I hear this question all the time — on our Web site www.nursingspectrum.com and when speaking to students about their careers. Sometimes it’s home care, labor and delivery, or another traditional nursing specialty instead of critical care, but it’s the same question. Many experienced RNs encourage students to get that year of med/surg experience, saying, “It will help you organize yourself and develop your skills.”

Such a response demeans the specialty of medical/surgical nursing. Yes, that’s right — specialty. For too long, med/surg nursing has been the stepchild on the list of nursing specialties. If you’re a med/surg nurse, you’re considered a generalist. In addition, too many new nurses think of med/surg as some sort of basic training — a rite of passage they have to go through so they can put that magical one year of experience on their resumes and take off for what they perceive as greener pastures.

But med/surg is perhaps the most demanding specialty of all — one that can take years to truly master. Med/surg nurses must navigate with ease through a challenging maze of patients, anyone from a 20-year-old woman hospitalized for diabetic ketoacidosis to an 80-year-old man recovering from prostate surgery. One minute an RN might be teaching a patient how to care for a wound at home, the next minute the same nurse is racing down the hall to respond to a cardiac arrest in a “stable” patient with chronic obstructive pulmonary disease.

Yet too often, the efforts of med/surg nurses are undervalued — or worse, simply ignored. It’s an easy trap to fall into. When we talk about how to show kids the excitement of nursing so they’ll consider it as a career, whom do we use as examples? ED nurses, critical care nurses, OR nurses, trauma nurses, nurses with their own businesses, even nurses in policy, research, or administration — but never the tried and true, vital, yet apparently unexciting med/surg nurse. Who’s going to take care of all those other patients?

The med/surg specialty is among the most exciting and challenging, and it’s not limited just to the hospital anymore. Consider how the Academy of Medical-Surgical Nurses describes the group’s goal on its Web site www.medsurgnurse.org to “enhance the clinical expertise, professionalism, and leadership of nurses caring for adults in hospitals, the community, and long-term care.” Adult patients are everywhere, and med/surg nurses are...
Strategic Planning

“If any one idea about leadership has inspired organizations for thousands of years, it’s the capacity to hold a shared picture of the future we seek to create. One is hard pressed to think of any organization that has sustained some measure of greatness in the absence of goals, values, and missions that become deeply shared throughout the organization” (Senge, 1990). The strategic planning process enables the leaders and members of AMSN to answer two questions: “What do we want to create?” and “What must we do to make that happen?” To answer these two questions, we must understand the organization’s mission and vision. The mission is: “The Academy of Medical-Surgical Nurses strives to enhance the knowledge, skills, and professionalism of medical-surgical/adult health nurses in all practice settings.” Our vision is: “The medical-surgical/adult health nurse is a valued health care professional and a vital part of the health care continuum committed to leadership, quality care, and advocacy for patients, their families, and the community in which they live and work.”

Supporting our mission is a clearly articulated set of values, which pervade our decision-making process. A value is a statement of belief in some event or condition. A value may be an affirmation of work, which already exists, or it may represent a desire to bring about an idea which has not yet been realized. The AMSN Strategic Plan is based on our CORE values: Commitment, Opportunity, Responsibility, and Education. These CORE values continue to be of primary importance as we move forward.

The AMSN Strategic Plan is reviewed by the Board of Directors on an annual basis. Following is a brief summary of the 2001-2002 strategic plan.

Clinical Practice

Goal: Promote excellence and advancement of medical-surgical nursing practice.

1) Promote the development of a wellness focus with an emphasis on prevention and recognize medical-surgical nursing accomplishments in the promotion of wellness through MEDSURG Nursing Journal, MedSurg Nursing Connection, AMSN News, and education programs;

2) Collaborate with other professional organizations that promote health, disease prevention, and rehabilitation;

3) Promote the delivery of care in a non-judgmental, non-discriminatory, sensitive, and culturally competent manner;

4) Encourage the publication of advanced practice articles in MEDSURG Nursing Journal and provide advanced practice educational opportunities at AMSN annual conventions.

AMSN: An INNPOWER Partner

INNPOWER (Immunization Nursing Network Provider Outreach Education and Resources) is a project sponsored by the American Nurses Foundation (ANF) through an agreement with the Centers for Disease Control and Prevention. This project provides an opportunity for organizations throughout the nation to address the importance of immunizations across the life span. AMSN is one of the organizations participating in this collaborative effort. Other partners include: The 100% Immunization Campaign, American Association of Homes and Services for the Aging, American Association of Occupational Health Nurses, American Public Health Association, Emergency Nursing Association, Every Child by Two, National Association of Pediatric Nurse Practitioners, National Association of School Nurses, National Coalition for Adult Immunization, National Immunization Program (part of the CDC), National Network for Immunization Information, National Network of Immunization Nurses and Associates, National Partnership for Immunization and the National Rural Health Association.

In order to increase the awareness and knowledge base of nurses and other healthcare professionals, the ANF created a Web site, www.innpower.org, containing immunization news, resources, and experts. A sampling of the Web site includes continuing education modules, opportunities to subscribe to an electronic mail newsletter, access to position statements related to childhood and adult immunizations, opportunities to collaborate with other organizations, incentives to develop immunization educational programs, and updated vaccine information.

Current adult immunization guidelines from the Advisory Committee on Immunization Practice include the following:

- Influenza vaccine every year
- Pneumococcal vaccine for all adults over 65 with revaccination every six years for persons at-risk for pneumococcal disease
- Combined tetanus-diphtheria (Td) toxoid every 10 years after completion of primary series
- Hepatitis B for certain high-risk population

According to the Web site, despite published adult immunization recommendations from the CDC, vaccination rates remain low. A variety of reasons are cited for the underutilization of vaccines including misconceptions about the safety and efficacy of vaccines, financial barriers, and lack of access to healthcare.

Medical-surgical nurses are in ideal positions to play major roles in the development and implementation of comprehensive immunization programs. In order to increase your own awareness and knowledge about immunizations, visit the Web site.

Kathleen Reeves, MSN, RN, C
Treasurer
Have you heard the News? AMSN is preparing to launch a medical-surgical nursing certification exam! Yes, that’s right! You heard/read correctly! During the Spring Board of Directors meeting, the Board voted unanimously to plunge full speed ahead with designing our own certification exam.

The purpose of certification is to show that you have mastered the essential knowledge and skills in the specialty beyond basic licensure. Certification measures the command of specialty knowledge and the application of this knowledge. Obtaining certification shows that you are an expert in medical-surgical nursing.

AMSN’s exam will be designed to reflect actual medical-surgical nursing practice. The decision to pursue our own medical-surgical nursing certification exam is a direct response to the wishes of our members. During the Town Hall meeting held at the 1999 AMSN convention in Phoenix, Arizona, our members told the Board of Directors that this was a matter of great importance. We are pursuing this because our members have told us this is what they want.

A Certification Task Force has been formed and includes members of AMSN from across the United States. This group consists of three staff nurses, two medical-surgical clinical nurse specialists, three nurse managers, and one ad-hoc member (associate director of undergraduate nursing). This group will be working with a company called C-Net (Certification Nursing Education Network). The role of the Task Force is to accurately define medical-surgical nursing practice. Their goal is to define what a medical-surgical nurse is and what a medical-surgical nurse does. They will identify activities that are critical and essential to medical-surgical nursing practice. The exam will be created to test the knowledge of any Registered Nurse who has practiced the specialty of medical-surgical nursing for at least one year.

The next phase in creating a certification exam was to identify 12 item writers to compose the exam questions. Once again, we looked to our membership because we know that we have a wealth of excellent resources. The Item Writers consist of staff nurses, clinical nurse specialists, and faculty. The Item Writers must create at least 200 questions that could be used in the pilot exam.

The pilot exam will be created from 100 of the questions written. It will be offered at two different sessions during our 11th Annual Convention. The first is scheduled for Saturday, October 19, 3:00pm – 6:00pm. If you would like to take part in this pilot exam to ensure the validity of the AMSN Medical-Surgical Nursing Certification Exam, we could use your help! All participants should be Registered Nurses with at least one year of experience as a medical-surgical nurse. To sign up to take the pilot exam, complete “PC5 Medical-Surgical Certification Pilot Exam” on the Conference Registration Brochure. Call the national office, 856-256-2323, to request a brochure, or you can register online at www.medsurgnurse.org. Click the “Online Registration - Now Available” text from the Homepage to access the registration form. The Pilot Exam is FREE! We invite you to participate and assist us in this exciting endeavor!

The results of this pilot exam will be shared with the participants and used to create the final exam. As a way of showing our appreciation and gratitude to everyone who participates in the Academy’s Medical-Surgical Nursing Certification Pilot Exam, we will offer a discount on the exam fees when the bona fide certification exam is offered next year. This exam will be offered in 40 cities throughout the U.S. in Spring 2003.

These are indeed exciting times for AMSN, so spread the word the day has finally come. You asked for it, and now you are going to get it! This is a promise that is being kept!

Doris Greggs-McQuilkin, MA, BSN, RN
President-Elect

Join the Fight!

43,300 women are lost each year to Breast Cancer. That’s one mother, sister, daughter, or friend every 12 minutes. Early detection is the key to survival of breast cancer. Every click at The Breast Cancer Site sends out a ripple of hope, helping to make early detection possible for women in need.

Please become a link in the Chain of Hope by clicking every day on the “Fund Free Mammograms” button and encouraging others to do so.

Visit www.thebreastcancersite.com to help save lives.
Once again, it is time for each of us to exercise our right to vote. It is so very important that our members voice their opinion regarding the leadership of the Academy and the bylaws that govern the organization. This year, we have two bylaws revisions, two board positions, and a purchasing power question on the ballot. Please take a moment to complete and mail the enclosed ballot.

