# NURSE

STANFORD

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## ED Nurses Teach in India

## Lane Medical Library

## Cultural Diversity in Patient Care

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http://stanfordnurse.stanfordhospital.com

## FEATURES



## DEPARTMENTS

# From the Interim Chief Nursing Officer

DEBRA GRANT, RN, MBA, NEA, BC, INTERIM CHIEF NURSING OFFICER

In this edition we showcase the work of Shelly Woodfall and Patrice Callagy, nurses in the Emergency Department who traveled to India to educate clinicians through the "Save a Million Lives: Trauma and Pre-Hospital Education Program."

We also highlight nurses who participated in the Avon Breast Cancer Walk in San Francisco, and the benefits of our new phone triage program at the Stanford Cancer Center.

I am proud to share that a large number of Stanford nurses participate in volunteer activities within their communities: activities at children's schools, churches, community centers, professional organizations, international health care and relief centers, organized athletic events and fund raisers – the list is impressive and humbling. Recently a survey of our nurses showed even greater interest and willingness to provide teaching and care to local communities in need.

Stanford nurses are sensitive to the special needs of ethnically and socially diverse populations that we serve. This edition highlights ways that Stanford nurses promote education of culturally appropriate care. I feel so enriched by the diversity of people in the Bay Area and the non-discriminating compassionate care you give to our patients every day.

Debra Grant, RN, MBA, NEA, BC
Interim CNO

# *From Frustration to Satisfaction*

## Stanford Cancer Center answers the call to improve its communication system

LIANE NICOLAS, RN, BSN
ASSISTANT NURSE MANAGER, CANCER CENTER CLINICS

In January 2008, the Stanford Cancer Center significantly upgraded its telephone system by unifying over 400 entry numbers into a single, universal point-of-contact phone number: 650-498-6000. Callers to this main number are greeted by a voicemail system that prompts them with a menu of choices. This change in technology has tremendously improved the experience of patients along with giving clinical staff the ability to provide safer, quality patient care.

### From frustration…

Prior to the upgrade, patients consistently expressed their frustration with the phone system. They would leave messages at multiple places, including their physicians' academic offices, because they wanted to make sure that they received the answers to their questions. All types of messages were left, from matters as simple as, "When is my next appointment?" to something more urgent such as "I have a fever." As a result, multiple staff members would be working to resolve the same issues, and this duplication of efforts would sometimes lead to calls not being addressed as quickly as desired.

### ….to satisfaction

The new phone system was accompanied by a model change that included a triage nurse. Protocols were developed that allowed one person to appropriately triage all patients who are treated by the Cancer Center. Now, when patients need immediate attention for clinical concerns, they simply press option 5. Once they have chosen that option, they are greeted by a clinical call coordinator. Clinical call coordinators go through a series of questions that allow them to determine if a patient needs to speak to a nurse urgently for a serious symptom or if it is an issue that can be routed to the nurse's voice-mail to be returned within in 24 hours. By speaking with patients, triage nurses can further determine whether the patient needs to be seen immediately by "sick call" or if it is something that can be managed by a phone conversation. Guidelines have also been put into place so that patients can be streamlined to the Emergency Department. The triage nurse then does a dictation of the occurrence and sends an email notifying the provider of the patient's call and the plan of care that was instituted.

With the addition of the triage nurse, the Cancer Center is now able to provide an immediate clinical point of contact for its patients, and nurse coordinators in the Cancer Center are able to spend more face-to-face time with patients in the clinic.

As a trained oncology nurse, the triage nurse is able to identify and implement improvements to patient care. For example, he or she is able to identify emergent situations that require immediate hospitalization and then coordinate the patient's care. Because oncology patients have altered immune systems, waiting in a busy waiting room can be detrimental to their health. By streamlining these patients' experiences through Stanford's very busy Emergency Department, the health risk is reduced, and the Emergency Department appreciates knowing which cases are on the way so that they can properly prepare.

### Remarkable results

When the Cancer Center collected data from clinical staff (Nurse Practitioners, Physician Assistants and Nurse Coordinators) following implementation of the new phone system, 94 percent of the respondents were "satisfied" or "very satisfied" with the triage nurse model. Clinical staff reported their patients felt reassured that when they were sick, they were able to talk to a real nurse in real time to determine if it was something that needed immediate intervention. The addition of the triage nurse is one of the many procedures the Cancer Center has implemented to signify its commitment to improving the patient journey by creating a patient-centric model.

The implementation of the triage nurse program has also been a valuable addition to the Cancer Center for all providers of care. Prior to implementation of the new phone system, the level of anxiety with regard to checking voice-mails was intense. Center staff feared that urgent messages would not get the level of attention needed. With the addition of the triage nurse, staff report that they no longer have this concern. The profound improvement in patient safety is reassuring to all.

