



# Nurse Link

Volume 2 Issue 6

November 2008

## PCT to RN: The Loyola Journey *Magnet Force: 1, 4, 11, 12, & 14*



Cathy Knowski, RN

In October of 1975 I filled out an application in Human Resources to be a "nurse's aide" in pediatrics. I was influenced after I visited a friend who just came out of a diabetic coma. I was impressed with the nurses, the staff and the environment my little friend was in. I said to myself "I want to work here". I was hired on 2 South a

Medical-Surgical unit at the time, Pediatrics had no openings. I thought ok, I can transfer when an opening comes up. I stayed for 20 years. After orientation I began a course that changed my life. NG tubes and IMEDS scared me. I had no clue what an emesis basin was and I never saw a bedpan in my life, but I worked with and learned from some of the most dedicated nurses that ever lived. To this day I refer to them as my most influential role models. Kathy Joy lifted patients into the cardiac chair single handed, Carol Volkering gave backrubs on the night shift, and Debby Nosek straddled a patient doing CPR. I was truly amazed. With encouragement from my co-workers and Loyola's tuition benefits I graduated from Loyola's nursing program in 1983. It seemed like forever part-time student, full time aide, then full-time student part time aide. But then it finally happened. I got to work side by side with those whom I admired all those years. It was me now straddling patients doing CPR and giving backrubs on the night shift in between hanging piggybacks. After a few years it was my turn to be the role model and I would orient new staff or precept Loyola students. I wanted them to know everything I knew and in return learn what they brought to the bedside.

In 1995 I transferred to the outpatient Mulcahy Sub-specialty Medicine. I was under the master mind of Marybeth Harms. The environment was different. I was nervous; did I make the right decision leaving MY patients in Med-Surg? What do I know about Medicine patients? Again I looked to my role models Marybeth and Carol Battaglia. They helped me find my "niche" in the nurse visit role and staff nurse position where I am today. It's been 33 years almost to the day and under the management of Dian Gruber with her strong nursing background I continue to grow and I am still truly amazed. What has remained consistent for me throughout the years is the relationship I have with MY patients. I was lucky to have met such wonderful nurses throughout the years and I thank them for the nurse I am today.



Jaime Firkus, RN, BSN

I started working for LUMC in December 1997 as a research assistant for the Department of Molecular and Cellular Biochemistry while I was attending school at Loyola for my undergrad (I was then majoring in English). I then changed my major at the end of my sophomore year to Nursing. After a year or so I transferred to Day Hospital in the Cardinal Bernardin Cancer Center to work as a PCT. Upon graduation I applied to the BMTU and the OR and was hired in both jobs.

I choose BMTU and never looked back. I worked as a bedside nurse for 8 years, helping out in all areas of the cancer service line when needed (triage RN, clinic RN, BMTU/HDTU RN) and now have been functioning as the assistant manager for BMTU/HDTU for the past several months. I love working for Loyola and for the past few years have been utilizing the tuition benefit offered by Loyola to gain my masters as an advanced practice nurse which I will hopefully complete in Dec of 09.

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I hope you have had the opportunity to read Dr. Whelton's weekly e-mails. His note on October 24<sup>th</sup> gave an overview of the external environment that is affecting all of us in the healthcare industry. He described the challenging financial crisis here in the U.S. but also globally.

I am sure most of you have changed your household management to respond to these times. We will need to do that here at Loyola too. We have seen a decline in our volume/revenues. Patients do not readily get elective procedures at times like this. So we need to staff to the number of patients we have, not the number we might have. We need to not waste supplies. We will no longer provide food at meetings. We will not do anything that will adversely affect our patients, but we must use our resources wisely.

As Dr. Whelton said, healthcare is not recession proof. We will need to all be strong stewards of all of our resources. Nurses have an opportunity to strengthen our financial position by paying close attention to eliminating pressure ulcers, patient falls and hospital acquired infections. All of these problems add cost to providing care that we do not fully get reimbursed. So more than ever we need to be focused on the patient. Make sure that we round hourly with the patients. Ensure that the patient is repositioned at least every two hours to reduce the possibility of a pressure ulcer. Complete a head to toe skin assessment daily. Early treatment of a red area can be treated to prevent skin breakdown. Assess your patient's risk for falls every shift and implement the appropriate safety measures to prevent a fall. Wash your hands before and after every patient contact. Use appropriate aseptic techniques when accessing an intravenous/central line. We must hold each other accountable for safe patient care practices. By improving the quality of patient care, we can reduce the cost of providing care.

Finally, I would ask you to think of those less fortunate than us as we enter the holiday season. Pastoral Care will be organizing the Thanksgiving baskets and Home Care will have the Giving Tree. Please consider sharing with others in need this year. This year we will not have an organizational party but rather donate some of the funds to the Baumheart Fund to support employees that are in a difficult financial state. These are difficult times for everybody, but it is at these times that our strength, ingenuity and concern for others are paramount. We must use this challenge to exemplify our concern for others and our professionalism.

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### **Illinois Nurse Practice Act**

This is a summary of the provisions:

- Reformatted for ease of reading. Each licensure category includes: license requirements, education requirements, and specific scope of practice.
- **Mandates continuing education of 20 hours per licensing cycle for RNs and LPNs.**
- Prohibits retaliation against any nurse who reports unsafe, unethical, or illegal healthcare practices or conditions.
- Prohibits a nurse from being deemed a supervisor just because s/he delegates nursing activities or tasks.
- Creates a new section specific to nursing delegation.
- Provides for a Board of nursing with LPN, RN, and APN members (no physicians).
- Requires proof of passage of the NCLEX examination to practice as a "license pending nurse"

To see full text of the Illinois Nurse Practice Act go to [www.ilga.gov](http://www.ilga.gov) and it is Bill SB 0360.