It is very important for all of our members to cast a vote to select the Board of Directors of AMSN. This year, all members are asked to vote for a treasurer. Those members living in the states of Maine, New Hampshire, Vermont, New York, Massachusetts, Connecticut, Rhode Island, New Jersey, Delaware, Maryland, Pennsylvania, and West Virginia are also asked to select someone to serve as Northeast Region Marketing Director-Elect. Take a few minutes to review the Candidate Biographical Information in this issue of *AMSN News* and cast your ballot for the person whom you believe will best serve our members.

The AMSN Board of Directors has determined that a change in the bylaws relating to dues is in order. Please read the information below and cast your vote on the bylaws revisions suggested by the AMSN Board of Directors.

Equally important, is that vendors have told us they believe medical-surgical nurses do not have any influence in the selection and purchase of products used in their facilities. Please tell us if you have any say in this decision by completing the question on the ballot. The results will be used to solicit corporate sponsorship and grants for AMSN educational programs. It is extremely important for us to present this information to potential sponsors.

Please return the completed ballot to Joseph Golkow, the CPA who serves as AMSN’s election judge. For your convenience, it is pre-addressed and can be folded and taped for mailing. The ballot must be RECEIVED by August 31, 2002 to be included in the tally.

Again, thank you for your support of AMSN.

Marlene Roman, MSN, RN, ARNP
President

## Proposed Bylaws Changes

**Article III. Members**

**Proposed Change to modify Article III. Members Section 2 Subsections B and C regarding the payment of dues and termination of membership benefits**

**Section 2. Dues**

**Subsection B. Payment of Dues**

*Current Bylaw:* Section B. Payment of Dues. Full dues shall be payable in advance on the first (1st) day of the fiscal year of each year. Dues of a new member shall be paid for the established membership year. Members joining during the course of a membership year shall receive a prorated quarterly credit for the unused portion upon renewal.

*Proposed Change:* Section 2B. Payment of Dues. Full dues shall be payable in advance on the first (1st) day of the fiscal year of each year. Dues of a new member shall be paid for the established membership year. First time new members joining during the course of a membership year shall receive a prorated credit for the unused portion upon renewal.

**Rationale for the Proposed Change:**
Remove “quarterly” credit from the bylaws. The credit to be changed to monthly, though it is not necessary for the time period to be written in the bylaws.

**Section 2. Dues**

**Subsection C. Default and Termination of Membership**

*Current Bylaw:* C. Default and Termination of Membership. When any member is in default in the payment of dues for a period of sixty (60) days from the beginning of the period for which such dues become payable, membership shall automatically be terminated.

*Proposed Change:* Section 2C. Default and Termination of Membership Benefits. When any member is in default in the payment of dues for a period of sixty (60) days from the beginning of the period for which such dues become payable, benefits shall automatically be terminated.

**Rationale for the Proposed Change:**
All member benefits will be terminated on November 30 (60 days from the beginning of the period for which the dues became payable). Currently when an individual renews a membership after the final notice is given, benefits may continue without interruption for several months.
Candidate Biographical Information

**Treasurer**

Kathleen Reeves, MSN, RN,C
Assistant Professor
The University of Texas Health Science Center at San Antonio School of Nursing
San Antonio, Texas

It has been my privilege and honor to serve as the AMSN Treasurer for the past 18 months. I thank the membership for providing me with this tremendous opportunity. I am seeking reelection in order to continue working with the membership on several AMSN projects and to continue working with a committed, hardworking, and dynamic Board of Directors.

After serving in a joint appointment role as a Medical-Surgical Clinical Nurse Specialist and a Clinical Assistant professor for the last 13 years, I recently moved to a full-time faculty role with the University of Texas Health Science Center at San Antonio School of Nursing (UTHSCSASON), teaching students in the final semester of the baccalaureate program. I also continue my practice as a Med-Surg CNS in a pool position for Methodist Healthcare System.

I have been a member of AMSN for eight years, beginning with my service as the treasurer of the Alamo Chapter and later serving as president of the chapter. I have served as president of the UTHSCSASON Alumni Association and am a member of Sigma Theta Tau, ANA, and the Texas Nurses Association (TNA), having served at the local level as Treasurer and Delegate.

If reelected, my goals include:

- Continue to maintain fiscal responsibility and accountability through the financial strategic plan established by the Board of Directors
- Actively participate and support ongoing AMSN projects including the Nurses Nurturing Nurses mentoring program
- Actively participate in AMSN recruitment efforts at the local and national levels
- Continue to promote Medical-Surgical nursing as a challenging and rewarding specialty

I would appreciate the opportunity to continue to serve the membership of the Academy.

**Northeast Regional Director-Elect**

Ann Y. DiAgostino, BSN, RN
Nurse Manager (Tower 4 and HDU)
Horton Medical Center
Middletown, New York

I have been an active member of AMSN since 1998. I am presently employed at Horton Medical Center in Middletown, N.Y. as the Nurse Manager of Tower 4. I have been the nurse manager of this 48 bed medical-surgical unit for the past 5 years and have worked very hard at promoting medical-surgical nursing as a specialty with both staff and the community at large. One of the greatest accomplishments over the past few years, for Simone Stein, RN (also an AMSN member since 1998) and myself, was the founding and chartering of The Greater New York Chapter (#108) in December 2000. We are proud to be the only chartered chapter in New York State. Our Chapter works diligently with many area hospitals and accredited nursing programs (both RN and LPN) to promote the specialty of medical-surgical nursing through networking and educational opportunities. We have also done many innovative projects to serve the community, such as providing Christmas gifts and donations to over 5 local families including two families related to the tragic events of September 11, 2001.

I would very much like to serve AMSN at the national level as the Northeastern Regional Director-Elect. I believe that in this position I will be able to continue to support, promote, and advocate for the specialty of medical-surgical nursing at the regional level. Some of the goals that I would pursue on behalf of the Northeast Region would be to continue to promote new chapter development and to act as a resource and support to both new and existing chapters.

I would very much like to serve AMSN at the national level as the Northeastern Regional Director-Elect. I believe that in this position I will be able to continue to support, promote, and advocate for the specialty of medical-surgical nursing at the regional level. Some of the goals that I would pursue on behalf of the Northeast Region would be to continue to promote new chapter development and to act as a resource and support to both new and existing chapters.

I am looking forward to participating on the national task force creating AMSN’s Medical-Surgical Certification Exam and hope that this will help to provide more AMSN nurses the opportunity to become board certified.

I am looking forward to attending the 11th Annual National Convention in October and I hope to see you in Washington, DC!
Northeast Regional Director-Elect

Jo-Ann Wedemeyer, BSN, RN
Coordinator of Clinical Services
Baltimore, Maryland

“Medical Surgical Nurses are Specialists! Get Involved and Make a Difference!” You may have heard me say this more than once as we met at the AM SN Convention Booth over the past five years. That’s because I believe taking an active role in a national nursing organization is a significant way to influence the future of nursing. As a charter member of AM SN, I cherish the organization’s dedication to the core values: Commitment, Opportunity, Responsibility, and Education. Nurses with these values provide AM SN with the ability to create the future vision of medical-surgical nursing. Communication of the organization’s valuable work is a key element in achieving AM SN goals. I would like to continue to promote the Academy of MedicalSurgical Nursing by serving as the Northeast Regional Director-Elect.

I bring to the organization 20-plus years of nursing experience, which ranges from staff nurse to Director of Nursing. My experience is in a variety of roles and patient care settings. I believe medical-surgical nursing is the backbone of all nursing practice. Throughout my years as an active AM SN member, I have been involved on both a national and local level. As an original member of the VA/MD/DC chapter, I participated in developing the chapter logo and writing chapter newsletters. Serving for the last five years on the National Chapter Development Committee, two years as chair, I was instrumental in revising the Chapter Achievement Award process, reviewing award entries, and updating national policies surrounding chapter development. Since 1996, I have coordinated and manned the AM SN convention booth, always marketing the AM SN organization, educational materials, and facilitating raffles. In 1999, I served as a national convention program committee member and moderator. This year, I am serving as co-chair of this committee.

Recently, I co-founded the Greater Chesapeake Chapter of AM SN encompassing Maryland and Southern Pennsylvania, and I serve as the chapter’s president. In addition, I have participated in nurse recruiter surveys, recruiting members for the Certification Task force, visiting Mid-Atlantic hospitals wishing to discuss AM SN membership, and manned AM SN exhibit booths at several Maryland activities. Much of my time has focused on my role as Co-Chair of the 2002 National Convention Program Committee. This vast experience at the national and local levels provides me with a solid background to serve in the Director-Elect position.

AM SN is a strong, vibrant nursing organization focused on pertinent issues in today’s nursing arena. AM SN members provide strength to the organization. The hard work of the local chapters must focus on recruiting members, increasing awareness of AM SN, promoting the philosophy of the Academy, and providing education and opportunities for networking with colleagues. Together, we must continue to grow and remain an active voice in the nursing community. Our AM SN work will shape the future of medical-surgical nursing.

I seek your support to continue my commitment to AM SN by serving as the Northeast Regional Director Elect.
 Academy of Medical-Surgical Nurses
2002 OFFICIAL BALLOT

Instructions: Place a check “✓” or an “X” in the appropriate box(es) next to the name(s) of the candidate(s) of your choice.

AMSN LEADERSHIP

ALL Members - Vote for One

Office of Treasurer
☐ Kathleen Reeves
☐ ________________________________
            (Write-in Candidate)

Residents of the Northeast Region ONLY - Vote for One
(Refer to the map shown on the previous page)

Office of Northeast Regional Director-Elect
☐ Ann Y. DiAgostino
☐ Jo-Ann Wedemeyer
☐ ________________________________
            (Write-in Candidate)

PROPOSED BYLAWS CHANGES

Place a check “✓” or an “X” in the boxes next to your choice. Select one in each section.

