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Joan Clark: Uniting THR Nurses

Career Spotlight
Cardiothoracic Surgical Nursing

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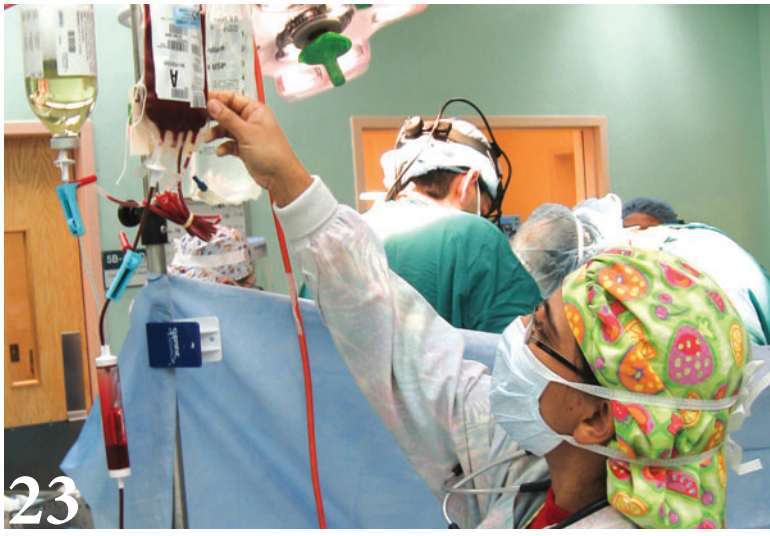

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Editor's Letter

From the Heart

Dear readers,

Since February is National Heart Month, this month's issue explores cardiothoracic surgical nursing, an exciting and in-demand specialty. We profile four DFW cardiothoracic nurses who have over 64 combined years of experience.

February is also the month for love and romance. In honor of Valentine's Day, we profile 10 married nursing couples who work at the same hospital. They graciously share with our readers how they met and what they think about working at the same facility!

If you've ever thought about writing a book, you won't want to miss our article on becoming an author. We speak with a book agent, editors and local nurses who recently published books to get their advice for budding writers.

For our CE article, we are honored to feature local CRNA, Allan Lee McClelland. Explore the opportunities and challenges in the world of nurse anesthetists, including a special "Day in the life" peek into the daily activities of nurse anesthetists.

As always, this is your magazine, so please send your thoughts, suggestions or story ideas to me at aarmstrong@nurseslounge.com.

See you in the lounge!

Anthony Armstrong
Editor-in-Chief
Nurses Lounge-DFW

NursesLounge.com

Look Who's Online The Dallas chapter of the National Association of Hispanic Nurses is on NursesLounge.com. Read more about the important work this organization does on page seven and on NursesLounge.com/DFW.

Share Your Single Parent Stories! Would you like to share your story with the lounge? Single Parent Day is next month, so we are looking for stories from single parent nurses about the special challenges faced by single parents! Send your anecdotes and reflections to editor@nurseslounge.com, or post it in the DFW lounge at nurseslounge.com/dfw and you may see it in print!

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Snapshots of **Excellence**

CHILDREN'S RECEIVES MAGNET RECOGNITION

After an intense application and review process, **Children's Medical Center Dallas** joins the distinguished list of Magnet hospitals nationwide.

The Magnet Recognition Program® designation is held by only 5 percent of the nation's more than 7,000 hospitals.

"We are honored to be among the elite group of hospitals that have been designated a Magnet Hospital," says **Mary Stowe**, RN, MS, NEA-BC, vice president and chief nursing officer at Children's. "Receiving this designation is a direct reflection on each and every nurse at Children's. Children's nurses have tremendous opportunities for learning and growth. This designation highlights the strength and importance of our nursing culture."

The telephone call from the American Nurses Credentialing Center, the world's largest and most prestigious nurses credentialing organization, was attended by a packed house at Moore Auditorium, including **Chris Durovich**, Children's president and chief executive officer, senior leadership team members and members of the Children's staff.

After receiving the telephone confirmation, confetti showered the crowd members as they clapped and cheered.

Mary Stowe, RN, MS, NEA-BC, vice president and chief nursing officer, reacts with the crowd in Moore Auditorium to the telephone call telling Children's it received Magnet Program status.

BARBARA GRUENDEMANN HONORED WITH VIRGINIA CHANDLER DYKES SCHOLARSHIP

Barbara Gruendemann, RN, MS, FAAN, CNOR, a North Dallas resident and doctoral student pursuing her Ph.D. in Nursing Science, will receive one of four prestigious scholarships given by Texas Woman's University at the Seventh Annual Virginia Chandler Dykes Leadership Award luncheon on February 26, 2009, at The Belo Mansion and Pavilion**.**

Pictured from left: David Toomey, President, CIGNA HealthCare of Texas – underwriter of scholarship for College of Nursing; Barbara Gruendemann, RN, MS, FAAN, CNOR – TWU VCD Scholarship Recipient, College of Nursing; Dr. Patricia Holden-Huchton (TWU Dean College of Nursing), Dr. Kenneth Phenow, Senior Market Medical Director/Vice President Medical Affairs, CIGNA HealthCare of Texas.

Gruendemann, an educator, project director, author and speaker in perioperative nursing and infection prevention issues in the U.S. and abroad is now in her fourth year in the doctoral program at TWU. With an interest in face-to-face learning for her dissertation, she has recently conducted a pilot study, exploring ways people learn in a society where online learning is becoming more prevalent.

"I have always had a love of teaching and learning, and I wanted my dissertation to be education-based and see why face-to-face learning is still in vogue," states Gruendemann. "Results from the pilot study are showing that it is, and I have gained some wonderful insights into face-to-face learning."

Upon completion of her graduate work, Gruendemann would like to continue teaching, along with consulting and speaking.

For eight years, she was Director of Worldwide Professional Education for Johnson & Johnson Medical, providing high-value education programs, videotapes, manuals, and consulting services for nurses, physicians, and other health care professionals in more than 22 countries and the U.S. She was the company's professional education full-time employee.

"Working for Johnson & Johnson was a highlight of my career," adds Gruendemann. "It was amazing to see how people across the globe used the resources they had. I observed operating rooms and saw nurses struggling. I made sure they knew that I was not an American there to tell them what to do. I was there to learn about their needs and help in whatever educational way I could."

Gruendemann has spent many years in perioperative nursing as a staff nurse, clinical nurse specialist, educator, assistant professor of nursing, and manager of an ambulatory surgery center.

At present, she is a perioperative nursing/infection prevention educator, speaker, and project director for G4 Productions, Dallas. She is a noted nursing leader, having authored 10 textbooks and over 40 journal articles.

Gruendemann credits her success to her family and her years growing up in rural Wisconsin.

"My parents taught us the signposts for life – all that is good and honorable," said Gruendemann. "My parents believed in us getting a good education even though our relatives said we should stay at home after high school. My brother went off to college and, along with my parents, encouraged me to apply for a scholarship and go to college. I persevered and received two degrees from the University of Wisconsin."

Gruendemann has enjoyed her time at TWU tremendously. "The course of study is rigorous and intense and each faculty member brings wonderful and solid knowledge with high standards. I have learned much from each teacher."

"Receiving the Virginia Chandler Dykes Scholarship for the College of Nursing is the pinnacle of my career," says Gruendemann. "I feel so honored, especially with all of the competition I was up against from all three TWU campuses."

For more information on the TWU's Seventh Annual Virginia Chandler Dykes Leadership Award Luncheon and to purchase tickets, contact Carolyn Ishee, TWU Executive Director, Institutional Development, 940-898-3869 or cishee@twu.edu. **NL**

