A Letter

North Brooklin, Maine

30 March 1973

Dear Mr. Nadeau:

As long as there is one upright man, as long as there is one compassionate woman, the contagion may spread and the scene is not desolate. Hope is the thing that is left to us, in a bad time. I shall get up Sunday morning and wind the clock, as a contribution to order and steadfastness.

Sailors have an expression about the weather: they say, the weather is a great bluffer. I guess the same is true of our human society—things can look dark, then a break shows in the clouds, and all is changed, sometimes rather suddenly. It is quite obvious that the human race has made a queer mess of life on this planet. But as a people we probably harbor seeds of goodness that have lain for a long time waiting to sprout when the conditions are right. Man’s curiosity, his relentlessness, his inventiveness, his ingenuity have led him into deep trouble. We can only hope that these same traits will enable him to claw his way out.

Hang on to your hat. Hang on to your hope. And wind the clock, for tomorrow is another day.

Sincerely,

E. B. White


Walk a Mile in My Shoes

I bet you remember your first pair of nursing shoes. Perhaps you are wearing them now. I remember mine — white, formal, low-heeled, shoe-laced and leather that had to be polished every month or two. Today those shoes have changed drastically from the formal white to a diverse array of colors and shapes. This is a much bolder way to express your unique gifts and style — and a great way to express who you are as a nurse.

Read more in my note on page 22.

Clareen Wienecz
AACN President

It isn’t the mountain ahead that wears you out; it is the grain of sand in your shoe.

—Anonymous
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NTI 2017 in Houston: Registration Opens in January

Jump-start your NTI planning, and make a case for attending.

AACN’s National Teaching Institute & Critical Care Exposition (NTI), is May 22-25, 2017, with preconferences May 21. At the premier conference for high acuity and critical care nurses, earn 37.5 continuing education (CE) contact hours via live sessions, and additional hours of self-study during and for a limited time after the conference.

As we get into the busy holiday season and look forward to welcoming the New Year, jump-start your NTI planning:

- Discuss the value of attending NTI with your manager to request professional development funds and schedule time off. Our ROI toolkit includes a template request letter and planning worksheets. Focus on what you will specifically bring back to your unit or hospital in return for the opportunity to attend.

- Search the NTI educational program online, and personalize your program with a combination of sessions tied to your unit’s or hospital’s strategic initiatives and your professional development goals.

- Book your hotel early for the best selection and discounted rates, since reservations are assigned on a first-come, first-served basis. Visit www.aacn.org/nti > Hotel and Travel for a list of hotels and rates, and to book your hotel reservation.

- We’re traveling to Houston, the fourth largest metropolis in the U.S. and one of the great American cities. With its unmistakable skyline, big-city dining scene and arts and cultural venues, Houston has something to please everyone. Find out more about the city at www.visithoustontexas.com.

Certified Nurses Day 2017

It’s never too early to start planning for Certified Nurses Day! Mark your calendar for March 19, 2017, as a day to celebrate certified nurses in your unit, facility and chapter — and to commemorate the birthday of and serve as a memorial to nursing certification pioneer and AACN friend Margreta “Gretta” Madden Styles.

Over the years, we’ve seen a kaleidoscope of ways that AACN community members choose to honor the certified nurses in their lives on this special day. We’ll share some of the most memorable tributes — and ideas and resources for your own celebration — in upcoming issues of AACN Bold Voices.
Certified Nurses Show Their Holiday Spirit

During this season of goodwill, how do certified nurses give back?

We asked certified nurses, “During this season of goodwill, how do you and your unit give back to the community, patients and families, and each other?” Read what six certificants across the country had to say.

Ashley Kirkpatrick (CCNS), neonatal nurse practitioner, Regional Neonatal ICU and Continuing Care Nursery, UAB Hospital, Birmingham, Alabama

“Seeing families enjoying themselves despite hardships brings cheer to all.”

“Our NICU is a home away from home for many babies and families during the holidays. With help from our local March of Dimes chapter, we host a holiday party for them. Local churches provide lunch and gifts, and Santa and Mrs. Claus take pictures with each baby. Families are given a handmade holiday card with the picture. Seeing these families enjoying themselves and having special moments despite their hardships brings holiday cheer to us all.”

Justin Milici (CCRN), clinical educator, Emergency Department, Parkland Health & Hospital System, Dallas

“By adopting a shelter, we can help at least 50 kids.”

“We are adopting a Homeless Shelter this year and donating gloves, scarves and hats to them for the kids. By adopting a shelter, we can help at least 50 kids, ages ranging from 3 months to 18 years. They need clothes, coats, shoes and sweaters, too, so we asked everyone to drop off gently used items. Volunteers also participate in a holiday caroling program, singing to various units and departments within the hospital.”

Tracy Ann Pasek (CCNS, CCRN), clinical nurse specialist, Pain/Pediatric ICU/EBP & Research, Children’s Hospital of Pittsburgh of UPMC, Pittsburgh

“We champion donations for the community and our patients and families.”

“Our PICU champions donations of money and time for the local community and our patients and families. We’ve served meals to families at Ronald McDonald House and participated in Habitat for Humanity projects. We collect pillows and blankets for our chronically ventilated children, and supplies for Animal Friends, a companion animal resource center. We also play with their dogs for a day!”

Lindsey Panick (CCRN), clinical nurse, ICU, San Joaquin Community Hospital, Bakersfield, California

“We’ll donate gifts to an anonymous employee whose family is in need.”

“Our unit participates in a program called ‘Christmas at Home.’ We draw the name of an anonymous employee whose family is in need. Co-workers donate gifts requested by the children in that family. Personally, I have volunteered in Costa Rica around the holidays, on a mission trip with a Christian ministry, which gave me an opportunity to teach preventative healthcare activities and healthy role-modeling behaviors to at-risk youth.”

Lyzanne Mason (CCRN-CSC), associate director, P7 Telemetry/Thoracic and Cardiovascular Surgery Unit, MD Anderson Cancer Center, Houston

“Wreaths give patients and families hope during their difficult cancer journey.”

