



FLORIDA STATE ASSOCIATION of
OCCUPATIONAL HEALTH NURSES



Find us on
Facebook



Find our members on
Twitter and Linked In



Florida Mission Statement

The mission of Florida State Association of Occupational Health Nurses, Inc. is to advance the profession of occupational and environmental nursing in the state of Florida.

To fulfill this mission, we:

- *support the mission of the American Association of Occupational Health Nurses.*
- *promote professional excellence and opportunities through education and research.*
- *support standards of professional practice and a code of ethics.*
- *influence legislative, regulatory and policy issues.*
- *promote internal and external communications.*
- *establish strategic alliances and partnerships.*



President's Report

Stephanie Weinsier



The FSAOHN Board of Directors' and FOHC Planning Committee has been busy getting the 2021 Annual Conference planned and we are EXCITED to see another conference kickoff this September! If you haven't already reviewed the registration [information](#) or program details, please do so and [register](#) today.

Here is a sneak peek of the FOHC 2021 program:

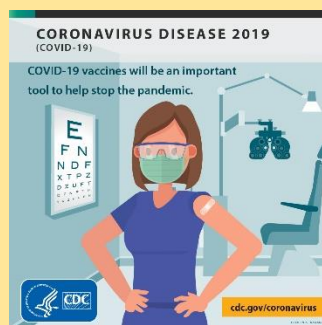
THEME: "We Are Lifesavers"

KEYNOTE SPEAKER: Dr. Ravi Chari, MD, President HCA Healthcare West Division. Dr. Chari will detail the successes and challenges experienced while leading one of the largest, private health systems in Florida through COVID-19, while protecting the lives of frontline workers.

PRECONFERENCE: TWO sessions to choose from including 1) Florida CE Mandatories, 2) OHN Essentials

TWO CONFERENCE DAYS: Featuring presentations from our Current AAOHN President Kim Olszewski, and Past AAOHN President Barb Maxwell, and a special leadership session co-presented by Kim, Barb, and myself. We are pleased to announce a robust conference with topics ranging from Mental Health First Aid and Back Surgery, to Workers' Compensation in the Field of COVID, and legal updates related to Medical Marijuana, Drug Testing, and Workplace Exposures. You can potentially earn up to 17.5 CE's for attending Conference and 8 additional CE's for attending the Pre-Conference for a total of 25.5 CE's!

A word on vaccinations: as we prepare to gather in person for conference and continue to serve in the field of occupational health/healthcare, we must look out for ourselves, each other, and our community. We serve as role models and leaders; many of the employees and businesses we serve look to us as examples of healthy living. I hope you will agree that vaccination is an important tool to help stop the pandemic & keep it under control. I urge you to consider vaccination if you have not already done so! Please feel free to contact us at fsaohnmail@gmail.com or Carson @ chfaris317@cox.net if you are interested in volunteering on the Conference Committee. I look forward to seeing you all! *Stephanie Weinsier, DNP, ANP-BC, COHN-S, FAAOHN, FSAOHN President*



Membership

What are the Benefits of Membership?

Joining a professional nursing organization supports nurses and advance the profession. As a member, you can continue to have access to the research-based learning and leadership training offered. In addition to making your resume more impressive, here are several benefits of membership:

- Staying up to date with news and changes in the profession and developing a broader perspective,
- Access to continuing education, often at discounted rates; access to a journal that includes peer-reviewed clinical articles and research,
- Networking opportunities including online forums, local meetings and networking events, annual conference,
- Career assistance and access to job postings, offers of advice about job search, & additional information,
- Discounts on products and resources and specialty certification,
- Advocacy and opportunities to serve as active members, committee members, or board member

2021 AAOHN Webinars- Live Broadcast

July 29, 2021 [July 2021 Extended Session: Health and Safety at the Touch of a Finger & Head...Shoulders, Knees, and Toes: Post-Offer/Pre-Hire Physical Update](#)

- Pacific: 9:00am - 11:00am
- Mountain: 10:00am - 12:00pm
- Central: 11:00am - 1:00pm
- Eastern: 12:00pm - 2:00pm

August 19, 2021 [The Road to Elimination: Universal Screening for Hepatitis C](#)

September 30, 2021

[Creating a Legally Compliant Pre-Hire & Return-to-Work Physical Abilities Testing \(PAT\) Program](#)