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## Kudos to our Nurses *Magnet Force: 1,6,11, 12 and 14*

### Presentation:

Connie Giere, Epic Physician and Nursing Advisory Council, Medication Reconciliation  
Co-presented with physician from Hennepin County Health System and PharmD from Froedert Hospital on the medication reconciliation process utilizing the Epic clinical system in Madison, Wisconsin, April 30, 2008

Bara Hering RNC, MSN Marianne Chybik, RNC. MSN, Lisa Festle, RNC, MSN from the NICU presented a poster, Reducing the Need for Laser Surgery with Oxygen, at the 5<sup>th</sup> Annual Nursing Research Symposium on November 5 2008.

Mary Morrow, PhD, poster presentation- Feeling Unsure: A Universal Lived Experience, Omaha, NE, March 2007, Troy, Alabama, March 2008 (2008 Showcase in Nursing Research Excellence sponsored by Loyola Theta Chapter of Sigma Theta Tau International)

Donna Murphy and Sara Mabin from Specialty Medicine/Endocrine, Presented Continuous Subcutaneous Insulin Infusion: An Update on September 12, 2008 at Loyola University Medical Center

Ramute O' Kemeza RN, BSN, As Sinus Congestion Met its Match: Balloon Sinuplasty during the Society of Otorhinolaryngology and Head-Neck Nurses, Inc 32nd Anniversary Congress and Symposium, September 19-23, 2008



Ann Briggs, MS, CRNA  
January 2008- Anesthesia Considerations and Implications for Perioperative Nurses, Loyola

February 2008- Anesthesia Implications Using Potent Inhaled Anesthetics, Chattanooga, TN

February 2008- Administering IV Conscious Sedation Safely & Effectively in Off-Site Settings by Non-Anesthesia Personnel, Swedish Covenant Hospital, Chicago, IL

April 2008- Anesthetic Implications for Using Potent Inhaled Anesthetics in the Complicated Patient, Columbus, MO

May 2008- Anesthetic Implications for Using Potent Inhaled anesthetics, Nashville, TN

June 2008- Anesthetic Implications for Using Potent Inhaled Anesthetics in the Complicated Patient, Rockford, IL

August 2008- Current Concepts in Inhaled Anesthetics: A Case-Based Approach, Minneapolis, MN

September 2008- Anesthetic Considerations Using Potent Inhaled Anesthetics in the Elderly Patient and Obese Patient, Amarillo, TX

October 2008- Anesthetic Implications Using Potent Inhaled Anesthetics in the Elderly and Post Discharge Nausea & Vomiting: The Long Ride Home, Charleston, West Virginia

November 2008 Ann will present Elderly Patients & Anesthesia: The Role of Modern Inhaled Anesthetics Newark, Delaware

### Certification:

Tricia Boylan, Christine Gilihan, Leticia Matysik and Laura Parise from 2 ICU, obtained their CCRN Spring 2008

Rachel Skarbonkiewicz RN, from HTU obtained CCRN in 2008

CNOR certification: Paz Brillantes (October 2007), Maria Cabalfin-Gallespen (September 2008),

Evelyn Moore (September 2008), Bruna Schaaf (August 2008), Denise Warda (September 2008)

Rose Lubarski, Ambulatory Infusion Room, Certified Registered Nurse for Infusion (CRNI), October 2008

Elaine Trulis, Neonatal ICU, Completed Health Care Management Certificate from Loyola University

### Degree:

Michael Fressola, 2 ICU received a MSN from Rush University in December 2007

Karen Wright RN, Home Care and Hospice, Associate Degree from Triton College

**Award:**

Lisa Festle RNC-NIC, MSN, CCNS was received a Robyn Main Award for Excellence in Clinical Practice by the National Association of Neonatal Nurses Conference, Fort Lauderdale, September 24-27, 2008.



This national award is presented to one recipient each year for clinical excellence in neonatal nursing. Peer nominated.

**National Nursing Membership News:**

Ramute O' Kemeza RN,BSN, is president of Chicago Chapter SOHN (Society of Otorhinolaryngology and Head-Neck Nurses, inc.)

**Art:**

"Blue Avalanche" quilt developed by Nancy Madsen, RN, BSN and "Hands of Care" photo collage developed by Gaye Moran, RN, and the High Dose Therapy Unit were accepted into the "Defining Excellence: Magnet 2008 ANCC National Magnet Conference" in Salt Lake City, Utah - October 15th - October 17th. It will be displayed in the Art of Magnet Nursing Gallery.



**Book Review**

Mary Morrow, PhD, reviews: Decision-Making in Nursing: Thoughtful Approaches for Practice, Nursing Science Quarterly, 21, (October 2008) pp378-381.

**Community Outreach**

Emily Vander Hourst, RN, Ambulatory Surgery Center, ran the Chicago Marathon in October 2008 for a time of 4.10-Wow!

