



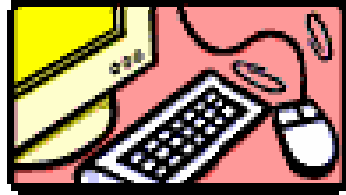
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News For Today's Healthcare Educators

Editor's Excerpt Midlife Crisis



by Carol Aslesen

Major life changes in 2008:

February: Dave and I sell our home and downsize into a duplex we built. Experience difficult but healthy parting with personal effects (i.e. junk) accumulated over 28 years of marriage.

November: Dave and I will become first time grandparents. Yes!

May: I transfer from health educator in Sparta to clinic nurse in otolaryngology, Franciscan Skemp, La Crosse.

- Revitalize unused skill set.
- Learn entirely new skills.
- Feel completely overwhelmed.
- Thank God for people who understand the needs of older adult learners!
- Question: Why did I choose to leave a comfortable position in which I was proficient to start over in an area where I am completely out of my element?
- Answer: I have a strong desire to pursue excellence in a direct nursing role—to *just be a nurse* again after all these years. Short answer: *midlife crisis!*

Sadly, WiSHET membership does not fit with being an otolaryngology nurse, so I will be leaving this wonderful

organization. I have absolutely *loved* editing the newsletter and will continue to do so through the end of 2008. I hope to be able to work with a new editor on at least the winter issue.

I echo the enthusiasm of all the Board Members regarding the value of WiSHET membership. I cannot say enough about the wonderful people I have met and the growth I experienced as a member. You are ALL delightful people. Thank you ALL for being a part of WiSHET, and for your contributions to the success of this organization!

The President's Pen Rounding Makes a Difference

by Deb Drexler

The Spring WiSHET Conference was held at Ministry Health Care in Stevens Point on April 4. Rebecca Schultz spoke about the customer service initiative at Sacred Heart Hospital in Eau Claire. Sacred Heart has achieved and sustained a 99th percentile rating in customer service satisfaction scores on the Press Ganey Survey! What an achievement! For all of us working to increase our Press Ganey scores on patient satisfaction, you know how difficult it is to get into the 90th percentile range much less to keep it there on a consistent basis. One of the things Rebecca talked about is that everybody in their organization had to *buy* into it. That meant not just talking about it but *walking the talk*. She said they learned from their mistakes, but felt one of the most important things they did to turn things around was rounding. Rounding not just for patients but rounding on staff members. During rounding you find out both what is

going right *and* where there are opportunities for improvement. Once identified, opportunities for improvement often were taken care of in a short amount of time. Staff and patients felt that they were listened to and their concerns were followed-up on.

We are customers. In your experiences as a customer, the lessons you've learned, both good and bad, have made you an expert on service. When it comes to service, most of us know what we should do, but doing it consistently can be tough. Yet, when you recall your most positive customer experience – how it felt to receive great service – chances are you remember an individual who treated you especially well and made the entire experience pleasant and memorable.

I believe we need to put the *care* back into healthcare. I like the idea of rounding. Some places are rounding every hour. This is not a new concept; I remember doing it when I was a young nurse. The patients felt that they were being well cared for and that their needs were being met. There were less call lights on and any potential areas of concerns were caught early. As an educator, I often inserviced a policy or piece of equipment on all three shifts. As I was inservicing, staff often shared concerns they had about other things or asked questions about policies. This was my form of *rounding*, but the important piece was not to just listen but to follow-up and get back to them. Many times, nurses shared that a problem had been long-standing, but they had put up with it because they didn't think anyone would do anything about it. The staff started telling me that they looked forward to my inservices for several reasons. Not only did they learn something, but I also listened to their concerns and tried to help them find solutions so they could give *excellent* patient care.

In customer service, as in life, what goes around comes around. Only give out what you want back!

WiSHET Member Crosses Cultures

by Audrey Cooper

Audrey Cooper, Education Consultant for Ministry Health Care and WiSHET member, had the privilege of participating in a Medical Missions trip to Guatemala in February. The city of Sumpango, Guatemala has a population of 35, 000 and has only one physician to meet the healthcare needs.

If any of you ever have the opportunity to go on a medical missions trip, it is very rewarding and an opportunity of a lifetime!
Audrey Cooper

Ministry Health Care was well represented on two of the recent Woodlands Church Medical Missions trips to Lima, Peru and Sumpango, Guatemala. Almost sixty doctors, nurses, pharmacists, interpreters, optical and dental staff, and logistical support staff comprised the teams. Approximately 2,400 patients were seen. Each trip was one week in length.