- Pacific: 9:00am - 10:00am
- Mountain: 10:00am - 11:00am
- Central: 11:00am - 12:00pm
- Eastern: 12:00pm - 1:00pm

[*Registration Now Open](#)

Award Nominations Open Now

Know someone who has implemented a unique method of advancing occupational health nursing? Or demonstrated leadership abilities including trust, integrity, professionalism, leadership and education? Someone who has inspired you or others? Maybe they improved the delivery of occupational health nursing care or volunteered their time as a retiree, going above and beyond the call of duty? LET THEM KNOW with a Nomination today! **Please take the time to click on the link below and recognize your OHN peers.**

~Nurse, Provider, Retiree, and Employer of the Year ~Best Practice ~ Unique Leader

Tessa Stanaland
Vice President
FSAOHN Board of Directors

Members can submit nominations for awards by 8/19 by
Completing an application @ <https://fsaohn.nursingnetwork.com/>
Just Click on the "resources" tab and select award
Submit nomination applications tstanaland@pivoths.com

Calling Sponsors and Exhibitors for FOHC

The Florida Occupational Health Conference (FOHC) is held annually. This is a special year, as we emerge from one of the most challenging years (personally and professionally) of our careers. The FSAOHN Board recognizes this has been a hard year for many businesses who continue to produce equipment such as masks, respirators, gloves, and other PPE, and meet the challenging demand for resources and staffing. Healthcare agencies, physician practices, attorneys, vendor/suppliers have done so much to support healthcare providers and nurses across the globe! We have always relied on them to support our organization and this year is no different. The conference is a great time to meet our suppliers and business partners and have some "fun" time with them in our Exhibitor Hall. Please, ask your business partners, providers, employers, and any potential parties to serve as an Exhibitor or Sponsor. We could not host our conference without their help! The opportunity to network with these business partners and other OHNs is priceless! Just direct them to this [site](#) for more information and to register.

We love our Sponsors & Exhibitors!!!

REGISTER & BOOK YOUR ROOM NOW

Florida Occupational Health Conference
September 15-19, 2021
Orlando World Center Marriott

Legislative Update

Important Update for Healthcare Providers Regarding Expiration of Emergency Orders July 1, 2021: Florida's [Emergency Order 20-002](#) and [20-003](#) related to COVID-19 expired on June 26, 2021. This impacts the following services that were authorized temporarily in the state of Florida:

- Out-of-state healthcare practitioners are no longer authorized to render services for patients in Florida unless they become licensed to practice in Florida, except as specified in the [HHS Guidance Memorandum Dated 3/12/2/21](#), regarding vaccine administration
 - Out-of-state healthcare practitioners are no longer authorized to perform telehealth services for patients in Florida unless they become licensed or registered in Florida
- Qualified physicians are required to conduct an in-person physical examination to issue a physician certification for any patient.
 - Controlled substance prescribers are required to conduct an in-person physical examination to issue a renewal prescription for a controlled substance

Sherri Davidson (941) 232-9042 Billnsherri2@verizon.net

DOT Examiner Training

Looking for a live DOT Examiner Training Course?

Special workshop August 26, 2021 from 9am-3pm being held “live” and “in-person”, as part of the FNPN Conference at the Marriott World Center, Orlando Florida. This 5-hour APRN training detailing 12 sections required for NRCME training, will enable APRNs to perform fitness for duty examinations and prepare them to sit for the National Certified Medical Examiner computerized test (check out [registration requirements](#) and national testing centers [Comira](#), [Prometric](#), [PSI](#)). Click [here](#) to purchase DOT Commercial Driver Medical Examiner Training FNPN Non-member workshop ticket \$375 (FNPN member pricing is \$225)

Research Manuscript

Workplace Bullying and the Role of the Occupational Health Nurse



Juliana Amankwah

University of South Florida

Nurses are known to be empathetic, kind and one of the most trusted professionals. Unfortunately, the nursing profession is not any different when it comes to bullying. Nurses can experience frequent bullying from their superiors or other nurses. Bullying among peers, referred to as horizontal bullying, has become more frequent within the nursing profession. This type of bullying has untoward effects on nurses, patients, and the entire organization (Granstra, 2015). Occupational health nurses provide and deliver health and safety programs and services to workers and therefore occupies a unique position in healthcare organizations to play an important role in reducing bullying and its impact on organizations. In this paper, forms of horizontal bullying among nurses, the epidemiology, its effects and the role of the occupational health nurse will be discussed.

