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LIVE YOUR CONTRIBUTION

Dorrie Fontaine's vision for all of us—to rise above our current realities—has resonated with so many of us that we continue to be inundated with touching stories about our members' extraordinary contributions. I continue to be inspired as I hear about how they manage to find the elusive solutions to the challenging problems we face in caring for patients and their families. And in nurturing better relationships with each other.

Traveling around the country and at my own hospital, I hear more and more nurses raising the tough questions, creating new solutions and making their personal and optimal contributions to creating healthier work environments and better care for patients and their families.

NURSES' STORIES

Heather is one of those nurses. One day a patient's husband asked Heather, "How will I get my wife's body home to Michigan?" Heather rose above and immediately recognized that his question wasn't about logistics. He was reaching out for help in making difficult decisions about his wife's end-of-life care. Heather helped him to express what his wife would want if she could speak for herself. Gradually, Heather used this information to guide the healthcare team to a new plan of care.

Mark is another one of those nurses. Actually he's a senior nursing student. Mark has decided that his first job will be in a critical care unit where many of the experienced nurses still engage in the age-old practice of making life difficult for new nurses. But he is optimistic about the manager's commitment to define a new reality. Mark wants to make his contribution and be part of the change that transforms the unit's potential into one worthy of receiving AACN's new Beacon designation.

Kathy McCauley, RN, PhD, CS, FAAN, is currently serving as interim associate dean and director of Undergraduate Studies for the University of Pennsylvania School of Nursing. McCauley has been affiliated with the university's School of Nursing since 1979, where she works as a cardiovascular clinical specialist for the Hospital of the University of Pennsylvania.

McCauley, a resident of Ardmore, Penn., has been a member of AACN since 1975 and has served on the board of directors since 2000. She has volunteered for many committees, including the Strategic Planning Committee, the Advanced Practice Work Group, the Resource Development Work Group, the Organizational Ethics Committee, and the Nominating Committee. McCauley has also served as board liaison to the chapters, and has been a member of the Southeastern Pennsylvania Chapter since 1978, serving as president in 1992-1993. She is also a member of the Pennsylvania Nurses Association and Sigma Theta Tau, and became a fellow in the American Academy of Nursing in 1995.

CRITICAL FORCE

Joanne is yet another nurse who is raising tough questions and tackling new solutions. She does this as a clinical specialist and hospital-wide CPR coordinator by living the AACN Synergy Model for Patient Care. Joanne actively links nurses with particular expertise to patients and families who so desperately need their specific knowledge and talent. She brings primary nursing and synergy together so everyone benefits.

MAKING A DIFFERENCE

What do all of these true stories have in common? Heather, Mark and Joanne realize they have a contribution to make and they have chosen to live their contribution.

Have you ever had the experience when, at the end of a long and busy shift, you look back with satisfaction? You look back and recognize that “because I was here “today,” something remarkable happened. Your presence, your actions made the critical difference in achieving that positive outcome.

Until recently, my clinical role included responding to codes and overseeing resuscitation efforts at my hospital. One day we had two codes at once on a progressive care unit. As we did our best to care for these two critically ill patients and still meet the other patients’ needs, one of the nurses said to me, “Kathy, as soon as you get here we all calm down. We know it’s going to be OK.”

She made me realize that clinical knowledge wasn’t my only contribution. My systems knowledge and my very presence contributed comfort and reassurance. “Because I was there that day,” my colleagues felt more confident and better able to make their own contribution. That was a transforming and memorable moment for me. I think most of us tend to be very humble about our contributions—even in the privacy of our own minds. When we have moments like the one I just described, we have to hold on to them and use them as the fuel we need to continue making and improving our contribution.

Someone once said that the world is run by those who show up. But being there to make a contribution means much more than just showing up, more than being physically present.

Being there to make a contribution means bringing together my particular clinical practice expertise, my strategies for getting the system to work, and my comfort with technology so that my presence becomes a critical force in making an ailing healthcare system work for patients and their families. And for each other. Being there to make a contribution means making a commitment to use my best talents. To stay engaged. To intentionally make a difference. It means truly living my contribution.

So I have chosen “Live Your Contribution” for my theme as the 35th president of AACN. I see this theme as a logical follow-on to “Rising Above.” And, if “Rising Above” represents reaching beyond personal and professional barriers to excellence, then “Live Your Contribution” urges us to translate those insights into positive actions, both individual and collective.

For example, if you’re born with a particular talent or gift—let’s say, musical ability—then you’re obligated not only to share your talent with the world, but also to excel at that vocation, with acceptance of, and participation in all that is required to achieve your goal. This may include long apprenticeship, professional challenges, career crises, contributing to the greater music community by teaching others what you know—everything that comprises the craft and its perfection. And above all, it’s your full, unreserved presence in the game that is asked for and expected.

We each have unique talents, and we are obligated to share them with the world. In the year ahead, we will look together for new ways to rise above and live our contribution, making a difference with a bold voice. If each of us lives our contribution, it will be amplified like a pebble dropped into a pond, its waves reaching far beyond the area of impact.

BEING PRESENT

Together this year, we will ask ourselves, “Because I was there today, what happened that was different?” What was it about me, as a unique, committed individual:

- who rescued a patient by detecting and deflecting a potentially serious complication?
- who honored a patient and family’s end-of-life wishes?
- who challenged staffing practices because patients were in danger?
- who changed the system so that nurses are no longer pulled away from vital patient care to chase down linens and other supplies?