Section 2B. Payment of Dues. Full dues shall be payable in advance on the first (1st) day of the fiscal year of each year. Dues of a new member shall be paid for the established membership year. First time new members joining during the course of a membership year shall receive a prorated credit for the unused portion upon renewal.

☐ Yes. This positive vote indicates agreement with the proposed Bylaws amendment to modify the Payment of Dues, Section 2B.
☐ No. This negative vote indicates disagreement with the Bylaws amendment to modify the Payment of Dues, Section 2B.

Section 2C. Default and Termination of Member Benefits. When any member is in default in the payment of dues for a period of sixty (60) days from the beginning of the period for which such dues become payable, benefits shall automatically be terminated.

☐ Yes. This positive vote indicates agreement with the proposed Bylaws amendment to modify Payment of Dues, Section 2C.
☐ No. This negative vote indicates disagreement with the Bylaws amendment to modify Payment of Dues, Section 2C.

Vendors have told us that they believe medical-surgical nurses do not have any influence in the selection and purchase of products used in their facilities. Tell us of your level of involvement in this decision by answering the question below. The results will be used to solicit corporate sponsorship and grants for AMSN educational programs. It is extremely important for us to present this information to potential sponsors. Thank you for your assistance!

How are you involved in the purchasing process? (Check all that apply)

☐ I evaluate the products☐ I recommend the products/services
☐ I initiate the purchase request☐ I authorize the purchase
☐ I have no involvement in the purchasing process☐ other ________________________________

Be sure to complete the entire ballot. To return, remove the ballot from the newsletter, fold in thirds on the lines indicated, tape one end closed, place $.37 postage in the upper right corner, and mail. The ballot is pre-addressed to Joseph Galkow, AMSN’s election judge. The ballot MUST be RECEIVED by August 31, 2002.
Directions for mailing:

- Please complete the ballot
- Fold the ballot in thirds, with the address facing outward
- Tape the ballot closed (do NOT staple)
- Apply postage and mail
Candidates Sought for Clinical Practice Award

The Ninth Annual AMSN Clinical Practice Award will be presented during the 2002 11th Annual Convention in Washington, D.C. Please review the criteria and submit a completed application with corresponding rationale for those individuals you feel should be considered. For further information, contact the AMSN National Office, 856-256-2323, write to AMSN, East Holly Avenue Box 56, Pitman, NJ 08071-0056, or visit the AMSN Web site: www.medsurgnurse.org

AMSN CLINICAL PRACTICE AWARD NOMINEE APPLICATION
Deadline August 31, 2002

Nominee ________________________________________
Credentials ______________________________________
Title ____________________________________________
Home Address____________________________________
Institution ________________________________________
Address _________________________________________
Submitted by _____________________________________
Name ___________________________________________
Address _________________________________________
Telephone (day)___________________________________
Telephone (evening) _______________________________
E-mail __________________________________________

CLINICAL PRACTICE AWARD
Purpose:
To nationally recognize an AMSN member for outstanding professional achievement and contributions as a medical-surgical registered nurse. The award acknowledges a registered nurse who has maintained the American Nurses' Association Standards of Clinical Nursing Practice performance and has improved the image and clinical practice of medical-surgical nursing.

Eligibility Criteria:
1. The candidate must be a registered nurse (RN).
2. Current member in good standing of AMSN.
3. The candidate must have at least three (3) years of experience in the field of medical-surgical nursing.
4. The candidate’s primary role as a medical-surgical nurse must be the provision of direct patient care.
5. The candidate must serve as a role model to nursing colleagues by:
   a) Maintaining an outstanding level of skill and knowledge in the care of the medical-surgical patient.
   b) Utilizing creative techniques in patient care and patient/significant other education.
   c) Demonstrating the ability to make sound clinical decisions.
   d) Promoting collegiality through demonstration of collaborative efforts with other health care team members.

Award:
Non-transferable complimentary registration to the annual convention, a plaque, and honorarium sponsored by Anthony J. Jannetti, Inc. The award will be presented at the AMSN Annual Convention.

Selection:
Applications received by the deadline will undergo review by the Clinical Practice Committee. The recipient will be notified by the President of AMSN, followed by a written letter. All candidate information must be received at the AMSN National Office by August 31, 2002. Deadline will be strictly adhered to in the selection process.

INSTRUCTIONS:
1. The candidate must be nominated by a nursing colleague and/ or nursing supervisor.
2. The nominator should provide information supporting the nomination relating to specific criteria for the award.
3. All submissions must be typed copy.
4. The nominee’s name should not be identified in the body of material submitted. The nominee’s name should appear on a separate cover page.
5. Two letters of recommendation must be submitted. One letter is from the nominator, and the second is from a colleague or supervisor. Submission from a physician or patient may also be included. Each of the criteria must be addressed in the letters with an example.
6. All information will remain strictly confidential and will not be returned.
7. Selection is made based only on the information submitted.
8. Submit a separate statement of 300 words or less describing the nominee (excerpts will be read when presenting the award at the Annual Convention).
9. Winner will be notified by August 31, 2002 and will be asked to submit a picture for recognition at convention.

RETURN NOMINATION TO: AMSN National Office
East Holly Avenue Box 56; Pitman, NJ 08071-0056
Candidates Sought for the Clinical Leadership Award

The Eighth Annual AMSN Clinical Leadership Award will be presented during the 2002 11th Annual Convention in Washington D.C. Please review the criteria and submit a completed application with corresponding rationale for those individuals you feel should be considered. For further information, contact the AMSN National Office, 856-256-2323, write to AMSN, East Holly Avenue Box 56, Pitman, NJ 08071-0056, or visit the AMSN Web site: www.medsurgnurse.org

CLINICAL LEADERSHIP AWARD

Deadline August 31, 2002

INSTRUCTIONS

1. The candidate must be nominated by a supervisor and/or nursing colleague.
2. The nominator should provide information supporting the nomination relating to specific criteria for the award.
3. All submissions must be typed copy.
4. The nominee’s name should not be identified in the body of material submitted. The nominee’s name should appear on a separate cover page.
5. Two letters of recommendation must be submitted. One letter is from the nominator, and the second is from a colleague or supervisor. Submission from a physician or patient may also be included. Each of the criteria must be addressed in the letters with an example.
6. All information will remain strictly confidential and will not be returned.
7. Selection is made based only on the information submitted.
8. Submit a separate statement of 300 words or less describing the nominee (excerpts will be read when presenting the award at the Annual Convention).

Winner will be notified by August 31, 2002 and will be asked to submit a picture for recognition at convention.

RETURN NOMINATION TO: AMSN National Office
East Holly Avenue Box 56; Pitman, NJ 08071-0056
Delegation and Supervision

Over the past few years, delegation has become a skill critical in contemporary nursing practice. Increasing acuity levels, fewer RNs, and declining numbers of support staff have made the ability to delegate efficiently and effectively increasingly important. Can the nurse delegate safely and effectively? The answer is yes.

In 1995 the National Council of State Boards of Nursing (NCSBN) developed a position paper outlining the 5 Rights of Delegation. These Rights are:
1. The Right Task
2. The Right Circumstance
3. The Right Person
4. The Right Direction/ Communication
5. The Right Supervision

Nurses need to consider the 5 Rights of Delegation as equally significant and important as the Rights of Medication Administration. These Rights of Delegation need to become as automatic as the Rights of Medication are to practice today. Let’s consider each right individually.

The Right Task

When looking at the patient assignments for the shift, the RN needs to consider which tasks can and cannot be delegated. Tasks that can be delegated are usually those that are routine with a low risk potential. Ambulating a two-day post-op patient in the hallway is many times a task that can be handled by a nursing assistant. Assisting a fresh post-op patient to ambulate might not be a task that can be delegated because of the risk potential that exists in the situation. Clearly, some tasks are limited to RN performance by facility policy and practice guidelines. Any RN delegating outside of the facility policy and practice guidelines is faced with accountability issues.

The Right Circumstance

Each situation is filled with its own set of variables. Each situation and circumstance needs to be evaluated when making a decision to delegate. Feeding a patient is normally a task for a nursing assistant. What about feeding the patient post-CVA with swallowing difficulties? Perhaps the RN should send this patient and actively assess the patient’s ability and protect the patient from harm during the feed. Other circumstances may include the experience level of the individual being assigned the task, as well as the complexity of the task.

The Right Person

The facility policy and practice guidelines may govern the assignment of the right person in many situations. The RN is responsible to be knowledgeable of job descriptions and practice guidelines, as well as the skills, abilities, strengths, and weakness of the staff to whom they will be delegating. In most facilities, there are some tasks that may only be completed by the RN. There are other tasks that are deemed appropriate for an LPN / LVN and unlicensed assistive personnel. The key to assigning to the right person is knowing the skill level of the person being assigned. If you have worked with a nursing assistant for three years, you should have a good working knowledge of that individual’s skills and abilities. On the other hand, a new graduate nurse or a new staff member may leave you with questions about knowledge base and skill ability. It is the responsibility of the person delegating the task to know the abilities and skills of the facility’s staff. It is equally important to note that it is the delegate’s responsibility to notify the delegator if she/he is unclear or lacks competence in the assigned task.

