

2015

A collaborative approach to an advanced nursing practice

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A Collaborative Approach to an Advanced Nursing Practice

Elizabeth R. Janeczko

Submitted in partial fulfillment of the
requirement for the degree of
Doctorate of Nursing Practice

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2015

Presentations

Advanced Practice Nursing – Orientation
May 20, 2014
Supervisory CRNAs
University of Minnesota Masonic Children's Hospital
Minneapolis, Minnesota

Nursing – Beginner to Expert
July 22, 2014
Nursing Educators - Rasmussen College - Blaine
Blaine, Minnesota

Nursing – Beginner to Expert
August 21, 2015
Quality Improvement Staff at Rusk County Memorial Hospital
Ladysmith, Wisconsin

Acknowledgements

I would like to say thank you to Augsburg College for enabling me to have instructors of the highest caliber assisting me in my DNP journey as well as giving me the chance to spend the past three years with classmates who have encouraged and challenged me. I would like to thank Joyce Miller – my instructor, advisor, and mentor. You supported me not only in my project, but also encouraged me when I felt discouraged. To Joyce Perkins who was able to show me there was more to simple actions than what appear on the surface as well as to push me when I didn't think I could be pushed any further. To my classmates Kitty Jablonski and Rebecca Hartwig, a friendship that was started on the way to the top of the mountain, never realizing that a walk up a literal mountain would turn into a figurative one – a walk to the top of the DNP mountain.

To Melissa Becker, my Lead CRNA, who enthusiastically encouraged me when I asked if it would be possible to have time off to attend DNP classes and then encouraged me throughout. Jen Stotesbery who made sure I had the time off I needed – when I needed it. Chris Erickson who suggested the idea for my project, never realizing how far it would go or how long it would take to finish. Casey Sauder who encouraged and reviewed my project multiple times. Scott Pederson for his artistic talent and patience in making frequent revisions to pictures. The nurses and technicians in the pediatric cardiac cath lab who reviewed and made suggestions to the project. And a special thank you to Dr. Chandra Castro, M.D. and Katie Joule, P.A. who both multiple times discussed and reviewed the Pediatric Cardiac Cath Lab manual, making it a manual that will be used by many.

To Susan, my daughter, who encouraged me throughout the DNP process, frequently reminding me that someday I would be finished. If she could finish two doctorates, I could finish one! And finally, to the memory of son, Steven. I wish you could be here to share this with me, I miss you.

Abstract

A Collaborative Approach to an Advanced Nursing Practice

Collaboration within multiple disciplines is fundamental to the success of any health care practitioner. For the Advanced Practice Registered Nurse (APRN), collaboration as well as the use of a mentor during a detailed, organized orientation leads to success in the chosen field of the APRN. A good orientation requires the current staff to work together in a harmonious way to mentor the new orientee and ultimately produces a confident staff member. An unorganized orientation lacking in collaboration may force the orientee to struggle, never knowing if they are on the right path, can lead to disruption of the unit, dissatisfaction, discouragement, and a potential for the orientee to leave the unit. All APRNs begin their careers as beginners, relying on preceptors or mentors as well as their educational background to begin to function within the work setting. Through experience, collaboration, and time, the APRN advances into an Intermediate Stage where the APRN views practice with additional specifics and context. Ultimately, the APRN becomes an expert where experience is influenced by intention, consciousness and intuitive and holistic practices. A project developing, a resource manual for Certified Registered Nurse Anesthetists (CRNAs) in a pediatric cardiac catheterization unit blossomed into a resource manual with input from multiple disciplines. The resource manual has application for many practitioners, not only for those in the field of anesthesia for CRNAs but for other new staff – Registered Nurses (RNs), technicians, residents - working together in the pediatric cardiac catheterization lab. Through true collaboration

among groups – RNs, technicians, Physician Assistants, CRNAs, Anesthesiologists – the reference was able to grow and become a resource for many professionals.

Key words: APRN, beginner, collaboration, CRNA, expert, mentor, orientation, pediatric cardiac catheterization lab

A Collaborative Approach to an Advanced Nursing Practice Specialty

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In partial fulfillment of the requirement for the degree of
Doctorate of Nursing Practice

Augsburg College, Minneapolis, Minnesota

May 24, 2015

Acknowledgements

I would like to extend my deep appreciation to the DNP faculty at Augsburg college for sharing their vast wealth of knowledge, experience, and patience in my DPN journey.

To my co-workers at the University of Minnesota Masonic Children's Hospital, Chris, Scott, and Casey . Also to the RNs, technicians, PAs, and Anesthesiologists especially Katie Joule, PA and Dr. Chandra Castro who added to, reviewed, and made suggestions for my project, allowing it to become much more than it had been originally visualized. Making my project a true collaboration.