While the process for rolling out this new phone number was lengthy, the program's successes have been nothing short of extraordinary. Prior to implementation of the new phone system (December 2007), 79.5% of patients responded positively to "Overall how would you rate the telephone service in this clinic?" whereas 90.0% responded positively following implementation of the new phone system *(Source: NRC Picker Patient Experience Scores)*. At pre-implementation, 26% of patients reported having to call 3 or more times before speaking with a live person, in contrast with only 12% following implementation of the centralized phone number. In addition, at pre-implementation, 30% of patients responded being either dissatisfied or very dissatisfied with their Cancer Center phone experience, whereas only 8% reported being dissatisfied or very dissatisfied at post-implementation *(Source: SHC Patient Services Survey)*.

Following the system change, one of the patients who called into the Cancer Center happily remarked, "The new phone system is the best thing that's happened to the Cancer Center." By seeking to do away with an antiquated telephone system, the Stanford Cancer Center continues to seek ways to improves its patient experience and be on the forefront of placing patients' needs first. SN

*Liane Nicolas, RN, BSN*

# *Delivering Culturally Competent Care*

## Stanford's new Cultural Diversity Committee convenes

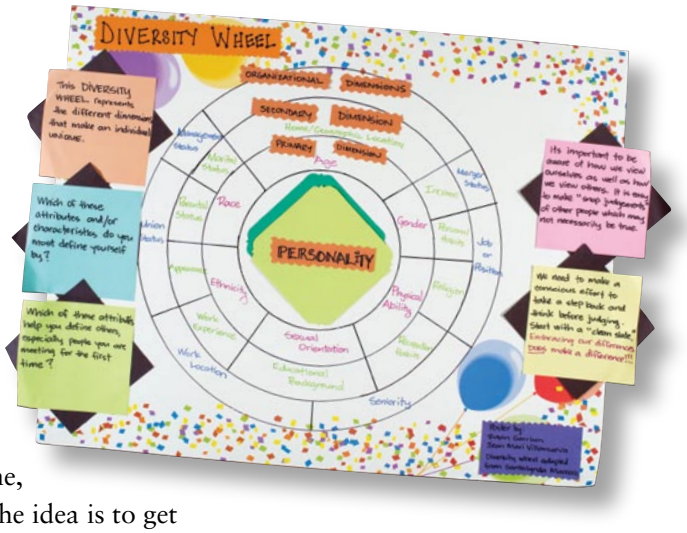
JEAN MARIE VILLANUEVA, RN, AND ROBIN GARRISON, RN
STAFF NURSES, NEUROLOGY UNIT, E3, CULTURAL DIVERSITY COMMITTEE

How do we assess whether a patient's cultural needs are being met? Can we develop a cultural assessment tool to use during admission? Are staff members adequately using interpreter services for non-English speaking patients and families? Can understanding our own biases improve patient care and, if so, how can we as healthcare providers successfully navigate across cultures in our everyday work environment? These are a few of the topics we discuss during our monthly Cultural Diversity Committee meetings.

After recently achieving Magnet™ status, Stanford Hospital & Clinics gathered a group of individuals representing different disciplines and a variety of specialties throughout the hospital to form the Cultural Diversity Committee. Currently a work in progress, this committee comes together to discuss how the hospital can improve its cultural diversity, what types of education we can offer staff members, and strategies to implement such changes. We discuss case studies and issues we face in everyday situations as well as ideas for incorporating cultural care into our range of services.

As most of us know, the term "culture" encompasses a wide array of characteristics, values, beliefs and behaviors. In this conscious effort to grow towards cultural diversity, the idea is to step away from the old-fashioned assumption that people can be categorized or stereotyped by race, culture and/or ethnicity. Our goal is to improve patient care – and to do so we will need to stimulate our organization's will and commitment to change.

Our Cultural Diversity Committee is currently developing several different ideas and communication strategies. Ultimately we will relay this information to all departments throughout the hospital. As a start, a poster board containing a "diversity wheel" was created by nurses on unit E3, a general surgery floor. The diversity wheel illustrates all the different dimensions that make an individual unique and creates one's personality. The primary dimensions include age, race, gender, ethnicity, and sexual orientation; secondary dimensions include marital status, parental status, religion, income, etc. The idea is to get nurses to begin to think about and understand their own values and help recognize the ways in which they affect interactions with patients, families, and other staff.




For instance, many of us tend to make certain assumptions the moment we walk into a patient's room. We may assume that men are less likely to express pain than women or that an older person may not be as familiar with certain technologies as a younger person. There are also different cultural norms concerning illness and end-of-life issues. In some cultures, for example, it is frowned upon for a patient to be told about his or her diagnosis. In this case, it is important to discuss how the family and the patient would like to be involved in care prior to admission.

If we are to deliver quality holistic nursing care, it is important that culture remains an integral part of the nursing process. Because our community includes people of multiple ethnic and cultural backgrounds, as healthcare providers we must continually learn to reduce our own ethnocentrism to better serve our patients and their families. Our hope for the future is to identify and overcome the barriers related to cultural diversity to enhance and improve our hospital's delivery of culturally competent care. SN

# *On the Road Again*

## Stanford staff help in the fight against breast cancer

KAREN STUART, RN, BSN, CEN
ASSISTANT NURSE MANAGER, STANFORD EMERGENCY DEPARTMENT


*Stanford nurses and other volunteers working as medical crew at the Avon Breast Cancer Walk*

For 2 days and 39 miles, walkers from all over the United States come to San Francisco to help in the fight against breast cancer.