The Right Direction/ Communication

If the RN asks the nursing assistant to transfer the patient in 501, what does the RN expect the nursing assistant to do? Does the RN mean transfer the patient to a new room or transfer the patient from the chair to the bed? What does transfer mean? Here the issue isn’t whether a task has been delegated; it is what task has really been delegated. Communication is key to effective delegation. The RN needs to be specific and clear when delegating tasks. The RN delegating needs to be specific about the task assigned, give any additional instructions, and give guidelines as to how and when the task should be reported. The delegated assignment should be described with specifics and detail. The delegating RN should also verify understanding of the delegate about the assignment given. In the above situation the delegating RN could have said, “Around 11:00 AM, please help Mrs. Smith to transfer from the chair to the bed. The last time I helped her she required an assist x2. Let me know how she tolerates the transfer before you leave for lunch.”

The Right Supervision

Delegation cannot be done without supervision. In a very real sense, delegation without the requisite level of supervision is poor, unsafe nursing practice. The amount and level of supervision will vary with the person, task, and circumstance of the delegation. A new graduate may require more supervision than an RN who has worked on the unit for the past three years; the nursing assistant may require more supervision than the LPN /LVN, and so on. The delegating RN must assess the situation and determine the appropriate supervision. Sometimes the supervision is very direct when the task is new to the delegate, while other times it is more indirect with a “let me know if there are problems” attitude. The RN delegating must know the needed level of supervision for each task assigned and must provide that supervision.

Whenever there is discussion about delegation the question is always posed: Is my license on the line when I delegate? The answer in a general sense is yes and no. As the delegator, the RN is responsible for the decision to delegate and for making appropriate assignment of the task. The RN delegating is accountable for supervision and knowing that the task has been completed. If the delegated task is the right task, assigned to the right person, in the right circumstances, with the right direction and appropriate level of supervision, the RN delegator would not be accountable if the task was done incorrectly. The delegate is responsible for his or her own actions. Perhaps an example would make the concept clearer. An RN assigns the task continued on page 22
ACCESS TO CANCER THERAPIES ACT

Cancer treatments, like chemotherapy, traditionally have been given intravenously. Unfortunately, while the treatments kill cancer cells, they also kill healthy cells. This is what causes the devastating side effects of hair loss, nausea, and fatigue. Now there are new “oral cancer therapies,” or pills that are far less toxic and produce fewer negative side effects than injections.

There have been great breakthroughs in the treatment of cancer, but the federal bureaucracy has not caught up to the scientific advances yet. Currently, Medicare Part B covers anti-cancer drugs but only if the drug is equivalent to drug therapies administered intravenously in an outpatient clinic or physician’s office. Presently, this policy covers 90-95 percent of cancer drug therapy. Oral drugs make up only 5 percent of oncology market but is expected to increase to 25 percent or greater in the next decade.

The new anti-cancer drugs include anti-proliferative agents such as signal transduction inhibitors (STIs), farnesyltransferase inhibitors (FTIs), and antiangiogenesis factors. Recent FDA approved drugs (and others nearing approval) offer great hope for those individuals with cancer.

Cancer patients and their physicians should not make decisions about care unduly influenced by the cost of care. The decision on the type of effective care should not be determined by financial concerns. Cancer is a complicated disease requiring multi-disciplinary approaches in a variety of settings. Reimbursement for cancer care cannot be subject to severe reductions without consequences extending throughout the health care system.

Senators Olympia Snowe and Jay Rockefeller are co-sponsoring the “Access to Cancer Therapies Act of 2001” (S.913). Representative Deborah Pryce has introduced the House version (H.R.1624) of the bill. As stated, it will “amend title XVIII of the Social Security Act to provide for coverage under the Medicare Program of all oral anti-cancer drugs.”

AMSN supports this proposal and encourages members to write via email or letter to their Senators/ Representatives. Following is a sample letter:

Dear Senator or Representative [Last Name]:

As a medical-surgical nurse from [City, State] who every day sees the devastating impact that cancer has on individuals and families, I am writing to urge your support of “Access to Cancer Therapies Act” (S.913/ H.R. 1624). This legislative proposal will provide Medicare beneficiaries with access to the full range of high quality cancer therapies currently available.

While Medicare does provide coverage of 90-95 percent of cancer therapies, it is only provided if it is available in an injectable form. Many oral forms are now available that have less devastating side effects and can be taken in the comfort of one’s own home.

It is essential that the Medicare program provide coverage for these new FDA-approved medications for our nation’s seniors. I request your support now by signing on as a cosponsor of the “Access to Cancer Therapies Act.”

Thank you very much for your support on this very important health matter that affects every one of us at some point in our lives. Please contact me if I can be of any assistance.

Sincerely,

[Full Name & Credentials]
[Full Mailing Address]
[Phone #]
[Email Address]

References

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www.cancerleadership.org/policy/medicare_payment/020523.htm
house.gov/pryce/releases/Release2001/042601_access.htm
www.Thomas.loc.gov

Diane Daddario, BSN, RN, BC
Chairperson, Legislative Policies & Issues Committee

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Corporate Members

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Wanted - Old Cell Phones!

The Delaware Valley Chapter of AMSN will be collecting old cell phones during the 11th annual convention in Washington, D.C. The telephones will be donated to facilities for women of domestic violence located in the Washington, D.C. area. Please bring your old phones to the meeting to donate to a good cause. A collection bin will be located at the Delaware Valley Chapter table. Thanks for your support!

Alex Siomko, RN, CRNP
Delaware Valley Chapter President
Diverticular Disease: A Common Gastrointestinal Condition

Diverticular disease is a common gastrointestinal condition that affects many individuals in the Western world. For the vast majority of individuals it is a relatively benign disease, however for a small percent, severe complications do occur. The exact cause of diverticular disease is unknown but the most substantiated theory is associated with a deficiency in dietary fiber consumption. As a result, many gastroenterologists and primary care providers support a high fiber diet.

Diverticular disease describes a condition in which outpouchings develop in the intestinal mucosa through weak spots in the luminal wall. These pouch-like areas are called diverticula. Diverticula are most commonly noted in the descending and sigmoid colon but can be found anywhere throughout the gastrointestinal tract. Diverticulosis is a diagnosis indicating that the outpouchings are present. It does not suggest that symptoms exist.

Diverticulosis

Diverticulosis is a common, relatively benign gastrointestinal condition affecting a significant proportion of the European and North American population. In fact, it is estimated that 30% to 55% of this population over the age of 60 years have diverticulosis (Burkitt, Clements, & Eaton, 1985). In the majority of patients, the condition is asymptomatic. Subsequently, the condition is largely undiagnosed until it is discovered incidentally during an endoscopic procedure, or barium study performed for an unrelated reason.

Diverticulitis

In an estimated 20% of the population with diverticulosis, complications may result (Field, 2001). Complicated diverticular disease refers to the development of diverticulitis and its sequelae. Diverticulitis means that some of the pouches have become irritated or infected. Bleeding, abscess, and perforation are additional potential complications. Diverticulitis, or an infection of the diverticuli, is often associated with left lower quadrant pain, fever, and an elevated white blood cell count. Diverticulitis is an acute condition. The exact cause of diverticulitis is not well understood, although the theory of trapped fecal material is a commonly supported idea. Diverticulitis can be limited or widespread. Although only one diverticulum may be inflamed, the irritation can spread longitudinally and affect significant segments of the intestine. Radiographic studies often typically aid in confirming the diagnosis.

In most cases, the complications are managed with medical therapy such as interventional endoscopy, and antibiotics such as metronidazole or clindamycin, in combination with ciprofloxacin, cefotaxime, ceftazidime, or ceftriaxone (Field, 2001). However, in more severe cases surgical intervention is required. Surgical treatment is recommended when repeat attacks become common or severe. When abscess, perforation, obstruction, or uncontrolled bleeding develops, surgery may become an urgent treatment plan.

Diverticular bleeds occur when the weakened intestinal wall causes impingement of and damage to small blood vessels within the gastrointestinal tract. These bleeds are typically brisk and quick. The bleed typically resolves spontaneously, and without intervention; however, surgical intervention is always a potential requisite.

Management

Diverticula formation is thought to be caused by weakening of the bowel wall due to increased intraluminal pressure. Constipation, low fiber diets, and obesity are often listed as the primary factors that contribute to increased intraluminal pressure. Management of diverticulosis relies on adopting a high fiber diet, increasing fluid intake, and increasing activity level. The American Dietetic Association recommends a high fiber diet consisting of 25 to 35 grams of fiber per day. A high fiber diet will not alleviate the diverticula, but it is suspected to decrease the risk of additional diverticula formation. Patients should be encouraged to increase their dietary fiber intake gradually. Daily fiber intake should be increased slowly and be spread throughout the day. Increasing fiber too much or too quickly may lead to the discomforts of gas pains and bloating (Marchiondo, 1994). Psyllium products such as “Konsyl,” “Metamucil,” and “Citruce” are good sources of supplemental fiber. Increased fluid intake is an important supplement to the high-fiber diet as a method to soften stool and to decrease constipation. In addition, increasing one’s activity level is a recommended technique to stimulate gastrointestinal motility and facilitate the forward propulsion of stool.

Controversy exists as to whether or not small particulate food items such as seeds, corn, nuts, popcorn, and indigestible roughage exacerbate the condition. For many years, patients have been instructed to avoid these items in order to prevent the small particles from becoming lodged in the neck of the diverticula and initiating a chain of events leading the bleeding or perforation. Recent theory disputes the idea, since most food products are well digested before reaching the sigmoid colon.

In the Western World, the incidence of diverticular disease increases with age. Teaching patients and families at an early age about the importance of increasing the intake of dietary fiber may reduce the incidence of diverticular disease over time. Nurses are in a key position to educate patients and families about health promotion activities. High fiber diet, increased fluid intake, and an active lifestyle are important points to be included in the repertoire of health promotion teaching points provided by nurses.