My DNP Project

I came into this program with a very linear mindset

Remember, I am a CRNA

Develop an orientation manual for new nurse anesthetists
in the pediatric cardiac catheterization lab

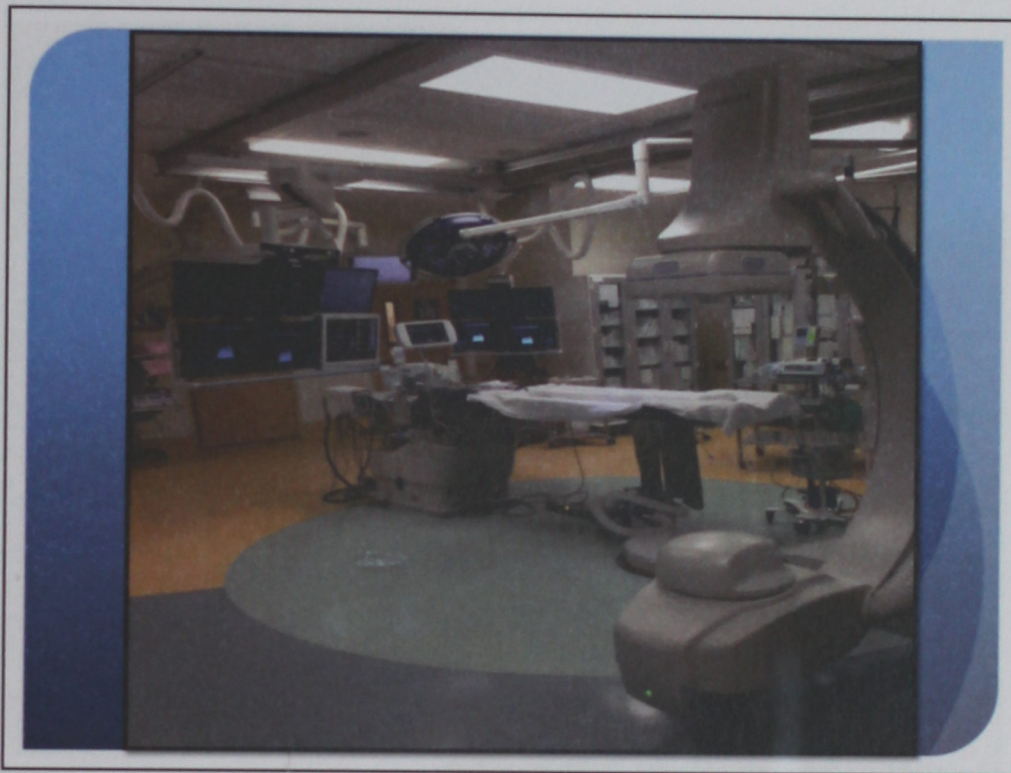
Objectives

- Describe cardiac catheterization lab setting for treatment of pediatric congenital defects and anomalies.
- Apply Martha Roger's concepts of pan-dimensionality and synchronicity as well as Benner's novice to expert to my DNP project
- Discuss the development of the orientation/reference manual for the pediatric cardiac catheterization lab
- Compare the metaphor of an Anesthetic Balloon Ride to my transformational journey in the DNP program