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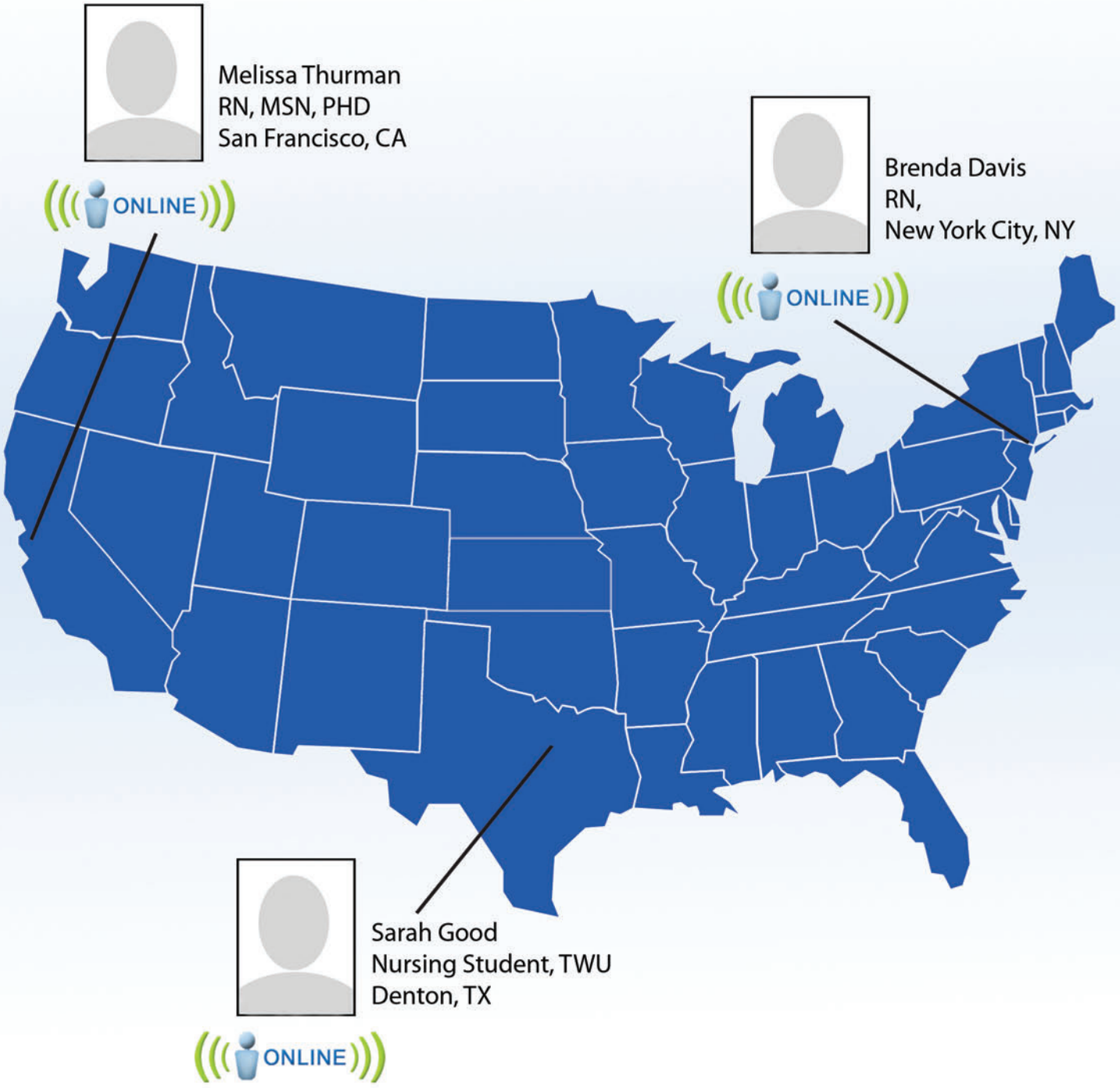

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Look Who's **Online**

The Dallas Chapter of the National Association of Hispanic Nurses is one of the latest nursing associations to join NursesLounge.com's professional nursing network. The Dallas NAHN provides an important voice for Hispanic nurses and those interested in the Hispanic community. Its members are active in various causes at the local, state and national levels. They are committed to increasing educational and professional opportunities for Hispanic nurses and nursing students through networking and mentoring. Its members are also instrumental in providing culturally competent health care for Hispanic consumers.

Jose Alejandro, RN-BC, MSN, MBA, CCM

President, NAHN Dallas Chapter

Why did you choose to get involved with the NAHN?

I became involved with NAHN as a nursing student at UT Arlington. The faculty, such as Dr. Mary Lou Bond, RN and Dr. Wendy Barr, RN promoted the professional organizations such as NAHN. I have served as Treasurer at the local level and as Vice President at the national level. I have chosen to be involved so that the Hispanic population can become better informed of what medical services are available throughout the health care continuum.

Why should nurses join NAHN?

Nurses should join NAHN Dallas Chapter as the Hispanic population continues to grow. NAHN Dallas Chapter is open to all nurses and individuals who are interested in promoting health initiatives with the Hispanic population.

What initiatives have you recently completed or what issues are you currently working on that are important to DFW nurses?

NAHN Dallas is a service organization where we volunteer at different health and wellness activities. We have partnered with different organizations to provide blood pressure screening, cholesterol and/or glucose testing. We have also partnered up with Hispanic nurse students by serving as mentors during their nursing program.

Read more about the Dallas chapter of the National Association of Hispanic Nurses on Nurseslounge.com/dfw. **NL**

Faces in the **Crowd**

Joan Clark: Unifying THR Nurses

Joan Shinkus Clark, MSN, RN, NEA-BC, is the senior vice president for **Texas Health Resources** (THR) and the first chief nursing executive for the THR system. Texas Health Resources has recently changed the names of its hospitals to bring their brand recognition to every facility. With this recent name change, Clark has undertaken a bold three-year plan to unify the nurses within the THR system and boost their nursing reputation to national levels.

A graduate of the Montefiore Hospital School of Nursing in Pittsburgh, Pennsylvania, Clark's decision to become a nurse was an easy one for her. "My father was a doctor and my sister was a nurse," says Clark. "I knew I would either be a doctor or a nurse from the start. I watched them both and realized that I didn't prefer the episodic nature of physician care. I wanted to spend more time with patients."

A critical care nurse in the ICU, Clark spent seven years in clinical care before transitioning to a management role. "When the opportunity opened up for me to move into management, my colleagues encouraged me to apply for the position. Initially, I had no yearnings towards management. In management, you don't get the immediate gratification that you do when working bedside. You have to look back over time to see what you have accomplished."

As a clinical nurse, Clark felt that upper management needed to know more about the day-to-day challenges and activities of bedside nurses, and she brings that philosophy to her role with THR. "I periodically go out to work with the staff to support the nurses and find out what obstacles they face," says Clark. "I get a wealth of knowledge just from working side by side with a nurse. It keeps me grounded."

As THR brings all of their facilities together under the Texas Health banner, Clark has also undertaken the Herculean task of unifying the nursing systems. "We have a three-year plan focused on four major areas: First, we want to differentiate THR nurses, elevating the awareness of our great nursing care to a national reputation. Second, we want to promote strategies that will result in the highest, most reliable levels of patient care quality and safety. Third, we want to create a 'Magnetic' work environment. Our goal is to enhance recruitment and retention with strategies that elevate all of our work environments to magnet status. We currently have three Magnet hospitals and six hospitals that are either Nurse Friendly or Pathway to Excellence designees. Finally, our fourth goal is a term that we coined 'Nursing Systemness.' We want our nurses joined together around the major issues in nursing practice. Even though all of our hospitals are part of the same system and all have the same high standards of care, the cultures are different. Since I'm the first CNE for the THR system, our goal is to have all of the basic tenets of our practice, documentation and procedures unified by 2011."

"I periodically go out to work with the staff to support the nurses and find out what obstacles they face. I get a wealth of knowledge just from working side by side with a nurse. It keeps me grounded."

Joan Clark,MSN, RN, NEA-BC,
Senior VP, Texas Health Resources

Being the first CNE of the THR system, Clark has found that system leaders and nursing staff are anxious to be part of that larger identity. "Everyone with THR, and the people in Texas in general, have been very friendly and welcoming, making me feel like family," says Clark.

An admitted Florida Gator fanatic, Clark displays her Gator paraphernalia in her office and enjoys playing up the rivalry with the alumni of other universities.

Clark has also found a new love in touring with her husband on her Honda Goldwing trike (a three-wheeled touring motorcycle). "So far we have explored Georgia and Florida and have plans to ride up to Arkansas and Hot Springs. However, there are many wonderful places to explore here in Texas, so I'm looking forward to spending time riding through the beautiful Texas countryside."

NL

In honor of Valentine's Day, *Nurses Lounge-DFW* found nurses in DFW who are happily married and enjoy working at the same facility as their spouse. It's a choice that many couples have made and would do again.

Jeffrey Andrews, RN, Nurse Manager and Zenaida Andrews, LVN

VA North Texas Healthcare System

Jeff and Zenaida Andrews have been married for 25 years and originally worked together at Northwest Hospital in Chicago before arriving in Dallas in 2001. Meeting on the night shift in the Medical Surgical Unit in Chicago, these days Jeffrey works as a nurse manager for a Residential Substance Abuse Unit and Zenaida works as a LVN in an Outpatient Clinic.

As for working together they each agree that it is great.

"Each of use has different interests in nursing. We are able to consult each other on clinical issues and get a different perspective. It is nice to talk to someone who really understands what it is like on a daily basis for those days when things do not go just right."

For most of their nursing years the couple worked different shifts in order to raise their children, however for the last seven the two have worked the same shift. Even when they did work different shifts however, they were still able to spend the evenings together with Jeffrey working nights and Zenaida working the day shift.

"This was very important to us because our family values include being available to our children. These are the times the children remember the most and the family is able to create lasting memories."

Andy Barton, RN OR and Beverly Barton, RN

Texas Health Harris Methodist Hospital Cleburne

While they have worked together for only three years, Andy and Beverly Barton have been married for 23 years.

"We are very close and enjoy riding together when possible."