References


Marchiondo, K. (1994). When the Dx is diverticular disease. R.N. (Feb) (pgs 42-47)

Beth Dierdorf MSN, RN, CS
University of Virginia
Charlottesville, VA
June 30 has come and gone. What is so significant about that date? Every year, AMSN chapters must submit their Chapter Achievement Report to the national office by June 30 to be considered for the Annual Chapter Achievement Award. This year, as recommended by the Chapter Development Committee, the board of directors has approved the following changes.

Instead of awards being given to only two chapters, the number of awards has been increased to six. One Overall Chapter Achievement Award to recognize the chapter that excels in ALL award criteria will be given. The chapter that earns this award will receive two complimentary convention registrations (member) to the 12th Annual Convention, two complimentary one-year AMSN memberships; and a recognition plaque.

Additionally, five awards will be given to the chapters that show superior effort and achievement in one area of chapter success. Each of the chapters that wins these awards will receive two complimentary one-year AMSN memberships and a recognition plaque. The five individual award categories recognize excellence in the following areas:

1. Recruitment and retention efforts
2. Educational offerings
3. Collaborative work with other Nursing/Multidisciplinary health care groups
4. Community activity involvement
5. Political and Legislative Activity Involvement

Members of the Chapter Development Committee review all of the chapter achievement reports received by the national office by the June 30 deadline. The reports are appraised for how well the criteria for each category was met. Each committee member submits her/his scores to the Chapter Development Committee Chair. The chair compiles the individual scores to determine the six award winners. Chapters are eligible to win one award annually. All six awards winners will be recognized at the 11th Annual Convention in October.

Good luck to all of the chapters!

Tonye P. Melton
Chapter Development Committee Chairperson

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A Day in the Life

As we know, medical-surgical nurses practice nursing all day, every day, and in every arena. To highlight this, I thought I would share with you my first clinical day at an outpatient private practice center.

During my first day, I examined two infants on their first “well” visit, and then taught Mom about breast feeding tips and how to care for her yeast infection. I assessed a new patient who was experiencing chest pain, did an EKG on that patient which showed ST elevation, and transferred him out. I cathed a 52-year-old patient with bladder retention problems, and then taught a small group about hypertension issues. I spoke with a 17-year-old pregnant adolescent about healthy behaviors and why she needed counseling to assist her with future plans.

As the day continued, I drew 15 cholesterol blood tests and did diet teaching (10 adults and five adolescents). I gave immunizations, completed college physical examinations on five high school graduates, gave meningitis boosters, and set up a rabies shot schedule for a 15-year-old who was bitten by a raccoon. Then, I evaluated a 28-year-old patient with URI & bronchitis, who just couldn’t understand why she should not smoke a pack of cigarettes a day.

Finally, I assisted in informing a 55-year-old man that five of his six skin biopsies were all positive for skin cancer.

All this took place between 7:30 AM and 4:00 PM. The medical-surgical nursing field is truly a challenge. What an example of diversity in practice. But now, with a full day behind me, I am tired and going to bed.

Jo-Ann Wedemeyer
AMSN Charter Member

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Reeves Recognized

Congratulations are in order for Kathleen Reeves, MSN, RN, C, AMSN Treasurer and Assistant Professor/Clinical, University of Texas Health Science Center at San Antonio School of Nursing. The local chapter of the American Heart Association recently awarded Kathy their Outstanding Achievement Award for her role as co-chair of the San Antonio Stroke Awareness Day activities. Kathy has been involved in promoting stroke awareness for the past 3 years and was instrumental in the formation of the Annual Stroke Awareness Day in San Antonio. In an effort to increase awareness of the risk factors for stroke, health care organizations and professional nursing organizations throughout San Antonio provide an annual Stroke Awareness Education Day. During this community affair, the Alamo Chapter of AMSN and Kathy assist in screening individuals for stroke risk factors as well as educating them on acute stroke.

Congratulations, Kathy, on receiving this well-deserved award!

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Don’t Forget to Mail Your Ballot!
Magnet Recognition Means Nursing Excellence

The American Nurses Credentialing Center’s (ANCC) Magnet Nursing Services Recognition Program identifies excellence in the management, philosophy, and practices of nursing services; organizations that adhere to national standards for improving the quality of patient care services; nurse administrators who support the nurse’s continued competence and ability to practice in a professional environment; and organizations that understand and respect cultural and ethnic diversity of patients, their significant others, and health care providers.

The Nurses Retention and Quality of Care Act of 2001 addresses the current crisis in nurse staffing and the emerging nursing shortage. The American Nurses Association (ANA) believes that a major contributing factor is dissatisfaction with the work environment. This Bill will amend the Public Health Service Act to provide programs to improve nurse retention, the nursing workplace, and the quality of care. Grants will be awarded for a period of 3 years. They may be extended if it is demonstrated that the institution has significantly improved the quality of its workplace for nurses and enhanced patient care or has been designated as a Magnet Hospital by the ANCC.

In 1981, the governing council of the American Academy of Nursing appointed a Task Force on Nursing Practice in Hospitals “to examine characteristics of systems impeding and/or facilitating professional nursing practice in hospitals” (p.2 AAN). The study was conducted in 1982 in 41 hospitals to identify and describe variables that created an environment that attracted and retained well-qualified nurses who promoted quality patient care through providing excellence in nursing services. They were called “Magnet” hospitals because they served as magnets to attract and retain professional nurses who “experienced a high degree of professional and personal satisfaction through their practice.”

The Board of Directors of ANA approved the initial proposal for the Magnet Recognition Program in 1990. The program was to be built upon the information learned from the 1982 study. The pilot study phase involved five facilities completing the written documentation and on-site appraisals. The University of Washington Medical Center at Seattle was the only institution to be awarded Magnet Recognition Status at that time (1994). In 1998, the Magnet Recognition program expanded to long-term care facilities.

ANA’s Quality Indicators are evaluated. They include: RN, LPN, unlicensed staff mix; total nursing care hours provided/patient day; pressure ulcer incidence; patient falls incidence; patient satisfaction; and nurse satisfaction.

The institution applying for Magnet Recognition status is evaluated using the ANA Scope and Standards for Nurse Administrators, 1996. The Standards of Care include the following by the nurse administrator:

- ASSESSMENT - develops, maintains, and evaluates patient/client and staff data collection systems and process to support the practice of nursing and delivery of patient care.
- DIAGNOSIS - develops, maintains, and evaluates an environment that supports the professional nurse in analysis of assessment data and in decisions to determine relevant diagnoses.
- OUTCOMES IDENTIFICATION - develops, maintains, and evaluates information processes that promote desired client-centered outcomes.
- PLANNING - develops, maintains, and evaluates organizational planning systems to facilitate the delivery of nursing care.
- IMPLEMENTATION - develops, maintains, and evaluates organizational systems that support the implementation of a systemic client-centered plan of care.
- EVALUATION - evaluates the client-centered plan and its progress in relation to the attainment of outcomes.

The Standards of Professional Performance include the following by the nurse administrator:

- QUALITY OF CARE AND ADMINISTRATIVE PRACTICE - systemically evaluates the quality and effectiveness of nursing practice and nursing services administration.
- PERFORMANCE APPRAISAL - evaluates his/her performance based on professional practice standards, relevant statutes, regulations, and organizational criteria.
- EDUCATION - acquires and maintains current knowledge in administrative practice.
- COLLEGIALITY - fosters a professional environment.
- ETHICS - decisions are based on ethical principles.
- COLLABORATION - collaborates with nursing staff at all levels, interdisciplinary teams, executive officers, and other stakeholders.
- RESEARCH - supports research and integrates it into practice.
- RESOURCE UTILIZATION - evaluates and administers the resources of organized nursing services.

Magnet Nursing Services Recognition measurement criteria include:

- CORE CRITERIA - minimum baseline, functional indicators suggesting that a facility operates at an acceptable level.
- MAGNET CRITERIA - indicators distinguishing a facility as functioning at a level of excellence, significantly above minimum, baseline levels.

Further information can be obtained by contacting: Magnet Nursing Services Recognition Program, ANCC, 600 Maryland Avenue, SW, Suite 100 West, Washington D.C. 20024-2571, www.nursecredentialing.org, 202/ 651-7262

References
Presentation by Kammie Monarch RN, MS, JD @ Magnet Commissioners meeting, Washington DC, January 11, 2002.
http://www.house.gov/stark/bills.html
http://www.thomas.loc.gov/cgi-bin/query

Diane Daddario BSN, RN, BC Commissioner Magnet Nursing Services Recognition Program
Comparison of Shocks

Hypovolemic Shock

Part One - Comparison of Shocks
This article is the first installment of a three-part series that will briefly discuss the types of shock.

Shock is a situation in which a severe deficit in tissue perfusion throughout the body occurs. There are numerous ways to categorize these, but the most common way to do this is one that refers to the cause of the hypoperfusion, such as hypovolemic in which the blood volume is decreased. This series of articles will briefly discuss each of the types of shock: hypovolemic, distributive, and cardiogenic.

Hypovolemic shock is a common form of shock, occurring when a large volume of blood, or body fluid, is lost. This can occur with major trauma or surgery, burns, third-spacing, or severe vomiting and diarrhea, as examples. Excessive renal loss and GI losses are also etiologic factors that need to be closely watched for.

Any time large amounts of blood or body fluid is lost from the body, the assessment for hypoxia to all body organs must be made, along with other chemical and hormonal abnormalities. The symptoms of hypoxia - changes of skin color, decreased mentation, decreased urinary output - are those that are usually considered first when doing an assessment of a hypovolemic client. But other chemical changes may also occur, such as potassium deficits or excesses, sodium and magnesium deficits. These may contribute to the clinical picture being observed by the caregiver, blurring an initial diagnosis. Symptoms of potassium deficit include cardiac arrhythmias and decreased muscle tone; while potassium excess would cause cardiac arrhythmias, increased peristalsis, and muscle twitching.