They each had to raise a minimum of $1,800 to walk. This year, there were over 2,800 walkers, nearly 400 crew members, and over 375 volunteers, and together they raised over $7.5 million dollars. All of the money raised comes back into the community and is distributed to breast cancer organizations in the Bay Area to allow medically under-insured women and men to receive screening, support, and the treatment they require.

For the fourth year in a row, I have volunteered to be the team leader for the medical crew at the Wellness Village. Friday night, my shift started at 1:00 pm and did not end until Sunday at 5:00 pm. It was a long but worthwhile weekend. My cause was a personal one: my mother-in-law lost her fight to breast cancer and I want to make sure that my daughters don't ever have to take this fight on.

This year, an amazing number of staff from Stanford Hospital & Clinics joined me. We had over 20 nurses from the Emergency Department and about 15 nurses from other departments. We took care of over 300 people in the medical tent. Their problems varied from blisters to syncopal episodes to chest pain. With the assistance of a great physician team from the Alameda County Emergency Department, we were able to either care for these individuals in the tent or send them to the local emergency department for more intensive treatment.

At the closing ceremonies, I ran into a nurse from Stanford's D ground unit. She, too, had organized a group of nurses from her unit to work on the route. It goes to show that you can always find Stanford nurses doing great things for their community! SN

# You and Lane Medical Library

## Partners in Information and Knowledge

MARILYN TINSLEY, MLS
INFORMATION SERVICES LIBRARIAN, LANE MEDICAL LIBRARY & KNOWLEDGE MANAGEMENT CENTER,
INFORMATION RESOURCES & TECHNOLOGY (IRT)

When you want to know more about a patient's disease, verify the evidence behind some of your practices, or prepare a presentation for your colleagues, you will find a wealth of resources at the Lane Medical Library & Knowledge Management Center.

Located in the heart of the Stanford University Medical Center, Lane offers a variety of collaborative and group study areas, a quiet study zone, computers, and wireless connectivity for your laptop. Covered drinks are allowed throughout the library, or bring your lunch and enjoy the outdoor courtyard. Everyone is welcome at Lane – we don't check your ID at the door. All you need is your SUNet ID to hop onto a computer and connect to the knowledge resources you need.

Lane is home to Librarian Liaisons for each SUMC department and program. In addition, you will find knowledgeable library staff at the Service Desk to answer your questions over 100 hours per week, including weekends. As your Librarian Liaison, I'd like to introduce you to the amazing array of resources available without even coming to Lane.

Our modern library comes to you digitally via LaneConnex, at work or at home, 24/7. Internet access, your SUNet ID, and some basic know-how are all you need to find the information you need.

With so many resources at your fingertips, it can be daunting just to get started. I'll provide some tips here, and I urge you to contact us by phone or email any time you need help with finding articles or information. Having difficulty accessing an article or journal? Please let us know. Your question may alert us to a problem we will want to fix for you and others, so don't hesitate. If you have questions or you are short of time, please contact the library. We want to help!

**Do you wish to find information on a specific topic or locate a title?** Simply type it into the LaneConnex search box. This searches the entire website plus the catalog. For an introduction to Lane's services, search for the word "welcome." To find a link to Western Journal of Nursing Research, type that title in the search box. You can also browse various types of resources to learn about what is available. What's under "Most Popular"? What's on the Nursing Portal and the

### What is a Librarian Liaison?

*Marilyn Tinsley, MLS*

Each librarian works closely with several departments. The advantage to you is that you have a specific person to contact, and your liaison is aware of many of the resources, topics and issues in your field. As part of my involvement with nursing, I have been working with the Research Council, the Patient Care Council, the Evidence-Based Fellowship program, and many individuals, helping with literature searches, selecting books and resources, and teaching searching skills. The next time you have a question, please consider your Librarian Liaison.

specialty portals? What resources are listed under images?

The clinical portal and metasearch is a great place to start for clinical questions. Searching via this portal gives you access to the full-text content of over 100 ebooks, as well as PubMed, patient education materials, images, and other resources. Hint: Search words need to match the content, so use full words (e.g., medications rather than meds, tuberculosis rather than TB).

**Need assistance finding information for your question?** Lane staff members can take questions by phone (650-723-6831), email (laneaskus@stanford.edu), and in person. Reference service is available by appointment, by email, and by phone Monday through Friday. You are welcome to work with any of the librarians and other staff, but as your Librarian Liaison I encourage you to contact me directly.

**Looking for journal articles?** PubMed is the premier database for locating biomedical journal articles. It covers over 5000 journals in the fields of biomedicine, nursing, and healthcare from around the world. To focus a search on nursing journals or topics, you may want to search CINAHL (Cumulative Index for Nursing and Allied Health), which is linked from the Nursing Portal. To learn more about searching these databases, contact your Librarian Liaison, sign up for a Lane Library class, or use the tutorials provided with the databases.

