Road to ASPAN 2024: Behind the Scenes of Speaker Prep

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My road to ASPAN 2024 began in June of 2020. Our small orthopedic surgery center had just opened back up, after being shuttered due to Covid mandates to preserve PPE and delay elective surgery. I remember her--an 18 year old young girl—sports injury. She was having her ACL repaired. She was emerging from anesthesia as a tear rolled down her face. By the books, she was an adult. But, being a mom myself, I knew that "18" may be an adult-- but it is not grown. She was curled up in a fetal position in an anesthesia fog. Her mom, by state mandate was waiting in the parking lot anxiously awaiting word of her daughter.

I called her and put the phone to her daughter's ear, and she settled down to emerge from the hazy fog of anesthesia. As her mom talked to her-- I cranked the fluids, gave a medication to ease the pain, Zofran for the nausea, and a sip of gingerale to ease her scratchy throat. I stroked her long black hair as I imagined her mom sitting in the parking lot might do if she was sitting next to her daughter, comforting her through emergence. It was a terrible time for all of us. The fear was palpable, and protocols were ever changing. We were all just doing our best to care for the patients we had.

I called the mom back to review discharge instructions, assuring her I had highlighted vital information on the printed instructions, and she could call back anytime. I went over it line by line in plain language. I went over it again when the mom's voice quivered, and she was unsure and confused and overwhelmed. No one in the family had experienced surgery before and this was her baby.

Simultaneously, I returned to school for my MSN-Ed. through Capella University. That happened a few weeks prior as my "work wife" Heidi and I returned to work more than full time. Younger staff were home schooling their children. We opened with a skeleton crew and more than 100 patients that needed their orthopedic surgery after the center had been closed for a month. After a particularly challenging 12+ hour day of caring for patients in PACU then calling preop patients, I collapsed in a pile on the desk. Heidi gave me a big hug and said, "Why don't you go back to school. You've always wanted to teach! You'd be good at that!". And so—I did. I will always be grateful to Heidi for her vote of confidence. Returning to school with two kids in college didn't really make sense-- but it made all the difference.

Early in my schooling my advisor and the professors started planting the seeds of our master's thesis project. We would solve a clinical problem. We would not just write about it or propose an idea that might work. Our assignment would be to do the work of solving the problem and testing and evaluating the outcome.

As I wiped away a tear from my 18-year-old patient's face I knew what I had to do. There was a better way to educate our patients. I had witnessed the inadequacy of the usual protocols for 25 years of bedside perianesthesia nursing. I was finally going to change it. There was a way they could listen to the instructions on a day where stress wasn't looming large and impairing their learning. There was a way we could provide learning materials to them when the effects of anesthesia weren't blurring their eyes, when pain wasn't making my words to loud, too

confusing, and too much to process. There was a way --when their medicated foggy brain wasn't making them forget the most basic information.

Patients are so compromised on the day of surgery that we tell them not to drive, drink alcohol, make important decisions, operate heavy machinery, go to work, or care for young children. Yet—we hand them a stack of papers (up to 40 on an informal survey of a NH hospital) and tell them to follow all the instructions because it is vital for their recovery. What is worse, according to a widely used learning assessment—we deliver that information in a way that caters to less then 10% of the population on a good day. There was a better way. I was going to connect my patients to the information they needed to recover with confidence and deliver it in a way that catered to most learning styles. I was going to videotape all our instructions and create a platform for patients to access.

It was a huge undertaking. The details were hard to sort out initially. But, once I had a plan I was laser focused. I began organizing our instructions into "Playlists". I recorded 17 individual 3–5-minute videos using Movavi software that I learned to operate on my computer in one afternoon. There was an option for camera view and screen view. For some of the videos I had the camera on me, and I read a script on a topic I created. For other videos, I created a PowerPoint presentation and narrated it. I had actual screen photos of a bottle of Tylenol, a bottle of ibuprofen for the "Preparing for Surgery Video".

Other topics included, "Knee Surgery", "Shoulder Surgery", "DVT Prevention" and "General Anesthesia". The general topics such as general anesthesia, pain control, diet & nausea prevention were integrated into the larger playlists. For example, the "Knee Surgery" playlist would include the topics of preparing for surgery, knee surgery, pain control, DVT prevention, diet and nausea prevention etc. Many of my videos could be reused in the "Shoulder Surgery Playlist". When I was done I had 17 of my own videos and 5 videos from manufacturers or other sources on general topics.