Health care provided included medical, pharmaceutical, optical, and dental, in addition to spiritual care. Many vitamins and medical supplies were donated by Ministry Health Care, in addition to medications supplied by pharmaceutical companies. Patient education was very much needed, especially in regards to dental care and sanitation/infection control.

Audrey Cooper is an Education Consultant for Ministry Health Care.



How It All Began The Birth of WiSHET Thirty Five Years Ago

by Raymond Bedwell

In 1970, administrators attending the American Hospital Association (AHA) annual convention heard several key messages: a) the fiscal wisdom of organizing hospital-based education under one department or leader; and b) the growing interest of the Joint Commission on Accreditation of Hospitals (JCAH) in valid, well-developed, effective educational programs. Against this background and priorities, hospital-wide education took shape in the United States.

As interest spread, AHA created a new professional society – designed to serve the needs of hospital-wide educators. During its first national gathering in Chicago, 350 interested persons formed the American Society for Hospital Education and Training. That was the summer of 1971. This group enthusiastically pounded out bylaws, elected leaders, and set its own fiscal plan and goals. A national movement had begun.

Nationwide, chapters formed rapidly. This was stimulated by an offer from Johnson & Johnson to reward each new ASHET chapter with \$100.00 in start-up money. WiSHET's real birthday was August 1, 1973. Thirty-one hospital-based



educators from across the state gathered at Sheboygan Memorial Hospital to explore a new state group. June Burkett was our host and we spent a day as her guests at SMH carving out our group. We debated whether vendors or consultants should be permitted to join, how much dues would be, and how to affiliate with ASHET. By day's end we had elected June Burkett as our first President, and became the 7th Chapter of ASHET. With Johnson & Johnson money, we financed the establishment of our newsletter, "The Silent M".

Programming was designed to meet identified needs. We offered 4 one-day programs a year, based on available finances. Occasionally, we joined with the Wisconsin Hospital Association at their annual meeting, for wider exposure. Popular meeting topics included "needs analysis", "safety training", "developing an educational program", "tests: pro and con", "meeting accreditation standards", "creating clear, effective handouts", "simple record systems", "what is quality assurance?" and "non-boring orientation programs."

Membership grew rapidly, from just 31 members, to a high of 126 in 1995. Soon we invited other healthcare-related educators to join us, and they found our programs valuable. Membership broadened. In 1980 we welcomed educators from long-term care, clinics and related healthcare groups, the membership base which we serve today.

Through it all, two key terms characterize those early days of WiSHET: unbridled commitment and blind enthusiasm. We jumped into uncharted waters, not knowing if we'd sink or float. Opportunities were great. American healthcare changed significantly over

35 years: new and different diagnoses, treatments, equipment, continuity of care and delivery – all with clear educational needs to make functions effective.

The needs for healthcare education continue to grow, challenging us all to both teach and learn. What a rich and rewarding educational arena we find ourselves in!

Ray Bedwell is a true pioneer in healthcare education. In 1970 and again in 1973 he organized and managed highly successful new education departments at two large Milwaukee hospitals. As a WiSHET "Charter" member, Ray helped structure WiSHET in the early years beginning in 1973, and also served on national committees at the ASHET level from 1973-76 and was elected ASHET President in 1977. He formed his own consulting firm in 1983, helping hospitals, nursing homes and service organizations in the United States and Canada with human resources and education issues.

Ray was elected WiSHET President in 1986. In 1987 Ray received the H. Walter Connelly Jr. Mentorship Award from ASHET for all of his contributions at the state and national level. In 1988 he received WiSHET's Distinguished Educator Award which includes a lifetime membership in our organization. He closed this business after 17 years, in 2000. Ray now lives in Waukesha. He continues to write, and works with the Literacy Council, teaching adults how to read.

Professor Johnston often said that if you didn't know history, you didn't know anything. You were a leaf that didn't know it was part of a tree.

~Michael Crichton, Timeline

Meet the Board

President Elect Darlene Johnson

Darlene is the Staff Education Coordinator at Evergreen Retirement Community in Oshkosh. She shares:

Time sure flies. I can't believe I've been with WiSHET since 2001. During this time, I have been the CEU Chairperson, the Treasurer, and now President-Elect. Why would anyone volunteer for any of these positions-much less for three different positions in a row? How much should one person give to an organization? As I started to think about this, I began counting my blessings, and here are a few:

Blessing Number 1: Being on the WISHET Board has helped me to grow personally. Each time I was asked to take one of the positions, inside I would be saying, "I can't do this. Other people are better qualified or more polished or just plainly, know more about the position than I do." Then a little thought comes into my head and says, "Of course other people are, but how do you think they became qualified, polished, or educated? They jumped in and learned."