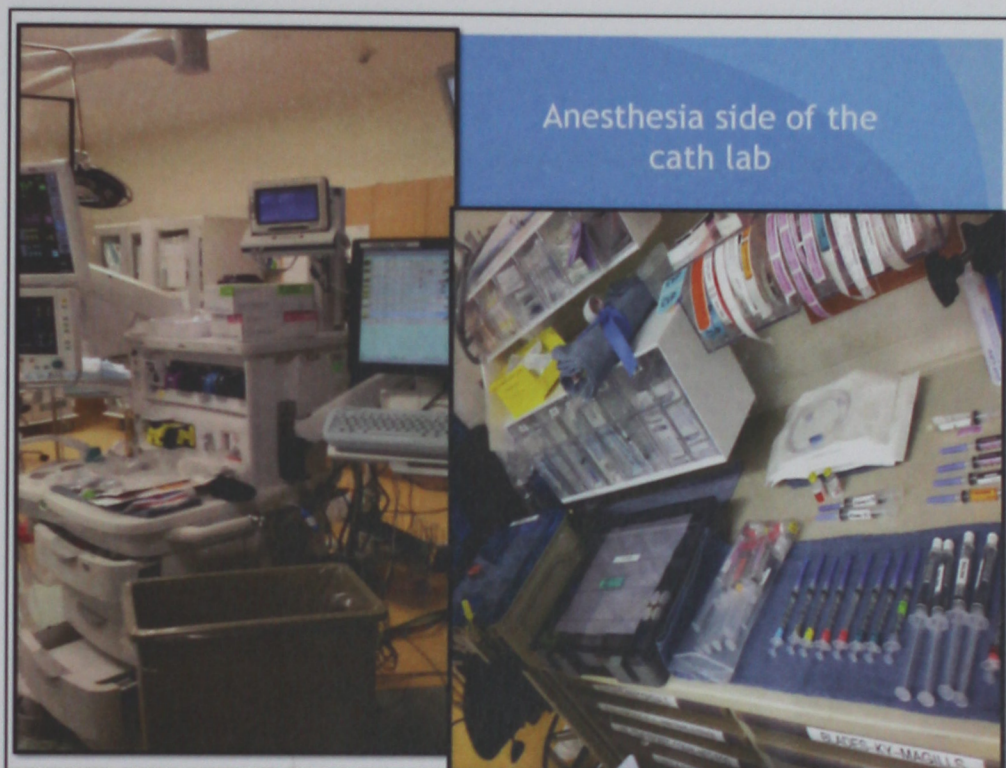
Analogy to Project

"Classical or folk music was embodied within the crystals of ice as exquisite harmonies, whereas the sound of heavy metal music was reflected in the crystals as disrupted and deformed shapes" (Currivan, 2005)

- An orientation that is well thought out, detailed produces a harmonious and confident staff.
- An unorganized orientation, forcing the orientee to struggle, not knowing if they are on the right path, leads to disruption and dissatisfaction, discouragement, low self-esteem and potential of leaving.

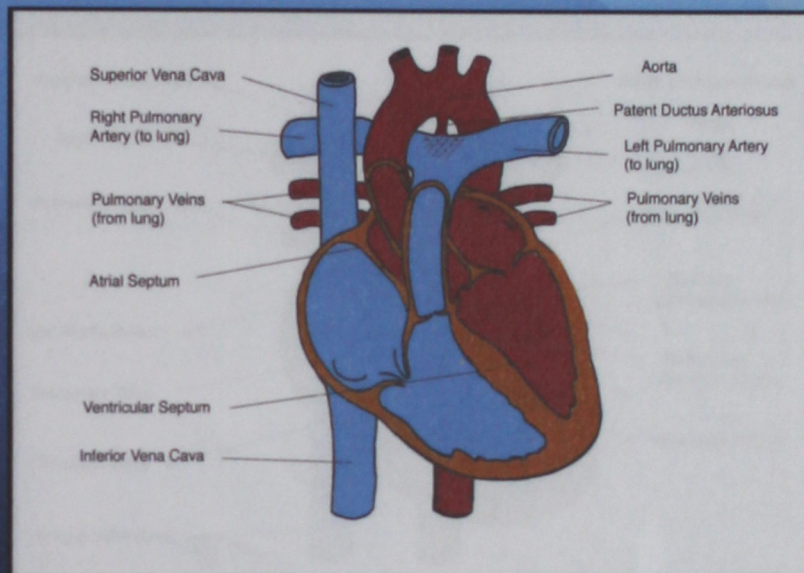


- This is a pediatric cardiac catheterization lab. It can be a daunting place for the CRNA who has not worked with congenital heart defects. Working in this setting requires constant communication between cardiologist, PAs, RNs, technicians, CRNAs and anesthesiologists to maintain a stable patient during both routine and emergency procedures in order to allow the cardiologist to obtain the needed cardiac pressures and data as well as perform the intervention necessary to improve the life of the patient.



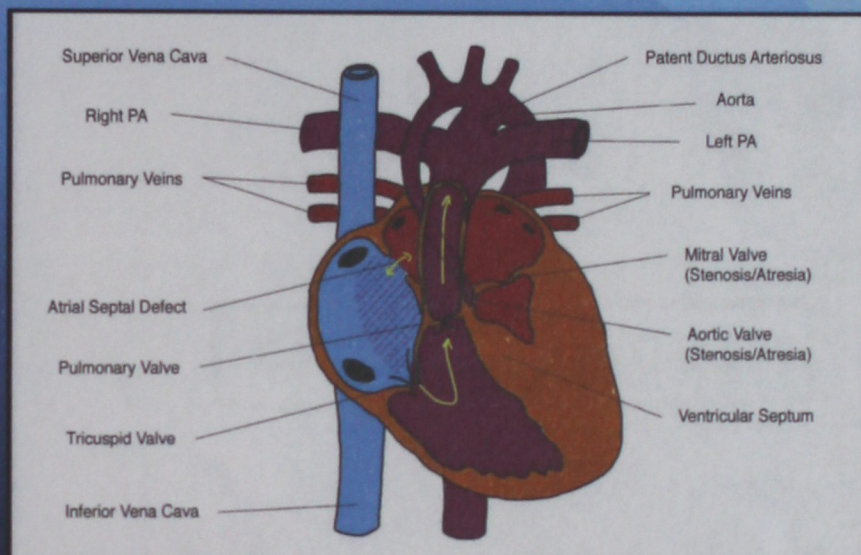
- This is my home in the cardiac cath lab -- a 2x2 area designated for anesthesia personnel. From here - we manage airways and keep VS stable by making adjustments to ventilation and administering needed medications.