Andy and Beverly actually met while working in the car rental business, but Andy notes, "After our only child died in 1987, Beverly knew she needed a change."

They both agree there is nothing either would change about working together and include an occasional lunch together and shared morning rides among the benefits.

"He is my best friend and I hope to have another 23 years together and retire together from the organization that has been so very good to us," Beverly concludes.

Frank Milano, Transport Respiratory Therapist Manager and Trona Milano RN, BSN, CCRN, EMT-LP

Cook Children's

Frank and Trona Milano work together on the Neonatal/Pediatric Transport Team and have been married for almost eight years. Trona has worked at Cook Children's since 1986 and Frank joined in 1989.

"I had seen him around the medical center and he would occasionally work in the NICU, but I didn't really get to know him until I got on the transport team in 1992," Trona says.

As for working together, she also notes, "Having a job together that is so challenging and stimulating is something that most husbands and wives don't share. In this aspect of our lives we feel very lucky. It's also nice because we both understand the ups and downs that go with our job. When we have just taken care of a critically ill patient and made them better, we can share how gratifying that is. When things go bad though, as they often can, we can talk to each other and know that the other one really understands."

Their shifts do often vary, but Frank says, "Since our schedules are completed separately we try to correlate them as best as we can. Even working just one day per week together is nice."

While Trona does not think working together is for everyone, she concludes, "All in all, I think us working together has been good. We've done it so long now that I couldn't imagine it any other way."

"I think we ought to impress on both our girls and boys that successful marriages require just as much work, just as much intelligence and just as much unselfish devotion, as they give to any position they undertake to fill on a paid basis."

-Eleanor Roosevelt

Dennis Pollard, LVN and Reba Pollard, RN

VA North Texas Healthcare System

Reba Pollard was already working at the hospital when Dennis started as a student nurse. However, after working on the same unit for three months Reba was transferred to MICU and the two might not have even seen one another again were it not for common friends and after-hour functions. Married now for 10 years, Reba still works in the MICU and CCU while Dennis is on the IV team. "As long as you like your spouse, not just love them, but like them," Dennis says, it's easy to work together. "You can't really just leave work at work; you have to take it home with you. It is nice to know that your spouse understands what you are dealing with and supports you. We work the same shifts so we ride together and have the same off days allowing us to do things together. You also get to know each other's strengths and weaknesses in nursing and that allows you to play off each other to get more things accomplished for your patients."

Both Reba and Dennis agree that the best part of working together is that "you get double the experience on each day. It is also nice to have someone that you can talk with through bad situations and help keep your mind set positive."

Derek Thomas, RN, CNRN, Unit Manager, and Kathleen Doherty RN, Director of Nursing

Parkland Health and Hospital System

Kathleen and Derek Doherty have worked at the same hospital since they began their careers. Kathleen is currently the director of nursing for the Surgical Inpatient areas and Derek the unit manager of the Ophthalmology Clinic.

Married for seven years, the two met when Kathleen moved to Dallas from Massachusetts and they began working together at Parkland.

"It is nice to have someone that knows what you are talking about or what you are going through at work, some of the things we deal with day in and day out in our profession are hard to understand by those not in the industry," Kathleen says.

Both work the same shift Monday through Friday and believe they are very lucky to work together.

"I would have no issues with recommending it to someone," says Kathleen. "I think what makes it work for us is that we are pretty good about keeping 'home' at home and 'work' at work."

Derek adds, "In our positions there are certain things that we sometimes cannot discuss with each other, and I think for couples, who feel that they have to share everything with each other, that could cause conflict."

Greg Mitchell, EMT and Lori Mitchell, RN

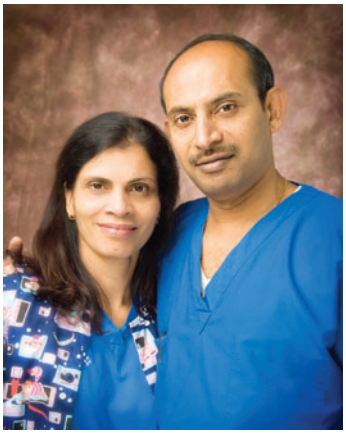
Medical Center of McKinney

Greg and Lori Mitchell did not begin their careers at the same hospital, but ended up meeting and working together when Lori made the move to the pediatric hospital where Greg was already employed.

Married for three years Lori says, "Greg and I have, basically, spent our entire health careers in the ER, about eight years. For us, it is just natural to work together. We make a great team because we know what each other is thinking and can anticipate what needs to be done." They both work the 7:00 p.m. to 7:00 a.m. shift and try to schedule the same days. "It is wonderful to be able to spend 12 hours at work with each other and still look forward to going home together," Lori adds. "I guess this is only for certain people [though]. While we have seen other couples employed together, we have heard more say they could not work with their spouse. For Greg and I, we prefer not to separate our work life from our home life."

James Thomas, RN and Elcy James, RN Night Supervisor, Ortho-neuro Unit

Medical City



The first thing that James Thomas and Elcy James point out is that even though they have been married for almost 19 years (they met and got married in India), they still have different last names because she took his first name after the marriage according to Indian tradition.

"We love working in the same hospital," Elcy says. "One of the advantages is to be able to share information. We used to work opposite shifts due to baby sitting issues, I worked nights and James worked days. It was horrible! We went many days without getting to see each others face. Finally we decided to work the same shift."

Elcy says too that even now many people do not know that she and James are married.

"I like the surprise look on some of the faces when they realize we are spouses."

Bashir Bhatti, RN and Veena Bhatti, RN

Baylor Medical Center at Garland

Bashir Bhatti and his wife Veena work together and have been married for 32 years. The couple met through their parents, noting, "Ours is an arranged marriage done through our parents in India. We enjoy coming to work together and starting our day serving our patients."

Veena also adds, "Bashir takes full joy driving to work while I enjoy having breakfast in the car."

Working the same shift, the couple also mentions that most of the time they are together after work as well.

"We have such a good time serving our patients with compassion and caring hearts, as we care for each other."

Ray Rider, ASEE, EET and Carla Rider, RNC, BSN

Medical Center of McKinney

Ray and Carla Rider have been married 27 years, but they have not always had the chance to work together.

Meeting at Bible College, Carla notes, "I was working at MCM as the director of Women's and Children's Services. Ray is an electrical engineer technologist and his field was laying off. Since he had been wanting to get an additional degree in Bio Med Engineering, and had the desire to return to school, he accepted a job as a Telemetry Tech."

They both agree that working together has been wonderful for the two of them.

"We enjoy driving to work together and occasionally get to visit at lunch. It is easy to coordinate our schedules. We recommend it."

Ryan M. Wolf, RRT-NPS ECMO Coordinator and Jean M. Wolf, RN, BSN, RNC-NIC NICU

Cook Children's

Ryan and Jean Wolf moved to the Dallas area in 2008 from Virginia and have been married for two years. They met while working at University of Virginia Medical Center.

The two met working in the NICU and Ryan says, "When we first met, we both were working nights. Now, I work the day shift and Jean works night shift. Sometimes it can be difficult to find time to spend together, but we do enjoy the time we have off together."

One of the best things the couple says about working together is being able to see a familiar face.

"We are very conscious about not spending too much time together at work and giving each other space," Ryan adds. "Having someone who understands what you are going through on any given day [is important], but the time you spend together at work has to be balanced."

NL

The Road to Publishing:

Becoming an Author

By Stephanie Patrick

When **Sandra Mullen**, an RN and LCDC and a longtime eating-disorders specialist, and her friend, counselor **Cathy Napier**, M.Ed, LCDC, began comparing notes and observations about their patients in the eating disorders unit at **Texas Health Presbyterian Hospital Dallas**, they discovered many had tackled their initial treatment issues successfully but had other addictions to battle. After reviewing hundreds of cases, Mullen and Napier, the former director of Presbyterian's chemical-dependency program, also found fodder for a book.

"Swinging Door of Addiction: A Spiritual Guide to Recovery," was published last year and includes many of their findings in a conversational style and workbook-type format. The book provides readers, many whom may be sufferers themselves or family members of addicts, a glimpse into the world of dual addictions, substance abuse and eating disorders.

"We were seeing the patients we sent home healthy, coming back over and over again —worse off than when they left treatment," Mullen says. "The secret they all had was that their chemical addictions were feeding their eating disorders."

According to Mullen, working on the book also gave the novice authors an education in the complicated, sometimes long and frequently frustrating world of publishing books about health care. The journey from their initial idea for a book to hitting the bookshelves was five years of writing and rewriting, hard work and tenaciousness.

The book's first draft took a year to write and, pleased with what they had accomplished and bolstered by a friend's positive feedback, they began to search for an agent. However, they quickly found most mainstream book agents only wanted to work with previously published authors and publishers only wanted to work with authors with agent representation.

Through Napier's childhood friendship with country singer Naomi Judd, the authors were able to secure an agent who had them improve the manuscript and then showed it to publishers. However, within a few years they were searching for representation again. Eventually, through a chance meeting, they found Ann Paden, a veteran freelance editor, who asked whether they were "ready to kill the baby" and had them reorganizing and rewriting the manuscript yet again.