**Why learn to search databases?** The databases have powerful search mechanisms plus a connection to Lane or Stanford which helps you get access to the full article. Google searching is great for many things, but won't replace the structure and enhanced article descriptions that you will find in CINAHL and PubMed. If you work with me or one of the other Lane librarians on a search, we can help you learn the techniques for finding the best terminology and search strategy. Searching is an iterative process, benefiting from our collaboration. Finding articles on your challenging topics can be fun and interesting!

**Accessing databases and e-journals from LaneConnex lets you make use of over 14,000 subscriptions.**

**If you want to get articles, how does it work?** Accessing databases and e-journals from LaneConnex lets you make use of over 14,000 subscriptions. In the search results, you will see a golden Stanford button which links to a menu, which in turn guides you to full text online or to our DocXpress service, where you can request an article or book not owned by Stanford.

**What's DocXpress?** This is our document delivery and interlibrary loan service. It is quick and efficient, linked from all our databases, and delivers requested articles electronically. You need to register once and be registered at Lane to use this service.

**What's a SUNet ID?** This is your online ID for using library resources. For information about obtaining this ID, go to LaneConnex, look for "My Accounts," and click on SUNet ID.

**Would you like to learn more?** I am happy to come to your unit or department, or to meet with individuals or groups here at Lane. We can explore LaneConnex, practice searching, look at ways to get to LaneConnex from EPIC and the SHC Intranet, tour the library, and get acquainted. Let's work together! Please contact me at: 650-723-5969 or marilyn.tinsley@stanford.edu. SN

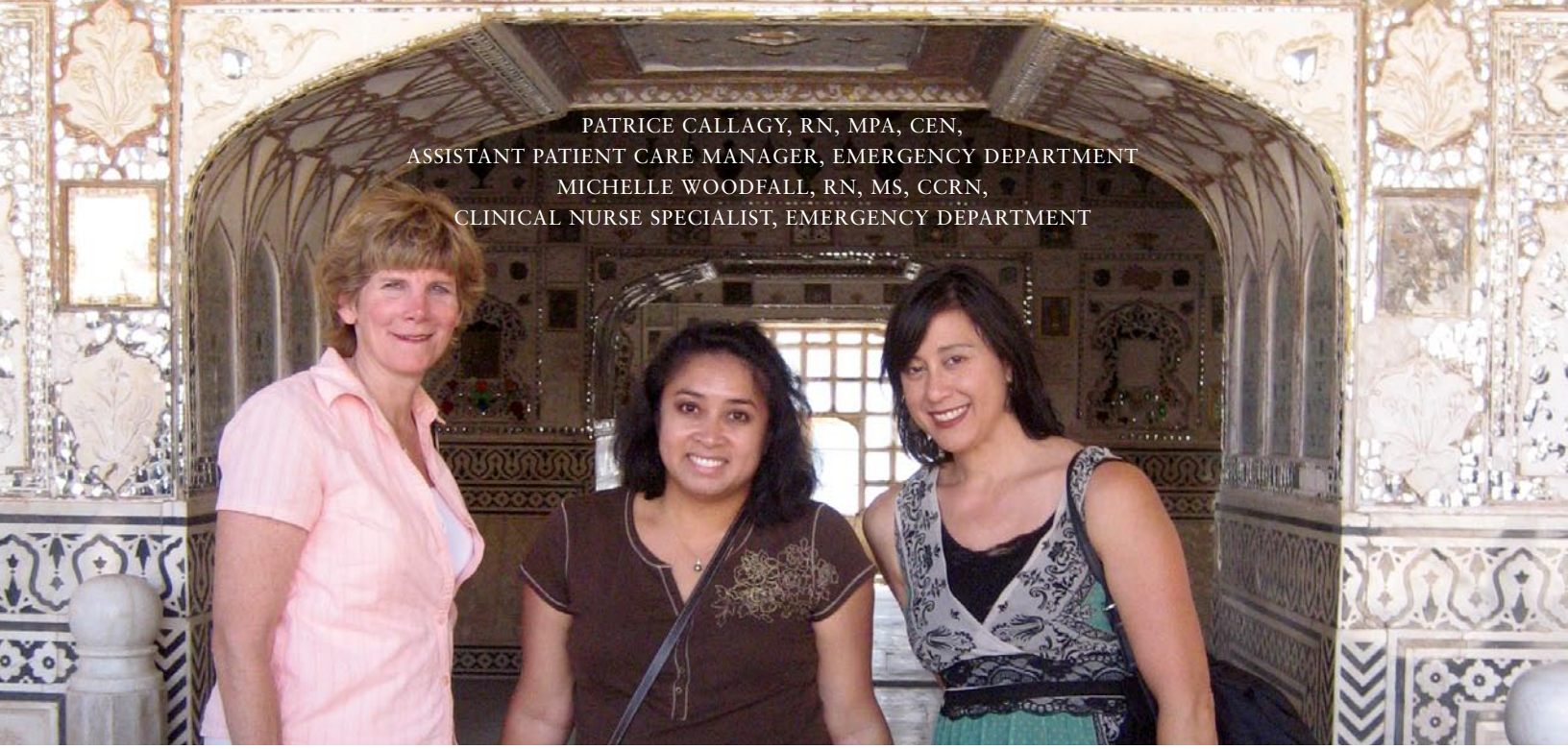
## News about CINAHL

We have provided CINAHL via the Ovid searching platform for many years, but this service is being discontinued. CINAHL will be available via the EBSCOhost system, beginning in December 2008. Lane will provide easy access, search training, tutorials, and help with learning the new system. Watch LaneConnex and the hospital e-notes for announcements about tutorial sessions, classes, and online learning opportunities in November and December.