Workplace bullying can be defined as the repeated exposure to any type of harassment that could impede the performance of one's work requirements (Gillen et al., 2017). Bullying can present in many forms including unmanageable assignments and deadlines; exclusion from activities; gossiping; spreading rumors; professional opinion ignored; withholding relevant information related to your work; peers humiliating, ridiculing and constantly checking an individual's work; criticizing; scapegoating; sabotaging; and blaming the individual for things that are not within his or her control (Granstra, 2015; Dessler, 2013). Bullying behaviors can be person-to-person, over the telephone, written communication, or even displays of offensive materials such as inappropriate poster or cyberbullying.

Horizontal bullying is difficult to quantify, largely due to the difficulty of defining bullying. However, existing evidence indicates it is a significant problem in nursing. In a recent cross-sectional study, Brewer and colleagues reported the prevalence of bullying among nurses on a weekly or daily basis was 31% (Brewer, 2019). In a survey of nurses in a

Research Manuscripts

multi-institutional healthcare system, Walrafen reported that 53.3% of nurses felt that they had experienced bullying behaviors from coworkers (Walrafen, 2012). Violence in the healthcare setting has increased over the years with over 50% of nurses reporting that they were verbally abused (a category that included bullying) in a 12-month period and 59% reported experiencing verbal abuse during a seven-day period (Walrafen, 2012; Occupational Safety and Health Administration (2015). Other previous studies have also reported that more than 50% of nurses have been involved in bullying (Cleary et al., 2010) and 65%-80% had observed horizontal bullying (Cleary et al., 2010; Stagg et al., 2013; Granstra, 2015; Walrafen, 2012). All these estimates may be lower as bullying tend to be under-reported due to embarrassment.

Several causes have been identified for horizontal bullying including differences in education in nursing skills and technology. Nurses with a bachelor's degree may look down on nurses with a diploma, because they have more education than nurses with a diploma; while nurses with a diploma may think nurses with a bachelor degree don't have patient care experience. Similarly, nurses who are facile with technology may ridicule peers who are less facile with technology. These differences in education could lead to bullying (Granstra, 2015; Larson 2013). In addition, most healthcare systems are hierarchical empowering experienced senior nurses to exercise control over less experienced nurses (Granstra, 2015; Parchment, 2019). They sometimes feel that less experienced nurses should do things their way and in instances when it doesn't happen they can retaliate. This situation can be worse where the experienced nurses feel unappreciated in their role as preceptors and may fail to provide mentorship to less experienced nurses. Experienced nurses can also have a territorial tendency believing that due to their length of service they have the right to exercise authority over less experienced nurses. Insecurity of nurses can also lead to bullying, in particular when nurses feel their positions are threatened by other nurses (Granstra, 2015). Another factor that can contribute to bullying is the tendency of nurses to exercise patient protection. Nurses may become attached to their patients and feel they are the only one with the skills to provide optimal care for the patients (Granstra, 2015). This feeling can lead to nurses saying negative things about nurses.

Horizontal bullying can have untoward effect on the nurses, patients and the healthcare organization. Nurses who

Research Manuscripts

experience bullying are more likely to report increased burnout (Allen et al., 2014), physical and psychological strain including fatigue and anxiety (Reknes et al., 2014), and intention to leave current position or the nursing profession (Sauer & McCoy, 2018; Johnson & Rea, 2009). Brewer and colleagues recently reported that 67% of nurses who had experienced bullying were at risk for burnout, 33% were unhappy at their jobs, and 50% reported absenteeism for three or more days of work (Brewer, 2019). Furthermore, horizontal bullying can break down communication between nurses and result in poor job performance (Wilson, 2016; Anusiewicz et al., 2019).

Patients may also bear the brunt of nurse bullying as it leads to higher levels of adverse events, such as infections, as well as lower patient perceived quality of care (Laschinger, 2014). Moreover, bullying can compromise the safety of patients as the care provided by the bullied nurse might not be optimal. The suboptimal care can potentially lead to events that can tarnish the reputation of a healthcare organization (Becher & Visovsky, 2012). A Joint Commission report in 2016 indicated that workplace bullying can lead to underreporting of safety and quality concerns, medical errors and infections (The Joint Commission, 2016).