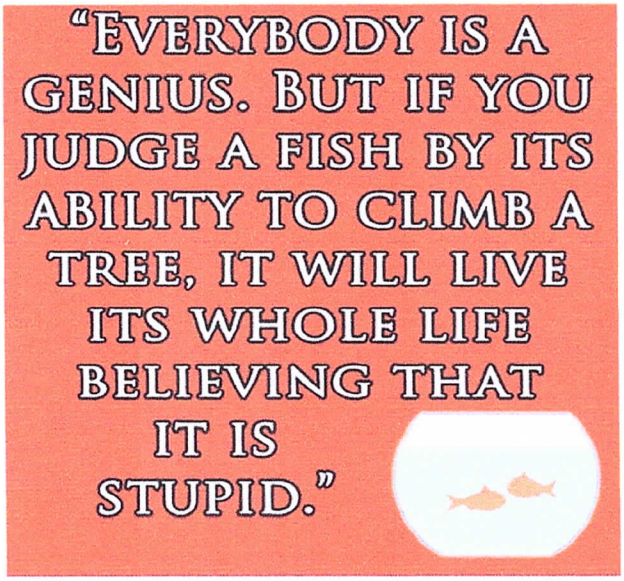
I arranged those videos in appropriate playlists and created a private unlisted channel on You Tube. I then created 7 Word documents with live links to each playlist that would be emailed to our patients. For example, when we were doing the preop call for a knee patient, we would say, "John, I'm going to email you a link to your discharge instructions. We want you to watch at least the "Preparing for Surgery" video". That prep video contained instructions and a shopping list to pick up Tylenol, ibuprofen, compression socks, Colace, light foods appropriate for post-surgery etc. so that patients are not scrambling the day after surgery, surprised by the supplies they need to recuperate at home.

When I was done, I had spent 4 months and hundreds of hours creating the videos, arranging playlists, creating the templates and Word documents for patients, and educating staff. I gave each staff person a master list of all the live links to save on their desktop so they could easily email patients. I also emailed all the Word templates for each playlist, introducing the patients to their playlist and encouraging them to watch it before surgery. I created an educational PowerPoint for the staff revealing all my research that video is by far a superior means to educate patients.

I was almost ready to launch the channel. But first, I added questions to our post-surgery surveys and to our postoperative phone call questionnaire. I would need to start collecting quality data immediately. The channel launched 1/1/2021. It was a slow start as both the staff and the patients became accustomed to the new way of doing things—but gradually engagement increased from 32% in the early stages to 69% in the fall of 2022 after many tweaks and perfecting processes. Some of the benefits we observed were greater compliance with dressing change and DVT protocols and we had no hospitalizations for a DVT during the data collection period.

Every month I could log onto the channel and compare the playlist views with the number of surgeries. For example, if we performed 50 knee surgeries, but I only had 42 views I could start to make assertions about viewership trends. Patients who watched their videos preop were more confident postop as we verbally reviewed instructions and handed them printed copies of their instructions. I would hear, "Oh yeah, I remember that from the video!" Patients loved the ability to open their email and just click a link at midnight to review their "Pain medication" video. They might not call a provider at that hour to clarify a confusing question—but they would readily click a link and receive the answer they needed to recover well.

That is where my journey to ASPAN 2024 began. I am passionate about giving patients the tools they need to recover well—speaking their language—teaching them in a way they can understand so they are empowered to return to health. Not delivering information in a way they can process leaves patients feeling helpless, overwhelmed, and inadequate. I have a vision that patient education will stop being stuck in the dark ages of when the printing press was invented while the rest of nursing care has revolutionized in every way possible.



On June 3, 2023 I heeded the call for abstracts to ASPAN 2024. In early September, I received an exciting email with the invitation to speak at this annual national conference. So far, I have spent 16 hours assembling my more recent research into a PowerPoint presentation suitable for a national audience. I anticipate I'll spend dozens more hours perfecting it and practicing my

delivery. I anticipate there will be nervous shopping trips in the spring with girlfriends who will try to help me pick out what to wear when I speak. I'm taking suggestions. 😊

Courtney Papp, my contact in the national ASPAN office communicates regularly. I have all the details of how to make my flight and hotel arrangements and how I can take advantage of this incredible opportunity. I am very grateful to my perianesthesia family and my family at Great Bay where I work as an adjunct clinical professor, with senior students 2 days a week. They have all been incredibly supportive.

But, if I'm being honest the thing I am most excited about is that as a bedside nurse I saw a problem that was resulting in real human suffering and distress. I imagined a solution, and over months of toil, and struggle, frustration, and sleepless nights my dream became a reality and it actually worked. I always tell my students that if you always do what you have always done—you will never do what you have never done. Sometimes we must be the first to do things in a new way. It is scary and tedious and there are many days I have wondered why I keep tackling this problem. But new ways are only new until they are recognized for their genius—then they become a standard of care.

Nurses are uniquely trained to solve problems. The same nursing process we learn in school serves as the seed to be the change agents, advocates, problem solvers, and go getters of the future of healthcare. Too often, we do not give ourselves credit or we do not think we have a place at the table and we decide to be quiet.

I doubted myself sitting in front of that Movavi video screen noticing new gray hairs that had emerged trying to raise 3 older teens and be a bedside nurse through Covid. I wondered what I was doing when I recorded the DVT video 5 times because I hadn't figured out how to make smooth editing transitions and I was having a bad day tripping over my own words. We rarely give ourselves the same grace we give our patients.

My journey to ASPAN 2024 is not extraordinary. Each of you solve clinical problems daily. Some are big and some are seemingly small. Give your ideas an audience. Healthcare, and the future of perianesthesia care needs you!

For more information on my journey feel free to watch this episode of NH Chronicle, or read this article in NH Online / Portsmouth Herald.

Portsmouth Online

Portsmouth, NH nurse starts company to help patients after surgery (seacoastonline.com)

NH Chronicle

The creative way a NH nurse helps patients remember their post-op care (wmur.com)