Blessing Number 2: Being on the WISHET Board has helped me to grow professionally. As a Board member, I have had exposure to different ideas, ways of doing things, and processes. This exposure has helped me to think about education and helped with staff growth in new and different ways. Consequently, this

experience has helped me to be a better staff education coordinator.

Blessing Number 3: Being on the WISHET Board has given me the opportunity to work with some of the most gifted, talented, kind, and caring educators in Wisconsin. I have the privilege of working with educators who teach in hospitals, extended care centers and clinics, as well as with nursing instructors and information systems specialists. Each Board member brings numerous experiences and ideas which energize me. I am so fortunate to be able to listen and observe all of their wonderful abilities, wisdom, and strengths.

Yes, I have given my time to be on the WISHET Board but when I think about it, WISHET has given me more than I could ever give. If YOU want to be revitalized too, **say yes** to becoming a member of the WISHET Board. It really does not cost you much. After doing so, **you too** will be counting your blessings.

Web Gems

Online Education Resources

by Karen Miller

These two web sites are great resources:



Nursing Assistant Resources on the Web:

www.nursingassistants.net

This blog site is managed by several nursing assistants with many years experience and offers numerous

educational resources for certified nursing assistants (CNAs); some can be developed into self-learning packets. One particularly good article is "Legal Issues for CNAs." The author, herself a CNA, knows what CNAs need to be aware of, plus she includes information on abuse, neglect, and misappropriation in plain, simple language.

The Hartford Institute of Geriatric Nursing: www.hartfordign.org

If you haven't yet checked out this web site it is worth your time to do so. The How to Try This series translates evidence-based geriatric assessment tools into cost-free, web-based resources including demonstration videos and a corresponding print series featured in the AJN. Use this to build your staff's geriatric assessment skills - the foundation for appropriate care of older adults.

We used materials from Issue 8 of the How to Try This series at a monthly nurses meeting to increase our nurses' knowledge of falls, and also incorporated a practice exercise using the Hendrich II Fall Risk Assessment tool. Our nurses gave positive feedback about the handouts, the Fall Assessment tool, and the quality of the Hendrich II Fall Assessment video.

The How to Try This series is a John A. Hartford Foundation- funded project provided to the Hartford Institute for Geriatric Nursing at NY University's College of Nursing and the American Journal of Nursing.

Karen Miller, RN, BSN, is the Staff Development Coordinator at Lakeview Health Center in West Salem

What's In a Name?

by Raymond Bedwell



Editor's note: In Ray's article, I noticed that he spelled WISHET with a small "i," which was new to me, so I

asked for an explanation. Ray kindly responded with some entertaining information as follows:

Early on, the ASHET people discovered similar problems with certain new chapters.

Witness: The Ohio Chapter - OSHET That sometimes became the expletive "O-SHET!"

The Indiana Chapter faced a similar dilemma - an admission of guilt: "I-"SHET!"

And the Washington Chapter faced a problem: a directive about a dirty automobile: "WA"-"SHET."

The national ASHET Board took it upon itself to contact each chapter urging them to classify the correct pronunciation of each.

I believe the Board, sometime prior to 1980, talked about this and passed a resolution to keep the name with a small "i". Probably no one was assigned to monitor this in publications or correspondence, and subsequently the Board forgot about it.

We faced a similar problem with the name "ASHET." People were pronouncing it "A"-"S"-"H"-"E"-"T"; and "Ash-HAY"; "Ash"-"SHET"; and even "Aw"-"SHET" That early Board made a decision, too. It was to be "ASH"-et", and that message was promulgated nationally. Somebody ought to write a book about this stuff!

Editor's Note: Good idea Ray! And who has the knowledge and perhaps the retirement time to write that book? Let us know when you're ready to publish it, Ray.



**Highlights
From WiSHET
Member's
Medical
Mission Trip**

**Audrey Cooper in
Guatemala
(right)**

**Marketplace
(center)**

**Eyeglass
donations from
the Lion's Club
(below)**



News for Today's Healthcare Educators, the newsletter for the Wisconsin Society for Healthcare Education and Training (WiSHET), is published quarterly. Our mission is to contribute to and promote excellence in healthcare education and training through communication and accessible, cost effective educational programs resulting in personal and professional growth. Newsletter submissions are welcome. Email articles to the newsletter editor.

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