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The UH Nurse

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EDUCATION FOR THORACIC PATIENTS EMPHASIZED ON COLLAMORE-6

The teaching needs of patients awaiting surgery present a special challenge to nurses. Emotional support and reassurance are important both before surgery and in discharge preparation.

Nurses on C-6, a 17-bed cardiothoracic-general surgical floor, devote much time to patient teaching. Thoracic patients undergo surgical procedures, thoughts of which may cause them great anxiety. These procedures include: coronary artery bypass graft, aortic and mitral valve replacements, lobectomy, thoracotomy with open lung biopsy, and treatment of pneumothorax.

Thoracic patients are usually admitted three to five days prior to an operation for testing of respiratory, liver, and cardiac functions. Anxiety is quite high at this time and, when necessary, pre-op teaching is done in various steps according to individual needs.

After a three-day postoperative stay in the surgical intensive care unit, patients return to the floor--ideally to the same floor where they received preoperative care and education. There, postoperative nursing care focuses on helping patients gain strength and independence on a daily basis. Physical therapists, dietitians, respiratory therapists and nurses all work as a team to help patients regain an optimal level of health. Discharge planning involves teaching patients about medication, informing them of diet and activity restrictions, and offering much reassurance. Nurses also spend time helping the families express their concerns.

The spectrum of emotional and psychological needs experienced by patients undergoing open-heart surgery makes working on C-6 a challenge. Nurses are given the chance to work closely with a patient from admission to the day of discharge. It is often difficult, but always rewarding.

--Karen DeCoursey, R.N. (C-6)

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The UH Nurse is published monthly by the staff members of the Nursing Department.
Copy may be sent to the editor at Vose 311.
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DEPARTMENT RECOGNIZES ONCOLOGY
NURSES' ACCOMPLISHMENTS

The seventh annual Congress of the Oncology Nursing Society (ONS) met on April 22, 23, and 24 in St. Louis,

Mo. University Hospital was represented at the Congress by Judi Hirshfield-Bartek, R.N., M.S., radiation nurse oncologist; Paulette Starck, R.N., M.S., oncology clinical specialist; Carol Gribbons, R.N., B.S., nurse educator, Regional Oncology Program; and Paula Vannicola, R.N., M.S., oncology clinical specialist.

Prior to the Congress, ONS solicited from its members abstracts to be considered for presentation during the program. Hirshfield-Bartek submitted an abstract describing the research she had conducted while a graduate student in nursing at Boston College. The study, titled "Health Beliefs and Their Influence on Breast Self Examination Practice in Women with Breast Cancer," was accepted for presentation in a session entitled "Interventions, Innovations, and Research in Oncology Nursing." Audio cassettes of her presentation also are available by contacting the Oncology Nursing Society.

Hirshfield-Bartek's research focused on women at high risk for a recurrence of breast cancer because of their history of breast cancer. All of the women in her sample received radiation therapy as the primary treatment for their disease.

At the closing ceremony of the Congress, Hirshfield-Bartek was presented with the Oncology Nursing Society Research Award, in recognition of her contribution to cancer research. The manuscript describing the study will be published in the summer issue of the Oncology Nursing Forum.

Starck, a member of the ONS Clinical Practice Committee, was selected as the member from that committee to participate in an instructional session on pain. The session included an overview of the problem of pain--types of pain, the anatomy and physiology of pain and the nursing assessments indicated for patients experiencing pain. Audio cassettes of Starck's presentation were produced and are available by contacting ONS.

The spring issue of Oncology Nursing Forum published an article written by Paula Vannicola, R.N., M.S., medical oncology clinical specialist. Vannicola's article, "Constipation and Use of Cellulose Bulk Agents," describes the action of cellulose bulk agents and the important nursing assessments and interventions indicated for patient care. Copies of Vannicola's article are available in the Continuing Education Office, V-3.--Carole MacKenzie, R.N. (Cont. Ed.)

CONTINUING EDUCATION EVENTS:
WORKSHOP ON TISSUE BREAKDOWN

The Nursing Department, in conjunction with the New England Chapter of the Association of Rehabilitation Nurses, is presenting a full-day workshop entitled "Update: Prevention and Treatment of Skin Breakdown" on Friday, June 11. The workshop will be held from 9:00 a.m. to 4:30 p.m. in Keefer Auditorium.

Richard M. Meers, Ph.D., the founder and executive director of the Center for Tissue Trauma, Research and Education, is the program leader. Meers is known internationally for his up-to-date and comprehensive expertise in the areas of skin destruction and tissue therapy. Each participant in the program will receive a 300-page state-of-the-art manual on the prevention and treatment of tissue breakdown.