# Lessons Learned and Taught

## Stanford Emergency Department nurses participate in India's first paramedic program

PATRICE CALLAGY, RN, MPA, CEN,
ASSISTANT PATIENT CARE MANAGER, EMERGENCY DEPARTMENT
MICHELLE WOODFALL, RN, MS, CCRN,
CLINICAL NURSE SPECIALIST, EMERGENCY DEPARTMENT



*Patrice Callagy, Michelle Woodfall, Mary Koskovich*

Just as 911 provides Americans with an easy-to-remember, three-digit number to call in any emergency, "108" now gives many citizens in India the same peace of mind.

The Emergency Management and Research Institute (EMRI) in India was established in April 2005 as a public private partnership. Similar to the United States, this not-for-profit institute provides comprehensive emergency management services for medical, police, and fire using a single three-digit toll-free number. With a primary service area in the city of Hyderabad (7.5 million people), EMRI and 108 have continued to expand services into other cities, towns, and villages with medical response by the 108 ambulance service as well as coordinated police and fire dispatch services. Officials say the goal is to extend the program to India's entire population of 1 billion people by 2009; by 2010, they expect it will save one million lives a year. At present, EMRI receives over 13,000 calls a day with 95% of the calls answered in two rings.

In June 2007, Stanford School of Medicine's Dean Philip Pizzo, MD, signed an agreement with EMRI to train the country's first paramedics. The next month, Stanford Emergency physicians developed a two-year education curriculum to train the first 150 paramedics, including 30 paramedic instructors who would later teach the next student class of advanced emergency medical technicians. Included in the curriculum was the topic of "Vascular Access and Medication Administration." Feeling that Stanford Emergency Department nurses would make excellent teachers on this topic, Dr. S.V. Mahadevan, Assistant Professor of Surgery at Stanford and Director of the new EMRI training program, approached us to participate. We imme-

diately jumped at the chance to volunteer two weeks of our time to create what we felt was a critical program for a country with one-sixth of the world's population.

Traveling with us was Mary Koskovich, Director of the Foothill College Paramedic Program who had made a previous trip to India. In addition to lecturing on the topics of injury and illness and ethical issues, this second visit gave Mary the opportunity to continue to develop EMRI's curriculum model based on her experience as a Paramedic Program Director in the United States. While we had never met Mary before, the extremely long flight allowed plenty of time for the three of us to get acquainted and, based on Mary's previous visit, learn what to expect upon our arrival in Hyderabad. By the end of the 19-hour flight, it was as if the three of us had known each other for years, and we were looking forward to a great adventure!

### Teaching and learning

When we arrived we were greeted by two EMRI Instructor students who were to be our escorts as well as the course team leaders during our two-week block of instruction. Other than sleep and a three-day weekend, one of these instructors was with us at all times. First challenge: learning how the electricity works in the hotel. Apparently electrical outlets don't just work automatically; you have to turn on the outlet as well. I plugged in my laptop, turned on a switch, and promptly blew out a fuse in my room and fried my power cord. I was now going to have to share a laptop power cord with Mary for the next two weeks!

*Patrice Callagy and Mary Koskovich en route to City Palace*

The next morning was our first day to lecture, so we headed to the EMRI's state-of-the-art campus complete with advanced technologic A/V equipment in all of the air-conditioned classrooms. The reaction we received when we walked into the auditorium filled with 150 paramedic students and 30 advanced clinical educators (ACEs) was overwhelming. On entering, all 180 students stood up and greeted us with "Good morning, Madams," and sat only after instructed to do so. The schedule for the next two weeks consisted of lecturing to all 180 students in the morning, breaking away with the ACEs in the afternoon while the other students completed homework. During the afternoon, the ACEs were taught hands-on skills such as IV insertion, EJ catheter insertion, IO needle insertion, etc. The next day, the ACEs would microteach to us a portion of the previous day's lectures while we critiqued their delivery, style and knowledge of the content. During this second day, the ACEs would teach the remaining paramedic students the skills they learned from us the previous day.

The days were long and busy. We woke up early to workout, went to EMRI to teach until 6:00 pm, then continued to work on

## Our side trip through the Golden Triangle

During our two-week teaching assignment, we were lucky to have a three-day weekend when we took a short vacation to the cities of New Delhi, Jaipur, and, the highlight of the trip, the city of Agra where the Taj Mahal is located. Met at the airport in New Delhi by a personal driver, we were driven to Jaipur where we were assigned a tour guide during our stay. This city, well known for its semi-precious stones, was rich with history. We could definitely say we contributed to the economy of that city because the shopping was incredible! We attended an Indian Festival and had our palms read. We even rode elephants to get to a castle. The next day we left Jaipur as our driver drove us to the city of Agra to see the legendary Taj Majal. What a sight to see, this beautiful monument built for love by a king in memory of his favorite wife. It took 17 years to build the monument and an additional 5 years to complete the surrounding landscaping and buildings. This was a definite highlight of the trip and we highly recommend seeing this beautiful monument.

the next day's lectures and agenda until about 9:00 p.m., had dinner, went to bed, and started all over again.