“A P7 staff member donates handmade wreaths to the annual wreath auction benefiting MD Anderson’s Adopt-a-Patient/
Family Program, supporting patients and families in need during the holidays. Her wreaths also decorate doors on our unit, giving patients and families much hope during their difficult cancer journey. We’ll provide a holiday tree for our sister unit, Central Monitoring, and our multicultural staff will celebrate with festivities such as international potlucks and our ‘Ugly sweater’ contest.”

Jenny Nelson (CCRN-CMC), clinical nurse II, Medical ICU, The University of Kansas Hospital, Kansas City, Kansas

“It’s a beautiful reminder that we care for one another.”

“Doctors, nurses, environmental services and respiratory colleagues all take part in an annual ornament exchange. I am amazed to see the uniqueness of each ornament and the person it’s meant for. It’s a beautiful reminder that we come together from different backgrounds to care for others, and in doing so care for one another. Our unit also participates in the hospital’s H.E.R.O. (Hospital Employees Reaching Out) program, doing things like volunteering with Habitat for Humanity and holding bicycle helmet rodeos.”

Certification Holiday Reflections

Special Message From Your AACN Certification Team

Warm holiday greetings to all certified nurses! During this season of reflection and gratitude, we want to share our heartfelt thanks with you … not only for your ongoing commitment to excellence in caring for patients and families, but for taking us along on your certification journey. You may not realize it, but through supporting you — answering your questions, evaluating your applications, collaborating on exam development and creating new tools and resources — we, too, experience the pride of contributing to excellent patient care and doing truly meaningful work. Thank you for all you do every day, and the very best to you in the new year.

Looking Back – A Milestone Year

In 2016, the AACN community celebrated two important certification milestones.

• CCRN 40th anniversary
  This year marked the 40th anniversary of CCRN specialty certification for nurses caring for acutely/critically ill patients. That’s four decades of exceptional nurses validating their expertise and demonstrating dedication to national standards of excellence. Today, there are over 78,000 CCRN-certified nurses — eight who’ve maintained the credential all 40 years! (Read more about these CCRN long-timers in the June 2016 issue of AACN Bold Voices.)

• 100,000 nurses currently certified through AACN
  In 2016, we reached the magic hundred … 100,000 certifications granted through AACN Certification Corporation. This is a testament to YOUR commitment — to your patients and their families, your colleagues, your institution and your profession. Talk about driving excellence! The impact is exponential — think of all the lives you touch in a month, a year, a lifetime.

Looking Forward – Keeping Up the Momentum

In 2017, the AACN Certification team pledges to continue putting forth our very best efforts to help you get and stay certified, and to ensure our certifications reflect current scopes of practice and evidence-based practice. And we’ll be gearing up to celebrate with you on national Certified Nurses Day, March 19.

Take a moment now to consider what you’re willing to commit to in 2017. The start of a new year is a good time to take action. If you’re not already certified, will you become one of the next 100,000? If you are, will you do what it takes to maintain your credential, and encourage and support colleagues seeking certification? Let us know your certification resolution for the new year at certification@aacn.org.

CMC and CSC Subspecialty Certification Reminder

On Dec. 1, AACN Certification Corporation launched revised cardiac medicine (CMC) and cardiac surgery (CSC) subspecialty certification exams. Candidates preparing to sit for either exam should review the updated test plan for their respective exam, found in the CMC and CSC handbooks available on AACN’s website.
Beta Blockers May Be Ineffective for Some Patients

Are beta blockers being overprescribed for patients with heart disease who aren’t seriously ill? Beta blockers such as Inderal (propranolol) and Lopressor (metoprolol) have proven to protect patients with serious heart disease from subsequent heart attack or progressive heart failure. However, “Predictors, Trends, and Outcomes (Among Older Patients ≥65 Years of Age) Associated With Beta-Blocker Use in Patients With Stable Angina Undergoing Elective Percutaneous Coronary Intervention,” in JACC: Cardiovascular Interventions, finds that these drugs do not appear to have significant positive effect on patients with less severe heart disease. In fact, 8 percent of patients discharged on beta blockers were readmitted to the hospital due to heart failure versus the 6 percent of patients who were not on the medication.

The study reviewed the Medicare-linked records of 755,215 patients with heart disease who were treated from 2005 to 2013 and focused on patients who had an angioplasty but did not have a heart attack or heart failure. More than 71 percent of patients were prescribed a beta blocker. There was no observable difference between patients with angioplasty who were given beta blockers and those who were not. Three years after inter- vention, the mortality rate was also the same.

Beta blockers can negatively impact patient quality of life, study co-author Valay Parikh, Staten Island (New York) University Hospital, adds in a related article in U.S. News. Beta blockers can neutralize adrenaline, which can impact blood sugar and cholesterol levels.

More study will be required before treatment guidelines are changed, Parikh adds in the article. He advises physicians to consider each specific case before prescribing the medication.


Protein Aids Stroke Recovery in Mice

Tests with mice reveal that a protein called 3K3A-APC (activated protein C) stimulates neuronal production in transplanted human neural stem cells (NSCs) to improve functional recovery after ischemic stroke.

“3K3A-Activated Protein C Stimulates Postischemic Neuronal Repair by Human Neural Stem Cells in Mice,” in Nature Medicine, states that “3K3A-APC-potentiated neuronal recruitment from engrafted NSCs might offer a new approach” to treating patients with stroke and related neurological disorders.

Approved by the Food and Drug Administration for clinical studies in humans, 3K3A-APC is also being used in a National Institutes of Health clinical trial, according to an article in USC News. Patients are receiving 3K3A-APC within a few hours of ischemic stroke to determine if it helps protect against brain damage.

But the study with mice, conducted at the University of Southern California (USC), is the first to use 3K3A-APC to produce neurons from human stem cells grafted into a stroke-damaged mouse brain, study co-author Berislav Zlokovic, director of the Zilkha Neurogenetic Institute at Keck Medicine of USC, says in the related article.

“No one in the stroke field has ever shown this, so I believe this is going to be the gold standard for future studies,” Zlokovic adds. The research team hopes to pursue a phase II clinical trial to test whether the combination therapy can be replicated in humans.

PTSD Linked to Cognitive Impairment in 9/11 Responders

Clinicians should monitor cognitive impairment when treating patients with chronic PTSD.

