

opening. We complete grade school and move on to high school. We complete an exam and become certified in a field. We complete grocery shopping and go home to make dinner. Complete removes judgment.

The invisible cords of connection can be a drain if they are cords of fear, anger, hurt, resentment or if they carry a “should-have” implication. Those cords need to be cut—with kindness—by a willingness to look deeper into our reactions. They’re energy drains. When the function of the umbilical cord is complete, it must be cut for the greatest good of mother and child. So, too, with past experiences or relationships that are complete. For the greatest good of all involved, the cord that no longer serves a loving, peaceful purpose must be cut. Only cords of love, compassion, peace, and joy can sustain.

Pause, digest, reflect, and respond

Having your buttons pushed can be a wonderful way to find out what invisible cords of connection need attention. Through a willingness to excavate the underlying cause of our reaction, we begin the healing process.

So for today, I will notice and be grateful when someone pushes my buttons. I will pause, digest, reflect, and respond. Knowing it’s being done for me and not to me, I’ll be grateful for the growth and awareness it can bring, grateful that my body speaks to me.

And you? What buttons will be pushed for you today? When they are pushed, will you pause, digest, reflect, and dig deep to find the cause of your reaction? Will you cut the invisible cord? ■

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Make your patient-teaching idea a patented reality

One nurse turns her innovative idea into a successful business.

By Joy Hooper, BSN, RN, CWOCN, OMS

Have you ever had an idea for improving patient care that you wanted to market? You may have lacked confidence or know-how, as I once did. But one patient, a crafty idea, and a trip to Walmart put me on the path to becoming a successful nurse entrepreneur.

A challenging patient

Several years ago while employed as an

Anatomical Apron

The author successfully created and marketed this Anatomical Apron, which is used for patient education.



ostomy nurse in an acute-care hospital, I worked with a challenging patient who changed my career path. It was my job to teach patients and willing family members how to manage the new ostomy. This particular patient was distraught about having an ileostomy and a new diagnosis of end-stage renal disease, so was not ready to learn the skills I needed to teach him.

I wished I had a visual teaching tool to use as I explained his surgery. The problem was I couldn't find any such tool. I searched endlessly online and in every educational resource I could find, but came up empty-handed.

Push came to shove, as they say, on a Friday afternoon when the patient not so politely asked me to leave his room. He told me in a not-so-kind tone, "I don't want to hear anything about this ostomy thing. Thanks but no thanks."

I had no choice but to try and make my own teaching tool; I knew what I wanted—a teaching tool that would help me explain how the GI tract functioned before ostomy surgery. I wanted to be able to explain the different parts and their function in practical terms, such as, "This is the small intestine; it eats for you by absorbing the nutrients from the food you eat" and "This is the large intestine; it drinks for you by absorbing the liquid as it passes through" so patients would understand how the surgical changes would alter their digestive process.

I also wanted to be able to explain how the surgery was done and to show the end result—a stoma on the abdomen. I wanted it realistically proportioned to the adult human body so the patient would have a practical point of reference to his or her body.

Inspiration strikes

Over the weekend, as I was thinking of how I could make the teaching tool, I decided to bake a batch of cookies to get my creative juices flowing. As I put on my apron, an old-fashioned, full-length hand-me-down from my aunt, it hit me: I could make an apron with the GI tract on it! I remember taking off the apron and telling

my husband, “No cookies today; I’m headed to Walmart.”

After buying a craft apron, red felt, and some glue, I returned home and started designing a GI tract on the front of the apron. I cut the bottom off the apron and used the fabric to create two small flaps to simulate the front of the abdomen. Since I could only sew a straight stitch, I asked my mother to sew a couple of button-holes on the front of the apron. I designed the apron so that I could explain a colostomy and an ileostomy. When it was finished, I had the teaching tool I had envisioned.

Introducing the tool

I took the apron to work the next day and used it with my patient who had asked me to leave his room only days before. I walked in his room wearing the apron and explained the digestive process, never giving him a chance to stop me. I was speaking so fast and with so much excitement that he just lay there, eyes wide open, staring at my white apron with the bright red GI tract.

I finished explaining the digestive process and was launching into how stoma surgery was preformed when he slowly began to sit up. By midway through, he was sitting upright on the side of the bed and I realized I had 100% of his attention. He listened intently as I explained how his GI tract had been changed and how his large intestine was no longer able to “drink for him” as it had done before. When I had completed my explanation of his surgery, I asked if he had any questions. He pointed to my apron and asked, “Yes, did you make that thing?” I replied “Yes, I made this just for you.” His response was, “Well, you need

to patent that because you sure just taught me something.”

I used the apron with several patients and family members before I had the courage to show it to other healthcare professionals. My nurse colleagues said, “You need to patent that.” I had no idea how to patent something, so I always just laughed off the thought. Then one day a surgeon came into a patient’s room while I was using the apron to teach. After I fin-

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ished, he followed me out of the room to tell me what a great idea the apron was and that he had never seen anything like it. He encouraged me to develop the design further, then make and distribute the aprons so others could benefit from them as well.

On the patent path

I was excited but still lacked the courage to move forward. Then a few months later I ran into my WOCN instructor at a regional conference and told her about the apron and how much it was helping me to teach anxious patients. With a big smile she said, “Bring it up and show it to me.” Within a few weeks I visited her, apron in hand. Her response was to tell

me to keep the project confidential until I had applied for a U.S. patent number to protect my idea and design. (For more information about patents, go to the **United States Patent and Trademark Office**.)

I worked and reworked the apron design several times and, with the help of a creative friend, decided on a final version. (See *Anatomical Apron*.)

I didn't know anything about obtaining a patent but luckily I was surrounded by friends and family who encouraged me to learn the process. Through friends, I connected with two people in my town who owned patents on products they had developed. One patent was for a closure on a tracheostomy collar and the other patent was for templates for football plays. I spoke to the men about how they had obtained their patents. Both gave me leads on patent attorneys, also known as intellectual property attorneys. It turned out the patent attorneys had retired, but the contacts led me to two intellectual property attorney groups. I spoke with attorneys from both firms about my design and had an immediate connection with one of them.

I worked with the attorney on diagrams and descriptions of my apron and how it was constructed. It took months before we were able to file. We filed for the patent in October 2004. I thought since it was the only thing like it in the world I would go through without a problem. Little did I know I was beginning a 4-year-long journey to reach my goal.

Persistence pays

While the attorney was working on the patent, I started looking for a manufacturer for the aprons. Locating sewing manufacturers is difficult because many textiles are

made outside the United States. Fortunately, I found a manufacturer 30 miles from my home.

The attorney filed the patent three times over the next 4 years before it was approved. I attribute the approval to a YouTube video I had posted using the apron to explain colostomy surgery. My patent had been denied twice before because the patent reviewer saw the openings on the abdominal flaps as buttonholes, which they are. I needed him to see them as openings into the abdomen. While on a three-way phone call with my patent attorney, the patent reviewer, and me, the reviewer watched my YouTube video. The video brought the apron to life, and he no longer saw the buttonholes as simple buttonholes. The reviewer agreed to grant my patent.

My attorney patented not only the apron but also the method I use to explain the surgery. This means that anyone who makes an apron duplicating mine and uses it the same way I use mine to teach the surgical process is infringing on my patent claims and risks prosecution.

View: Anatomical Apron



Success!

I now sell my Anatomical Apron via the Internet all over the world from my website, www.apronsbyjoy.com. Ostomy nursing is not only my passion; I feel it is my calling and enjoy every minute I spend teaching how the surgery changes the body. ■

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