



# News from the Minnesota-Dakotas Society of PeriAnesthesia Nurses

## Lead Story Headline

### Presidents Message from Julie Somheil

#### World Recognition Not Necessary

I recently received an e-mail from a fellow co-worker claiming that the Guinness Book of World Records named the BSN degree as the hardest degree to obtain from a University. I remember thinking “wow, we are finally getting the recognition we deserve.” However, with just a few minutes of research I found that this claim really can’t be substantiated, there is no mention of this on the Guinness website and it appears the same catch phrase explaining why the nursing degree was chosen has been used with a variety of other degrees touting the same qualifications. This got me thinking, do I, as a nurse really need this recognition? And, what kind of recognition do I think I deserve as a nurse?

Many expectations are put on a nurse, we are expected to make pain better, fix nausea, anticipate needs and ensure a smooth hospital stay. And that’s okay, we know those expectations are there and we all work very hard to make all these things a reality for our patients. But do we do this for recognition? Maybe there are a few but for the most part no one gets into nursing for recognition. We do it because we care about people, because nurses want to solve problems, and make things easier for others. I don’t think we can help it; it’s ingrained into our being, part of who we are on the inside.

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## First Online Newsletter from MNDKSPAN

This is the first issue of PAR Excellence to be green!

Online posting of the newsletter is saving MNDKSPAN printing and mailing costs. This savings is passed along to MNDKSPAN members by increased reimbursement for recertification and future conference reimbursement.

Also, be sure to check out MNDKSPAN on Facebook!

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- Find us on Facebook
- Board of Directors Summer Meeting

## Go for the Gold!

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For many years I have admired ASPAN Components who have achieved the Gold Leaf Award. The achievement of the award is an ongoing process of component improvement and involves a periodic review of the strategic plan, which may include addition of awards/scholarships or recognition of members' achievements.

To appreciate the significance of the Gold Leaf Award one needs to know a little background about this prestigious award. The Gold Leaf was first awarded in 1996 to the Florida Society of Perianesthesia Nurses (FLASPAN). Since that time, sixteen Components have earned this prestigious award. ASPAN recognizes the "Gold Leaf Component of the Year" during opening ceremonies at National Conference. Once the award is announced, all members of that Component are allowed to wear the ribbon proclaiming their membership in "The Gold Leaf Component".

The Gold Leaf Award cannot be achieved by one person, or even a group of people. Instead the Gold Leaf Award requires the efforts of many, many people. You are probably asking, "How can I help my component achieve Gold Leaf status?" Actually there are several ways to pitch in, strengthen your component, and reward yourself at the same time.

One of the easiest ways to assist your component is through the Member-Get-A-Member Campaign. Simply invite a peer to join you at a local meeting, Component Spring/Fall Conference, or the ASPAN National Conference. I have heard many times, "There is nothing like attendance at National Conference to get perianesthesia nurses inspired". While encouraging peers to come along and join don't forget to have them enter your ASPAN member number on their application so that you can get credit toward the individual "Recruiter of the Year Award" and contribute towards your component earning "Recruiter of the Year Award" in the Component category for highest percentage of members recruiting another member.

*"How can I help my component achieve Gold Leaf Status?"*

Another way to support your component is to identify a Strategic Work Team (SWT), a committee or committees that peek your interest, complete the "Willingness to Serve Form (WTS)" found on the ASPAN website, and enjoy working with other ASPAN members. Available Committees can also be found on the ASPAN website with a description of their activities and requirements. ASPAN is an organization supported by a handful of office staff and a multitude of volunteers. Please consider becoming a volunteer.

Best wishes to all ASPAN Components as the journey to becoming the Gold Leaf Component 2012 will end on December 31<sup>st</sup> with application and documentation due to national office on February 1<sup>st</sup>, 2012.

Martha L. Clark MSN, RN, CPAN  
Regional Director Region 3

Martha Clark, MSN, RN, CPAN, is the regional director, Region Three. Region Three includes Illinois, Eastern Missouri, Indiana, Kentucky, Michigan, Minnesota, North Dakota, South Dakota, Ohio, West Virginia and Wisconsin. Martha can be contacted at [mclark@aspan.org](mailto:mclark@aspan.org)

## Congratulations to new CAPA RN's

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Teresa Boysen

Joelle Hauer

Sandra Gail

Katherine Gefre

Carol Mata

Tammy Rose

Jennifer Klawitter

Judy Smith

Glenda Wilts



## Congratulations to new CPAN RN's

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Kathleen Quam

Merry Biondich

Jackie Dols

Meredith Johnson

Deeann Nord



## WOW—Congratulations to new CAPA/CPAN RN's

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Laura Bethany

Cynthia Gustafson



# “Health Literacy- its place in PeriAnesthesia Nursing”

Cheryl Tveit, RN, BSN, CAPA

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Perianesthesia nurses serve a critical role in promoting patient education. In our preoperative roles we educate patients on important guidelines and instructions to follow to keep them safe during their surgery. In our preanesthesia role, we educate them about what to expect throughout their surgery and being our discharge planning and teaching. We may assist with making sure they understand the consent and facilitate conversations with the surgeon or anesthesiologist to help answer questions. In our phase I role, we educate patients on pain relief options, movement restrictions and the importance of deep breathing. In our phase II role we provide patients with important information and instructions on home care, medication safety and any activity and diet restrictions they may need to follow. But, do we ever stop to wonder how much of this they actually understand? Just because they nod and say yes and sign our paperwork, does this really mean we got through to them? Unless we are addressing one key piece in this puzzle- the chances are that we aren't.