"I couldn't stand our book after a while," says Mullen, who like her co-author was still working full time. "The process went on for a very long time, but she helped us get to the point where a publisher would really look at the book. The book was then quality material and she believed in us."

Dallas literary agent **Evan M. Fogelman**, JD, senior entertainment law counsel at Underwood Perkins & Ralston, P.C. and a law professor at Southern Methodist University Law School, says the agents probably saw the pop-market potential of a book about addictions. And, while

Sandra Mullen, RN, LCDC

the authors may have found the publishing world to be trying and confusing, encountering multiple agents, frequent rejections and many rewrites is common for writers with no publishing track record and limited name recognition.

Unlike Mullen and Napier's approach, Fogelman says nonfiction authors don't need to present completed manuscripts to agents and publishers. A formal book proposal and two or three sample chapters will suffice.

He also suggests only working with publishing professionals who are members of the Association of Authors' Representatives, an organization that requires professional standards and publishing successes.

"Virtually no one who is an AAR member, regardless of where they live, has not been successful in selling numerous books to major publishers," Fogelman says.

His most important piece of advice is to garner attention for your expertise before attempting to write a book.

"The publishing business, even though it's relatively anachronistic

Evan M. Fogelman, JD

and slow and still has some vestiges left over from its beginnings in academia, really has taken a cue from other media businesses like TV, film and music and has the underpinning now that the author build some kind of platform before approaching an agent or publisher," he says. "The word platform is really a buzzword; you may not be famous or on the local TV station every week as the addiction specialist on 'Good Morning Texas' or psychiatry specialist on 'Good Morning Houston,' but you need to show the publisher or agent that you have some credibility and exposure beyond just being a professional who came up with an idea."

Fogelman suggests speaking before community groups and professional organizations because many agents and publishers attend those events to find authors for specific books they want to publish.

That's exactly what happened to **June Marshall**, RN, MS, NEA-BC and Director of the **Center for Nurse Excellence** at **Medical City** and at **Medical City Children's Hospital**, who was approached late last year by representatives of Marblehead, Mass.-based publisher **HCPro, Inc.**, to serve as an author of a practical guide for nurses. The book, "Preventing Catheter-Associated Urinary Tract Infections: Build an Evidence-Based Program to Improve Patient Outcomes," is scheduled for release this month. Marshall involved other colleagues in her organization to complete three chapters of the book.

June Marshall, RN, MS, NEA-BC

"Most nurses who write a book or collaborate on chapters for health care books don't make much money from their published works, but I have received some speaking engagements and consulting offers as a result of publications in the health care market," says Marshall. She received lump-sum payments for her work on the book and had a similar financial arrangement for her work in an earlier book, "Critical Thinking in the Pediatric Unit," also published by HCPro, Inc.

HCPro's **Jamie Gisonde**, executive editor/home care, and **Mike Briddon**, senior managing editor, say the company expects to publish 15-20 health care books this year, all of which will be written or partially written by nurses with extensive expertise in their fields. The more popular publishing topics are related to magnet-recognition programs, evidence-based practices, new research and new regulations.

"We are always looking for new people and, many times, they often will write for one of our many newsletters first," Briddon says. "That way, we can see how they write."

Gisonde and Briddon say they welcome unsolicited proposals and sample chapters from authors.

While Mullen's book is aimed at a mainstream market, she and Napier, now an adjunct professor of psychology at Central New Mexico College and treating patients in private practice, have yet to make money on their book or receive its sales figures. However, the authors have done book signings at well-known bookstores and the book is used in the juvenile justice system in New Mexico to help young mothers in jail get off drugs. They hope to use any money earned to set up a foundation to distribute books to those who need them.

Mullen also encourages other nurses to publish.

"Being in the field for so long, I've heard so many colleagues say how much that they would like to write books," Mullen says. "I think there's a deep desire to write what they know and have learned in their journeys.

"The creative process doesn't evolve and unfold in a timely fashion, but any nurse who wants to write should go ahead and take the chance and just do it."

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Biggest Loser Pays it Forward at Methodist

Bill Germanakos, the 4th-season winner in the popular reality TV series The Biggest Loser was the special guest at two weight management workshops at **Methodist Dallas Medical Center** and **Methodist Mansfield Medical Center**.

The workshops, hosted by Methodist Weight Management Institute, were designed to inspire, motivate, and educate people who want to make a healthy change through medically-managed or surgical weight loss. In between the workshops, Germanakos joined a private lunch with participants from the Methodist Weight Management Institute's Coaches Challenge

Almost 300 people braved the chilly temperatures to be inspired, motivated, and educated on how to make a healthy change through medically-managed or surgical weight loss.

The workshops featured presentations by Bariatric Surgeon **Manuel Castro**, MD, Methodist Weight Management medical director **Lewis Pincus**, DO and **Tammy Beaumont**, BSN, RN, BC, CBN, director of Methodist Weight Management Institute. Beaumont lost 135 pounds after bariatric surgery and told participants she is "passionate about helping others with weight management issues. My role is to help you be successful in your weight management goals and be a resource for you."

Germanakos told of being unable to ride an amusement park ride with his daughter because of his size. He charmed the audience with his personal story of triumph over the weight battle. "Now when someone asks me how I feel, I tell them I feel well," says Germanakos. "I feel well when I get up in the morning. I feel well when I lay down to go to sleep at night. And all the moments in between."

Germanakos was delighted when Methodist Mansfield President **Laura Irvine** presented him with a cowboy hat making him an honorary Texan.

"I became half the man, so that I could be twice the man," says Germanakos. After having been re-educated about diet and exercise, his goal is to "pay it forward" by helping educate those who also struggle with obesity.

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Pictured above: Bill Germanakos with Methodist Weight Management Institute Director Tammy Beaumont BSN, RN, BC, CBN.

Career **Spotlight**

Cardiothoracic Surgical Nursing

by Laura Johnson

Fast-paced and intense, cardiothoracic nursing requires nurses who seek a moment-to-moment challenge in their work. "A cardiothoracic OR nurse needs to think quickly, delegate effectively and prioritize immediately," said **Leslie Dobbs**, RN, BSN, CNOR, clinical supervisor of cardiothoracic operating rooms at **Baylor University Medical Center at Dallas**. "The physicians and nurses in this specialty are intense, driven and take-charge perfectionists."

Cardiothoracic nurses care for critically ill patients, whose status can change quickly. Nurses usually know if they are cut out for cardiothoracic nursing within a few weeks on the job, according to Dobbs.

"For some reason, cardiothoracic nursing just gets in some people's blood, and it's hard to say who," says Dobbs. "We have really great nurses with great skills who come to our department and decide it's not for them."

The demand for cardiothoracic nurses is great, according to Dobbs, with all area hospitals competing for the same few available nurses. Nurses with peripheral vascular or general OR backgrounds are good candidates for cardiothoracic nursing, and it takes six or more months to learn the job. The salary range is similar to other nursing specialties.

"It seems like cardiothoracic nursing attracts a similar personality style to that of an Emergency Department nurse," says Dobbs.

While the adrenaline rush of the job can be exciting, dealing with such critically ill patients can be a struggle.

"You go home emotionally and physically exhausted many days," says Dobbs.

Baylor Dallas is a major referral center and cares for some of the most complex cases in the Metroplex. In addition, the hospital has a heart and lung transplant program, which provides even more opportunities for cardiothoracic nurses.

Leslie Dobbs, RN, BSN, CNOR

"Our nurses are highly competent, motivated and skilled," says Dobbs. "We're often the first hospital in the region to try a new product or procedure, so if you are someone who wants a challenge and wants to learn something new every day, cardiothoracic nursing may be the place for you."

MEET LOCAL CARDIAC NURSES

Mary Ann Guillén, RN

Cardiothoracic Nurse
Baylor University Medical Center at Dallas

How long have you been in this specialty?

"I've been a CVOR nurse for 17 years – basically since the time I graduated from college – and have been at Baylor Dallas for 11 years."

Why did you choose this specialty?

"This specialty is very challenging; one has to think fast and act fast. That's what attracted me to this specialty. I guess you can call me an adrenalin junkie."

What do you love the most?

"This specialty is a team sport. Each team member has to be in sync with what's going on. You have to often be two steps ahead to anticipate what's going to happen and what supplies and resources are going to be needed. Here at Baylor Dallas, we have such a great and proficient CVOR team; we do these cases day in and day out, so we can almost read each other. We have really good camaraderie, almost like a family. Fortunately, here at Baylor Dallas, RNs in this department scrub and circulate and that makes for a well-rounded CVOR RN. We also keep up with the latest technology and practice to better serve our patients."

What do you like the least?

"Although taking 'call' is part of the job, this is what I least like about this specialty."

What advice would you give to a nurse considering moving into this specialty?