Fifteen years after the World Trade Center (WTC) attacks, a study of 813 first responders finds that about 12.8 percent had scores indicative of cognitive impairment (CI), and 1.2 percent had possible dementia.

“Cognitive Impairment Among World Trade Center Responders: Long-term Implications of Re-experiencing the 9/11 Terrorist Attacks,” in Alzheimer’s & Dementia: Diagnosis, Assessment & Disease Monitoring, examines whether posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are linked to CI in WTC responders. The findings replicate results of studies involving war veterans and “further highlight the importance of re-experiencing symptoms, a major component of PTSD,” the study adds.

The study advises that clinicians should monitor CI when treating patients with chronic PTSD. “To our knowledge, this is the first study to examine the association of PTSD and MDD with CI and to do so in a civilian sample of WTC responders without concurrent head trauma,” notes the study, which was conducted at Stony Brook University in New York.

A related article in UPI Health News adds that the Centers for Disease Control and Prevention initiated the WTC Health Program in 2002 to monitor emergency responders who took part in search, rescue and cleanup efforts after the attacks.

About one-fifth of the more than 33,000 responders enrolled in the program developed PTSD.

Based on study findings, it’s estimated that, overall, 3,740 to 5,300 responders may have CI, and 240 to 810 may have dementia. However, the findings are based on the participants. An effort to improve generalizability would involve gathering data from cognitively normal WTC responders and from nonexposed controls to determine CI.

“These numbers are staggering, considering that the average age of responders was 53 during this study,” study author Sean Clouston, assistant professor at Stony Brook, says in the article. “If our results are replicable, doctors need to be aware of the impact of cognitive impairment among individuals who have experienced traumatic events leading to PTSD.”

LISA: First Choice for Preterm Infants

LISA produces a lower odds ratio of death or bronchopulmonary dysplasia, compared to mechanical ventilation. Less invasive surfactant administration (LISA) appears to be the best management strategy when compared to six other currently used treatment strategies for preterm infants, notes “Association of Noninvasive Ventilation Strategies With Mortality and Bronchopulmonary Dysplasia Among Preterm Infants: A Systematic Review and Meta-Analysis,” in *JAMA: The Journal of the American Medical Association*.

The study showed that INtubation-SURfactant-Extubation (INSURE), or intubation and surfactant administration, was likely the second-best option for nonventilated spontaneously breathing preterms infants with or at high risk of respiratory distress syndrome, along with nasal CPAP application.

In analyzing seven early ventilation strategies across 30 clinical trials and 5,598 patients, the review finds that LISA produces a lower odds ratio of death (0.49) or bronchopulmonary dysplasia (0.53), compared to mechanical ventilation. Because more clinical staff are comfortable using INSURE, and it matches noninvasive intermittent positive pressure ventilation in preventing deaths, the review endorses it as a second option.

The review recommends against other strategies for initial intervention but acknowledges the need for mechanical ventilation if noninvasive techniques do not appear likely to succeed. “We hope that our findings will result in a change in current clinical practice and guideline recommendations,” review author Tetsuya Isayama, with Sunnybrook Health Sciences Centre in Toronto, Canada, says in a related article in *Medscape*.

Because not all the reviewed trials offered adequate sample sizes or used the same characteristics for measurement, the review suggests that additional trials would be valuable in providing clinical clarity to its findings: “When limited to high quality evidence, some significant findings for LISA compared with other strategies became nonsignificant, and the lower likelihood of death associated with LISA was not robust.”

Hospital Initiative Decreases Pediatric Pressure Ulcers

In response to positive results, the hospital expanded the program to all other inpatient units. A hospital’s team-based approach significantly reduced the incidence of pressure ulcers in children.

“Exclusive: Children’s Hospital of Wisconsin Takes Team-Based Approach to Reduce Pressure Ulcers,” in *FierceHealthcare*, notes that the incidence of pressure ulcers decreased 65 percent in the hospital’s pediatric ICU in 2015, as explained by nurses Rebekah Barrette and Melissa Bennetts, co-leaders of the hospital’s Pressure Ulcer Prevention Team.

In response to these positive results, hospital leaders supported expansion of the program to all other inpatient units. Since then, the hospital has seen a 40 percent decrease in serious pressure ulcers (deep-tissue injuries, Stage 3, Stage 4 and unstageable), with deep-tissue injuries dropping 60 percent.

The outcomes were so impressive that 3M, St. Paul, Minnesota, recognized the team’s peer-to-peer education model with its Award for Excellence in Skin Safety.

Today, one nurse from every inpatient unit is now part of the hospital’s Pressure Ulcer Prevention Team, which provides training to ensure that nurses are aware of primary issues that may affect a patient’s recovery and take steps to prevent skin breakdown.

In addition, the team has developed specific prevention bundles for children at high risk of bedsores and a real-time data collection system to connect changes in practice to improved patient outcomes.

“How do nurses participate in your hospital’s efforts to reduce pressure ulcers?” Tell us at aacnboldvoices@aacn.org, click on the blue auto-reply button in the digital edition or post a wall comment at facebook.com/aacnface.
Gaps in Staffing Guidelines for Palliative Care Programs

Expanding patients’ access to palliative care requires placing greater attention on the workforce, including enhanced education.

While most U.S. hospitals offer palliative care services, only 25 percent of participating programs meet Joint Commission staffing guidelines for funded positions.

“Few Hospital Palliative Care Programs Meet National Staffing Recommendations,” in Health Affairs, states that even when unfunded positions are considered, only 39 percent meet the guidelines for staffing palliative care teams that require at least one physician, an advanced practice or other registered nurse, a social worker and a chaplain. The analysis used data from the 2012-13 National Palliative Care Registry surveys.

Of 410 programs responding, more than half reported having funded positions for a physician (66 percent), advanced practice nurse or physician assistant (69 percent), registered nurse (52 percent) and social worker (51 percent). However, only 38 percent had a funded chaplain.

“Many palliative care programs have staffing gaps, which could explain the low penetration of services within hospitals and the inability of programs to provide recommended coverage,” the report states.

Expanding patients’ access to palliative care will require placing greater attention on the workforce. “Rapid and sustained efforts in education, financing and health systems management will be required to prepare the U.S. health workforce to meet the palliative care needs of a growing and aging population living with serious and complex chronic illnesses.”