Workplace bullying can also have financial implications for organizations. It is estimated horizontal bullying can cost an organization approximately \$30,000-\$100,000 annually for each nurse bullied, including the cost to cover physical and psychological effects, absenteeism, turnover and reduced performance (Becher & Visovsky, 2012). The cost to orient a new nurse as a result of a nurse leaving the workplace due to bullying was approximately \$15,000 (Reknes et al., 2014). In addition, the cost to replace a registered nurse (RN) ranged from 75% to 125% of an RN's annual salary, with expenses related to recruitment, orientation, overtime compensation to ensure safe patient care, lost productivity, and customer satisfaction (Reiter et al., 2007; Stagg 2013).

Occupational health nurses provide and deliver health and safety programs and services to workers and therefore occupy a unique position in healthcare organizations to play an important role in reducing bullying and its impact on organizations. Occupational health nurses should collaborate with nurse leaders, human resource, employee health and organizational professionals to ensure a healthy workforce in an organization. This will include working with all

Research Manuscripts

stakeholders to facilitate changes in the organization to reduce the occurrence of bullying (Berry et al., 2016; Anusiewicz, 2019). Occupational health nurses should be familiar with their organization's policy on bullying so that they can recognize and address it (Berry et al., 2016). One proposed approach for them to recognize workplace bullying is to conduct injury and illness surveillance among nurses, which will facilitate the identification of workers and areas more likely to experience bullying (Berry et al., 2016). The role of occupational health nurses includes providing support through advocacy for nurses who are the target of bullying to ensure the safety and preservation of the rights of the employee. When occupational nurses become aware of a nurse showing a physical or psychological effect of bullying, they should follow the organization's policy on bullying and facilitate a medical intervention for the victim. Occupational health nurses should also take an active role in the prevention of bullying by working with stakeholders in developing educational and safety programs. They should also be advocates for bullying interventions as well as assist in the implementation of bullying interventions in their organizations (Anusiewicz, 2019). In addition, occupational health nurses should be familiar with the organizational culture to help address bullying concerns.

Horizontal bullying among nurses is increasing in healthcare organizations resulting in nurse burn out, turnover, physical and psychological strains and an enormous cost to organizations (Anusiewicz et al., 2019). Occupational health nurses occupy a unique position in healthcare organizations due to their provision and delivery of health and safety programs and services to workers and therefore can play an important role in reducing bullying and its impact on organizations. They can collaborate with stakeholders to facilitate the development of educational and safety programs to prevent bullying or reduce the impact on their organizations.

References

- Allen, B. C., Holland, P., & Reynolds, R. (2014). The effect of bullying on burnout in nurses: The moderating role of psychological detachment. *Journal of Advanced Nursing*, 71(2), 381–390.
- Anusiewicz, C. V., Shirey, M. R., & Patrician, P. A. (2019). Workplace bullying and newly licensed registered nurses: An evolutionary concept analysis. *Workplace Health & Safety*, 67(5), 250–261.

Research Manuscripts

- Becher, J. (2012). Horizontal violence in nursing. *Medsurg nursing*, 21(4), 210.
- Berry, P., Gillespie, G. L., Fisher, B. S., & Gormley, D. K. (2016). Recognizing, confronting, and eliminating workplace bullying. *Workplace Health & Safety*, 64(7), 337–341.
- Blake, N. (2016). Building respect and reducing incivility in the workplace: Professional standards and recommendations to improve the work environment for nurses. *AACN Advanced Critical Care*, 27(4), 368–371.
- Brewer, K. C., Oh, K., Kitsantas, P., & Zhao, X. (2020). Workplace bullying among nurses and organizational response: An online cross-sectional study. *Journal of Nursing Management*, 28(1), 148–156.
- Cleary, M., Hunt, G. E., & Horsfall, J. (2010). Identifying and addressing bullying in nursing. *Issues in Mental Health Nursing*, 31(5), 331–335.
- Gillen, P. A., Sinclair, M., Kernohan, W., Begley, C. M., & Luyben, A. G. (2017). Interventions for prevention of bullying in the workplace. *Cochrane Database of Systematic Reviews*.
- Granstra, K. (2015). Nurse against nurse: Horizontal bullying in the nursing profession. *Journal of Healthcare Management*, 60(4), 249–257.
- Johnson, S., & Rea, R. (2009). Workplace bullying: concerns for nurse leaders. *The Journal of Nursing Administration*, 39(2), 84–90.
- Parchment, J., & Andrews, D. (2019). The incidence of workplace bullying and related environmental factors among nurse managers. *JONA: The Journal of Nursing Administration*, 49(3), 132–137.
- Preventing workplace violence: The occupational and environmental health nurse role. (2014). *Workplace Health & Safety*, 62(2), 48–50.
- Reknes, I., Einarsen, S., Knardahl, S., & Lau, B. (2013). The prospective relationship between role stressors and new cases of self-reported workplace bullying. *Scandinavian Journal of Psychology*, 55(1), 45–52.
- Sauer, P., & McCoy, T. (2018). Nurse bullying and intent to leave. *nursing Economics*, 36(5), 219–226.
- Stagg, S. J., Sheridan, D. J., Jones, R. A., & Speroni, K. (2013). Workplace bullying: The effectiveness of a workplace program. *Workplace Health & Safety*, 61(8), 333–338.