For further information about the program, contact the Continuing Education Department, x5376.

GRAND ROUNDS ROUND-UP: April Nursing Grand Rounds were presented by staff members of C-6. Their presentation, titled "The Public Eye of Nursing," addressed the media's portrayal of nursing, the patient's expectations of nursing care, nursing responsibilities, nurses' self-images and whether or not nurses' self-perceptions of their responsibilities match their patients expectations. The presentation was well-attended and well-evaluated. The Continuing Education Department would like to thank Elizabeth Pyrek, R.N.; Karen DeCourcey, R.N.; Mary O'Sullivan, R.N.; Nancy Desmond, R.N.; Eileen Murray, H.N.; Joanna Southworth, R.N.; and Karen White, R.N.

The next Social Service Grand Rounds will be held on June 3 from 1:00 p.m. to 2:00 p.m. in the Medical School, L-112. The topic for the Grand Rounds is "Working With Black Patients and Families." Nursing staff members are invited to attend.--Carole MacKenzie, R.N., (Cont. Ed.)

BEATTIE APPOINTED NURSE
MANAGER OF 3-11 SHIFT

Warren Beattie, R.N., recently was appointed nurse manager on the 3-11 shift for C-3, F-3, OR, RR and ER. His appointment, made by Juliette Anderson, R.N., M.S., area director for nursing, became effective April 5.

Beattie received his nursing degree from Boston University in 1977. He came to University Hospital as a new graduate and worked for two years on E-8. As a staff nurse on this floor, he was responsible for monitoring telemetry patients, covering the Metabolic Unit and caring for a variety of medical patients.

In 1977, Beattie went to MICU, where he spent two years primarily working staff on the evening shift. He served as preceptor for many nurses new to the unit and was frequently in charge on evenings. His experience in the unit included caring for ventilator-dependent patients, renal failure patients and peritoneal dialysis patients. Beattie also has had experience caring for fresh spinal-cord injury patients, medical neurology patients, GI bleed patients and surgical boarders.

One of his most unforgettable experiences as a UH nurse occurred while escorting a ventilator-dependent patient from UH to a hospital in Athens, Greece. Once in Athens, he had to "ambu" the patient for five hours--three hours until an equipped hospital could be found and another two hours until a ventilator could be obtained and set up.

Beattie said that he has joined the evening management staff "to learn more about nursing leadership." He perceives his position as including many roles. He will need to act as a "clinical-support and resource person, role model, administrator and coordinator of his assigned units." He sees the position as an important one "in helping to provide optimal patient care."--Carolyn Malin, R.N. (RR)

UNIVERSITY HOSPITAL CELEBRATES
NATIONAL NURSES' DAY, MAY 6

May 6 was proclaimed by the Congress of the United States as National Nurses' Day. This day was celebrated at University Hospital with a number of events that recognized the contribution of the nursing staff in providing high-quality patient care.

Throughout the day a slide presentation was shown in the Evans Lobby. The slides depicted the integral role the staff nurse plays in the various aspects of the delivery of patient care here at University Hospital. It was accompanied by a poster presentation in the Lobby as well as outside the F-1 Cafeteria.

Three times during the day, Marilyn Pires, R.N., M.S., rehabilitation clinical specialist, recounted her recent experiences in China through the use of slides and narration. Pires was a member of the Association of Rehabilitation Nurses People-To-People delegation that visited the People's Republic of China last Fall. Her trip included visits to many health-care facilities in consultation for and teaching of rehabilitation nursing.

At a luncheon with Anne Sweatt, R.N., M.S., administrator for nursing, Professional Recognition Awards were presented. A staff nurse from each patient care unit was selected by her or his colleagues to represent that nursing care unit and to accept the thanks of the Hospital and the nursing service for outstanding performance in providing patient care. The following are the delegates chosen to represent their nursing units: Judy Callahan, R.N., C-3; Kathryn Cullinane-Whalen, R.N., ER; Patricia Dhooge, R.N., E-8E; Jennifer George-Stewart, R.N., F-4E; Patricia Keating, R.N., F-2N; James Larson, R.N., F-3E; Chris Lawrence, R.N., RR; Cathy Jo Leake, R.N., F-2E; Marie Mahon, R.N., OR; Mary McAuliffe, R.N., MICU; Maureen McCarron-Browne, R.N., C-5; Teresa Miliauskas, R.N., F-4N; Aline Moran, R.N., F-5; Susan O'Connor, R.N., E-7W; Elizabeth Pyrek, R.N., C-6; Sandra Snyder, R.N., B-3; Susan Thomas, L.P.N., F-3N; and Debbie Walsh, R.N., C-4.--Jane Keilty, R.N., (Nurse Recruitment)

A NURSE REFLECTS ON HIS
INITIAL EXPERIENCES AT UH

The sound of a ventilator alarm erupts inside my head. I rise to check on the problem, realizing that for the last few minutes my mind had drifted back almost a year to that all-thumbs, nervous period of my first weeks at UH.