Symptoms of sodium deficit are increased thirst (if the patient is alert enough to describe that), but the biggest issue is the potential for an even larger fluid volume loss with the loss of that sodium. Magnesium deficit symptoms to observe for are increased muscular irritability and twitching. Seizures would be a possibility of the magnesium deficit is severe enough.

Observation for endocrine dysfunction is necessary for two reasons: hypoperfusion of the endocrine glands is very likely, and hormones released from these glands depend on the bloodstream to carry those hormones to their target tissue. When insulin, for instance, cannot be carried to the body’s cells, symptoms of hypoglycemia may quickly occur due to the increased stress the body is under.

Prevention of shock is always the best treatment. Clinical monitoring of the skin and levels of consciousness is important in detecting shock in its early stages. Blood pressure and urine output should be monitored in all patients, and in the right settings, cardiac output and other monitoring may be called for.

Treatmen of hypovolemic shock includes administration of oxygen, to increase the availability to the body tissue; keeping the patient cool (although not cold), to decrease the metabolic demand; elevating the legs to increase the volume in the central circulation because of pooling of the venous blood; and IV fluids. The IV fluid most generally used first is one that is isotonic, since it will remain in the vascular system, assisting with perfusion of the vital organs. Examples of isotonic IV fluids are Normal Saline and Lactated Ringers. When vital signs return somewhere close to normal, a switch to hypotonic IV fluids may be made, since these fluids will leave vessels and travel to the tissue, replenishing the fluid volume in the cells. An example of a hypotonic fluid is Normal Saline. Occasionally a colloid, such as Albumin, may be used to increase vascular volume, but caution must be observed, since these draw fluid from the tissue and could cause cells to become much too dehydrated.

The prognosis, when hypovolemic shock occurs as a consequence of trauma in a healthy person, is good if the volume is replaced relatively quickly and the source of the blood loss is discovered and fixed.

Patients in hypovolemic shock are an ever-present potential possibility on any given day on medical-surgical units. Every nurse, working with any medical-surgical client, needs to watch for the development of this complication since the faster treatment is begun, the better the outcome for the client.

Sally Russell, MN, RN, BC
AMSN Education Director

Featured Product

Cathflo Activase®

It is estimated that up to 25% of all central venous access devices (CVAD) become occluded, and 60% of these occlusions are caused by thrombosis. The majority of thrombi can be successfully dissolved. Historically, Urokinase was used for this purpose until the FDA withdrew it from the marketplace in December 1998.

The U.S. Food and Drug Administration (FDA) has approved Cathflo Activase® for restoration of function to occluded CVADs. Cathflo Activase® (Alteplase) is a naturally occurring enzyme produced by the body known as tissue plasminogen activator. This thrombolytic works by binding to the fibrin in the thrombus, converting plasminogen to plasmin. This initiates dissolution of the thrombus and thus restoring blood flow to the catheter line.

References

Academy of Medical-Surgical Nurses
www.medsurgnurse.org
SIG News

Geriatric SIG Forming

AMSN is interested in initiating a Geriatric Special Interest Group (SIG). When looking at the age of patients on a medical-surgical unit, the majority of these patients are 65 years and older. Care of the older patient constitutes a large portion of medical-surgical nursing practice. Therefore, we are seeking members who would be interested in participating in a Geriatric SIG. This SIG will address the concerns of members caring for older patients. It will promote and facilitate the implementation of nursing standards and guidelines directly related to the care of the geriatric population. If you are interested in joining this group, please answer the questions below and mail them to the AMSN national office (address is on page 24). Or, you may answer the questionnaire online by visiting www.medsurgnurse.org. The first Geriatric SIG meeting is scheduled for Friday, October 18 at 4:00pm.

1. What is your practice setting?
   - □ Acute care
   - □ Home care
   - □ Rehabilitation
   - □ LTC

2. Are you interested in participating in a special interest group (SIG) for nurses who take care of geriatric clients?
   - □ Yes
   - □ No

3. What are some of the ways you hope to benefit from a geriatric SIG?
   - □ Clinical tips
   - □ Education
   - □ Community support
   - □ Employment opportunities
   - □ Other ___________________________________

Chapter Spotlight

Central Oklahoma Chapter

Several nurses in the Oklahoma City area began meeting in November 2001 to organize nurses who were interested in forming a local AMSN chapter. Since that time, we have submitted the petition for starting a chapter, elected officers, and have had regular meetings. Recently we received our chapter charter and are now official! Our group is small (less than 20) but is committed to its endeavors. We have placed an emphasis on education and networking at our meetings and have had speakers at each meeting. Topics have included Pain Management, Bioterrorism, and Emergency Ventilation of the Trachostomy Patient. Our goal is to rotate meeting locations at Oklahoma City area hospitals to peak interest and participation. The topic of our June 27th meeting was “Evidence Based Practice: Is It Real, Is It Practical?” We welcome all professionals who are interested in the care of medical-surgical patients. For more information, contact Corinne Wilhoit at cwilhoit@ok.mercy.net

Corinne Wilhoit, MS, RN
President-Elect
Central Oklahoma Chapter

Convention Corner

The AMSN Convention is rapidly approaching, and it’s time to start planning some wonderful educational opportunities. Washington, DC will be the “hotbed” for Medical-Surgical education in October!

Friday’s concurrent sessions will include, among others, education on Latex allergies, Bioterrorism, the latest treatment for Sepsis, Laparoscopic treatment for the Bariatric population, Pain Medication Addictions, GI bleeds, and Hepatitis. The other sessions are just as high caliber, so expect to have difficulty choosing where you want to spend your time!

Saturday will again have the learner having to make difficult choices, as some of the topics are HIV/AIDS, Respiratory Failure, Wound Care, Orthopedic Emergencies, Domestic Violence, and Post-traumatic Stress Syndrome.

Sunday, along with the closing speaker, will have sessions on Mentoring, Health Promotion in Women with Disabilities, and Oncologic Emergencies.

As always, a book discussion will be held on Friday evening, exhibits with wonderful opportunities for networking with corporate sponsors and vendors, poster presentations and oral poster presentations, and awards ceremonies will occur. Many opportunities to catch up on the latest developments in the care of the Medical-Surgical patient exist, so plan your calendar accordingly!

Visit our Web site, www.medsurgnurse.org for more information, to request a registration brochure, or to register online. You may also call the national office (856-256-2323) to request a convention brochure.

Sally Russell, MN, RN, BC
Program Committee Co-Chair
Military Meeting

In May of this year, Doris Greggs McQuilkin, President-elect, Rick Grimes, Executive Director, and Marlene Roman, President convened in Washington, DC to meet with Brigadier General Barbara Brannon, Chief Nurse of the U.S. Air Force Nurse Corps and Captain Virginia Beeson, Nurse Corps, USN, Chief of the Nursing Staff National Naval Medical Center. The purpose of this meeting was to learn what AMSN can do to inform our military colleagues about what AMSN can do for them and how we can provide information about AMSN to the thousands of medical-surgical nurses in the military. I have to say, from a personal perspective, that for a non-military person, I was slightly intimidated by the uniforms and the titles. But, both BG Brannon and Captain Beeson were very warm, friendly, and open to our discussion.

AMSN strives to meet the needs of our membership, and one of the ways to do this is support the special interest groups of our members. Our first SIG met last year at the annual convention in Kansas City, MO. The Military SIG, chaired by Major Dorothy Dizmang, USAF, set forth goals and objectives for this group. The military SIG has scheduled its 2nd annual meeting at this year's convention in Crystal City, VA. AMSN would like to invite all of our military colleagues to attend the Military SIG meeting on Friday, October 18 at 4:00pm.

AMSN Wants YOU!

Call For Committee Members

We are always excited to recruit members to participate in committees and special interest groups. We encourage you to be involved in the growth and development of YOUR professional organization. A description of the Academy’s standing committees and Special Interest Groups are listed on the Willingness to Serve form in this issue of AMSN News. If you would like to be a part of future growth and development of AMSN, please complete and return the form to the AMSN national office. Or, you may complete the form online at www.medsurgnurse.org. We invite you to offer your special talents to any of the committees and SIGs.

BACK TO BASICS:
THE ELEMENTS OF SUCCESS

DATE: August 17-20, 2002
PLACE: Fontainebleau Hilton & Resort
Towers, Miami Beach, Florida

Good management has always been important. Today it’s critical! Nursing leaders are faced with an unprecedented nursing shortage, nurse vacancy rates of almost 15%, and increasing job dissatisfaction among nurses. Good management, clearly, is more critical than ever.

This year, the widely acclaimed Forum on Health Care Leadership presents Back To Basics: The Elements of Success, a practical, up-to-date, information-packed conference especially for nurses in leadership roles. Your favorite expert speakers will cover major topics, including:

- Staffing and scheduling
- Recruitment and retention
- Adjusting for an aging workforce
- Developing talented managers
- Top 10 issues facing hospitals today
- JCAHO disclosure standards and much more!

Marlene Roman, BG Barbara Brannon, Doris Greggs McQuilkin

Marlene Roman, Capt Virginia R. Beeson, Doris Greggs McQuilkin
Academy of Medical-Surgical Nurses

POSITION STATEMENT: Use of Restraints

PREAMBLE

The Federal Government and accrediting bodies, such as Joint Commission on Accreditation of Health Care Organizations (JCAHO), have issued clear mandates for health care facilities to decrease reliance on chemical and physical restraints. As a result of the 1987 Nursing Home Reform Act, extended care facilities have greatly reduced the use of both chemical and physical restraints. Extended care facilities have demonstrated effective alternatives to restraints and have improved the quality of life of the patient. Consequently, healthcare organizations nationwide are developing alternative strategies to physical and chemical restraints.