Patent Ductus Arteriosus (PDA)



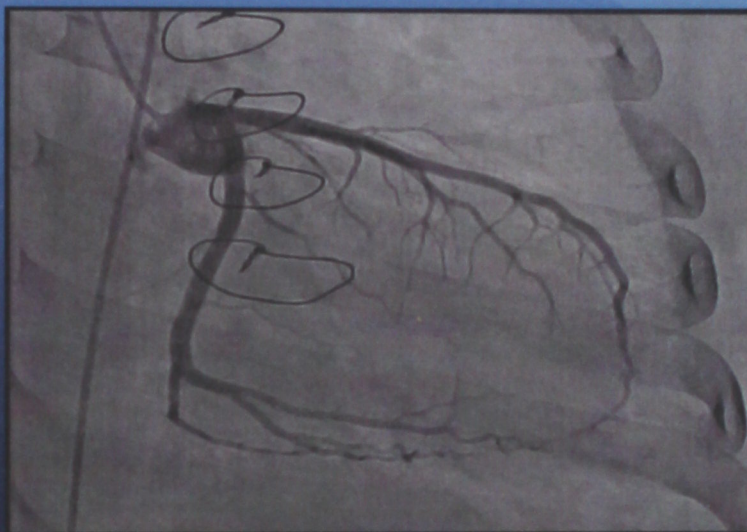
- The majority of cases we deal with are congenital heart defects - some are relatively simple procedures such as the closing of the patent ductus arterious which is an unwanted connection between the aorta and the pulmonary artery. By successfully performing this closure in the cath lab, the patient is spared surgery. A small catheter insertion with an overnight stay versus a larger chest incision with the potential of a longer hospitalization with increased risk of complications.

Hypoplastic Left Heart Syndrome (HLHS)



- To the life-threatening hypoplastic left heart syndrome with its lack of a left ventricle and multiple other defects requiring multiple surgeries to correct and reconnect. Catheterizations allow the surgeons to know when the time is right for each surgery.

Transplanted Heart



- In the cardiac cath lab - we also routinely check the status of transplanted hearts to determine stability or rejection of the implanted heart. After transplantation, patients are initially catheterized two weeks after transplant, then every 2 weeks for 3 months, again at months 4, 5, 6 and 9, then annually for the rest of their lives. In addition to the routine cath, we frequently see them if there is any indication of failure or rejection. We come to know these patients well, not just the status of their heart, but the patient as a person as well as their families. For one young man, I have been there for every one of his caths and he has had many for both rejection and routine. I know more of not only the details of his heart, but of himself and his parents. He calls me his "personal anesthetist" as between him, his parents and myself we have tailored his anesthesia to where he is able to go through a cath with minimal sedation.
- This picture of the coronary arteries of a transplanted heart is identical to a normal heart ... with the exception of the sternal wires that hold the chest together after transplantation.

CRNA Practice

The practice of the CRNA as an APRN, is
steeped in nursing,
Differing from the medical model,
Yet often providing overlapping services

Martha Rogers



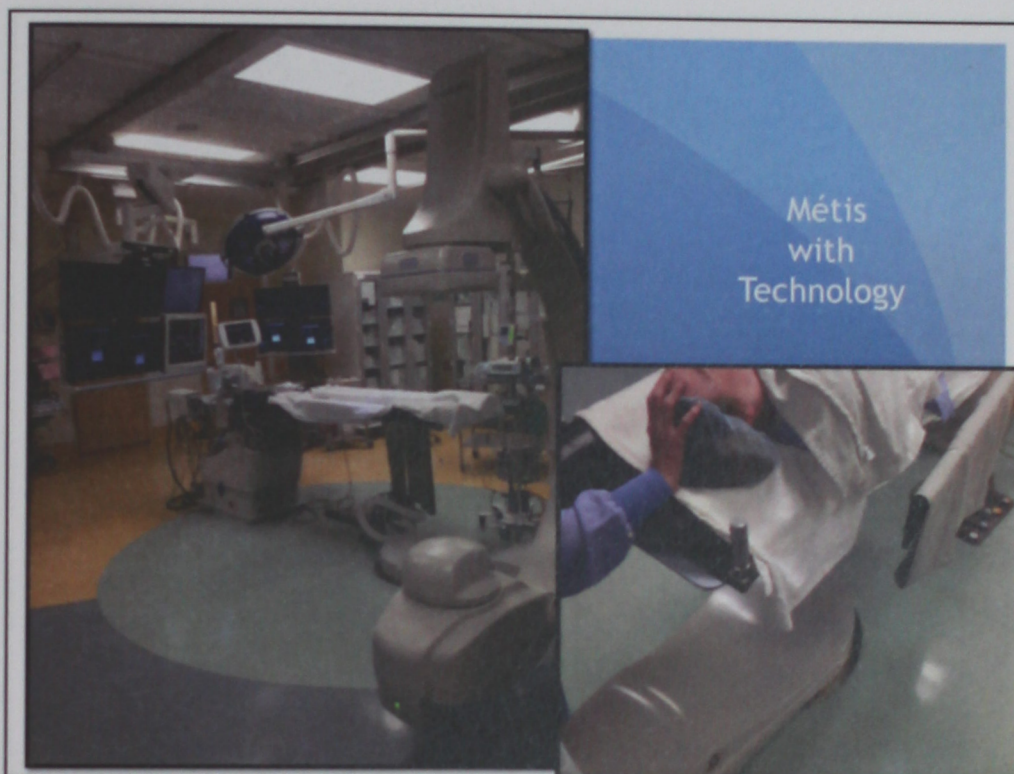
- Grand Theory of nursing - human beings are “irreducible whole integrated with their environments” (Rogers, 1991)
- Each human energy field dynamically reacts with the energy fields of others as well as with the environment
- Essential to maintain harmony within a specialty unit and when developing an orientation plan