Documentary Provides Glimpse of Palliative Care

After filming patients at end-of-life and palliative care professionals in a California hospital, the filmmaker describes the ICU as a “truly fascinating world where science and faith intersect.”

The resulting film, “Extremis,” provides a 24-minute glimpse into the end-of-life discussions that take place in the 236-bed Highland Hospital in Oakland, California. Released in September, the documentary is available on Netflix, notes “Blog: Behind the Documentary That Tackles End-of-Life Care,” in Modern Healthcare.

Filmmaker Dan Krauss came to the project without a strong interest in end-of-life issues. He was drawn in, however, by how Jessica Nutik Zitter, the hospital’s ICU physician and palliative care specialist, describes the daily decisions that she and others face in the ICU that are “rife with ethical and moral conundrums,” the article explains.

“You really sense that there was almost a sacredness to the place,” Krauss says of the ICU.
It’s been said that nursing is almost a language unto itself. And it’s clear Seth Durant has taken that idea to an extreme. Durant — an eight-year veteran of the Cardiac Surgery ICU at Community Regional Medical Center of Fresno in California — did learn a new language, Spanish, while serving as a missionary in Mexico City. The experience has proved invaluable for his career and development in several ways.

How did you decide to get into nursing?
When I was 15, I got accepted into the Stanford Medical Youth Science Program at Stanford University. This was a five-week program focused on introducing disadvantaged kids to the health sciences. For five weeks, we lived on campus and spent all day doing activities, lectures or volunteering in the hospital.

I knew from that point on that I wanted to do something in healthcare. I thought I wanted to be a pathologist, but I got married, and with every year that went by I realized that to me being home with my wife and kids was more important than spending 12 years becoming a doctor. So, at that point I thought to myself, “I could be a nurse practitioner and basically do the same thing a family practice doctor does.”

That decision got me started on the nursing path, but once I was working as a nurse, I realized I didn’t even want to be a nurse practitioner. I was perfectly happy being a bedside nurse. That gave me the best fulfillment and enjoyment.

What do you like best about being a nurse?
There are many advantages to being a nurse, like job security, mobility, great pay, flexible schedule and more. But I think the thing I enjoy the most about being a nurse is that you get to take somebody at their worst and hopefully help make them feel better. Not just better physically, but emotionally and mentally.

You were a missionary in Mexico City. Can you talk about that experience?
When I was 19 years old, I served a two-year service mission for my church down in Mexico City and the surrounding areas. It did many important things for me. We served people all day, which was good preparation for nursing. We also walked all day and had a demanding schedule, which was also good preparation for being a nurse.

How did your experience shape you?
I quickly fell in love with the people, and I have had a special place in my heart for them ever since. We have lots of Hispanic patients because Fresno is in the San Joaquin Valley, which is super big on agriculture. I end up using my Spanish every day at work. When the doctors want an interpreter, I walk in and they are like, “Where is the interpreter?” and I have to convince them that I — the tall pale redheaded gringo — am the Spanish interpreter.

So your Spanish has come in handy?
My Spanish has not just been handy, but it has been a godsend. Many times we have changed a patient’s outcome or totally changed a family’s perception of what is going on, by the simple fact that we can communicate without things getting lost in translation. So many times the nurses will tell me, “I think my patient is having chest pain” (which is a very important issue in a cardiac ICU), but I go in and ask them, and they tell me that they are hungry and everything else feels fine.

Another blessing of knowing Spanish is that you become the patient and family’s favorite nurse instantly. All of a sudden you go from just another nurse to THE nurse that speaks their language and can talk to them.

Did that experience shape your outlook on your compassionate care?
My missionary service definitely shaped my outlook on compassionate care. I met people who never had anything and would never have anything, and yet they would still welcome you into their corrugated tin shack with open arms, and give you the tiny bit of food they had off their plates.
This taught me to give everybody unconditional love and service no matter what. I also saw many people change their lives for the better, like drunks who quit drinking or people who got their life back together when it was in a shambles. This helped me look at a patient’s potential more than their current state of being, because it is easy to judge somebody when you know that the reason they are so sick is because of their own bad decisions.

You’ve kind of parlayed that experience into other service missions of another sort. What is Liga Intl.?
Liga Intl. is an organization also known as the flying doctors of mercy. Healthcare professionals and private pilots fly tiny private planes down to Mexico to hold free clinics and give other medical services to small pueblos in the middle of nowhere that would not otherwise have access to or money for healthcare. I absolutely love it, because it combines three things I love: Mexico, taking care of people and adventure.

The Fresno Chapter of Liga Intl. does about six trips a year to Ocoroni in Sinaloa, Mexico. I took my 14-year-old daughter down on a Liga trip to help her see how spoiled we really are here in California. I interpreted and did other nursing duties, while she did easy stuff like taking blood pressures, counting pills and keeping the kids entertained while they waited to see the pediatrician. It was a fantastic experience.

Talk about your NTI 2016 experience.
NTI was fantastic. I had gone once before, so I was able to skip a lot of the nervousness and confusion and jump right into the good stuff. It was hard to not get too distracted in New Orleans, because there was so much fun stuff to do, but I think I kept a good balance between learning through the classes, exploring the exposition floor and having fun afterward.

The fact that I was even there was a dream, because I was not planning on going due to cost. But when I saw the scholarship announcement I thought I would give it a shot. I have six small kids, so every penny counts. I brought home lots of great information, and we are actually trialing three of the products and purchasing a fourth from the conference.

What experience in your nursing career has been especially poignant or memorable?
One time in our ICU we had a patient who spent at least a month with us. He wasn’t necessarily much different from a lot of the really sick patients you would see on a regular basis in an ICU, but what made this special was the fact that we put a lot of work into the patient and he kept getting better, then getting worse again and finally died. The unit and the family had invested a huge amount of emotion and work into his care.

The family invited the nurses to come to his funeral, and for the first time in my career I actually went. During the services, the family asked me to get up and speak as part of the program. I did, and felt honored, but at the same time in my head I was thinking, “This is ridiculous. I should not be speaking at this guy’s funeral. I’m not this guy’s family; I’m not his lifelong friend; I’m not even a long-time neighbor. I’m nothing more than one of the nurses that took care of him for one small moment, which was part of my job anyway.” That was when it really, really hit me how nurses are looked at by people.