### Challenges to teaching in India

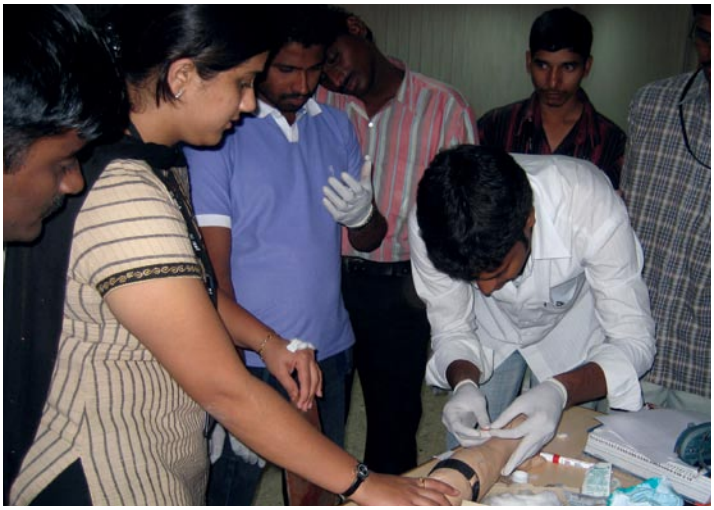
The PowerPoint slides we prepared followed our usual style of bulleted "take-home" points, further detailed during the lectures. However, the students expected all content to be included in the slides. In addition, we had to slow down delivery of our presentation significantly since English was a second language for our audience.

The Indian people are very respectful of teachers and, as a result, reluctant to speak up during class. In order to get the students to participate and answer questions, we brought American chocolate that we gave away whenever someone answered our questions, as well as Stanford Emergency Department first aid kits to give away. After the first bag of candy was opened, we no longer had to encourage participation!

Teaching hands-on skills to a large group of students is difficult. Since EMRI has excellent AV equipment, we decided to hook up a laptop to my video camera, which projected the images on a large screen. With this, we were able to videotape the ACE performing the skill and play it back for all of the students.

### An experience to remember

We learned a number of important lessons from our experience, including the need to develop a curriculum that can reach beyond cultural and language barriers. Dr. Mahadevan's goal was to take the best aspects of the U.S. system and develop a model that is specific for the country. It was amazing to see the improvements in the ACEs' lecturing ability and how much their confidence level increased. At the end of the two weeks, the students and the faculty created a wonderful video summarizing our stay and all graciously thanked us for volunteering our time to teach. Although they were so grateful for the knowledge they gained from our visit, we also learned much about this country and its people. We were so proud to be invited to their country to teach, but we were also so proud to be part of this new piece of India's history. SN



*Teaching hands-on skills to students in India*

## A culinary perspective

The majority of the population in India is vegetarian. In addition, most of the food is spicy, except for desserts that are extremely sweet. As a diet and exercise-controlled diabetic, I found it extremely challenging to follow a diet that kept my blood glucose levels at a normal range. I need protein with every meal. Cows are sacred in India, so a cheeseburger was out of the question. I am also very sensitive to spicy food. However, not wanting to appear disrespectful or "high maintenance," I did not say anything about my diet challenges and just ate the only thing that appeared non-spicy, which was rice and nan (bread). I was able to keep up the façade until one night during the second week, Patrice noticed I was emptying my bladder frequently and feeling lethargic. Or it may have been the anxiety and irritability she witnessed when I "exchanged words" with her regarding my refusal to take a break before the next lecture session because I was too busy. After that incident, Patrice told everyone that I needed some non-spicy protein with every meal. Thanks to Patrice, I was able to get back on track and enjoy the rest of the week. As for Patrice, her diet struggle was due to the absence of Diet Coke! For a woman who drinks her first Diet Coke by 7:00 am in the morning, and is finishing her fourth by the time she leaves the office at 5:00 pm, I know that the absence of Diet Coke was a challenge. – Michelle

# *Redefining the Subspecialties*

## New directions for Nurse Coordinators

VIRGINIA ADI, RN,
ILD CLINIC NURSE COORDINATOR

Clinical research nurses and nurse coordinators have many opportunities to work together at Stanford to create better patient care paradigms. In our Interstitial Lung Disease (ILD) Clinic, we collaborate with clinicians, researchers, radiologists, pathologists and patients.

*Virginia Adi and Susan Jacobs*

Susan Jacobs RN, MS, is our ILD Research Nurse and I am the ILD Nurse Coordinator and a certified herbalist. I am hoping with this article to inspire this level of collaboration as a standard-of-care for specialty clinics at Stanford Hospital & Clinics.