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RN Last Name	RN First Name	Unit	Level	RN Last Name	RN First Name	Unit	Level
Beam	Alexandra	3MICU	3	Adams	Christine	6NE	4
Bertucci	Jacqueline	6NE	3	Bluemer	Stefanie	6 West	4
Brown	Katelyn	3MICU	3	Bollier	Christine	LOC	4
Carroll	Colleen	BICU	3	Borzym	Therese	OR	4
Caruso	Deborah	Homer Glen	3	Ichniowski	Kathryn	3MICU	4
Cunningham	Anne	NICU	3	Judkins	Eevin	3MICU	4
Dulce	Eileen	4ICU	3	Mars	Melinda	4PICU	4
Foley	Mary	6W	3	Schmaling	Kerri	3MICU	4
Hejnowski	Katrina	ED	3	Wallin	Jessica	BICU	4
Lazzaro	Rebecca	NICU	3				
Masino	Rebecca	6NE	3				
McDonald	Eileen	7BICU	3				
Nielsen	Magan	Neurology	3				
Ott	Diana	HTU/CCU	3				
Pietzerak	Sharon	OR	3				
Pilny	Bernadeta	PICU	3				
Platt	Elizabeth	6NE	3				
Skarbonkiewicz	Rachel	HTU/CCU	3				
Warda	Denise	OR	3				
Williams	Jane	MICU	3				

**Don't FORGET!** Registered Nurse Education Stipend

- Reimbursement for certification, recertification, conferences, web-conferences, and presenter expenses.
- Nurses in a benefit eligible position for one year may apply.
- Due dates Jan 15, April 15, July 15, and Oct 15.
- One approved application per year up to \$300.
- Speaker expenses (up to \$1,000 for qualified expenses).
- Go to the Nursing Website for application forms [www.luhs.org/feature/nursing](http://www.luhs.org/feature/nursing)

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## Oak Brook Terrace Medical Center (OBTMC)

Lynn Graham RN

When did it all begin? Where did it start?

Oak Brook Terrace Medical Center (OBTMC) located on Summit Avenue first opened its doors in July 1990. Initially, primary care services were provided only on one floor of this building, but within a short time, specialists began requesting more space in order to make their practice more accessible to their patients. Many physicians, who began their outreach services at OBTMC, have expanded their practices to different locations. Currently, Loyola University Medical has more than twenty off campus facilities.



The OBTMC site became entirely specialty care, developing over the years to include over twenty specialties and over sixty practicing physicians.

### Specialty areas includes:

Allergy	Pain Treatment
Asthma Program	Psychiatry/Psychology
Cardiology	Podiatry
Colorectal Surgery	Plastic Surgery
Cystic Fibrosis	Pulmonary Medicine
Endocrinology	Rheumatology
Gastroenterology	Surgery
Genetics (Pediatric)	Urology
Maternal-Fetal Medicine	
Nephrology (Pediatric)	
Neurology	
Ophthalmology	
Orthopaedics	
Otolaryngology	



### Diagnostic Services:

Cardiac Ultrasound (Echo)  
Computed Tomography (CT)  
Computed Radiography (CT)  
General Ultrasound  
Holter Monitoring  
Open MRI  
X-Ray



*The Aesthetic Center* has developed as medicine has made its advances. The cosmetic procedures performed at the center are: blepharoplasty, fat transfers, scar revisions, filler injections and excisions/reconstructions of skin malignancies. A large patient population for this center is women surviving breast cancer. Nurses offer support for breast cancer patients by providing education on breast surgical interventions.

*Maternal-Fetal medicine* procedures include ultrasounds, amniocentesis and genetic counseling.

*Gastrointestinal* procedures performed at OBT include colonoscopies, esophagogastroduodenoscopies (EGD), flexible sigmoidoscopies, and hemorrhoid bandings. A unique fact to this off site medical center is that it has sterilization equipment on its ground.

*Orthopedics and Rehabilitation* work collaboratively in the same demographic area allowing interaction between team members. Rehab includes: physical, occupational and speech therapies.

The specialty area of *Otolaryngology* consists of licensed audiologists. Procedures include balance testing and hearing tests for all patient populations. OBTMC is one of the primary sites for the prescribing, fitting and servicing of hearing aids, including the BAHA (bone-anchored hearing aid/device). Recently, OBTMC has begun to treat sudden hearing loss and has added a physician who specializes in the care of vertigo.

*Urological* procedures include cystoscopies and prostate needle biopsies.

The OBTMC RN is trained to assist in all these specialized procedures. Clinical staff consisting of RNs, LPNs, PCTs, MAs and technicians, can draw blood, perform electrocardiograms, and manage central lines.

Keeping up w/ the Loyola model for innovations, in January 2008, the new Loyola Center for Children's Health opened. Most pediatric subspecialties are now in the bright colorful, newly remodeled child friendly environment.

Now, when a patient asks if the OBTMC has a certain specialty; the answer is surly... YES.

*Celebrate Nursing Excellence in Patient Care*

**Council Updates: pages 6 and 7**

*Magnet Force 1,3,5,6,7,8,9,11,12,13 & 14*

**Magnet Ambassador Council**

*Susan Tuzik, MS, BSN, RN*

The Magnet Ambassador Council has accomplished the following during the months of July-October:

- We continue to have discussion about Nursing Image and expectations. It was decided that nurses would be wearing ceil blue top/bottom with a white scrub jacket, and either white or black shoes. The uniform policy will be effective December 1, 2008.
- Each month the Council reviews and discusses various Magnet stories that depict how other institutions embrace and live the Forces of Magnetism. The ambassadors are encouraged to bring these examples back to their areas for discussion and to report on stories of their own.
- The first Magnet Story awards were presented at the October meeting, three for August and three for September in which both inpatient and ambulatory stories were winners. The Committee also named the award "Magnet Hero's".
- We continue to include the off-site locations in the meetings via a dedicated telephone conference number to call in on.
- Monthly guest speakers on relevant topics such as: journal club, evidence-based practice model, research fellowship, speaker's bureau, patient education, and "Going Green" initiative.

If there are any questions, comments, or suggestions please email us at [stuzik@lumc.edu](mailto:stuzik@lumc.edu).