"If you are looking for a good adrenalin rush, a great challenge and an exceptional clinical experience, this is the specialty for you."

Mary Meadows, RN, BSN, CNOR

Team Leader
Plaza Medical Center of Fort Worth

How long have you been in this specialty?

"I have thirty-three years of surgery experience. At least 20 of those have been on a heart team."

Why did you choose this specialty?

"My OR experience began in 1976. I had been a Med-Surg nurse for one year prior. I was a new, young, energetic nurse eager to learn. About one year after I signed on, the facility asked for volunteers to add Cardiovascular Surgery to their service line. I volunteered."

What do you love the most?

"It is exciting, never boring. There are always new things evolving for best patient outcomes. Keeps you on the cutting edge of modern technology."

What do you like the least?

"Can't say there is a least for me. It's all about patient care and adapting to do the best for each individual patient."

What advice would you give to a nurse considering moving into this specialty?

"My first recommendation to any new graduate nurse is to spend at least one year in a critical care area prior to specializing."

Craig Nichols, RN

Cardiovascular OR Nurse
Texas Health Arlington Memorial

How long have you been in this specialty?

"I have worked in the OR since 1991 as an LVN / CST I became an RN in 1995. In 1997 or 1998 I started in the specialty of hearts. I have currently been an RN / ADN staff nurse in the CVOR at Arlington Memorial Hospital for 8 years, and in the specialty of CV for 12 years."

Why did you choose this specialty?

"I chose CVOR as a specialty after working several years in general and ortho services because I wanted to take my nursing career to a new level. Hearts have always been very interesting to me. I felt then

> "Once you get a heart surgeon to look at you and say 'We couldn't have saved this man's life without you' and truly mean it, you realize what a wonderful experience this challenge has been."
>
> *Craig Nichols, RN*
> *Cardiovascular OR Nurse*

the CVOR presented the greatest challenge for me. After all these years of doing heart surgery, it still challenges me and my critical thinking."

What do you love the most about this specialty?

"What I love most about hearts is the level of care we provide to our patients. We deliver high quality care to our patients because they need it the most. The best part is when you get to see your efforts pay off immediately. Once blood flow is restored to the blocked off area of the heart, a good rhythm returns and blood pressure comes right back. Then you know you've made a difference to someone and their family. You just can't get that satisfaction doing many other things. That is what I love the most."

What do you like the least?

"The thing I love least is being on call. Because it is a specialized area requiring more training, there are fewer nurses trained, thus requiring more call time."

What advice would you give to a nurse considering moving into this specialty?

"My advice for someone considering CVOR would be to gain experience and become confident in doing general surgery. CVOR nurses must be capable of critical thinking and be ready for any emergency.

Standards are high in the CVOR and it is not for everyone. With perseverance, mental strength, and the desire to be the best, you can be great in the CVOR. We always need good nurses. The challenge is one of the most rewarding in the healthcare field. Once you get a heart surgeon to look at you and say 'We couldn't have saved this man's life without you' and truly mean it, you realize what a wonderful experience this challenge has been. It is what will keep you going forward and ready for the challenges in the future, as the CVOR is always changing and presenting new challenges to those who are willing to take them head on."

Mary Varkey, RH, CNOR
Urology Coordinator
Medical Center of Plano

How long have you been in this specialty?

"Less than two years."

Why did you choose this specialty?

"Very delicate patients need your sincere care. As a nurse, I learned advanced technologies and became more confident in difficult situations."

What do you love the most about this specialty?

"It makes you a better nurse. If you can work in the open heart room, you can work in any rooms."

What do you like the least?

"I do not want my patients to go on the balloon pump at the end of the case."

What advice would you give to a nurse considering moving into this specialty?

"If you get chance to train in the heart room, never, ever refuse. Always say yes!"

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Share Your Single Parent Story!

Would you like to share your story with the lounge?

Single Parent Day is next month, so we are looking for stories from single parent nurses about the special challenges faced by single parents! Send your anecdotes and reflections to editor@nurseslounge.com, or post it in the DFW lounge at nurseslounge.com/dfw and you may see it in print!

Around **Town**

RECORD BIRTHS AT TEXAS PREBYTERIAN DALLAS

Felecia Green, RN, nurse manager of labor and delivery at the Margot Perot Center for Women and Infants at **Texas Health Presbyterian Hospital Dallas**, led a team of nurses and patient care technicians that brought more bundles of joy into the world than ever before at the hospital.

In all, 6,157 babies were born at the MargotPerotCenter, which celebrated its 25th anniversary in 2008. The previous record for the Perot Center, which is one of the region's busiest labor-and-delivery centers, was 6,113 births in 2006.

"It was an amazingly rewarding year," said Green, who has worked at Texas Health Presbyterian Dallas for 20 years. "For so many families to choose our hospital to bring a new life into the world is truly humbling. We're honored to be here to care for them."

While a rewarding year, the high volume of births put Green's management and the management of her nurse leaders to the test. "I think they passed with flying colors," said **Deb Maitre**, director of women's and infants' services at Texas Health Presbyterian Dallas. "They maintained a high level of clinical care while treating a huge number of patients. That's the mark of success in our business."

This year's births have included more than 150 sets of twins, 7 sets of triplets and two sets of quadruplets.

WALL-BREAKING CELEBRATION FOR $6.1 MILLION CARDIAC UNIT EXPANSION

Dallas Regional Medical Center celebrated a $6.1 million Cardiac Care Unit expansion with a "Wall-Breaking Celebration" held on the site of the future Cardiac Care Unit. Local officials and community leaders participated in the festivities.

"We are extremely pleased to kick-off this important expansion project for our Cardiac Program," says CEO **Justin Davis**. "This 26-bed unit features all private suites and is a significant addition to our two busy Cardiac Catheterization Labs and Open Heart Surgery Program. This will enhance the cardiac services we are able to offer to the people in Mesquite and surrounding communities."

Construction is anticipated to take six months for a summer 2009 grand opening.

MEDICAL CENTER OF MCKINNEY RECEIVES CHEST PAIN CENTER ACCREDITATION

Medical Center of McKinney has received the full Cycle II accreditation with PCI from the Society of Chest Pain Centers Accreditation Review Committee.

"When minutes count during a cardiac event it is of great benefit to the Northern Collin County Community for Medical Center of McKinney to be an accredited Chest Pain Center," says **Glenda Cox**, RN, BSN, MHA, director of Emergency Services and the Chest Pain Center.

"This accreditation demonstrates the hospitals' commitment to diagnosing and treating cardiac patients quickly and effectively," Cox says.

Heart attacks are the leading cause of death in the United States, with 600,000 dying annually of heart disease. More than five million Americans visit hospitals each year with chest pain.

The goal of the Society of Chest Pain Centers is to significantly reduce the mortality rate of these patients by teaching the public to recognize and react to the early symptoms of a possible heart attack, reduce the time that it takes to receive treatment, and increase the accuracy and effectiveness of treatment.

NATIONAL ASSOCIATION OF SCHOOL NURSES PROVIDES SICK DAY GUIDELINES FOR PARENTS

The National Association of School Nurses NASN has teamed up with Triaminic to bring parents and caregivers "Sick Day Guidelines: Making the Right Call When Your Child Has a Cold."

The Sick Day Guidelines, available as a handy refrigerator magnet in English and Spanish, aim to provide parents with the key signs that they should consider keeping their child home from school, as well as tips for relieving cough and cold symptoms and helping to prevent a child from getting sick again.

Through NASN, the Sick Day Guidelines will be distributed to more than 14,000 school nurses who reach 16 million children and their families across the country.

"As a school nurse, I frequently hear from parents about how confusing it can be to know if a child should stay home from school," says **Terri Lyons**, RN, nurse manager for the Carrollton-Farmers Branch Independent School District in Carrollton. "The Sick Day Guidelines are a great resource that empowers parents to make informed decisions during cough and cold season. For example, I think parents will find it helpful to know that a child should be kept home until his fever has been gone for 24 hours without medication –I'm looking forward to distributing these at my school."

A recent study shows that 78 percent of parents faced at least one situation in the past year when they were not sure whether or not to keep their children home from school when they had cough or cold symptoms. On average, school-aged children get six to 10 colds every year and some 22 million school days are missed each year.

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Explore the World of a Nurse Anesthetist!

Photograph by Lee McClelland, CRNA

Sherly Shaji, CRNA, documents a blood transfusion in the anesthesia chart.

The purpose of this educational activity is to provide professional nurses with a realistic and accurate view of the exciting world of a nurse anesthetist, including the necessary education and experience to become one, their key responsibilities, as well as the daily challenges they may face. In addition, the activity will cover some of the changes that have occurred in anesthesia and the nursing practice implications of these.

Allan Lee McClelland, CRNA
Mr. McClelland is currently a CRNA with the **Dallas VA Medical Center**. He graduated with his baccalaureate degree in nursing from The University of Texas at Arlington and then while serving in the United States Air Force, attended Nurse Anesthesia school, graduating in 1988. He has earned his master's degree from Texas Wesleyan University and has been an associate faculty member in the Nurse Anesthesia program for five years.