What things do you like to do to maintain a balance away from work?
To maintain balance, I spend a lot of time having fun with my kids. I have six kids, so there is always something to do with them. My two oldest are musicians, so I end up going to a lot of their concerts. I love anything to do with the outdoors, sports, hiking, fishing, even just lying in a hammock.

Is it difficult to maintain that balance, especially with the children?
It is very difficult to maintain balance, but is definitely worth the effort. The hardest thing is resisting the urge to pick up that extra shift. With six kids it is nice to have the extra income from an extra shift, but at the same time, when you work the extra shift it makes your family suffer, so you have to be very careful to not overdo it one way or the other. I think keeping my family as my first priority also helps me to be a better nurse, because if I am happy and have a good family then it is easier to invest myself in caring for other nurses and patients.

“The thing I enjoy the most about being a nurse is that you get to take somebody at their worst and hopefully help make them feel better. Not just better physically, but emotionally and mentally.”

Interview by Paul Taylor, paul.taylor@aacn.org
Designing ‘Smart’ ICUs

Sensors could monitor a hospital bed’s angle and monitor the compression devices that prevent clotting.

Physicians and nurses in cities such as Baltimore, Boston and San Francisco are focused on modernizing the ICU. To do this, they are working with experts to help design “smart” ICUs to bring them into the modern era of technology.

“Raising an Alarm, Doctors Fight to Yank Hospital ICUs Into the Modern Era,” in STAT, notes that Peter Pronovost, a critical care physician at Johns Hopkins Hospital, Baltimore, has enlisted a team of experts — including submarine and spacecraft engineers — to build a better ICU and reduce alarm fatigue.

The smart ICU that Pronovost envisions would feature sensors that monitor a hospital bed’s angle, at a cost of only $2 per bed. His team is also looking into sensors that would monitor the compression devices that prevent clotting in patients, as well as interoperability between patients’ records and ventilators that would tie their function directly to patients’ information, according to a related article in FierceHealthcare.

These innovations are long overdue, because none of the critical medical devices — such as ventilators, pumps, drug infusers, pulse rate monitors — share information. Also, these devices try to outdo each other by beeping ever louder. Because of this situation, nurses answer a false alarm every 90 seconds on average, the article adds.

In fact, ICU nurses have an average of 200 duties per shift and spend a lot of time checking orders and logging simple data from one device to another. Devices that speak to each other would give nurses more time to spend with patients instead of machines, adds the article in STAT.

Data overload is another problem. In a modern ICU, a single patient can generate 2,000 data points per day. Improving connectivity and data sharing between different manufacturers’ machines would help solve this issue.

Health Apps Show How Information Technology, Smartphones Can Assist Nurses

As technology comes increasingly into play, health apps may be particularly beneficial to improve patient care.

A wide range of apps is available for nurses, with functions ranging from medical calculations to communicating with non-English-speaking patients.

“15 Apps to Help Nurses Improve Patient Care,” in Becker’s Hospital Review, describes apps that show how information technology and smartphones can assist nurses.

“Nurses play a crucial role in improving the care of a hospital’s patients. As technology comes increasingly into play, health apps may be particularly beneficial to improve patient care,” the article notes.

Among the apps described:

- **Omnio** includes “medical calculators, symptom diagnosis, medical news, access to scholarly journals” and prescription drug information.
- **Nurse’s Pocket Guide** helps users select the correct diagnosis and write a plan of care.
- **MediBabble Translator**, available in five languages, has “thousands of translated questions and instructions” to help providers conduct a medical history.
- **Cortext** helps nurses “send secure messages to fellow nurses, physicians and patients both inside and outside of the hospital.”
- **DICOM Medical Selfie** helps healthcare professionals and patients send photos with their iPhone while remaining HIPAA-compliant.
- **DICOM Viewer** allows nurses to view x-rays, mammograms and other medical images on their iPhone or tablet.
- **Davis’s Drug Guide** provides access to information on adult, pediatric and geriatric drug-dosing considerations, herbal products and 500 commonly used drug combinations.
- **PALS Advisor** “provides information on pediatric drug dosages, neonatal resuscitation, basic life support and other vital information when treating pediatric patients.”
- **Canopy Speak** has nearly 5,000 translated phrases in 15 languages. It features an “over-the-phone calling tool that lets providers connect directly with live interpreters.”

Be sure to check your hospital’s policies and guidelines before using any of these apps.
The Comprehensive Unit-based Safety Program (CUSP) model for reducing the incidence of central line-associated bloodstream infections (CLABSIs) proved highly successful at a two-hospital system.

“Using the Comprehensive Unit-Based Safety Program (CUSP) Model for Sustained Reduction in Hospital Infections,” in Open Forum Infectious Diseases, notes the results from a two-year program showing significant improvement in multiple types of hospital-acquired infections and other safety areas.

Although the CUSP program has officially ended, the “CUSP Toolkit” and “Eliminating CLABSI, A National Patient Safety Imperative: Final Report” on the national project are available for review and adoption on the Agency for Healthcare Research and Quality (AHRQ) website. The toolkit can be modified for any unit and includes teaching materials, presentations, videos and tools for implementation.

The “On the CUSP: Stop BSI” program, funded by AHRQ, documents lessons learned, factors for successful implementation and challenges some organizations might face. Along with the toolkit, the report provides guideposts to reduce bloodstream infections and improve safety.

The program — conducted at a 1,100-bed academic hospital system with a 22-bed medical ICU and a nine-bed medical-surgical ICU — decreased CLABSIs from 3.9 per 1,000 catheter-days at baseline (January 2009-June 2010) to 0.6 in the 2.5-year post-CUSP period (July 2012-December 2014). Additionally, the system reduced urinary tract infections from 3.6 to 2.1 per 1,000 and saw decreases in device utilization, ventilator-associated pneumonia and patient falls.

Changes in practice include using “chlorhexidine-impregnated sponge dressings and alcohol-based cleaning devices for central line hubs.” Urinary tract infections decreased through earlier device removal, and tracking improved by recording infections per patient-day as opposed to device-day.