Interested in becoming more environmentally conscious? Join the "Go Green" Committee Contact Nancy Madsen. [nmadsen@lumc.edu](mailto:nmadsen@lumc.edu)

**APN Council Update**

Pat Hummel, RNC, MA, NNP, PNP

APN council did not meet in July or August - meetings to resume in September.

We will be reviewing an APN research article, utilizing the critique form - with the goal of having the APN's comfortable with critique.

We will continue to address ongoing APN issues:

- Orientation of new APN's
- Job description

**Education & Professional Development Council  
September 2008 Update**

Barbara Hering and Diane Stace, Co-chairs

The Council welcomed 3 new members: Diane Stace from the Nursing Education Department as Co-Chair of the Council, Lisa Rolnicki, Cardiothoracic ICU and Patricia Boylan, Cardiothoracic ICU. Thanks for your interest in our Council!

The Council is actively working on two main areas: completion of the Nursing Standards E-Learning Modules and collecting information for the Magnet Sources of Evidence that pertain to our Council, primarily Force 11 (Nurses as Teachers) and Force 14 (Professional Development).

The Nursing Code of Ethics E-Learning module has been launched and the final three nursing standards' modules, including the Illinois Nurse Practice Act, Staffing Guidelines, and the ANA Nursing Bill of Rights & Patient Bill of Rights are in development. A staff completion date for all four modules is December 31, 2008. You will be notified by email as they are launched.

*Nurse Link* (Volume 4, Issue 2) was just release and continues to be a great source of information for the nursing staff and related healthcare professionals. Thanks to our editors, Theresa Pavone and Linda Flemm. A special edition of *Nurse Link* will be coming in September on TCAB, Transforming Care at the Bedside.

The Nursing Education Stipend Committee continues to meet quarterly to review your applications, in October, January, April and July. This past year we approved 88 applications. The website listed on the maroon and yellow laminated flyer that was distributed to your unit has been disabled. We are working to link this site to the new website. For guideline and downloadable forms, go to "Loyola.wired", "Clinical Departments", "Nursing", "Education Stipend". Please remember to take advantage of this opportunity - \$300 per RN per calendar year (July to July) for conference fees, certification/recertification fees, web-conferences, and speaker expenses (up to \$1,000 for qualified expenses).

One last new project that the Council has undertaken is sending a survey to all Managers who staff RNs to find out which certifications staff typically pursue and how we can best support and promote certification at LUHS. Any thoughts on this, please contact Lisa Coy, RN, Ambulatory Surgical Center at [lcoy@lumc.edu](mailto:lcoy@lumc.edu).

As always, we appreciate the commitment of all the Council members and are open to any and all suggestions from staff. Questions? Send your emails to [bhering@lumc.edu](mailto:bhering@lumc.edu) or [dstace@lumc.edu](mailto:dstace@lumc.edu). THANK YOU!

*Celebrate Nursing Excellence in Patient Care*

**Council Updates: pages 5, 6 and 7**

*Magnet Force 1,3,5,6,7,8,9,11,12,13 & 14*

**Nursing Research and Evidence Based Practice Council (NREBPC)** Co-Chairs: Mary Morrow PhD, APRN, BC & Pam Clementi PhD, APRN, BC

Have you seen the flyers of all upcoming Nursing Research and Evidence Based education opportunities?

**Research Fellowship Program**

If you are interested in contributing to the way patient care is delivered or exploring unanswered patient care questions please consider applying for this program.

Application must be submitted by November 3, 2008

Information available on

Nursing Website:

[http://www.luhs.org/internal/depts/nursing\\_int/index.htm](http://www.luhs.org/internal/depts/nursing_int/index.htm)

Research Council Web Page:

[http://www.luhs.org/internal/depts/nursing\\_int/nrc.html](http://www.luhs.org/internal/depts/nursing_int/nrc.html)

**Research Presentation: (1 CEU)**

Patients Expectations During Health Care Encounters

Theory: A Grounded Theory Study

Pam Clementi, PhD, APRN, BC-FNP

November 6<sup>th</sup> at 11:15-12:15 & November 12<sup>th</sup> at 14:00-15:00  
both dates in room 1618 North Doors

**Evidence-Based Practice- What is it? (7.2 CEU)**

November 20, 2008

0730-1530- Maguire Building, Room 2826

Register in e-learning- enroll in class

**Nursing Quality and Safety Council (NQSC)**

*Carmen Barc, RN, BSN*

*Judy McHugh, RN, MSN*

NQSC update:

- Sue Flores presented the learning from a RCA related to the use of two patient identifiers
- The council was updated on Loyola's performance with the National Hospital Quality measures:
  - AMI (Cindy Mulhall)
  - CHF (Carmen Barc)
  - PN (Susan Tuzik)
  - SCIP (Lu Ann Vis)
- Members continue to gather evidence for Force 6
- "Belle morte" committee has 3 subcommittees investigating different aspects of developing a palliative care program:
  - Needs assessment
  - Finance
  - Education
- BeeSafe went-live on August 15, 2008. An education blitz is in progress
- Dashboard is near completion for Fall and Skin

**Nursing Professional Practice Council (NPPC)**

Daria C. Ruffolo RN MSN-CS CCRN ACNP

As the fall is upon us the NPPC find ourselves deep in projects. The Nursing Grand Rounds is well underway with our last event in October where Vicki Bacidore RN MS and colleagues presented a great topic—"Recreational Drug Use Update: What's Hot and What's Not." It was well attended with great feed-back. The next Grand Rounds will be October 27<sup>th</sup> where Vicki Keough RN PhD will present, "Understanding Research," 9:30-10:30 in 3284. We look forward to a great presentation!