Historically, caregivers have used physical and chemical restraints to assist in managing behaviors that pose a threat to the safety of a patient or others, to protect the patient from injury while undergoing treatments, or to preserve the integrity of medical devices. Current research demonstrates that restrained patients are more inclined to fall and frequently sustain more serious injuries than those not restrained. A review of the literature shows that restraint use extends hospital length of stay and has resulted in fatal patient injuries. Health care workers are challenged to provide care that will promote the safest restraint-free environment and maintain respect for each patient’s rights and dignity.

AMSN is a professional organization committed to promoting the highest standards of nursing practice, health promotion, and prevention of illness in adults. The CORE values (Commitment, Opportunity, Responsibility and Education) make up the framework that reflects these standards and is the foundation for this position statement.

POSITION STATEMENT

AMSN supports a restraint-free environment. Healthcare organizations must be actively working toward a restraint-free environment. AMSN recognizes physical and chemical restraints as potentially dangerous. Restraints result in poor patient outcomes and are detrimental to the overall quality of patient care. Therefore, restraints must be considered as a last resort and should be implemented when all other alternative interventions have been exhausted.

Commitment

The nurse must be committed to facilitating a restraint-free environment. Nurses must be responsible for becoming knowledgeable about innovative nursing strategies and interventions to promote a restraint-free environment. The nurse uses the nursing process to provide ongoing assessment, intervention, and evaluation of the effectiveness of care, therapies, and treatments.

Opportunity

AMSN believes that improving the quality of life is integral in providing quality care. Nurses have an excellent opportunity to improve quality of life by supporting a restraint-free environment. AMSN believes that achievement of a restraint-free environment is a collaborative effort among the patient, family, and all caregivers. The nurse as an advocate encourages the patient and family to participate in achieving a restraint-free environment, instructs the patient and family on how to optimize safety, assesses patient response after each intervention, and is vigilant in pursuing a restraint-free environment in all patient care settings. The nurse is in a key position to identify changes in a patient’s condition that place the patient at risk for injury. It is the responsibility of the nurse to assess the patient’s psychological and cognitive behavior in a systematic manner.

Responsibility

AMSN believes that health care institutions must formulate policies and procedures that positively reflect a goal of a restraint-free environment. Nurses have the responsibility to be knowledgeable and support the direct application of organizational policies and procedures. The policies should include an assessment protocol to assist in determining acute changes in mentation in order to select the most appropriate interventions. Assessment protocols guide the nurse in the selection of interventions to promote patient safety and a restraint-free environment.

Education

The nurse is responsible for being an informed, knowledgeable, and a compassionate practitioner. The nurse is accountable for seeking ongoing education to acquire the knowledge, skill, and competency to promote a restraint-free environment. Education should include the ability to recognize physiologic disturbances, pharmacological interactions, and synergy that contribute to cognitive impairment placing a patient at increased risk for injury.

UTILIZATION

The position statement can be applied to all adult medical-surgical nurses in all care settings.

References


Strumpf N., Tomes N. (1993), Restraining the Troublesome Patient, a Historical Perspective on a Contemporary Debate, Nursing History Review 1, 3-24.
President's Message
continued from page 2

Current Activities
* Collaboration with Nurses for a Healthier Tomorrow and INNPower (Immunization Nursing Network provider Outreach Education and Resources).
* Member NOA (Nursing Organizations Alliance).
* Include Cultural diversity presentation at 2003 convention.
* National League of Nursing (NLN) scheduled to present 3-hour educational offering at 2002 convention.
* Act in Time to Heart Attack Signs program sponsored by National Heart, Lung, and Blood Institute.
* Certification Exam - AMSN will have a pilot exam ready at this year's annual convention. The first AMSN certification exam is scheduled to begin at over 40 locations across the country in May 2003.

Education
Goal: Enhance the professional growth of individual members through educational programs
1) Provide opportunities for professional development by encouraging volunteer members to present oral poster breakout sessions at annual convention;
2) Provide relevant continuing education opportunities that are applicable to current practice. The annual convention sessions are based on feedback from attendees and members.

Current Activities
* The 2002 annual convention will provide education on Latex issues, HIV/AIDS, Oncology emergencies, Wound Care, Orthopedic emergencies, Respiratory emergencies, Bariatric surgery, Sepsis, Acute and Chronic Confusion, Continent Urinary Diversions, Bodypacking, etc.
* AMSN News has been updated and is now soliciting clinical articles from AMSN members.
* Nurses Nurturing Nurses – Pilot program was launched on July 1 at over 30 facilities across the country. This mentoring program is designed to assist the novice nurse transition from new graduate to professional nurse.

Research
Goal: To promote health and wellness of mankind by advancing the science and art of nursing care through evidenced-based practice
1) Provide educational programs about the research process;
2) Develop activities to facilitate the conduct of research and utilization of research findings;
3) Establish a research utilization mentor program;
4) Disseminate research-directed changes in clinical practice.

Current Activities
* Clinical Trials concurrent session to be presented at 2002 annual convention.
* Ability to contact a member of research committee via the Web site
* Research pre-conference workshop offered at 2002 annual convention
* Best Practice in AMSN News

Legislative Policies and Procedures
Goal: To provide a mechanism for medical-surgical/adult health nurses to articulate health care policy and influence legislative issues that relate to health care
1) Identify pertinent political and health policy news issues and publish them in AMSN News and MedSurg Nursing Connection;
2) Encourage members to support responsible legislation that is acceptable to the AMSN membership.

Current Activities
* Annual NIWI (Nurse in Washington Internship) participation
* Legislative Updates including sample letters to legislators, a standing column in AMSN News
* Several position statements have been written and others are in the development process, including:
  - Latex use
  - Mandatory Overtime
  - Needlestick and Sharps Injury Prevention
  - Patient Bill of Rights Rights—in progress
  - Political Awareness for the RN
  - Use of Restraints
  - Staffing Standards for Patient Care

Operations
Goals: To insure fiscal stability and long-term viability of the Academy
1) Increase the level of volunteer participation and leadership effectiveness;
2) Promote chapter growth and development;
3) Promote AMSN as the professional organization of choice for nurses practicing in medical-surgical/adult health nursing.

Current Activities
* Awareness campaign – informational campaign to market AMSN; ongoing by volunteer members to contact nurse recruiters, directors of medical-surgical nursing, and medical-surgical nurse managers.
* Nominating Committee is actively seeking future leaders of AMSN. Information is available at the AMSN booth at annual convention as well as in AMSN News
* Welcome to New Members added to AMSN News
* Collaboration with NSNA (National Student Nurses Association) - M. Roman and C. Gatson Grindel are keynote speakers at NSNA’s fall convention to present Nurses Nurturing Nurses program. An article was published in Dean’s Notes, a newsletter that is read by nursing school dean’s, administrators, and faculty.

The AMSN strategic plan clearly supports our mission. It affirms the work that is ongoing as well as the future goals for AMSN. We invite you to participate in the work of AMSN and to share your enthusiasm and expertise with your medical-surgical nursing colleagues.

References

Marlene L. Roman, MSN, RN, ARNP
President
Welcome New Members

AMSN would like to extend a warm welcome to our newest members! The following individuals joined our ranks between April 1 and June 30, 2002.

NORTH CENTRAL

Janel Borkes, MSN RN
Cindy Constantine, RN
Carly Jo Cook, RN
Mary Ellen Cordes, RN CNS
Jane Cornelius, RN
Kimberly Darr, BSN RN
Manou C. Delarosa, RN
 Coral Desa, BSN RN
Debra Hampton, RN
Margaret Horeni, RN
Carolyn Jones, RN CEN
Eva Kopec, RN
Susan Pitman, RN
Sara Probst, BSN RN
Pam Ribelin, MSN RN
Brenda Ruhrer, RN
Merrily Satterstrom, RN
Kerry Sawin, MBA BSN RN
Brenda Ruhrer, RN
Pam Ribelin, MSN RN
Sara Probst, BSN RN
Nerissa Ferguson, RN
Wickliff S. Fawibe, RN
Ava Farahany, BSN RN
Judy Ann Dilbert, RN
Amy C. Denton, RN
Noreen Cox, BSN RN
Amy C. Denton, RN
Judy Ann Dilbert, RN

SOUTH

Richard Adamciewicz, RN
Paula Adamciewicz, BSN RN
Sherry P. Allen, BSN RN C
Lorraine Anderson, RNC
Barbara Bagggerly, RNC
Angela Barnett, RN II
Catherine Bayne
Gay Stevens Bencote, RN
Rita Berkowitz, RN
Janie T. Best, MSN RN CNS
Annette Williams, MSN RN
Christina Witt, RN
Orpha Mali, BSN RN C
Mary Schweiger, RN

WESTERN

Christine Teniola, RN
Patricia F. Tillman, RN
Marie Toft, BSN RN
Rochelle Triggs, RN
Marcella Upshaw-Owens, RN
Constance Vair, RN
Marietta Waller, RN
Patricia Weimer, RN
Patti T. Weiss, RN
Brenda Whitaker, RN

Christina E. Baramski, MS BSN C
Emily A. Benevento, RN
Kathleen Burkey, MSN RN
Dorea Cheeley
Karen A. Casure, RNC
Bernadette Degrange
Brenda Eckert, BSN RNC
Corinne Erb, RN
Amy Eskild
Heather Felix-Choeseeman
Ruthlyn Greenstreet-Webster, BSN RNC
Judith Gross, BSN RN
Stephanie Hammel
Theresa Hensko, RNC
Barbara A. Hofelner, MSN RN CNA
Ruthanne Hoover, RN
Rosemary Kates, RN
Debra R. Kennedy, RN
Bonnie Ker, BSN RN
Paula Labonte, RNC
Fred Matha, RN
Susanna Mathers, RN
Dorothy McCauley, RN