Research Manuscripts

The Joint Commision. (2016). *Bullying has no place in health care*. Quick Safety 24.

<https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-24-bullying-has-no-place-in-health-care/bullying-has-no-place-in-health-care/>

Walrafen, N. (2012). Sadly caught up in the Moment: An Exploration of Horizontal Violence. *Nursing Economics*, 30(1), 6–12.

Wilson, J. (2016). An exploration of bullying behaviours in nursing: a review of the literature. *British journal of Nursing*, 6.

Environmental Health Update



The Johnson & Johnson and ANA sponsored "See You Now Podcast" titled [*The Planet is Our Patient*](#) is now live. The Alliance of Nurses for Healthy Environments (ANHE) is mentioned and listed as a resource for listeners. Check out the podcast [here](#) and share it widely with your networks.

[Listen Now](#)

Resources for OHNs and Employers

EEOC Update: While working and supporting workers amidst the COVID-19 pandemic and its aftermath, it is important to maintain awareness about legal requirements as they relate to the ADA, the Rehabilitation Act, and other EEO laws. The U.S. Equal Employment Opportunity Commission has established an [EEOC resource page](#) to consolidate relevant coronavirus and COVID-19 information and to answer questions from the public about the EEO laws and COVID-19. There is an excellent resource outlining restrictions on when and how much medical information an employer may obtain from an applicant or employee, what constitutes a medical exam, and the administration of COVID-19 tests in the workplace, as well as regulations regarding confidentiality of medical information, reasonable accommodation, and more! Check it out: [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#)

It is also important to note that CDC provides regular updates on [guidance for workers, particularly for fully vaccinated individuals](#) (updated May 28, 2021). You can keep up with those updates by visiting the CDC Website regularly or by [signing up for email updates](#)

OSHA Update: New COVID-19 Emergency Temporary Standards for the Healthcare Industry

As workplaces reopen and establish how to exist with this new way of working, it is important to be mindful of the CURRENT OSHA regulations so the employees and businesses you serve can stay safe. Here are a few updates to keep at the top of your mind:

- Consult experts within the field as needed and collaborate with other OHNs and clinical practice committees/forums to stay up to date
- Benchmark among other industries and similar employers
- Make proactive plans to reduce the risks of OSHA violations while keeping employees safe; make this a priority in ALL work environments
- Check for OSHA updates regularly and use OSHA training modules, tools and resources to customize OSHA compliance within your facility (BBP & Hazard Communications Standards, Respiratory Communication Plans, PPE); in particular, OSHA just issued an [Emergency Temporary Standards \(ETS\) for the healthcare industry](#) (Subpart U COVID-19 Emergency Temporary Standard)

The U.S. Department of Labor's Occupational Safety and Health Administration's Emergency Temporary Standards Subpart U focuses on healthcare workers most likely to have contact with someone infected with COVID-19 virus. This new standard was announced alongside new general industry guidance, both of which are aligned with Centers for Disease Control and Prevention guidance. Among other things, this standard establishes new requirements for settings where employees provide healthcare or healthcare support services, including those working in healthcare settings where suspected or confirmed patients are treated (hospitals, nursing homes, and assisted living facilities; emergency responders; home healthcare workers; and employees in ambulatory care settings where suspected or confirmed coronavirus patients are treated. This standard allows OSHA to help workers most in danger of contracting the virus and provides information for businesses to help protect unvaccinated workers while continuing to mitigate workplace spread, including workers in industries who are still not vaccinated (special emphasis is placed on industries noted for prolonged close-contact exposure like meat-processing, manufacturing, seafood, and grocery and high-volume retail.