Barb Pudelek RN MSN has obtained and reviewed all 200 of the returned Grand Round Surveys and has provided some good information that we will review as a council and provide information back to you. Thanks, Barb.

The sub-committee of Evidence-based practice has been working on an institution-wide best-practice guideline for monitoring blood pressure. The initial guideline was passed out for review by the committee. We are excited to see EBP that standardizes care and optimizes our patients' outcomes.

Our Magnet forces sub-committee continues their work on Forces 10 and 13.



Elaine Trulis, RN, BSN

I began my career at Loyola in 1973 as a nurses aid (if I recall, we were called PCA's - patient care assistants, back in the day). I attended undergrad at Loyola and my Peds instructor informed us that there were openings in the Pediatric unit at Loyola. I was a commuter, so the location was good and the prospect of getting more hands-on experience was exciting. One of my classmates (who still works in NICU!) and I applied and began

our journey. The NICU was 6 beds and combined with Peds, PICU and an intermediate care. My classmate and I worked as aides until graduation at which time we transitioned to the RN role. We like to tell the story of how we worked night shift the night before graduation, went home to change and drove together to Mc Cormick Place downtown for the ceremony. I'm not sure either of us really remembers that ceremony.

In 1978 I accepted the PCC role ("head nurse") in the 29 bed NICU and served in that role until 1980, when my husband was relocated to Philadelphia. We returned to sweet home Chicago in 1983 and I immediately returned to my NICU home at Loyola as a staff nurse. 1998 brought a position as Assistant Manager and in 1999 I became the Manager of our 50 bed unit. My classmate also still works in our unit (she never left!).



Violet Hanft, RN, BSN, OCN

During my final 2 years in Loyola's nursing program, I worked at the Cardinal Bernardin Cancer Center as a PCT rotating between the clinic and chemotherapy area. After graduating in 1997, I was hired as an RN on the BMT unit and often rotated to the medical oncology floor. Since I enjoyed caring for patients with hematologic and solid tumor malignancies, this was a wonderful opportunity for a new graduate.

In 2000, I moved to the High Dose therapy Outpatient BMT unit at the Cancer Center. In 2003 I took a role as the Multidisciplinary Clinic coordinator in the GI, Lung and Breast centers. I continue to work in the multidisciplinary clinics, but focus mostly on breast oncology. I am thankful to be part of the "whole" oncology patient picture and have the chance to provide support from diagnosis to life long survival.

Many of you reading this article may be able to tell very similar stories about your own Loyola journey. If anyone has a story they want to submit, please email Debbie Jasovsky [djasovsky@lumc.edu](mailto:djasovsky@lumc.edu)

## Pastoral Care's Inspiring Thoughts- "Good Grief"

Rev. Monica Isaac, Chaplain

Loss is something those of us in the health care world are all too familiar with. Often we may think of loss only when it is a big event such as a death or a house fire, but the truth is we treat people every day who are dealing with some sort of loss - loss of independence, of physical ability or mobility, of limbs, of dignity, etc.

In our own personal lives, however, we don't often pause long or recognize the significance of the losses we experience day to day. We lose friendships, hopes and dreams, innocence, job opportunities, identity, and so many other things that we don't always consider significant or worthy enough of pause and grief. I've heard it said that the only constant in our lives is change and how true it is. Usually when there is change there is loss; even if it is only the loss of the familiarity of a routine and certain faces. Over time all of our "little" or "quiet" losses add up and can take a toll on our spirit. This is why it's important to recognize the presence of loss in our lives and to do the things we need to do to care for our spirits along the way.

Charles Schultz's character, Charlie Brown, often replies to situations with a sigh and the phrase, "good grief." I like this phrase because while grief usually is not fun and not always easy, it is good. Especially when grief is seen not only as what you go through when someone dies, but the way to define the feelings of sadness, disappointment, or disillusionment that come with changes and losses. So what can we do with our grief? In addition to all of the familiar ways to care for ourselves like exercise, healthy diet, maybe counseling depending on your degree of grief, I think it's important to remember the ritual. When we grieve the loss of a life, we typically engage in the ritual of a funeral and burial or memorial service. For other losses it may be helpful to create some small ritual that helps heal your spirit. It can be as simple as the important ritual of prayer - maybe a special prayer that you say each morning to start the day. Any physical act that centers you and brings you into the presence of God while recognizing your grief can be a ritual. Given the intensity of our lives and in particular the work of nursing, I invite you to let the phrase "good grief" transform the way you think about life and loss.

## Reflections of a Nurse Magnet Force: 12

Many nurses have shared personal perception of "Purpose, Practice and Presence". Share YOUR story with Nurse Link- Contact [tbavone@lumc.edu](mailto:tbavone@lumc.edu) for submission.

### What Inspired Me to Become a Nurse?

Pamela Clementi, PhD, APRN, BC-FNP

As a freshman in college, I was still uncertain as to what my future would include, would I be a teacher, would I be a lawyer, or would I be a nurse? Many questions yet to be answered in my life until one day when I found myself at my dad's bedside in the cardiac intensive care unit.

My dad was admitted to the cardiac intensive care unit after suffering a heart attack. He was only 49 years old and we were told that his chances for a full recovery were very grim. My dad was a healthy, hard working, dedicated father and husband, and the strength of our family. How could this happen to him?

We went to visit dad in the hospital as often as possible. Dad's heart was severely damaged and the doctors told us to spend as much time as we could with him in the hospital because they didn't believe that he would ever go home again. I remember how hard it was to be brave and not let my dad know I was scared, worried and afraid that he would not be coming home, that he might even die in the hospital.