* * *

My car was inching its way along the expressway. "It's only 6:15 a.m.," I thought. "Why am I doing this? I have been an evening person for years. Why did I give up a comfortable ICU job in a community

hospital? Why did I decide to make this trip into Boston each day?" My mind, working slowly, began to tick off the reasons. "You wanted more money, Curt. More clinical experience, and a teaching environment to coax you back to school," said a voice in my head. "I know, I know," I said half aloud, swerving to miss a yellow fender.

I had just completed the two-week hospital orientation. In orientation, I was one of many. We performed as a group and I had plenty of peer support. Hospital policies and basic nursing skills were reviewed. Each department that supported the nursing staff was "glad to have us working at UH." Congeniality was king and we were relaxed.

My car crawled into C-Lot and I started walking toward the Hospital.

"Today is the real beginning," I said. "I have to show my preceptor that I am an experienced ICU nurse who belongs in this MICU." My confidence began to waver, though, as my time card disappeared into the clock.

* * *

Back in the present, I correct the ventilator problem and check my patient. I satisfy myself that all is well, and my mind--sparked by earlier daydreaming--consciously goes over the experiences I have had since my first weeks at UH.

I recall how my preceptor guided me through the first months in the unit, answering hundreds of questions and encouraging me to ask more. She tried to anticipate and show me each step of every procedure I would have to perform. Gradually, she began to step back and allow me to plan and to deliver care to the patients. Soon, I was on my own. I found that I still had many questions to ask. I bugged anyone I could grab. I was learning the routine though, and was becoming familiar with the groups that surround and support nursing.

As the weeks went by, I began to understand the system and philosophy of the unit. I had some difficulties, of course. My work day had never been so full before. I had to learn to establish priorities and set achievable goals for myself. At first, I was almost trampled by the doctors. I was used to working with only one attending physician and I generally dealt with him over the phone.

My indoctrination progressed and, as the other nurses did, I began to question--rather than automatically accept--the instructions given me by the interns and consultants. This questioning, on my part, was not to challenge so much as to let the interns and consultants think the situation over thoroughly to allow them to be sure of what they really wanted to do.

The weeks have become months, and I now find myself taking charge of the unit. I have even given thought to becoming a preceptor.

Looking back, I can see that gradually--almost unconsciously--my position has changed from one of a new face to that of an accepted colleague on the unit. I am proud to be a new member of the group.

The only drawback in coming straight to a unit from the outside is that even after a year the rest of the hospital remains a bit of a mystery to me.

Remembering that early morning car ride, I review the goals I had set for myself. I have received a better salary. I have had plenty of clinical experience. School though has not been realized as yet. Well I guess two out of three really isn't bad.—Curt Isakson, R.N., (MICU)

NURSING DEPARTMENT WELCOMES NEW EMPLOYEES, ANNOUNCES TRANSFERS

The Nursing Department welcomes the following new employees:

Sylvia Bass, NA III, C-3; Fred Dickopf, prep technician, OR; Marion Flaherty, house orderly; Martha Jeanetti, R.N., C-4; Debra Livingston, R.N., B-7 SICU; Elizabeth Makie, R.N., F2-E; Anne Manning, R.N., B-7 SICU; Susan Moore, R.N., B-7 SICU; Joanna Pedalino, R.N., F-3N; Carol Parker, R.N., B-7 SICU; and Grace Poblador, R.N., E-8E.

Recent transfers within the Nursing Department include:

	<u>FROM:</u>	<u>TO:</u>
Cathy Saltalamaccia, R.N.	C-3	B-7 SICU
Linda Curran, R.N.	Float	F-2E
Gail Silliker, R.N.	F-3N	F-4E
Carolyn Davis, R.N.	F-2N	B-7 SICU
Nancy Sullivan, R.N.	E-7E	B-7 SICU
Mary Ann Wilcox, R.N.	ER	OR
Cathy Ultrino, R.N.	F-4E	C-5
Susan Bose, R.N.	F-3E	F-5
Terri DeLorenzo, R.N.	C-5	B-7 SICU
Karen DeCoursey, R.N.	C-6	B-7 SICU
Victoria Davey, R.N.	E-8E	MICU

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CHRISTOPHER, IRENE
BUSM
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