Disclosure Statements: *The planning committee and author report no relevant financial relationships or conflicts of interest. The author does not intend to discuss any unapproved or off-label use of any product. There is no commercial support for this educational activity. Accredited status does not imply real or implied endorsement by the provider, Texas Nurses Association, or ANCC's COA of any product, service, or company referred to in this educational activity.*

At the completion of this educational activity, the nurse should be able to:

1. Identify the key steps and processes in becoming a nurse anesthetist.
2. Recognize the core responsibilities and potential daily challenges of a nurse anesthetist.
3. Describe some of the recent changes in anesthesia protocols/ materials and the related nursing practice implications.

Requirements for Successful Completion

1. Read the article.
2. Complete the post test questions and program evaluation by circling the selected responses on the post test.
3. Fill out the registration form.
4. Send registration form, post test, and a check for $12.00 to:
   Continuing Nursing Education
   The University of Texas at Arlington
   Box 19197
   Arlington, TX 76019-0197
5. Send before February 15, 2011.
6. A passing score is 80% to receive 1.0 contact hour. If you pass, your CE certificate will be forwarded to you. If you do not pass, you will be notified and may repeat the test once at no cost.

The Start

My journey into this exciting world of nurse anesthesia started many years ago. I was working as an orderly, doing whatever the nurses needed. I enjoyed the work, liked being in the hospital and around the patients. The decision to go to nursing school was pretty firm in my mind, but I had not really given any thought to what area of nursing I wanted to specialize in after graduating.

Then one evening, a Code Blue was called. I was there to just help, get materials, again anything to assist the nursing team. During the Code, I saw two CRNAs step in and manage the situation. They made immediate life-saving decisions, directed the Code activities, worked collaboratively with everyone else on the team, and they sure impressed me! After the Code, I had the opportunity to talk with both of them, asking about their roles, their world.… and that is when my journey started. They both have served as mentors and guides for me, helping along my path to becoming a Nurse Anesthetist.

They impressed upon me that the world of a nurse anesthetist did include the serious responsibility to provide care for surgical patients from safe induction to smooth awakening and then recovery from anesthesia. They also made me aware, as I am today, that the nurse anesthetist has one sole focus during that surgery – the patient.

Let me share with you the exciting, rewarding and challenging world of a Nurse Anesthetist!

Entering the World

There is much mystery and in some cases, myths, about nursing roles in surgery, particularly anesthesia. Let's try to unveil and disband the mysteries and learn the real story! Becoming a Certified Registered Nurse Anesthetist (CRNA) requires a certain rigorous educational pathway. All CRNAs must have a baccalaureate degree in nursing and must graduate from an accredited Nurse Anesthesia school, this is where you can start making some choices today. BSN graduates must attend a graduate program attaining a master's degree (MSN) in nurse anesthesia. There are also a few doctoral degree programs available today for Nurse Anesthesia. To apply to any of the programs, you must meet some basic requirements including, GRE, a minimum of one year of critical care experience, ACLS and PALS certifications, and achievement of the CCRN certificate. In fact, in my experience of over twenty years, I have found that the more critical care experience a nurse has before entering the nurse anesthesia program, the better the experience and outcome will be for them! The programs are not easy from an academic perspective and they all require a significant amount of clinical practice; a three year program may involve twelve months of didactic instruction and classes plus sixteen months of clinical rotations. It is advised not to work while in nurse anesthesia school. All your time will be allotted to studies, reading and preparation for clinical patient care assignments. Given the technology of today, many of the didactic courses are available online. All of the education and practice are focused on assuring that the CRNA student learns the procedures, the agents and the pharmacology, the patient assessment processes, and can demonstrate safe, comprehensive care for a surgical patient. As with any specialty in nursing, quality and safety are critical.

Nurse anesthetists after completing their special program then must take the national exam, conducted by the American Association of Nurse Anesthetists. Successful completion of this exam earns the individual the coveted title of CRNA! Next step: the individual must seek licensure as an Advanced Practice Nurse in whatever state they choose. The Advanced Practice Nurse license is separate and distinct from the Registered Nurse license so both are very important! Each state is different in terms of their licensing procedures, but all do require the CRNA certificate as achieved through the national examination.

> "There is much mystery and in some cases, myths, about nursing roles in surgery, particularly anesthesia."

Maintaining the certification in nurse anesthesia does require a consistent commitment to learning. Each CRNA must show evidence of forty hours of continuing education every two years; the continuing education must be specifically focused on the practice components of nurse anesthesia. This can be time consuming, but necessary in order to stay informed of the many changes that are occurring in anesthesia care. Part of maintaining certification is the need to recertify with the national association every two years. This does not require an additional examination, but does mean that each CRNA must submit evidence of their continuing education and data on number and types of surgical/anesthesia cases they have done in the prior two years.

The Many Employment Options

The employment opportunities for nurse anesthetists are very exciting and many are needed! Predominantly, CRNAs are working in hospital settings in the Surgical Services departments. In most cases they are employees of the hospital, although they can also be hired by anesthesiology groups that then may contract with the hospital. There are also opportunities for CRNAs to work in individual surgeon offices, for example, plastic surgery. They may also work in free-standing surgical centers. Another employment option is "locum tenens" – this refers to working for an agency that places CRNAs in hospitals that have a temporary need. These can be short contracts for a few weeks, or can extend for many months.

Working in a hospital, as most CRNAs do, requires applying for and being granted privileges through the medical staff organization. Each

hospital and health system is somewhat unique in their process, but it is a critical next step. This process can take a long time to complete – often six to twelve weeks.

Once privileges are received, the CRNA's practice in the hospital/surgical suite will be decided by both state regulations and the individual hospital policies. For example, in Texas, CRNAs can practice without the direct supervision of an Anesthesiologist. Some states do require supervision by an Anesthesiologist; this information is available from State Boards of Nursing as well as the AANA. In the individual hospital, the policy may in fact state that the Anesthesiologist must review the anesthesia care plan and be present for induction and for any critical events. Each health care organization is unique in this regard. It is the responsibility of the CRNA to be fully aware of both the state and their institutional policies.

Often new CRNAs are concerned about malpractice insurance. In a litigious world as we have today, it is something to be aware of and to ask about. As an employee, the health care organization often provides malpractice insurance, however the individual practitioner should explore all of the options and make their own reasoned decision for additional coverage. One important aspect of any malpractice insurance for a CRNA is what is termed "tail coverage" – this refers to the potential for a patient/family to file a lawsuit long after the surgical/anesthesia event. This special coverage would offer the practitioner a safety net in that circumstance.

For each nurse anesthetist, the choice of a work environment is really individual. There are so many needs today for CRNAs in many locations, that the options are amazing. Each nurse anesthetist has to decide where they want to start their practice and then grow their skills, perhaps in a different arena or setting. This is just part of why the world of nurse anesthetists is so exciting!

The Key Relationships

At the core of CRNA practice is the relationship with the patient. It is not a long-standing relationship, but one that is very important. From the first contact in the Pre-Operative area, through the surgery, and into the PACU, it is the trust and security that the patient feels about their procedure and the anesthesia that can make such a difference in their overall outcome. Patients do get anxious about anesthesia, especially with media reports of "awakening" during the procedure. It is all about taking the time to explain everything, how I will prevent awakening, how closely they will be monitored the entire time. This is a relationship that CRNAs value, and it makes a big difference to the patient and their outcomes.

It does take a whole team of professionals to assure that the surgical experience is a good for the patient. CRNAs work very closely with the other nursing staff, with the surgeon and his assistants, with everyone in the support departments – the focus on the patient's safety and the quality of their outcome is the primary goal for everyone. Good relationships between the team members can truly help to keep this focus and achieve the goals.

Photograph by Lee McClelland, CRNA

Sherly Shaji, CRNA, begins a blood transfusion.

The Challenges

It is an exciting world that I work in as a nurse anesthetist. But it does have its challenges. Every patient is different – it may be the third hernia operation of the day, but each patient is so unique. Their history, their current health, their lifestyle – all of this has such an impact on their anesthesia experience and it certainly adds a challenge to every case for a CRNA. And every patient has their own unique fears; some they tell me about, others we really don't know. Part of the challenge is always knowing that this one patient is unique in many ways and may respond to the anesthesia in an unexpected way.

One of the daily challenges is staying constantly focused on the patient's condition. This may sound simple, but it is not. Like almost every clinical area of the hospital, the OR room is very busy, with many other profes-

sionals carrying out their respective responsibilities – the OR nurses, the surgical technicians, and of course, the surgeons. Individual surgeons may want music on – that can be good, but I have to be alert to keeping the noise level down, so that I can always hear the monitors and keep my attention on the patient. Getting distracted, even with conversations or music is a challenge I need to avoid.