The program documents lessons learned, factors for successful implementation and challenges some organizations might face.
Ultrasound Treatment for Patient With Brain Injury

The patient regained consciousness three days after treatment and fully comprehended what physicians were saying.

A promising noninvasive treatment using ultrasound dramatically improved the condition of a patient in a coma.

“Non-Invasive Ultrasonic Thalamic Stimulation in Disorders of Consciousness After Severe Brain Injury: A First-in-Man Report,” in Brain Stimulation, notes that patients may not recover from a coma and can become vegetative or minimally conscious, for which there are almost no treatments. However, a team at University of California Los Angeles (UCLA) used a new technique to treat a 25-year-old patient with severe brain injury in a coma, notes a related news release.

The low-cost, noninvasive procedure uses low-intensity focused ultrasound pulsation to stimulate neurons in the thalamus. A device about the size of a coffee cup saucer produces acoustic energy that can precisely target different regions of the brain and excite the tissue, the release adds.

“Until now, the only way to achieve this was a risky surgical procedure known as deep brain stimulation, in which electrodes are implanted directly inside the thalamus. Our approach directly targets the thalamus but is noninvasive,” lead author Martin Monti, associate professor of psychology and neurosurgery at UCLA, says in the release.

The patient regained consciousness three days after treatment and was fully able to comprehend what physicians were saying. He could also respond with a nod, a shake of the head or a fist-bump gesture, which was a significant improvement. Before the treatment, the patient was barely conscious and unable to understand anything the physicians were saying.

“It is possible that we were just very lucky and happened to have stimulated the patient just as he was spontaneously recovering,” Monti adds in the release. He cautions that the team needs to perform “further study on additional patients before they determine whether it could be used consistently to help other people recovering from comas.”


Achieving Preventable Deaths After Injury

Translating what’s been learned on the battlefield and in the civilian sector to help prevent death after injury.


Written by a committee of highly experienced military and civilian trauma care experts, the book is designed to translate what’s been learned on the battlefield and in the civilian sector — such as timely stabilization and rapid transfer to definitive care — to help prevent death after injury.

The main challenge is consolidating the two systems into a single national standard. The book notes that past efforts have been unsuccessful, and it outlines what would be needed to achieve that goal.

Comparisons are provided of the organizational, cultural and logistical differences that have to be addressed to ensure the vision of a fully integrated national trauma system.

Fungal Communities May Delay Wound Healing

The study provides the basis for further dissection of microbial interactions and their profound influence on disease progression.

Redefining the Chronic-Wound Microbiome: Fungal Communities Are Prevalent, Dynamic and Associated With Delayed Healing,” in *mBio*, explains that fungal communities (the microbiome) in chronic wounds predict healing time, are associated with poor outcomes and also form mixed fungal-bacterial biofilms.

Researchers at the University of Pennsylvania, Philadelphia, and the University of Iowa, Iowa City, profiled 100 patients with diabetes who had non-healing diabetic foot ulcers (DFUs) for 26 weeks, “until the wound healed, or until the foot required amputation,” notes a related article in *HospMedica Daily Clinical News*.

All patients received the same medical care, and the deep wound fluid was sampled every two weeks. “The samples were sent for genetic sequencing and identification of the fungi residing in the wounds.”

High-throughput sequencing determined that about 80 percent of the DFUs had fungi from 284 species. The most abundant fungus, *Cladosporidium herbarum*, was in 41 percent of the samples; the human pathogen, *Candida albicans*, the next most plentiful, was in about one-fifth of the samples.

“Poor perfusion is a hallmark of DFUs and can contribute to impaired healing,” the article in *mBio* concludes. “Increased fungal diversity in DFUs with reduced oxygenation is consistent with our finding that biofilm-forming yeasts and opportunistic skin commensal pathogens were highly, significantly and strongly associated with wound necrosis and poor outcomes.” This association was driven by a mixed group of pathogens, not one species.

The findings are significant, because most previous microbiome research (related to chronic wounds) focused on bacteria. “This study provides the foundation for further dissection of microbial interactions and their profound influence on disease progression.”


CDC Launches Public Awareness Campaign to Recognize Signs and Symptoms of Sepsis

The CDC urges healthcare providers to consider sepsis, so they are better prepared to act quickly.

According to a report from the Centers for Disease Control and Prevention (CDC), sepsis is on the rise.

Many Americans have never heard of sepsis and do not recognize the signs and symptoms. Sepsis often starts in the community before patients are hospitalized.

In response, the CDC has launched a major public awareness campaign, including access to Sepsis Fact Sheet, to teach the public how to recognize the symptoms, since immediate emergency care can save lives. Untreated sepsis can worsen quickly and lead to death.

“Varying Estimates of Sepsis Mortality Using Death Certificates and Administrative Codes – United States, 1999-2014,” in *Morbidity and Mortality Weekly Report*, estimates that sepsis is severely underreported, because it often develops as a complication of more serious diseases such as cancer. “Differences in sepsis-related mortality estimates derived from death certificates and administrative claims data might be explained by limitations inherent in each data source,” the article adds.

The CDC is also trying to educate healthcare providers and urges them to consider sepsis, so they are better prepared to act quickly. It is also focusing on prevention by stressing the importance of better management of chronic diseases, vaccinations and responsible use of antibiotics, adds a related article in *The New York Times*.
Communication: Key to Effective Leadership

Nurse managers (NMs) who communicate and provide support through transformational and transactional leadership styles can improve staff work engagement and organizational outcomes. “The Influence of Nurse Manager Leadership Style on Staff Nurse Work Engagement,” in JONA: The Journal of Nursing Administration, also finds that the passive-avoidant leadership style negatively influences staff engagement. The study evaluated survey responses from 441 staff nurses working in three acute care hospitals to determine the influence of the following NM leadership styles:

- **Transformational**: Builds trust and confidence through personal associations, develops a collective sense of mission and values, encourages innovation and teaches on an individual basis.
- **Transactional**: Provides meaningful rewards for task completion, and takes corrective action when mistakes are identified.
- **Passive-avoidant**: Takes a hands-off approach, offers no feedback and makes little effort to satisfy staff needs.