Team Work and Energy

- Energy of a specialty unit comes from the high energy levels of each of the team members
- Specific patient population - mostly congenital heart defects
- Each individual has own energy field, flowing continuously through the environment producing a cause and effect on other members of the team
- Energy is focused on patient safety

My Métis

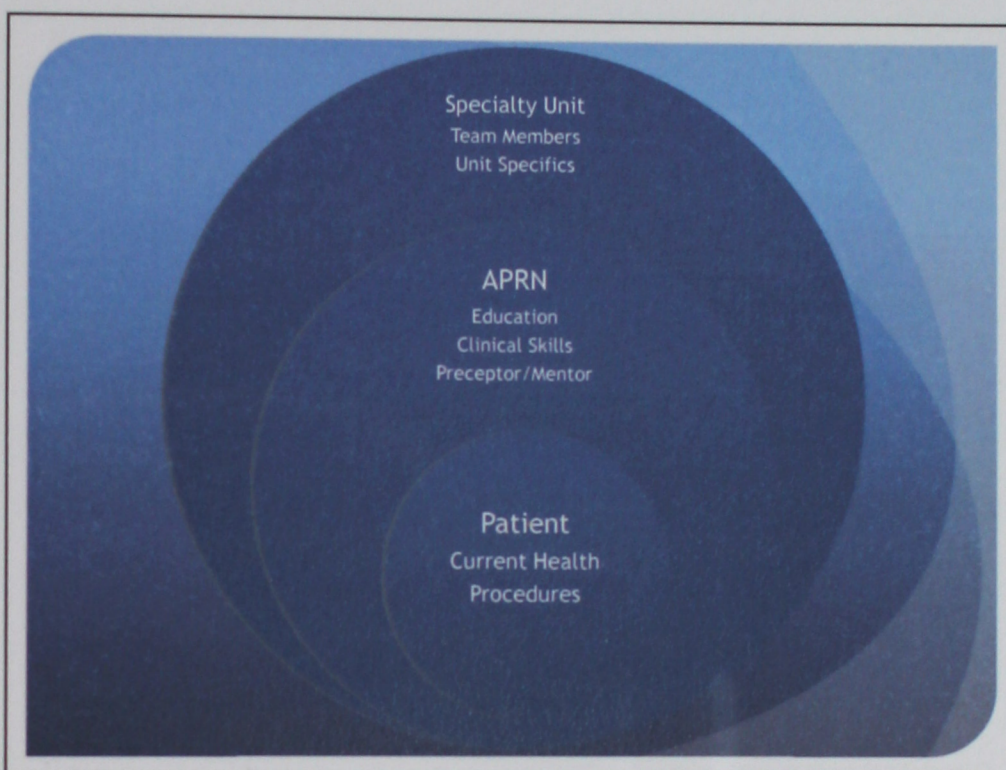




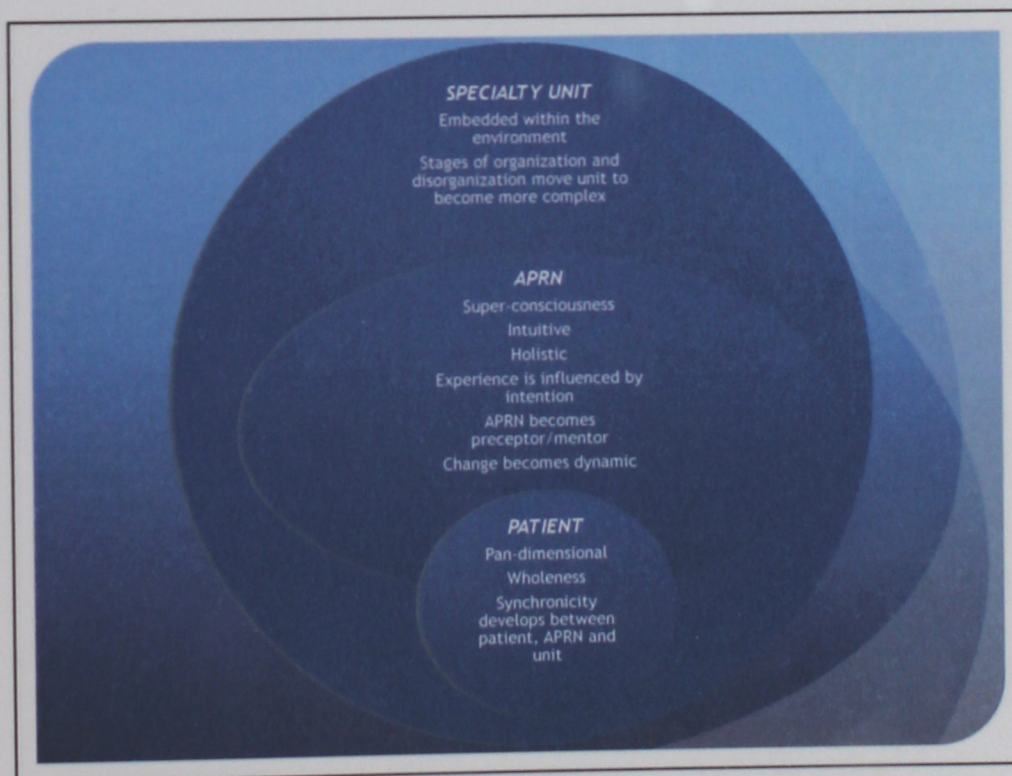
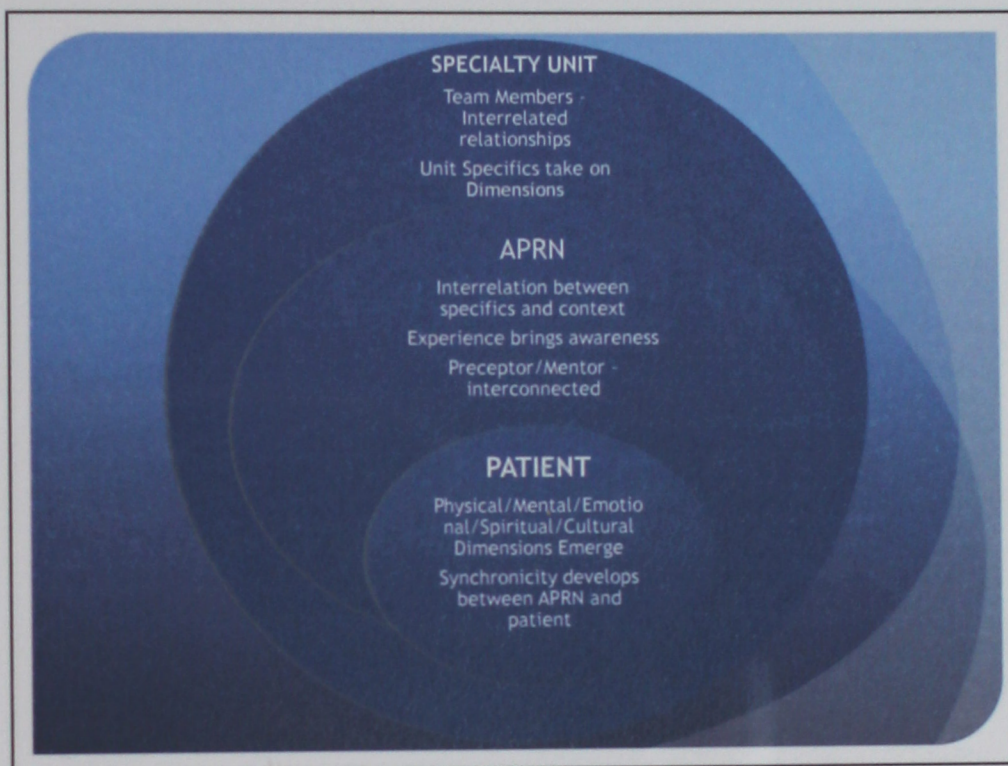
Patricia Benner



- Novice to Expert - five levels of nursing that the RN will experience in the journey from novice to expert in her theory of clinical competence (Benner, 1984)
- Novice sees all the parts of the situation as being of equal importance, detached
- Expert sees the whole as having varying degrees of importance, engaged in all phases of caring for the patient



- In NUR 807 we each developed a conceptual framework to work with our projects. I focused mine on there being three stages of the APRN, beginner, intermediate and finally the expert APRN.
- The beginner APRN in the specialty unit only sees the team members and unit specifics that are needed to begin practice.
- The APRN's all have the same educational background, similar clinical skills and begin with a preceptor or mentor.
- To the beginning APRN, the patient is viewed as to what the current issue is and how the specific procedure will affect the client before, during and after the procedure.



