actions will be dictated by the philosophy I have just stated.

*Barbara J Gruendemann, RN
President*

Grant for screening to aid foreign nurses

A \$352,500 grant has been awarded to provide major funding for a program to screen foreign nurses wishing to practice in the United States. The grant from the W K Kellogg Foundation is to the Commission on Graduates of Foreign Nursing Schools (CGFNS).

There have been significant increases in the number of foreign nurses coming to the United States since immigration laws were changed in 1965, according to Adele Herwitz, executive director of the Commission. Included in the changes was the granting of occupational preference visas to professionals, including nurses. She said some 72,000 foreign nurses entered the country from 1969 to 1977. However, approximately 80% of these nurses have not passed state licensing examinations, many of them because of difficulty with English.

"Aside from their disappointment and frustration at failing, many foreign nurses who have not obtained a license to practice as a registered nurse have been placed in low-paying, nonprofessional positions in

hospitals and other health care centers," Herwitz said.

The CGFNS screening program, which will be conducted in the foreign nurses' home countries, is intended to help prevent exploitation of foreign nurses and to encourage them to prepare for state licensing examinations. The one-day examinations cover proficiency in English comprehension and nursing practice. The test is given in English and covers medical, surgical, obstetric, and psychiatric nursing.

According to Dorothy J Novello, RN, president of the CGFNS board of trustees, nurses who pass the examination will receive a CGFNS certificate. The commission expects the certificate will be a requirement for securing an occupational preference visa as well as a labor certificate. Some state boards of nursing already require the certificate for foreign nursing graduates to take licensing exams.

The first CGFNS screening exam was given in 23 countries in October 1978. Two examinations will be given in 30 countries in 1979, with two more scheduled for 1980.