The findings support the importance of communication and frequent feedback. “Communication is the hallmark of transformational leadership style, and this leadership style in NMs has the potential to positively influence organizational success through staff nurse work engagement. Transformational leadership style should serve as a guide for leadership development because it empowers, motivates, and fosters accountability among followers and ultimately improves satisfaction, which increases organizational success,” the study adds.


The Route to Better Work Engagement

For nurse leaders, building positive energy and optimism among staff may be just like driving a bus.


- **You are the driver**: Have a vision for a good life, rewarding work and strong relationships. Invest energy to make it happen.
- **Desire, vision and focus move the bus**: You attract what you focus on. If you believe things will get better, they will.
- **Fuel with positive energy**: The more positive you are, the more positive things become.
- **Invite people to share your vision**: Leaders can’t work alone. You need your team to help make things work.
- **Don’t waste time on those who don’t get on the bus**: Spending too much time trying to engage negative people is futile. Engagement is a choice.
- **No energy vampires allowed**: Don’t tolerate negativity. Call it out.
- **Enthusiasm attracts more passengers**: Happy, positive people make others feel the same, and patients can sense positivity.
- **Love your passengers**: Show you care by listening, recognizing and serving staff. It will bring out their best.
- **Drive with purpose**: Inspire by pointing out connections between what the team does and the outcomes achieved.
- **Finally, “have fun and enjoy the ride.”**


BSN: An Emerging Standard

In response to the 2010 “Future of Nursing” report that recommended 80 percent of the nursing workforce have a Bachelor of Science in Nursing (BSN) by 2020, U.S. hospitals have hired more nurses with this degree.

“Bachelor’s in Nursing Is Becoming a Must: Health Systems Are Encouraging – and Often Requiring – Nurses to Get a BSN,” in Crain’s Cleveland Business, notes that RN-to-BSN programs help nurses “with diploma or associate degrees take the next step in their education as hospitals increasingly expect higher skill levels.” Some hospitals have RNs sign employment contracts requiring them to earn this degree within a certain amount of time.

There is evidence that a higher level of nursing education is tied to better outcomes for patients. Additional education can deepen leadership skills, knowledge and strategic thinking.

In fact, experts believe that requiring a baccalaureate-level education will be one of the best ways to maintain a high level of patient care as healthcare and technology rapidly change, the article adds.
Nurse Managers Can Help Staff Improve Communication Skills

Using best practices and role modeling effective communication skills can help nurse managers coach staff with one-on-one conversations and using electronic and social media.

“Communication 101,” published by Association for Talent Development, Alexandria, Virginia, focuses on areas where young workers may require coaching: interrupting people and schedules, poor electronic communication and being unprepared for meetings. The article suggests that managers isolate the gaps in an employee’s communication skill set and focus on best practices to improve them.

Specific tools nurse managers can use for coaching include the following:

- **Talking**: For those who speak at the wrong time, start by building effective listening skills to encourage silence and patience; for chronic break-takers, keep them on task with documented output expectations and timetables.

- **Interrupting**: Develop a regular one-on-one schedule to ensure appropriate opportunities for the manager’s time, and thus reduce distracting conversations.

- **Electronic communication**: Build email discipline through attention to guidelines that respect others’ time and lead to limited but high-quality communications.

- **Meetings**: Coach staff to understand their role in meetings and not to overstep or lengthen them with unneeded discussions, and emphasize preparation to avoid wasted time.

A related article in *Emerging RN Leader* encourages using these best practices and keeps the focus on staff development. “Communication can be framed as a key career development competency that will help staff avoid derailment on their career journeys.”

The article also advises nurse managers to examine their own communication skills to be certain they are role modeling best practices. “Some nurses are naturals at being great communicators but it can be a learned skill.”

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**‘I Am a Critical Care Nurse’**

*Kimberly Ortmayer* — a clinical supervisor in the pediatric cardiovascular ICU at Levine Children’s Hospital/Carolinas Medical Center, Charlotte, North Carolina — knows that when she’s extremely busy, her colleagues will help her. “We truly are a family and that’s what makes me happy,” she says. • Ortmayer has always wanted to help change the lives of pediatric trauma patients and their families, although some days it can be very challenging. She once took care of a young boy with a severe heart defect, who, after many surgeries, did not survive congenital heart disease. Although she rarely does so, because it’s too difficult, she agreed to give the eulogy. “This little child made me a better nurse, mother, wife, friend, and person in his short 4 years of life. I will be forever changed because of this experience.” • Read more about her journey when you open December’s *Critical Care Nurse* from the back.

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**Earn a BSN and More With AACN**

AACN scholarships are a unique member benefit supporting academic education and professional development. Scholarships enrich our AACN community by helping members achieve their goals in a variety of areas, including earning a BSN or higher degree, and attending programs to enhance leadership skills, deepen an understanding of evidence-based practice, explore ethical issues, and develop skills to create and sustain a healthy work environment. Apply at www.aacn.org/scholarships.
Patient satisfaction with hospitals is measured through national surveys, but less is known about family satisfaction in intensive care units. This article describes how one unit conducted a survey of their patients’ family members, using a tool that provided a numerical rating for satisfaction and space for free text comments. Mean scores for satisfaction with care and decision making were in the “good” range, whereas free text answers cited the need for better communication. The authors also describe the strategies the unit will employ to address identified concerns and increase family satisfaction. (Clark, CCN, December 2016) www.ccnonline.org

Complementary and alternative medicine approaches are increasingly used to manage chronic and acute health problems. This article offers guidance on how to incorporate complementary and alternative medicine into acute care, including intensive care unit settings. Understanding patient preferences, institutional policy and the existing plan of care is essential, but nurses also need to consider the safety of providing dietary supplements and the logistics of using mind and body practices. (Kramlich, CCN, December 2016) www.ccnonline.org

Transitions
Events in the Lives of Members and Friends in the AACN Community

Julie A. Gottfried, Rochester (New York) Regional Health, receives the 2016 Erin Kay Flately Pediatric Sepsis Nursing Award, which recognizes the importance of nurses in the fight against childhood sepsis.

Aimee Milliken, a doctoral student at Boston College and an AACN scholarship recipient, authored “Prioritizing Cross-Disciplinary Teaching and Learning and Patient Safety in Hospital-Based Environments,” a commentary in *AMA Journal of Ethics*.