On one particular day, my mom, sister, brother and I went to visit my dad and a glimmer of hope came over all of us. When we entered my dad's intensive care room, we found him sitting up in a cardiac chair, but still connected to the ventilator. He looked so tired, the color drawn from his face as he stared straight ahead. Joy was my dad's nurse for the morning shift. Joy spoke to dad with such love and compassion as she demonstrated a truly caring atmosphere. When Joy cared for dad, she spoke softly sharing everything that she was doing for him; she even went so far as to tell him about the weather and the events of the world. That day, as Joy continued to take care of my dad, she began to sing a song and tap her foot; the next thing we knew, my dad was tapping his foot.

On this day Joy was truly present for my dad as she cared for him. She also reached us, giving us the hope that we needed to know dad was going to be OK. After this, each day it seemed that dad was getting stronger especially when Joy was his nurse.

This experience was very inspirational to me, to see someone care for and about a special person in my life, a person that I loved so much, to see another extend themselves for others and truly make a difference. It was this experience that I embraced and helped me to decide that I wanted to make a difference in the lives of others in the way that Joy helped my dad and my whole family, and it was through this experience that I knew I wanted to become a nurse. Nursing is a very rewarding profession. Each day nurses have an opportunity to help others, to make a difference in someone's life, to share their talents, to be present and listen to the precious stories of others. Every time a nurse listens and hears a patient's story, they are accepting a gift from that patient, the gift that is the patient's story. My love for nursing, desire to learn more, longing to contribute to the discipline of nursing has guided my path from an Associate Degree in Nursing to my Doctorate Degree in Nursing.

In my role as the Manager of the Nursing Education Department, I have the opportunity on a daily basis to indirectly impact the lives of patients and their families through the training and education that I offer nurses as I promote excitement in learning. Many patients enter the health care system in a vulnerable state. I am able to prepare nurses to care for these patients. Being a nurse provides me the opportunity to help others in the same way that Joy helped my father, sister, brother, mother and myself.

### A simple gesture goes a long way...

Wilhelmina Brown RN, BSN, CNOR

### Magnet Story

We hear stories that could be bizarre or simple; this one will always linger in my memory:

... Mrs. G came to the Operating Room for a simple procedure. She was very chatty and unusually cheerful (an apparent indication that she was anxious). I gave her a couple of warm blankets and held her hand while the Anesthesia Resident (Dr. Michael Acquaviva) was hooking her up to the monitors and was getting ready to put her to sleep. I was telling Mrs. G that our Anesthesia Resident is a very good singer and we probably could get him to sing her to sleep (LOL☺). The surgery went very well but unfortunately, the frozen section result was not at all promising☹. Surgery was over and the Anesthesia Resident started to wake Mrs. G up. There was a bit of a delay in PACU and we had to keep Mrs. G in the O.R. She was quite awake by this time. I asked her if she had a request for a song because we were going to have our Anesthesia Resident sing... there were requests from other staff in the room: 'My kind of Town-Chicago!' 'New York, New York!'... (the Anesthesia Resident was shaking his head and mouthing 'no...no'...) then I told Mrs. G that our Resident sings in weddings. 'Ave Maria' came to mind, and while our Anesthesia Resident was singing, I saw that Mrs. G had her eyes closed; hands clasped over her chest and was singing along. She looked so peaceful. What a wonderful sight! Just as the song was over, a voice on the steno phone called out that PACU was ready for Mrs. G. I held her hand and we said our goodbyes. I thanked our Anesthesia Resident and his reply was: 'that was my "thank you" to you for helping me with the Lung Transplant case this morning'. That surely made my day. I was humming 'Ave Maria' on my way home that evening...

Loyola Nurses exemplify magnet qualities everyday. Please share your stories with Debbie Jasovsky [djasovsky@lumc.edu](mailto:djasovsky@lumc.edu)

## Other Nursing Happenings

Magnet Force 1, 2, 3,  
6,7,8,10,11,12, and 14

Pages 10 & 12

### Marcella Niehoff School of Nursing

State Announces \$2 Million Grant to Niehoff

✓The State of Illinois has announced it will pledge \$2 million toward to the construction of the new Marcella Niehoff School of Nursing building at the Loyola University Health System Campus.

✓CCNE Accredits Nursing Programs

The Commission on Collegiate Nursing Education has announced the Marcella Niehoff School of Nursing's undergraduate and master's degree nursing programs have received accreditation for the next ten years.

### Show Chwan Health System Nurse Visit: August 2008

Karen Thomas MS RN

There is something to be said for having guests in your home: special occasions call for our best dishes, best linens, and best manners. It reminds us of treasures that lie safely tucked away on any given day, now proudly displayed for all to enjoy. There are moments of recognition as pieces are unpacked, polished, and gently set in place. For a relative newcomer to Loyola University Medical Center, there was a sense of discovery and delight to witness the many talents of our case managers and the strength of professional acumen that is the hallmark of our institution.

In August, 2008, LUMC played host to six Nurses from the Show Chwan Health System, a 3500-bed network of technologically advanced facilities in Taipei, Taiwan. Their mission was to visit academic health systems across the United States, to learn about 'American-Style Case Management.' LUMC enjoys a relationship with Show Chwan through Dr. Welton and his alliance with their CEO-MD. The six nurses were Master's-prepared professionals and held positions of administrative or middle management in their respective hospitals within the Show Chwan system. The Nursing Director within this group is currently obtaining a second Master's at Tulane University, travelling from Taipei to New Orleans to complete her studies at regular intervals. Another member of the group holds a Master's Degree in Nursing from University of California, San Francisco. They were outstanding, receptive, and inquisitive nurses who brought wonderful questions and a thirst for knowledge to every encounter.