Expert APRN

- Rogerian science of unitary human beings theory - views the "universe and human beings as integral, irreducible pandimensional energy fields" (Butcher, 2014)
- Benner's theory gives the APRN the background knowledge that one does not become an expert overnight, but takes time and teamwork to reach this goal
- With the growth from beginner to expert, the APRN learns that "wisdom and compassion cannot be replaced by information. But neither can they be sustained without good information and continuous attentiveness to patient care outcomes (Benner, Tanner & Chesla, 2009)

"No man is an island entire of
itself; every man is a piece of
the continent, a part of the
main"

(Donne, 1624)

Metaphor - Anesthetic Balloon Ride



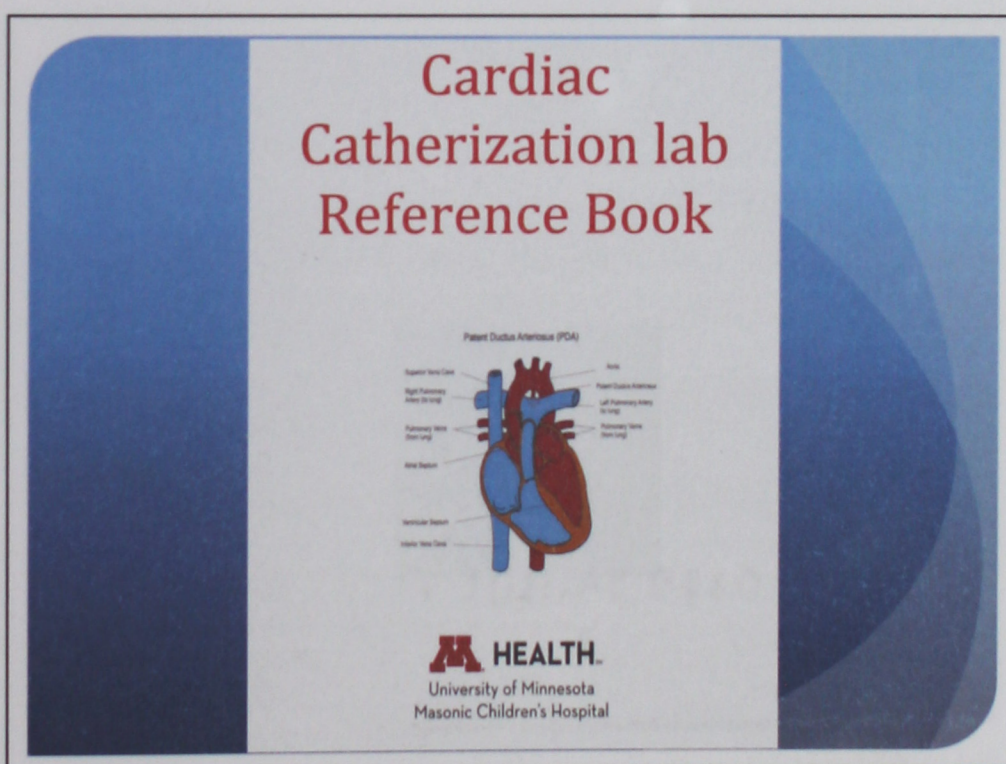
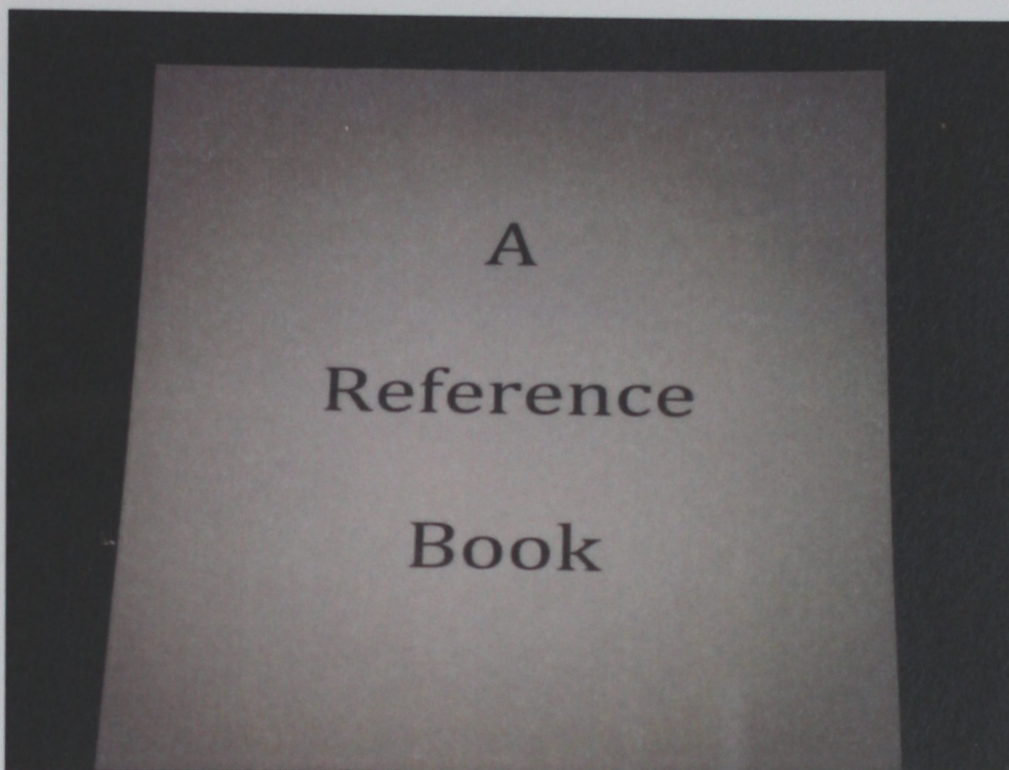
- As my journey to DNP started in NUR 800, Ruth Enestvedt asked us to develop a metaphor as one of our very first assignments. I would like to end my DNP journey by coming full circle and again taking you on the same balloon ride I used as a metaphor to an anesthetic in that assignment, but this time including my DNP journey. So please sit back and enjoy the ride...
- An anesthetic is like a calm ride in a brightly colored, hot air balloon on a sunny day with lots of white, fluffy clouds in the sky, blown by a gentle wind, as like my life was calm and peaceful being embarking on the DNP journey.
- Before the balloon is able to take off, the pilot discusses the flight plan with his/her co-pilots and passengers, making sure all know the plan and are comfortable with each person's part in the endeavor. This is similar with the anesthesia provider's discussion with the patient preoperatively, as well as with the brief involving all the members of the surgical team. Both these scenarios contribute to a calmer ride. As did the acceptance and welcome information to the DNP program.
- Taking off, letting go, leaving the ground is similar to the induction phase of anesthesia. The anesthesia provider is the pilot, using navigation instruments (anesthesia machine, monitors, medication) to help dictate the course of the flight (anesthetic) as much as he/she is able. The induction phase of the DNP program occurred during NUR 701 - Transcultural Nursing in Community: Orientation Practicum in the Black Hills of South Dakota.



