

Meet the New AORN President

Mary Jo Steiert, RN, BSN, CNOR, is a self-described overachiever. Growing up in the small town of Chanute, Kan, she was always involved in numerous activities, including sports, Girl Scouts, horseback riding, and camping. She laughs, saying this would surprise some people now, since her current idea of “roughing it” is staying at an economy hotel. She also was active in her church choir and played violin in her school’s orchestra and bugle in an all-girl drum and bugle corps.

Steiert always knew she wanted to be a nurse. Her aunt Mary was a nurse and provided her with inspiration and encouragement. Spending summers at a lake in northeast Oklahoma, Steiert honed her interest in anatomy and physiology by cleaning the fish she caught. She was fascinated by dissection, even taking the lenses out of the fishes’ eyes. Back at home, she spent weekends working with her next-door neighbor, a veterinarian, in his clinic. She would help him operate on small animals and perform Cesarean sections on horses and cows, which piqued her interest in surgery.

BECOMING A NURSE

Steiert attended the Mercy Hospital School of Nursing in Denver, Colo, which was affiliated with Regis University. She enjoyed the Colorado outdoors, and the school was just far enough from home to be an adventure. After nursing school, she returned to her home town and took a job in a 48-bed hospital, where she was required to work in every area. When one perioperative nurse left to move to a larger city, a surgeon she had known since childhood convinced Steiert to work in the OR. He and another nurse undertook her OR training.

After a year, she moved to Mt Carmel Hospital in Pittsburgh, Kan, where she worked in labor and delivery before transferring to the OR when a position became available. She worked there for only one-and-a-half years but in that time, she was made assistant supervisor.

Eventually, Steiert decided that she missed Colorado and wanted to move back. She began working at Swedish Hospital, Englewood, Colo, and there she received her first introduction to AORN. Betty Thomas, RN, BS, MNSc, CNAA, the OR director at Swedish, was a past President of AORN, and all the RN staff members were expected not only to belong to AORN, but also to become active in the Association. What she remembers about her first AORN meetings and first Congress were the warm, welcoming, and accepting people. “People in the Association were very inclusive,” she says, “and they took younger nurses under their wing.” She has attended every Congress since

President Steiert addresses attendees at the Closing Session of the 54th Congress after officially taking office.





Steiert surrounded by family members at the Congress Closing Celebration.

1980 with the exception of 1988 when one of her children was born.

In 1979, Steiert sat for the first CNOR examination with just two other nurses. At the time, she was busy with two young children and felt that because perioperative nursing was her job, she should be able to pass without studying. After she failed the examination by three points, she resolved to take it again. All the nurses at Swedish Hospital got together and formed a study group to support each other. They all took the examination together and all passed. In 1981, Steiert was asked to speak at Congress about this experience, and after that, she was assigned to work on one of the original task forces to determine recertification requirements. This was a catalyst for her national involvement in AORN.

Steiert has served on numerous AORN committees and task forces and has been a member of the national Nominating Committee and the Board of Directors, as well as the Board Secretary. She currently is the perioperative educator for the Medical Center of Aurora/Centennial Medical Center, a HealthONE/HCA facility, in Aurora, Colo.

FAMILY LIFE

Steiert met her husband Jim, a Colorado native, through friends in Denver, and they discovered a mutual passion

for college football. She has one son and four daughters, none of whom has chosen a career in health care, though she feels she has exerted some influence because each of them has a close friend who has chosen to go into nursing.

Her son Josh works in communications, and daughter Jessica is an accountant. Her daughter Christine is currently in college and plans to enter law school, her daughter Mo is studying to be an elementary school teacher, and her youngest daughter Megan, who will graduate from high school this year, wants to be in costume design. She also has three grandchildren, Laura, Madison, and JC. Most of her family has stayed in the Denver area.

THE AORN PRESIDENCY

Steiert says her journey to the Presidency was never a conscious choice—it just felt like the next step in a progression, and the timing felt right. She feels this is a critical time for AORN to connect with young people and those who are seeking a second career. “People have many more choices today than they’ve had in the past, and it’s important to make nursing attractive to them,” she says. She currently is teaching AORN’s Perioperative Nursing Course 101 to nine nurses, six of whom are new graduates.

Her goals for AORN include continuing to work on leadership development for new and continuing Board members and committee members. She believes it is important that they be able to transfer the leadership skills they develop in AORN to their workplaces. She also wants to reach out to nursing and hospital administrators outside the

OR to emphasize the importance of valuing nurses in the OR in order to attract them to the field and retain them in their jobs. She wants to continue to reinforce the value of perioperative nursing experiences in nursing school programs and plans to work with other organizations on a pilot program that eventually could be used more broadly.

AFTER NURSING

When she has finished her nursing career, Steiert plans to catch up on a lot of reading and would like to reconnect with her musical roots. She plans to take up voice and violin lessons again. She feels, however, that she will never truly leave nursing. She will always be involved in nursing in some way. ❖

Preparation Before Surgery Reduces Children's Anxiety

Using a family-centered behavioral approach to preparing children for surgery may lead to improved surgical experiences and faster recovery after surgery, according to a Jan 3, 2007, news release from the American Society of Anesthesiologists. Researchers conducted a study of 408 parents and their children who were scheduled to undergo general anesthesia for elective outpatient surgery between November 2000 and October 2004, and they evaluated the effects of anti-anxiety strategies on patients and family members.

Pediatric patients and family members who participated in preoperative behavioral interventions experienced positive effects in both preoperative and postoperative outcomes. Behavioral interventions the researchers used included

- anxiety reduction measures,
- use of distraction on the day of surgery,
- video modeling and instructions before surgery,
- inclusion of the parents in the surgical experiences and postoperative care,
- parental coaching, and
- induction mask practice with the children.

The researchers found that these measures resulted in reduced patient anxiety and disorientation after surgery, faster discharge, and reduced need for pain medication.

Family-Centered Surgical Preparation Improves Children's Recovery After Surgery [news release]. Chicago, Ill; American Society of Anesthesiologists; January 3, 2007.

Fewer Complications Linked to Off-Pump Bypass Surgery

The incidence of surgery-related strokes and other short-term complications may be reduced when surgeons perform common heart surgery without bypassing the cardiopulmonary system, according to an Oct 25, 2006, news release from the Agency for Healthcare Research and Quality. Coronary artery bypass graft (CABG) surgery has traditionally involved cardiopulmonary bypass (CPB). In recent years, however, some surgeons have been performing CABG procedures without using CPB, a technique known as off-pump CABG surgery.

Researchers analyzed data from 41 randomized clinical trials that included 3,996 patients who had heart surgery after 1999. Off-pump CABG was associated with a

- 30% reduction in atrial fibrillation (ie, avoidance of 80 cases of atrial fibrillation per 1,000

off-pump CABG surgeries);

- 48% reduction in wound infection (ie, avoidance of 40 infections per 1,000 off-pump CABG surgeries); and
- 50% reduction in postoperative strokes (ie, avoidance of 10 strokes per 1,000 off-pump CABG surgeries).

Researchers caution that the decision to perform off-pump CABG procedures must be made on a case-by-case basis. Additionally, researchers acknowledge that the risks and long-term effects associated with off-pump CABG surgery require further study.

"Off-Pump" Bypass Surgery Associated With Reduced Occurrence of Stroke and Other Complications [news release]. Rockville, Md: Agency for Healthcare Research and Quality; October 25, 2006.