It cannot be left unsaid that without the support of our nursing administration, we would not have had the opportunity to spend time with this group. Over the course of a week, several disciplines shared presentations on how the art and science of case management manifests itself specific to their patient care area. Continuity of quality care is paramount to any field of health care, but the tools and techniques of a successful transition from the NICU to home look different than that of a heart failure patient. Our Show Chwan guests enjoyed detailed examples from the LUMC nurse-experts in the form of order sets, care pathways, protocols, and patient/family education pieces. It was an impressive array for our guests and also for observers of the presentations.

A telling feature of the visit was the number of times a request for further information would be passed on to the case managers at morning arrival. This was not a passive group; their desire to learn and to benefit maximally from the visit was much in evidence.

*Chwan Nurses Continues on page 12*



The Nursing Education and Professional Development Council wanted to hear from our nurses regarding ethical dilemmas... Stacy Vallianatos, RN presents Byrdie Myounghee, MICU RN a gift basket for her excellent article. Byrdie's dilemma will be presented next edition as well as a review of the dilemma from the Ethic Department.

## Is it an Annoyance or a Detriment?

Mark A. Cerkvenik Director, Organizational Development

Magnet Force 1, 2, 3, 5, 12 and 13



He drives me crazy! She makes me so angry! Why do they have to be like that? Sound familiar. Who controls your emotions, your behavior? Conflict, disagreement, interpersonal difficulties are a normal part of working in a multidisciplinary and diverse workplace. If you are like most people, you enjoy the technical aspects of your job but become frustrated by your sense of powerlessness to deal with the annoying behavior of coworkers and other professionals. Different expectations and behaviors in a multidisciplinary and diverse workplace are normal. We may encounter annoying behavior and the question becomes, “is the person’s behavior an annoyance or a detriment to my ability to provide excellent patient care, superb customer service in alignment with our MAGIS values”?

If the behavior is a detriment, address the behavior directly, if you are not sure how to handle the problem, seek coaching from a peer, your manager or a trained professional. You should never tolerate behavior that is not in alignment with our values of Care, Concern, Respect and Cooperation. If you tolerate unprofessional behavior, patient care, satisfaction and safety will suffer.

If you determine the person’s behavior is an annoyance, it comes down to practicing self-management techniques. People that practice self management demonstrate, flexibility and adaptability, they are not paralyzed by change. They are versatile; they learn new skills and apply them to the organizational needs. In addition to having a high tolerance for ambiguity, people who practice self management respect differences of opinion and have realistic expectations about others and the workplace.

An excellent resource on self management is “The Power of Self Management” by Michael Cohen or the website [www.dealingwithdifficultpeople.org](http://www.dealingwithdifficultpeople.org). Organizational Development offers a seminar on Dealing with Difficult People. Details of the course can be found in our training catalog at [www.luhs.org/internal/depts/training](http://www.luhs.org/internal/depts/training), click on the link “Staff and Leadership Training” in the middle of the page. Please send thoughts or comments to Mark Cerkvenik at [mcerkvenik@lumc.edu](mailto:mcerkvenik@lumc.edu)

## Spot Light on Woman in Arab Culture

Linda Sterba, RN, Clinical Ladder III, Hickory Hills Specialty

Magnet Force 6 and 11

In this day and age our country is sprinkled with a variety of cultures and religious beliefs. Culture determines and teaches attitudes about gender, femininity, and sexuality and the practices surrounding them. This training starts in early childhood in both male and females.

Body image is a transmitted value, which has a direct impact on an individual’s health and health care needs. Cultures instruct girls on whether they should be fat or thin, short or tall, beautiful or just not seen. Young girls learn early in their lives on whether dependent or an independent spirit is good, or whether strength or weakness is better. Right along with the young girls, young boys, (brothers) learn and support the images that girls develop about themselves. Young girls develop their ideas about sexuality from the culture in which they live in. Culture is also a primary factor in the development of any population’s ideas about the approach of their health and health care.

In today’s multicultural society, health providers and their staff are at a disadvantage by not knowing or truly understanding a female patient’s culture and belief. Tradition in medical examinations and treatments vary greatly by culture. When cultural beliefs are not harmful to the patient, healthcare providers should support them.

Arab countries are diverse with respect to religious beliefs. They include Christians, Jews, and Muslims. The large majority of Arabs are Muslims; however, they vary in backgrounds. These varied backgrounds must be kept in mind when we try to apply the cultural norms described in their beliefs. No practice is universal, and behaviors and attitudes, while they may follow certain trends or have a common influence, may vary greatly.

A major stressor for Arab Americans is stereotyping of the Arab people, which has been exacerbated by recent world events. Arab-Americans are classified as “White” by the U.S. census, but they face discrimination that European Americans may not. Among devout Muslims, strictly secluding women from men in these societies is acceptable. Women may have little contact outside of the home. Arab woman may take a “back seat” to the male figure in and outside the household. Although this practice is rapidly changing with women getting their rights in many Arab countries, there are some who continue with these beliefs.

“Honor” is an important social aspect of the Arab family as it is in most cultures. The actions of one individual family member can bring shame to the entire family. Because of this, an individual might choose to ignore or try to keep secret a potential health concern such as drug addiction, mental illness, venereal disease, or even a pregnancy out of fear that the family would consider the condition to be shameful. With this said, healthcare workers must be diligent in their continued confidentiality of the patient-provider relationship and diagnosis and treatment of a potentially “shameful” condition.

*Cultural Spotlight Continues on page 13*

## Other Nursing Happenings

Continued from page 10

It was a compliment to our nursing case managers, as well; a way of saying that in the true sense of the word 'teach', the root of which is 'to illuminate' their stimulating presentations had unlocked questions and curiosities that had our Show Chwan nurses talking well into each night.