This standard will require a health care industry employer to conduct a hazard assessment and to prepare a written action plan for COVID-19 mitigation, provide and ensure the use of requisite PPE and require proper social distancing between workers, as well as providing paid time off in order to get vaccinated and to recover from any side effects. This standard does exempt fully vaccinated workers from the PPE and social distancing requirements in circumstances where there is no reasonable expectation that they will come in contact with anyone suspected or confirmed to have COVID-19. An [OSHA fact sheet](#) is available for review.

Elections

Greetings from your Election Committee! 2021 is a voting year for FSAOHN and your Election Committee composed of Annabelle Harte (Chair) and Chris Seymour (Member) are accepting nominations for the following positions for 2022: **Vice President, Secretary, and one member of the Election Committee.**

Below are general descriptions of the duties entailed for each position:

The **Vice President** assumes the duties of the President (in the absence of the President), succeeds to the office of the President for the unexpired term in the event of office vacancy, serves as the chair of the Education Committee, and assumes other duties assigned by the Bylaws, governance policies, or the Board of Directors.

The **Secretary** is responsible for the integrity of the Board's documents by conducting the general correspondence and recording the minutes of all meetings of FSAOHN and the Board of Directors and promptly sending copies of the minutes to each board member. Additionally, all officers are notified of their election and all committees of their appointments.

The **Election Committee** duties include: requesting that members recommend the names of candidates for each elective position, considers the qualifications of all candidates proposed by the membership or by members of the Election Committee and shall select nominees for each office and vacancy on the Election Committee, secures consent of all persons whose names appear on the ballot, prepares the ballot with all qualified nominees, and secures ballot approval by the BOD.

We welcome and strongly encourage members who have not served and meet the membership requirement to consider running for these positions. The time spent volunteering is rewarding. Serving on the board allows you the opportunity to learn a leadership role through mentoring, to network with other chapter presidents, and have an active role in deciding the path for our organization. The Chair has been active with FSAOHN positions for several years and has found volunteering as a great way to continue to advance the role of occupational health nursing in the state of Florida.

Please consider placing yourself on the ballot or nominating someone you feel would be a great candidate. If you have any questions about these positions and would like more information, feel free to reach out to either of us on the Elections Committee; Chair, Annabelle Harte Annabelle.harte@premisehealth.com or Elections Committee Member Chris Seymour ffcseymour@gmail.com Let's make this an election year with great nominees on the ballot!

Leadership Link

2021 BOARD OF DIRECTORS

President: Stephanie Weinsier, DNP, ANP-BC, COHN-S, FAAOHN

Vice President: Tessa Stanaland, RN, BSN

Treasurer: Carson Faris, RN, COHN-S

Secretary: Donna Schaubert, RN, COHN-S, EMT-P, CHT

CHAPTER PRESIDENTS

President, Florida West Coast Chapter: Karen Shumar, RN, COHN-S, CCM, COHC

President, Heart of Florida Chapter: Donna Schaubert, RN, EMT-P, COHN-S, CNT

President, Space Coast Chapter: Catherine DiBiase, RN, COHN-S

President, Central Florida Chapter: Annabelle Harte, RN, BSN

COMITTEE MEMBERS

Membership Chair: Catherine DiBiase, RN, BOHN-S

Professional Affairs and Education Chair: Tessa Stanaland, RN, BSN

Governmental Affairs Chair: Sherri Davidson, MSN, APRN-BC, COHN-S

Elections Chair: Annabelle Harte, RN, BSN

FOHC Chair 2021: Carson Faris, RN, COHN-S; Co-Chair Donna Schaubert, RN, EMT-P, COHN-C, CNT

Web Master: Stephanie Weinsier, DNP, ANP-BC, COHN-S, FAAOHN

CUE Editor: Stephanie Weinsier, DNP, ANP-BC, COHN-S, FAAOHN

Contact Us @ fsaohnmail@gmail.com

DON'T MISS the FOHC 2021 conference leadership session Saturday, 9/18 @0730 featuring Current AAOHN President Kim Olszewski, Past AAOHN President Barb Maxwell & Current FSAOHN President Stephanie Weinsier: High-Touch & High-Tech: Cultivating Leadership & Soft Skills for the OHN