John Morrison Jr., an AACN member since 1985, who held a variety of healthcare management positions before his retirement, becomes a member of the Keystone College board of trustees, La Plume, Pennsylvania.

Debbie Rickeard, an experiential learning specialist in the Faculty of Nursing at the University of Windsor, Ontario, Canada, completed a DNP through American Sentinel University in the Educational Leadership Track. She has held CCRN certification since 1997.

Maureen Seckel, clinical nurse specialist, Christiana Care Health System, Newark, Delaware, an AACN member since 1982, a past AACN board member and recipient of a Circle of Excellence Award, co-wrote “Using the Comprehensive Unit-based Safety Program Model for Sustained Reduction in Hospital Infections,” for *AJIC: American Journal of Infection Control*.

Alyse Straub, clinical nurse, progressive care, at Sharp Grossmont Hospital, La Mesa, California, is the hospital’s Nurse of the Year and also the Rising Star in Nurse.com’s West Region. The Nurse.com article notes that her advice to new nurses is to “never stop learning.”

Cherise Williams, who earned a Master of Science in Nursing from Vanderbilt University, Nashville, Tennessee, becomes a cardiothoracic surgery nurse practitioner at Commonwealth Health’s Wilkes-Barre (Pennsylvania) General Hospital.

Send new entries to aacnboldvoices@aacn.org. You may also honor or remember a colleague by making a gift to AACN at www.aacn.org/gifts.
Redesigned AACN Website Launches

The redesigned site was created with the needs of the AACN community in mind.

AACN has launched a redesigned website with a cleaner design, new content and more tools to assist nurses in their practice. The site also includes features such as nurse stories in addition to the clinical resources members and visitors have come to expect.

“Our new website incorporates input from you, our community, and is more intuitive and easier to navigate,” says Liz Bear, AACN senior director. “We strive to provide relevant information in a way that respects everyone’s time.”

Bear says the site also features new tools to help members of the AACN community in their practice.

“Members, you now have the ability to keep track of your applications for grants, scholarships and CE programs,” Bear adds. “You can track your certifications, register for sessions, build your schedule, see what credits you’ve earned and house all of your personal information in one place.”

The website also features a section called Your Stories, which showcases nurses at work — and at play.

“We listened when you told us you want to be moved and inspired by your colleagues and co-workers,” Bear says. “We think nurse stories inspire everyone.”

Since its debut in late October, the site has received many favorable reviews.

One visitor says, “The site is great. I’m finding it very easy to navigate. It is very intuitive.”

Another likes the way the clinical information is organized: “I like the new division into categories on your new website (i.e., cardiovascular, hemodynamics, etc.). This is going to help me plan my learning activities.”

Others praise the navigation — “It’s so easy to get around” — and the design — “The graphics are fabulous, the pictures beautiful.”

A common refrain is that the new site is more user-friendly: “LOVE the new updates to the website; much more user-friendly and modern in appearance.”

Bear says the site aligns with AACN’s longstanding commitment to excellence.

“Wherever you are on your acute and critical care nursing journey,” she says, “you can count on AACN for the inspiration and information you need.”

Come see for yourself at www.aacn.org. And please let us know what you think of our new home. Use the “Contact Us” link in the website footer.
I bet you remember your first pair of nursing shoes. Perhaps you are wearing them now. I remember mine — white, formal, low-heeled, shoe-laced and leather that had to be polished every month or two.

Today those shoes have changed drastically from the formal white to a diverse array of colors and shapes. This is a much bolder way to express your unique gifts and style — and a great way to express who you are as a nurse.

Like Forrest Gump, I’ve worn many different shoes in my life. As nurses, we have all worn different shoes as we work 12-hour shifts on floors that are not ergonomically friendly — no shock absorption, no relief for aching backs. Shoes matter!

But no matter the style, our shoes can carry pebbles. You know the pebbles in your shoe: those sometimes-small, sometimes-large reminders of things that frustrate us during our workday and can detract from not only comfort but also joy and meaning in our work.

I bet you have carried similar pebbles in your shoes like I have. For instance, the pebble of vulnerability that comes from being new — a new graduate or a new APRN.

I was vulnerable when I cared for Steve, who presented with a dissecting aortic aneurysm. I had not walked long enough in my new graduate shoes to be a member of AACN or a CCRN, or to know that severe back pain is a classic symptom of a dissecting aneurysm. It was also not psychologically safe for me to admit that vulnerability and ask questions.

I have also carried the pebble associated with the gap between research and practice. You know that gap we all practice within — committed to giving care based on the best evidence at the time, yet knowing that research may eventually show us a better way. I wish I wasn’t carrying that pebble when I cared for Emily, who died of severe septic shock before the Surviving Sepsis Campaign guided us to act early and aggressively.

Lucian Leape and his colleagues assert that freedom from psychological and physical harm is necessary to ensure that nurses and all other team members experience joy and meaning at work. That means a unit or system dedicated to enabling joy and meaning in the workplace must embody the shared core values of respect, civility, transparency and safety. If these cultural norms are absent, psychological and physical safety cannot be guaranteed. When that happens, joy and meaning cannot thrive.

But there is good news. Joy is finally being noticed by organizations such as the Institute for Healthcare Improvement and the Lucian Leape Institute. Testing of models and best practices is underway. And experts who study safety and joy in the workplace tell us to ask these questions every day to assess how joyful you and your team are:

• Am I treated with dignity and respect by everyone, every day?
• Do I have what I need so I can make a contribution that gives meaning to my life or work?
• Am I recognized and thanked for what I do?

Joy and meaning in the workplace are a shared responsibility. Find a buddy and work together to generate more joy. Look for joy everywhere. Team up to nurture it. With your team, remove the impediments to joy and meaning — one pebble at a time. And let me know how you are doing this at itmatters@aacn.org.

While you are working on that, you might also ask for a new pair of shoes this holiday season. May these shoes, old or new, support your back and soothe your feet. Shoes and joy matter! May you have a joyous — and pebble-free — holiday season.


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**It isn’t the mountain ahead that wears you out; it is the grain of sand in your shoe.**

—Anonymous

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**Walk a Mile in My Shoes**

Clareen Wiencek

FROM THE PRESIDENT

www.aacnboldvoicesonline.org

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