I don’t need to convince you that your contribution to patients, healthcare and society is invaluable. The absence of this contribution is too chilling to imagine. And I know that you can think of a dozen examples where your individual presence made that kind of difference in someone’s life. Please take the time to reflect on these experiences, because they represent the real reasons why we became nurses. When we take these experiences for granted, when we don’t celebrate them with each other and with our patients and their families, we shortchange ourselves and our profession.

You probably know that one of the roots of the word “contribution” is “tribute”—meaning a gift or something worthy of praise. Our contributions are gifts to patients and their families. And to each other.

COMMITMENT

Living our contributions means that we commit to staying engaged in solving the really tough problems. We commit to this as individuals. And, as our association, AACN commits to helping us. For example, the new clinical resource on moral distress will help us analyze painful issues with new insight. But these long-standing and challenging problems—problems that often create agonizing ethical tension for us—will not be resolved until we do more than just show up. Nor until we motivate others to join us in being part of the solution. Our success depends on each of us fully committing to a new reality—the reality of living the optimal contribution that drives a better health system for patients and their families, and a healing and humane care environment.

Last May, Past President Connie Barden urged us to commit to staying engaged in finding solutions for our toughest work environment problems. More than 3,000 of us accepted her challenge. Monday morning, Dorrie challenged us again to make or renew that pledge. Many of us have done so this past week. That commitment represents transformational contribution. That commitment means that we will stay engaged until we see the solutions we helped to put into place are working. We have begun to live our commitment in many ways.

BEING THE BEST

More than 6,000 acute and critical care nurses came to this year’s NTI, eager to learn how to be the best nurses possible. Some are novices and others are experts in caring for the most seriously ill patients and the most vulnerable families. Some are NTI first-timers. Others are NTI veterans.

Nearly 400 progressive care nurses took the first exam for PCCN certification in progressive care. I congratulate each one of you for this commitment to a clinical practice that is evidence based, that is patient and family focused, and that welcomes and values the contribution of every member of the healthcare team.

Back home, more than 80 units are in the process of applying for the new Beacon Award honoring excellent critical care and progressive care units. Those units have recognized that the problems in the healthcare system and the worst nursing shortage in history are simply obstacles to overcome. And above all, most of us are able to be at the NTI because of our colleagues who stayed home to keep our patients and their families cared for, and our units running. They have given us a gift. We have earned their gift. Let’s celebrate their contribution and ours.

CONTRIBUTING

Now ... what will be my contribution when I go home tomorrow?

How can I improve my practice—and ultimately that of my colleagues—so that it becomes effortlessly evidence based? I do know that AACN will continue to produce valuable Practice Alerts to give us the tools to transform practice and measure the outcomes.

How can I share what I learned with my colleagues? Maybe through new ideas for chapter programming. Or with a 10-minute practice update at a staff meeting or during

report. Maybe I can share what I learned by taping a short article on that universal nursing bulletin board, the back of the bathroom door. After all, it is the only uninterrupted time that many of us have!

I could consider living my contribution by co-mentoring—being a mentor and being mentored. Eric Klein writes about co-mentoring where colleagues commit to a “learning alliance” in which they both guide and learn. Where each one is challenged and encouraged. I’ll write more about that in one of my *AACN News* columns.

For now, please recognize that we each have something valuable to offer one other. We can help each other to learn and grow. We can support each other while holding each other accountable. And above all, we can celebrate each other’s lived contributions. As we do this, we raise everyone’s expectations so that the benefits of those contributions are sustained. Each has a part to play in defining a new reality.

FEELING THE SPIRIT

We know how much the NTI revives us. I often wish that we could bottle the NTI spirit like air freshener and spritz it around our units when we get discouraged, when we’re overwhelmed, when we feel we’re battling enormous problems without visible solutions. Let’s extend this NTI enthusiasm by living our contribution so that discovering and trying new solutions becomes the norm.

I pledge that together during the next year we will discover new ways to live our contributions. New ways to be that critical presence that makes our efforts matter and multiplies the difference we make. We are blessed with competent, compassionate and committed nurses. Although, unfortunately, there are too few of us to meet the need. But that means that the value of each contribution is ever more precious and it becomes ever more important that it be lived.

Maya Angelou says, “I can be changed by what happens to me. I refuse to be reduced by it.”

REASONS FOR OPTIMISM

Like those words, I am convinced that if we begin to recognize and protect these special contributions in ourselves and in each other, we will be able to rise above some of the toughest challenges thrown across our path and discover real and tangible reasons for optimism. Our contributions will nurture our souls and define new realities of practice in our units.

And because of the strength that our connection through AACN brings, our contributions will be amplified. AACN will remain a relentless partner in ensuring that our contributions are optimized by providing the evidence and resources we need to make our work and care environments healthier; to institute safe staffing and to ensure that every patient facing death receives the expert palliative and end-of-life care we would want for ourselves.

As you journey home, remember the many times that your active presence made something wonderful happen for a patient, a family, a new nurse, an experienced nurse nearing the end of his career. Ask yourself how you will use this inspiration to stay in the game.

Thank you to Heather, Mark and Joanne—yes, those are their real names—for telling me about their contributions. As I travel across the country during the coming year, I hope you will tell me about yours. Or do it sooner with an e-mail. As your next AACN president, I pledge to live my contribution to each of you. And through you, to each of our patients and their families.