Because of the individual uniqueness of each patient, their reactions to certain drugs and anesthetic agents may differ. They may be an "easy intubation" and then present problems when they are extubated. The patient may have nothing remarkable in their health history and yet may react very negatively to an anesthetic. In another circumstance, the patient may not have mentioned in the health history that they take certain street drugs, like cocaine; a few minutes into the case after they are intubated, their blood pressure starts to drop and they are very quickly hypotensive and require immediate interventions. The key to dealing with this challenge is always being alert to the possibilities, being prepared for anything.

In the following case scenario, the challenge was real…..

Challenging Case!

The patient was having an ENT surgical procedure this one day. The intubation went very smoothly, patient was hemodynamically stable throughout the procedure. Nothing remarkable about the history or medical status pre-operatively and the procedure was uneventful. When the case was completed, I went through the routine 'wake-up' process, increasing the oxygen, carefully extubating. The patient spontaneously started to breathe on her own – always a good sign! A few minutes later however, the patient started to struggle to get a breath; within a few minutes the patient became hypotensive and bradycardic. On careful assessment and with the full Anesthesia team now in attendance (we always call for our back up when we reach a critical point!), and after multiple attempts to oxygenate and intubate, we realized that the airway was swollen closed. In a matter of seconds, the surgeon called for a scalpel, performed a tracheostomy – the sweetest sound I heard was the patient taking a full breath as soon as the trachea was opened. This patient did have to go to the ICU, but progressed well and made a full recovery. Challenging, yes – just have to always be prepared for the unexpected!

Trends and Changes

Change is constant in health care and certainly in the world of a nurse anesthetist. One of the biggest changes we have seen over the last few years is the incredible shift from inpatient to outpatient or day surgery. Patients that stayed four or five days are now going home the afternoon of their surgery. This has a lot of implications for the medications and anesthetic agents that we might use for surgery. For example, the anesthetic administered must be potent enough to induce a sleep state, but short lived, so patient awakens soon after surgery. Medications are given to curb the nausea and vomiting side effect that is commonly associated with anesthesia. Postoperatively the implications of these newer agents/medications include assessing the patient closely for any reaction; much easier and safer to deal with a reaction while they are still in the hospital rather than at home.

The explosion of technology is another big area of change for the world of the nurse anesthetist. Fortunately, gone are the days of having a simple cardiac monitor and a second hand watch as technology! The technology is incredible and does add a great deal of safe-guards to managing patients under anesthesia. However, the technology must always be checked and rechecked for accuracy; and the nurse anesthetist must stay abreast of the latest technical device. With the enhancement of electronic medical records, documentation today often can happen quickly with keyboards and direct links with the patient monitoring devices. Avoiding the "awakening" or recall awareness experiences can now be handled with the use of EEG monitor devices, which can tell the nurse anesthetist if the patient is in the right phase of sleep, or if they need more anesthetic agents.

A key challenge today, in fact it always been a challenge, is the issues surrounding patient safety in the surgical environment. The nurse anesthetist is a key member of the surgical team and has responsibility for constant vigilance on behalf of the patient. Assuring that "time-outs" are used to check on all the "rights", right patient, right surgery, right side/location, is a serious responsibility for everyone on the team including the CRNA. Checking the medical record, listening to the surgeon and circulating nurse describing the surgery and the verifying the correct site before proceeding – the nurse anesthetist must be on task with this activity. Medication safety is critical; checking all medications, labeling syringes, monitoring IV pumps and invasive lines – again, part of the safety role of the CRNA. Safety with lasers and laparoscopic equipment is also a concern. The CRNA along with the rest of the surgical team must be aware of the potential for fires with the use of such equipment in an oxygen rich environment. Assuring that water is always near the surgical table is part of the safety routine that the CRNA can implement.

Consider this World!

Take a close look at the exciting world of nurse anesthesia, with its preparation and challenges; think about the new technology and safety nets that are being developed and used; being on the cutting edge of some amazing surgical interventions. Know that every patient and every procedure therefore is unique. Most of all, I want you to look into my world and see the critical role of the nurse anesthetist as the individual that is there for the patient – my sole focus is that one patient. The satisfaction that I get when the patient has a safe and comfortable and easy time through surgery and recovers smoothly is what keeps me coming back each day. A great career option for you to consider – journey into the world of nurse anesthesia!

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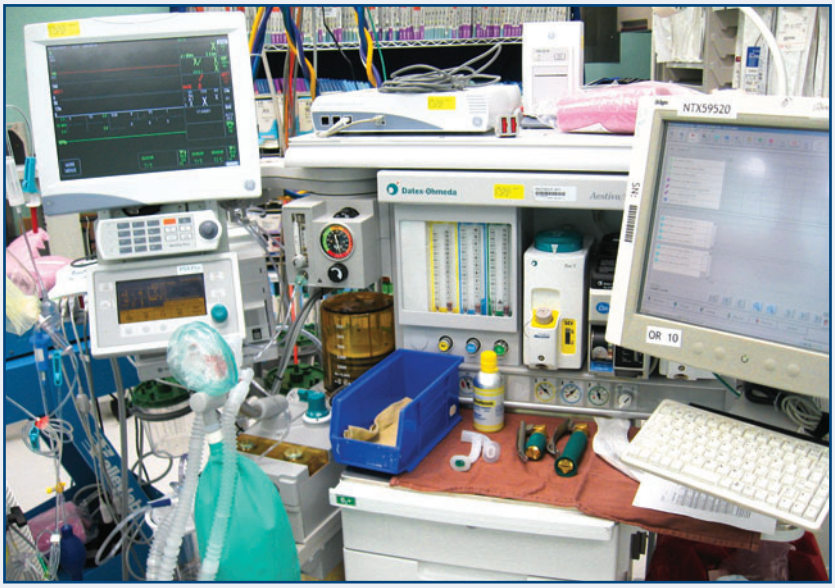
A Day in the Life...

To get a much clearer picture of the role of a CRNA, come with me and walk through a day in my life!

It starts really early in the morning (not unusual for nurses in many specialties!). This is my time to review the cases that I have been assigned, carefully reading over the current problems the patient is having, why they are having surgery, and exactly what surgery is planned; their medical histories, laboratory reports, radiology and EKG reports, and any other information that may be pertinent to their care. In fact, what I do is apply the nursing process to every part of my day for every patient! I spend time developing an anesthesia care plan for each patient at this point.

Time to check my equipment is next! This is where the nurse anesthetist begins to function like an airline pilot. A careful checklist – somewhat like the pre-flight checklist in the cockpit - is completed on the Anesthesia machine, on all of the technology that may be used on the patient, and all of the medications and anesthetic agents I may need during the case. That checklist is done every time I start my day in a particular Operating Room and will be done again if I have to move to another room. This checkout is all about patient safety, so it's critical not to skips any steps.



Once I have reviewed the medical record, I go to the Pre-Operative Area and meet the patient. This is a critical time for assessment and for starting the important nurse-patient relationship. I ask lots of questions, in fact I do a full head-to-toe review of systems during this process. It is also important for me to know if the patient takes any medications, and exactly what they are, and if they smoke or drink alcohol. In some cases I must ask if they use any "street drugs" – this is a serious issue today, and these materials can cause serious cardiovascular reactions with anesthetic agents, ones that will place the patient in jeopardy. Prevention of any complication is critical to the CRNA role. Based on what I find during this time, I may need to alter the anesthesia care plan.

Part of this preoperative visit is focused on explaining my role to the patient, as well as giving them a full, layman's explanation of what will occur each step of the process, and what they can expect. We discuss the anesthesia plan and the risks of the anesthesia. I try very hard to impress on the patient that they will be my sole focus the entire time that they are in the Operating Room, just as important to me as a member of my family; their safety, their comfort is my only job. I answer lots of questions, describe exactly what to expect, and then once I have the "okay to proceed" from the OR circulating nurse, I take the patient into the Operating Room. In some cases, prior to transporting them to the OR, I will administer gastric reflux prophylactic medication, such as Metoclopromide and Sodium Citrate, which really helps reduce risk of aspiration on induction of anesthesia. Also, an IV sedative such as Midazolam, (Versed) medication will be given just to help relax them.

Once the patient is in the OR there are IVs to position, potentially other invasive lines (arterial and central venous) to start, monitors to attach, and oxygen to administer. Completing the induction and proceeding with intubation is a critical time. Being constantly aware of how the patient is doing, how they are responding to the anesthetic agents, their cardiovascular and respiratory status is my chief responsibility. Once the operation has started, I do watch the surgery to check on progress, while continuously assessing the patient.

When the surgery is completed, I am responsible for waking the patient. This again is a critical time and requires my full attention. An easy, comfortable (pain-free) wake up experience is what I strive for, and in most cases it happens as planned. We then move the patient to Post-Anesthesia Care Unit (PACU); I assess the patient status and needs, and communicate and collaborate with the PACU nursing staff of surgical/anesthesia events. This is truly a team effort and many nurses are key to success!

I say goodbye to the patient at this point – our relationship is over, the recovery phase has started and they will soon go home or move to their inpatient bed.