We learned more about the resources at our own fingertips and also about those many thousands of miles away, as our guests shared information about their health care system. A Taiwanese-language interpreter was at our disposal for the entirety of the Show Chwan visit to supplement the excellent English skills of our guests when a concept required greater depth of discussion. In all, it was an experience that enriched everyone involved.

### Travel Nursing:

Loyola is fortunate to have two knowledgeable nurses who can provide specialized travel health services in the Travel Clinic, on the medical center campus. Janice Duffy RN is a Travel Health Certified Nurse in the Travel Clinic. She independently prepared for the International Society of Travel Medicine competency exam held in Vancouver, Canada. In 2007, she successfully passed the rigorous testing with flying colors. Laura Gonzalez RN BSN and Jan work closely to provide services in the Travel Clinic. The nurses provide education on precautions, immunizations, and prescriptions needed for Travelers Diarrhea and Malaria Prophylaxis. Loyola possesses a special license to dispense the Yellow Fever vaccine. Typhoid, Japanese Encephalitis, and Rabies are just a few other immunizations that they administer to Travelers. Jan has been involved in Travel Medicine since 2003. Laura is a newer addition to the clinic and has been here since May 2006. Both nurses are happy to assist with any of your travel health needs. Call Monday-Friday 8:30-5pm 708-216-8757 for further information.

### Burn Unit at its Best

Julie Liberio, RN, MSN  
Magnet Force 11,14

The Burn Center put on an Educational Symposium on September 24, 2008 for the new nursing employees of 2008. Seven new nurses enjoyed an entire day of educational talks and lectures given by 14 different members of the Burn Center's Multidisciplinary Team. The goal of this day was to educate the new staff about the roles and responsibilities of the multidisciplinary team members and the pathophysiological phenomena involved with a burn injury. The staff that was working also provided a delicious pot luck luncheon for everyone to enjoy. Way to go, Burn Team!!



**Nursing Education:  
CEU Programs  
Magnet Force: 7 and 9**

**Shared Governance**  
Mon. December 1, 2008  
SSOM- room 160  
Open House 1330-1630

**Nursing Quality Education Day**  
Tue., Dec. 16, 2008  
Mulcahy 1623  
0700—1530

**The Marcella Niehoff School of Nursing invites you to attend a presentation by a distinguished speaker, Dr. Donna Hathaway, from the University of Tennessee on: The Doctor of Nursing Practice (DNP): Past, Present and Future.**

Thurs., Nov. 20, 2008  
Maguire Center, Room 2812  
3:15 pm—4:45 pm  
RSVP by Nov 14<sup>th</sup> to Gina Michalski Ext. 69101

**Learn about Loyola's plan for the DNP and the history and current progress of the DNP throughout the country!!**



The Rapid Response Team is available 24 hours a day. Page 11122 with issues

The Arab culture prohibits some types of meat like pork to be ingested along with the use of alcohol beverages. Some medications & foods contain alcohol or even pork derivatives. Muslim Arabs celebrate the holiday Ramadan which is a fasting period during the Holy month. This consists of no food or drink, between sunrise and sunset. The ill are supposed to be exempt from fasting, but among people who are fasting, oral medications and IV solutions are prohibited. Arab women are exempt from fasting during menstruation and 40 days post partum. When serving food or drink to Muslim patients in the hospital, allow patient's to receive this in the right hand. Muslims consider the left hand "unclean" since it is used to cleanse oneself after using the restroom.

Women of the Arab culture prefer to be treated by a medical provider of the same sex. Arabs rely on relatives and close friends for support and help and would shy away from any type of social worker. When caring for an Arab woman, her husband may take control and expect to be allowed in the exam room with his wife and even speak for her. I had one such event take place with the care of one of my Arab female patients. When asking my patient questions regarding her medical history and present issues, the husband spoke for his wife and answered all questions. Prior to leaving the exam room, I discussed with the patient her need to undress and place a gown on before the physician was to come in and perform a pelvic exam on her. I asked the patient if she was going to be comfortable, and addressed her husband with whether he wanted to wait outside the exam room or remain inside. My patient smiled and nodded to me as to say, "All was fine". The husband remained seated inside the exam room.

I think the best way to understand an individual's culture and to not offend them is to simply talk to the patient. There is always a way to work with the patient regarding their healthcare needs and remain respectful of their cultural beliefs. So as you can see, healthcare is not a "one-size-fits-all" profession. It is important to be sensitive and considerate, to not only a patient's needs, but sensitive to ways in which their culture and faith impact your patients' healthcare experiences. It is always helpful to have a general understanding of different cultures. This allows for a general understanding of ones beliefs which puts your patient and yourself at ease to some extent. When this understanding and consideration is met, the patient feels comfortable. When a patient feels comfortable with their healthcare team, the patient is more likely to return for further evaluation and healthcare needs.

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<http://takingcharge.csh.umn.edu> University of Minnesota

About.com-Race Relations  
Healthcare Professionals-Getting Up to Speed on Culture Differences  
\_http://racerelements.about.com\_ (<http://racerelements.about.com>)

**For more information on culturally sensitive care go to the Loyola wired page,**  
select "clinical resources", then under resources select "culturally sensitive care"  
<http://www.luhs.org/internal/depts/csc/index.htm>

**We Are Looking For Writers: *Magnet Force: 9***

Add diversity to your professional activities, inform your nursing colleagues or share your nursing reflections. Please contact Theresa Pavone at [tpavone@lumc.edu](mailto:tpavone@lumc.edu) for further information.

***A great way for clinical ladder advancement!***

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