The idea for a focused ILD clinic came from Susan, and arose out of her ILD clinical research experience and the increasing volume and needs of this particular group of patients. Interstitial Lung Disease is a progressive and usually fatal scarring of the lungs with many underlying pathologies. As the number of patients needing clinical attention grew, Susan petitioned for a half-time specialized nurse coordinator position for the new and growing ILD clinic. As the former charge nurse for the entire Chest Clinic, I applied for this new position with alacrity because it gave me a chance to do the kind of direct patient care and academic medicine I truly love. Together we created our subspecialty clinic in 2004 under the direction of Dr. Glenn Rosen, joined later by Dr. Paul Mohabir. We have now seen over 400 patients with a variety of ILDs referred to us from all over the northwestern U.S.

The ILD Nurse Coordinator has direct contact with all the patients. While we do use our Medical Assistants for back-up, the RN assesses vital signs, manages the medication issues, monitors the lab and test results and triages the sick calls. The Research Nurse screens potential candidates for research protocols, maintains the database, does intensive patient teaching, and coordinates a bimonthly ILD support group that is always very well attended. Susan has presented her own research data at national meetings and to the community at large, and she maintains a network of contacts with other pulmonary nurse specialists throughout the country. I am able to use my nursing and herbalist specialty training to contribute to support-group presentations and collaborate with the librarians at the medical center. Last year we created the Lane Library centennial display "Bugs and Drugs."

In addition to the intensive patient care we do, we also coordinate monthly interdisciplinary case presentations with our Radiologist Dr. Ann Leung and Pathologist Dr. Gerry Berry. We work with our ILD physicians to select cases, gather the data, and present the information. Our understanding of this disease and patient care issues is increased by our participation in these discussions, and patients benefit by such interdisciplinary input toward their plan of care.

Our roles provide us with tremendous professional satisfaction because we have time to get to know our patients well, hear their issues, help them interpret the meaning of test results, and serve as their liaison to their physicians. When research and clinical care collaborate from bench to bedside, we put into practice "to care, to educate, to discover" on a daily basis. Both research and clinical care are essential to our patients and we strongly advocate this combined, interdisciplinary approach. SN

# *A Balance of Work and Play*



PAMELA TOWNS, RN, has been a staff nurse on E2 for 2 years and has coordinated several volunteer groups on E2 for Habitat for Humanity work sites. Four groups have helped at 3 Bay Area sites in 2008. Pam is shown here in the white cap using a Miter saw to cut baseboards at the Alameda site. She was accompanied by SHELLY HANISH ARTHOFER, RN, and COLLEEN WRIGHT, RN, also E2 nurses, who learned to use a power saw in one afternoon. If you are interested in joining a group, contact Pam. Everyone always learns a few practical household skills and has a great time!


When ATP staff nurse ERIC COOPER, RN, was 10 years old, his dad gave him a Fiat and told him if he could get it running, it was his. It only took him a year! Being diagnosed with speed addiction, he has competed in auto-crossing, time trials and drag racing. He is shown here driving a high performance race car. Since his children have come along, he has temporarily retired his driving gloves and now builds race cars. He says he still has more racing in his future in a Japanese Spec 1977 Toyota GT RA25 that he recently finished building.

CHERYL PASSANISI, RN, the unit educator on B2, has been singing all her life but more seriously in the past few years. She has had roles in the Mission City Opera as a gypsy in Bizet's *Carmen,* a geisha in Puccini's *Madame Butterfly* and in the choruses for *La Traviata* and the *Magic Flute*. She has also sung in the chorus for the Lyric Theater of San Jose in *Iolanthe, Mademoiselle* and *Naughty Marietta.* You can catch her next singing and dancing in the Woodside Theater production of *Guys and Dolls.*

# *In Recognition of...*

## CERTIFICATIONS/RECERTIFICATIONS

**CCRN – Critical Care Registered Nurse**

Agnes Monteclaro – April 2008

Monica Moore – June 2008

**CEN – Certified Emergency Nurse**

Richard Guerzo – August 2008

**CFRN – Certified Flight Registered Nurse**

Susan Kimura – August 2008

**CMSRN – Certified Medical-Surgical Nurse**

Chamnjot Bains – May 2008

Susan Hammerstad – April 2008

Cheryl Anne Kerry – May 2008

June Tilton – May 2008

**CNA-BC – Certified in Nursing Administration**

Robinetta Wheeler – May 2008

**PCCN – Progressive Care Certified Nurse**

Rosa Maria Villa – March 2008

Merriam Young – July 2008

**OCN – Oncology Certified Nurse**

Martha Evenson – May 2008

Joanne Halsey – May 2008

## CONFERENCE PRESENTATIONS

Carol Barch: "Acute Stroke Management", Alta Bates Symposium, Emeryville, CA May 2008.

Kelly Bugos: "The Balance Within: Understanding the Immunological and Endocrine Systems to Improve Outcomes for Patients with Hematological Malignancies", Oncology Nursing Society Congress, Philadelphia, PA, May 14, 2008.

Terrie Gordon Gamble: "The CEU/CME Process Simplified", Epic Annual Training Advisory Council, Madison, WI, April 2008.