Time to move on to the next patient, the next surgery, the next recovery! Each step of the way, I use the nursing process and keep the patient's best interest at the center of all that happens. **NL**

Pictured above: Anesthesia machine and monitors

Registration Form and Test for **Continuing Education Credit**

"Explore the World of a Nurse Anesthetist!"

Purpose:
This educational activity is designed to provide professional nurses with a realistic and accurate view of the exciting world of a nurse anesthetist, including the necessary education and experience to become one, their key responsibilities, as well as the daily challenges they may face. In addition, the activity will cover some of the changes that have occurred in anesthesia and the nursing practice implications of these.

Objectives:
At the completion of this educational activity, the nurse should be able to:
1. Identify the key steps and processes in becoming a nurse anesthetist.
2. Recognize the core responsibilities and potential daily challenges of a nurse anesthetist.
3. Describe some of the recent changes in anesthesia protocols/materials and the related nursing practice implications.

How to earn One Contact Hour:
1. Read the article.
2. Complete the post test questions and program evaluation by circling the selected responses on the post test.
3. Fill out the registration form.
4. Send registration form, post test, and a check for $12.00 to:
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The University of Texas at Arlington
Box 19197
Arlington, TX 76019-0197
5. Send before February 15, 2011.

Within three weeks after receipt of your post test and registration, you will be notified of your results. A passing score is 80%. If you pass, your CE certificate will be forwarded to you. If you do not pass, you will be notified and may repeat the test once at no cost.

The University of Texas at Arlington Center for Continuing Nursing Education is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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Post Test Questions for Continuing Education Credit
Article: Explore the World of a Nurse Anesthetist!

Please circle your response for each question

1. The basic requirements for entry into nurse anesthesia educational programs include:
   a. BSN and six months of critical care experience.
   b. BSN, MSN, and two years of critical care.
   c. BSN, GRE, minimum of one year of critical care experience, ACLS, PALS, and CCRN.
   d. MSN and three years of critical care experience.

2. To attain the credential of "CRNA" the graduate of an accredited nurse anesthesia program must:
   a. Have six months clinical experience in anesthesia.
   b. Apply for a position and be accepted.
   c. Complete their MSN and one year of experience.
   d. Successfully pass the national examination, offered only by AANA.

3. A Nurse Anesthetist's day would routinely start with:
   a. Intubating the first patient.
   b. Meeting the patient in the preoperative area and completing a full assessment.
   c. Reviewing the anesthesia care plans with the anesthesiologist.
   d. Checkout of anesthesia machine and set up of medications.

4. One of the challenges of the CRNA role is:
   a. Staying constantly focused on the patient's condition/status.
   b. Having to work with a variety of surgeons.
   c. Long hours.
   d. Required documentation.

5. In preparing a patient for anesthesia and prevention of aspiration, it is sometimes helpful to administer:
   a. Pain medications.
   b. Oral antibiotics.
   c. Gastric reflux prophylactic medications.
   d. Nothing until they are intubated.

6. Anesthesia equipment checks are done by the CRNA:
   a. At the beginning of the day and any time they must move to a different OR suite.
   b. Before caring for each patient.
   c. Twice in each day.
   d. At the end of the day, to get ready for the next day's schedule.

7. Many patients experience anxiety about surgery and anesthesia, often related to fears of:
   a. Awakening during the procedure.
   b. Long delays in the surgery starting.
   c. Reacting to certain medications.
   d. Painful IVs.

8. Some of the changes in health care that have impacted the role of the Nurse Anesthetist, include:
   a. Rapid expansion in outpatient surgeries.
   b. New anesthetic agents and pharmacological agents.
   c. Growth in the use of lasers and laparoscopic procedures.
   d. All of the above.

9. To assure safety for the patient, the nurse anesthetist can:
   a. Be certain that the "time-outs" occur before every case.
   b. Check the patient's name band more than once.
   c. Move the patient quickly to the Recovery Area.
   d. Avoid conversations with the rest of the surgical team.

10. Maintaining CRNA status requires:
    a. Attaining a doctoral degree within five years.
    b. Taking the national examination every four years.
    c. Passing two academic classes each year.
    d. Securing forty hours of continuing education every two years, and submitting data on types and numbers of cases managed.

Program Evaluation

Strongly Disagree Strongly Agree

Objective 1 was met.
1 2 3 4 5

Objective 2 was met.
1 2 3 4 5

Objective 3 was met.
1 2 3 4 5

The article was effective as a learning resource/tool.
1 2 3 4 5

The objectives were relevant to the overall purpose.
1 2 3 4 5

The activity met your expectations.
1 2 3 4 5

List two ways that you will integrate what you learned in this activity into your practice and/or work environment: _____
_____
_____
_____
_____

The following were disclosed:
Requirements for successful completion
Yes No

Conflicts of interest
Yes No

Commercial support
Yes No

Non-Endorsement of Products
Yes No

Off-label use
Yes No

Did you perceive any bias that was not disclosed in this activity?
Yes No

If Yes, please describe_____
_____
_____

State the number of minutes it took you to read the article, complete the test and evaluation
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Classifieds

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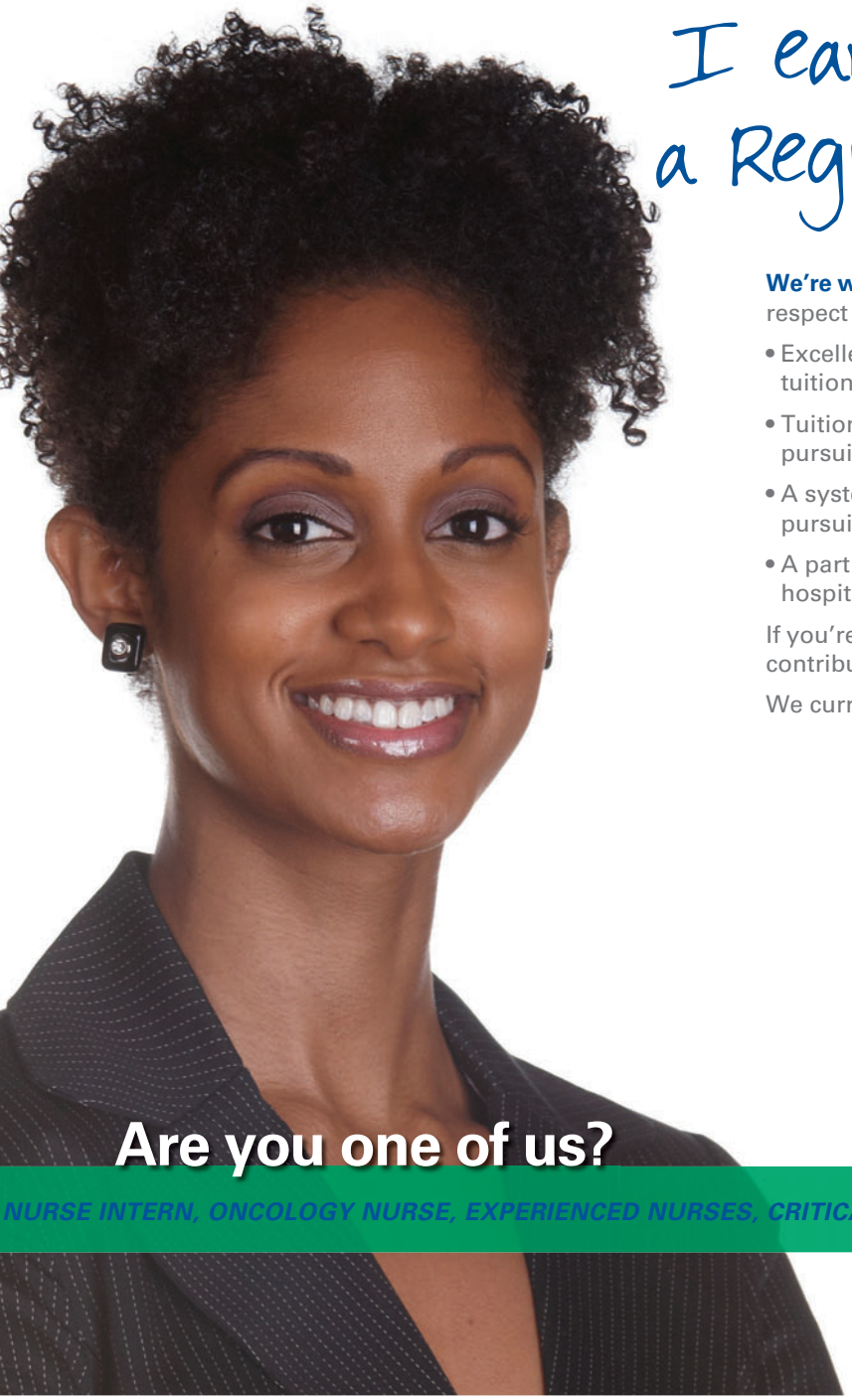

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