We are all familiar with the term “literacy” as it relates to the ability to read. The term, “general literacy” actually refers to someone's ability to read, write, speak and do simple mathematical problems (“Health Literacy Matters”, 2010). In the past several years, another type of literacy has been defined. Health Literacy is “the patient's ability to obtain, understand and act on health information and the capacity of health care providers and health care systems to communicate clearly, educate about health and empower patients” (“Clear Communication Empowers Patients”, 2010). It is estimated that there are 90 million people in the United States who have low health literacy- that is, they are unable to understand and follow the directions we are giving them. This does not mean they cannot read. Actually, many people with advanced degrees and demanding jobs have been shown to have poor health literacy (“Health Literacy Matters”, 2010).

So, what should we do? Some key recommendations for this problem were issued by the Joint Commission in 2007 (“Improving Health Literacy to Protect Patient Safety”, 2007). Clear communication is key. We need to be assessing our patient's literacy level just as we assess their lung sounds. Whenever possible we should remind them to “speak up” and ask as many questions as they need to. We should not assume that they understand just because they are nodding and saying yes. We should go one step further and ask them to describe in their own words what we have just taught or what the doctor just told them. We must be insistent on having interpreters present for our non-English speaking patients. We need to make sure that our institutions get involved and stay involved in promoting this topic with our nursing staff and providers. One key way to do this is through the MN Partnership on Health Literacy. This group was formed in 2006 and has the collaborative effort of training healthcare providers about health literacy, empowering patients to ask for clear communication and sharing health literacy resources (“Partnering for the Health of All Minnesotans”, 2010). Their website, [www.healthliteracymn.org](http://www.healthliteracymn.org) has a wealth of information and resources and also contains information on how to get involved with this important movement. The Institute of Medicine ([www.iom.edu](http://www.iom.edu)) and the Joint Commission ([www.jcaho.org](http://www.jcaho.org)) also both have a large volume of information that can be utilized.

*“clear communication is key”*

Is your hospital doing anything to address this problem? If so- sharing this information could help us all. If you have an idea to share, don't be shy! Submit a letter to the editor summarizing your ideas about addressing health literacy in a perianesthesia setting and help

this important movement towards improved patient safety.

## References

[www.mnhealthliteracy.org](http://www.mnhealthliteracy.org)

[www.iom.edu](http://www.iom.edu)

[www.jcaho.org](http://www.jcaho.org)

## Changing Times

I have been a phase 1/phase 2 nurse now for almost 20 years all of it in the same hospital. When I started in the unit most of the nurses were within five years of each other, were in similar phases of our lives and had similar nursing experience. Now there is as much as twenty five years difference in age between a lot of us and we are in all different stages of our lives including grandmas and new mothers. I have frequently read about newer nurses having a hard time in a unit staffed by older nurses so I decided to talk about this to my colleagues in our unit and see what their experiences had been.

I did find out that overall the newer PACU nurses I talked to found that they had been made to feel welcomed. Some did feel that they had to “prove themselves” before the older nurses would respect their abilities and trust them. Some examples that one of the newer nurses shared with me included: EKGs, anesthesia medications, emergency preparedness skills, pediatrics, figuring out how to adapt current nursing skills to this new environment. One newer nurse related a specific situation where a more experienced nurse had helped her assess a patient's puzzling hyperventilation. Most all of the newer nurses liked being able to use the more experienced nurses as a sounding board when questions appeared about a patient.

When talking to the older nurses about what they had learned from our newer nurses the number one thing mentioned was technology especially help with computer skills. I have certainly taken advantage of that! We have also had several nurses come from our general medical surgical floors and they have had invaluable knowledge to share. This has included things like using continuous passive motion machines, what nurses on the floor are able to handle in terms of patient care and how to use the hospitalists. Newer nurses have had to deal with some higher acuity patients on the floors, have had to learn to quickly assess and prioritize changing needs and conditions. A more experienced nurse told me that "although younger nurses may do things differently than I, they are excellent nurses and I have learned to listen to them and process what they are saying before reaching any conclusions.