Florence Li: "The Pendulum Swings Back to Hyperglycemia When Intravenous Insulin Infusions are Discontinued", AACN National Teaching Institute, Chicago, IL, May 2008

D. Kathryn Tierney: "Acute Graft Versus Host Disease", Annual Oncology Nursing Society Conference, Philadelphia, PA, May 18, 2008.

Jacquette Ward: "Collaboration with Healthy Work Environment Education: A Seed is Planted", Poster Presentation at the National Teaching Institute & Critical Care Exposition, Chicago, IL, May 2008.

## ARTICLES AND PUBLICATIONS

Young, Merriam E. "Strategies for Easing the Role Transformation of Graduate Nurses." *Journal for Nurses in Staff Development* 24(3), (May/June 2008): 105-110.

Tierney, D. K. "Sexuality: A Quality-of-Life Issue for Cancer Survivors." *Seminars in Oncology Nursing.* 24(2) (2008): 71-79.

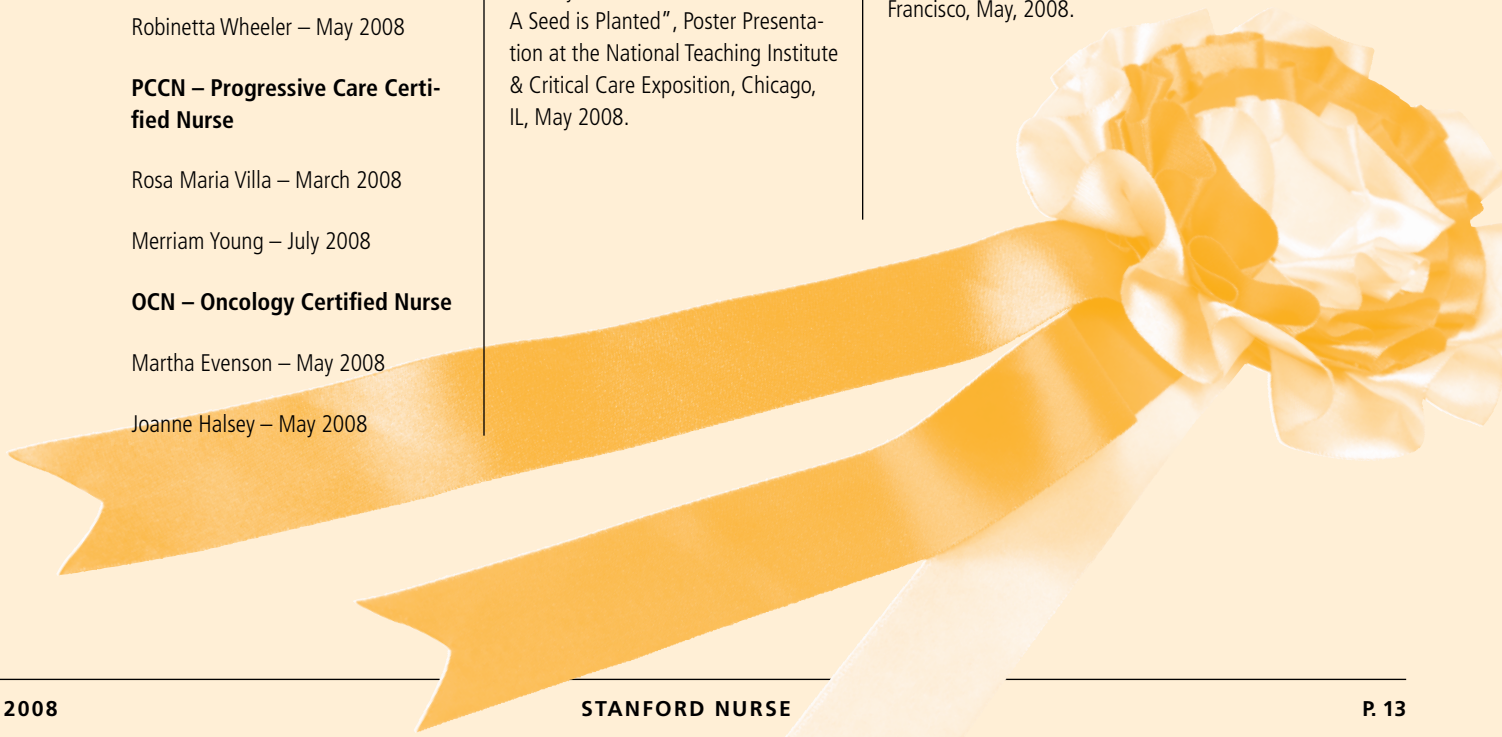
Ward, Jacquette. "How the South Bay Chapter Reclaimed Its Priorities." *AACN News* 25(5) (May 2008).

## AWARDS

Alicia Moreci, RN, BS, Received the Dean's Scholar Award, College of Applied Sciences and Arts 2007-2008, San Jose State University.

## DEGREES

Hazel Joy Uy, RN, BSN, Bachelor of Science in Nursing, University of San Francisco, May, 2008.

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