Jessika Meyer, LPN
Eileen Moran
Angela Mule, MA RN CNA
Phyllis Nyece, RN C
Rosemary Perdue
Deborah A. Portley, RN C
Patricia Pray
Rebecca R. Fillmore, RN
Margaret French, RN
Melissa Gibson, RN
Charla Cotier
Grace Greaves, RN
Gail Hartgraves, RN
Sonia Hayes, RN
Penny Hester
Ginna T. Ho, RN
Connie Hollaway
Salva F. Haslauer, MSN RN
Daphne Jackson, RN
Cheryl A. Johnson, RN
Kenneth Johnson, RN
Jenny Johnson, BSN RN
Felicia Jones, RN
Daria Kring, MSN RN
Laurie Larson, MSN RN
Toneka Machado
Trent Maclsaac, BSN RN
Sheila Marks
Mary V. Martin
Susanna Mathew, RN
Sean McCallum, LPN
Mary Ann Mergler, BSN RN
Gislaine Merine, RN
Sue Green, RN
Denise Miner-Williams
Rita M. O’Quinn, RN C
Jo Ann O’Donnell, RN
Deborah Parnell, RN
Michelle J. Paul, RN
Carmen Pearl, RN
Sandra L. Pierce, RN
Carlo A. Piraino, BSN RN
Sandra L. Pierce, RN
Kim L. Schick, RN
Jennifer C. M. Rosario
Kathryn L. Riewe, RN
Sylvia Ramos-Britton
Janet Pyles, BSN RN PHN
Alana Ondrisko, RN
Karen B. Nance, RN
Alana Ondrisko, RN
Janet Pyles, BSN RN PHN
Sylvia Ramos-Britton
Kathryn L. Riewe, RN
Eileen Robertson
Kristine R. Robinson
Jennifer C. M. Rosario
Kim L. Schick, RN
Sharon Schneider, BSN RN MS-HCU
Teri Spooner
Sandy Twel, MA RN
Terr VanHouten, RN
Candice White, RN C
Delegation and Supervision

continued from page 11

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Assessment and planning are integral parts of nursing practice. Nurses must first assess and then plan to delegate. It is estimated that for every 15 minutes spent in planning, one hour is “saved.” Nursing time is precious and nurses must delegate to survive in today’s workplace. Using the Five Rights, nurses can provide safe, effective, and efficient care to the patients we serve.

Forgotten Specialty

continued from page 1

there to care for them. Med/surg gives nurses more variety than any other specialty.

Some may argue that med/surg can’t be a specialty — it’s too broad in scope. Certainly hospitals have tried to divide med/surg nursing into smaller units. However, the creativity it takes to come up with these units stretches logical reasoning. Try “internal medicine; pulmonary; ear, nose, and throat;” or “renal, hypertension, and gastroenterology.” Of course, at smaller hospitals it’s not possible to divide units down too far.

Compare med/surg to the characteristics of nursing specialties. It has its own organization, national meetings, and certification — all an acknowledgement of specialty, not generality.

In reality, there is no such thing as a general nurse, just as there is no such thing as a general physician (the days of GPs are long gone) or to take it outside medicine, a general engineer. Med/surg nursing is just as valid a specialty as those other, more “sexy” specialties, and it deserves our respect. So let’s give med/surg nurses a pat on the back and say “good job.” Tell them you appreciate their unique skills. Realize that although med/surg nursing might not be for everyone, it is a specialty that requires finely tuned skills and extensive knowledge.

If you’re a student, stop looking at med/surg as a way station on your career train. See it as a challenging specialty that, according to the nurses in it, might leave you scared (of your ability to handle it all), frustrated (at never knowing enough), but never, ever bored.

Sandra Fights, MS, RN, BC
Approver Unit Coordinator

Did You Know EMLA Cream Reduces IV Pain?

For years medical-surgical nurses have been looking for ways and means by which to alleviate venipuncture (VE) and intravenous (IV) insertion pain. It is now reported that Eutectic Mixture of Local Anesthetic, EMLA, does exactly that.

EMLA is a cream-like product that produces dermal anesthesia through contact with intact skin. EMLA was compounded in 1980 by Swedish researchers and is a mixture of two anesthetics, 2.5% lidocaine and 2.5% prilocaine. EMLA penetrates and blocks sensation transmission from dermal nerve fibers. The United States Food and Drug Administration (FDA) has approved it for use since 1993.

It has been used to alleviate the pain associated with lumbar puncture, drug reservoir injections, and superficial skin surgery. Empirical studies conducted in over 15 countries documented its efficacy. However, there has not been a quantitative summary of research of its efficacy.

In a recent study, Susan Jane Fetzer, PhD, MBA, RN, investigated the efficacy of EMLA in reducing VE and IV pain through a statistical method called meta analysis. In this study, meta analysis of 20 research articles were conducted to determine the magnitude of the effect of EMLA cream in reducing VE and IV insertion pain. Fetzer examined the effect size on such variables as age, sample health status, anatomical puncture site, duration of application, method of measurement, funding, and research design in these 20 study reports. Effect size is a powerful statistical method that measures the strength of the relations among two variables in a population. It is the part of power analysis that measures the probability of rejecting the null hypothesis.

The results showed that EMLA cream had a large significant effect on VE and IV insertion pain. The patients who received EMLA cream reported a lower pain experience than the control group by at least one standard deviation. The effect size between VE and IV (d=1.05, d=1.04) indicated that the effect of EMLA was consistent across both of the procedures. Most importantly, the findings showed no effect by age (child versus adults), application duration, type of pain scale used, location of the insertion site, premedication, study design, or funding.

In view of these findings, Fetzer recommended the use of EMLA for all VE and IV procedures. However, due to its high cost, the use of EMLA may be limited. It is particularly appropriate for those patients who are at risk for VE and IV insertion pain, those with the history of vasovagal reaction (about 15% of adults under the age of 40 experience vasovagal syncope during IV insertion), and pediatric patients.

References

Ayhan A. Lash, PhD, RN, FAAN
Co-Chair, AMSN Research Committee

Best Practice

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Approver Unit Coordinator
WILLINGNESS-TO-SERVE

We are always excited to recruit AMSN members to participate in committees, special interest groups, programs, and task forces. The following is a brief description of our programs:

CHAPTER DEVELOPMENT: Recruitment and retention of members. Assists in the development and implementation of recruitment strategies and in the development of solutions to problems related to the recruitment and retention of members.

CLINICAL PRACTICE: Promotes and facilitates the implementation of standards and guidelines for the practice of adult health/medical-surgical nursing.

GERIATRIC SIG: Addresses the concerns of members caring for older patients. Promotes and facilitates the implementation of nursing standards and guidelines directly related to the care of the geriatric population.

LEGISLATIVE POLICIES & ISSUES: Monitors legislative and regulatory activity on the federal and state levels, and provides updates to the membership through AMSN publications.

MILITARY/UNIFORMED SERVICES SIG: Addresses the needs and concerns of members associated with the military and uniformed services branches of the U.S. government.

NEWSLETTER: Responsible for seeking items of interest as well as writing for the newsletter. Topics of interest include, “Sharing Your Secrets,” clinical topics and issues, drug and product updates, and Web sites of interest. One responsibility will be to contact committee chairs and chapter presidents to assist with soliciting articles from these groups. When articles are submitted for publication, the committee members will review them for relevance, currency, and accuracy.

ON-LINE SERVICES: Assists in the development of association-related content and its implementation into AMSN’s Internet strategies. Responsible for reviewing the integrity and timeliness of the content and information that is displayed on the Academy’s Web site, www.medsurgnurse.org.

RESEARCH: Promotes the development of research-based medical-surgical nursing practice, including educational programming that unites practice, education, and research; promotes the completion and publication of research; and facilitates utilization of research findings in practice.

THANK YOU!

Someone will contact you regarding your inquiry.
The Academy of Medical-Surgical Nurses strives to enhance the knowledge, skills, and professionalism of medical-surgical/adult health nurses in all practice settings.

The medical-surgical/adult health nurse is a valued health care professional and a vital part of the health care continuum committed to leadership, quality care and advocacy for patients, their families and the community in which they live and work.

A Nurse is more, Why?
Though nobody can say why, for sure,
Nurse’s desire, for service, is pure.
Not for themselves, it has to be for others.
A life dedicated, to their sisters and their brothers.

A Nurse is more, How?
Through reserves, of strength, care and love,
Nurses take their lead, from the power above.
Above and beyond, their duty comes first.
Their patient’s needs paramount, before even hunger and thirst.

A Nurse is more, When?
When we need them the most, at our times of ill,
Nurses come through, with their care and goodwill.
When we feel we can’t go on, and wish, to give up the ghost.
That’s when our Nurses, give it their most.

A Nurse is more, Where?
In the hospital, the battlefield, the clinic, the home and hospice,
Nurses are there, in the ER, the OR, the workplace, and medical office.
Where we are, to go for our care, thankfully, we find Nurses there.
Aging, sick, fearful, weary, we turn to Nurses, and know they care.

A Nurse is more, much more than all we’ve said, or all we can say,
other than, to acknowledge the Nurses, who so brighten our day.
In gratitude, we thank Nurses, their willingness to serve, we find so appealing,
bringing to us, their comfort, wisdom, compassion and healing.

Richard G. Shuster
Written to honor all Nurses,
Dedicated to Jeannine E. Shuster, RN