- The ride (maintenance phase of anesthesia) is usually very smooth, unless the winds (surgeon, unexpected findings or an unstable patient) take the balloon off course.
- Normally the sun continues to shine during the ride (vital signs stay normal).
- The clouds stay white and fluffy with no signs of rain (unexpected occurrences such as bleeding). If rain appears, the crew is able to make adjustments and continue the ride without difficulty.
- The following classes in the DNP program made for a similar journey with our instructors smoothing out the ride.



- Finally the landing or emergence from anesthesia. Again, usually smooth, occasionally bumpy (patient becomes hypertensive or an assignment is unclear).
- But good equipment (drugs and monitors in the anesthesia world and many questions in the DNP land) and experienced navigators (anesthesia staff and DNP instructors) help make the bumps disappear.
- The basket hits the ground, a sound landing, the patient is stable and off to the post-anesthesia care unit.
- And so today's landing ends our journey in the DNP process at Augsburg College.



Who uses the Pediatric Cardiac Catheterization reference book?

- CRNAs
- Cardiac catheterization lab staff
- Residents
- SRNAs
- Anesthesiologists

Applications of APRN Conceptual Framework

- Supervision of SRNAs at University of Minnesota's Masonic Children's Hospital
- Practice Committee at University of Minnesota's Masonic Children's Hospital
- Reference book for cardiac catheterization lab at the University of Minnesota's Masonic Children's Hospital
- Presentation of Beginner to Expert RN will be added to the ADN program at Rasmussen College, Blaine, MN
- Orientation form for the OR for Residents at University of Minnesota Masonic Children's Hospital
- Orientation form for the University of Minnesota Student Nurse Anesthetists

Presentations

- Supervisory CRNAs - University of Minnesota Masonic Children's Hospital May 20, 2014
- Rasmussen College - Nursing Educators, Blaine, MN July22, 2014
- Quality Improvement Staff - Rusk County Memorial Hospital, Ladysmith, WI August 21, 2015

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Thank you!



Questions?



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