Over all, I have come to the conclusion that our mixed age phase 1/phase 2 unit is doing well. We are all learning from each other. Everyone has abilities that are unique and helpful. Thanks again to my coworkers for their information and support. We would appreciate any feedback on this issue to PAR Excellence.

Submitted by Virginia Maruish, CPAN, CAPA

Director of certification MNDKSPAN

# Board of Directors June Meeting Summary

The MNDKSPAN board met on June 25<sup>th</sup> via skype Members present for the meeting was Deb Moengen, Julie Somheil, Deb Massey, Karissa Brinkman, Ginny Maruish, Gerri Maslowski, Lynn Saari.

Through the years the mailing lists for the conferences has grown and there has been some concern that there may be duplicates and several wrong addresses. Julie Somheil cleaned up the list and will keep this in a three list format.

Lynn Saari has gotten the first official MNDKSPAN facebook page up and running. This is an area that all are encouraged to visit and become a friend. This would be a great source to pose those practice questions to see what others are doing.

Fall conference planning is being chaired by Kim Anderson in Fargo. The conference will be held at the Radisson. A block of rooms have been secured for

Friday and Saturday night. Speakers were being secured at the time of the June meeting

The board discussed the idea of making our own component t-shirts.

Spring conference ideas for topics and formats were brainstormed among the group. There have been request to have a certificate review course in conjunction with our spring conference possibly on Friday evening .before the conference.

At the national conference it was requested of our component to have a link on our web site for region 3. Abpanc would like to have a specified "alert member" for our component. This person would be in charge of the Abpanc display at our conferences.

Dates to remember; Wisconsin has a fall conference in Eau Clair on October 8<sup>th</sup>.



June 25 meeting via skype

The next board meeting will be September 16<sup>th</sup>.

Deborah Moengen  
[djmoengen@gmail.com]

## Did You Know?

### The Core Value's of ASPAN:

Building Integrity

Modeling Respect

Honoring Diversity

Promoting Stewardship

Providing Mentorship

Cultivating Passion

Supporting Community

*The Core Purpose of ASPAN is "To advance the unique specialty of perianesthesia nursing."*

## Presidents Message continued

Everyone likes to hear once in a while that we did a good job, or that we are appreciated but most of us take it in the little things. When the patient smiles at us and tells us the pain is better after the medication we gave them, or when we have been repositioning the patient over and over again and finally get them into a position that relieves their back pain and they say "thank you, that's so much better". Or when a pediatric patient finally smiles at you despite the prodding and poking you have to do. Just today before I transported a patient to their room from recovery he said to me "but I getting such great attention here". These are the things that keep me practicing and caring for my patients. I don't need any fancy recognitions-just knowing I have made someone's life a little better by giving the best care I can fills me with great satisfaction. In fact I may go so far as to say the recognition from my patients are far better than anything that can be published in a fancy book.

# National Institute of Nursing Research (NINR)

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The NINR is one of the 27 Institutes and Centers at the National Institute of Health (NIH). The primary purpose of the NINR is to fund research that establishes scientific basis for quality patient care. Medical research often focuses on curing diseases while nursing research focuses on research that “prevents” diseases.

Because of NINR, nurses throughout the country are able to examine the needs of patients throughout their lifespan. NINR examines case management of patients during illness and recovery, reduction of risks for disease and disability, promotion of healthy lifestyles, enhancement of quality of life for those with chronic ill-

nesses, and care of those patients who are experiencing end of life.

This is done through grants, research training, and interdisciplinary collaboration with physicians and research scientists.

NINR had a funding level of \$145.66 million which is approximately 0.47% of the overall budget \$31.247 billion NIH budget. While I was at the Nurse In Washington Internship (NIWI) this past spring, I visited with our representatives to ask for an increase allocation of funds for NINR.

The NINR research goals are:

- Promoting Health and Preventing Disease
- Eliminating Health Disparities
- Improving Quality of Life
- Setting Direction for End-of-Life Research
- Expand Scope of Science in Symptom Management
- Global Health
- Increase Funding for Scientist-Initiated Research Applications
- Expand the Translation, Dissemination, and Outreach of NINR Generated Research to Bridge the Gap Between Scientific Evidence and Clinical Practice
- Evaluate the impact of Nursing Science

on the Health of the Nation

Support Future Nurse Researchers

Seminal NINR Research Studies: Improving the Nation’s Health by:

Reducing Premature Infants’ Length of Stay

Improving Transitional Care Outcomes of

the Elderly

Reducing High Blood Pressure Among Inner-City Black Men

Home Visits by Nurses Increase Low-Income Mothers Self-Sufficiency

by Mary E. Olson RN

For more information on the National Institute of Nursing Research see:

[www.ninr.nih.gov](http://www.ninr.nih.gov)

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Fall Conference “How Far Would You Go for your Career?  
September 17, 2011 in Fargo, ND  
See MNDKSPAN website for Conference Agenda and  
Registration!

MNDAKSPAN

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