

STANFORD NURSE

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FALL 2005



ENERGY BALANCING THERAPY
FOR BREAST CANCER PATIENTS

NEW FALL PREVENTION PROGRAM
FOR SENIORS

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On the cover: Healing Partner volunteer Julie Morrison with Paula Callahan, partner and new Healing Touch trainee.

From the Chief Nursing Officer

CINDY DAY, RN, MS, CNAA, VICE PRESIDENT FOR PATIENT CARE, CHIEF NURSING OFFICER



As I watched the news coverage of the chaos and confusion that followed in the wake of Hurricane Katrina, I was struck – especially as I saw footage from the hospitals in New Orleans – by how often nurses were at the forefront of the unfolding tragedy: responding to each new crisis, working in unimaginably difficult conditions, putting their patients' safety and well being before their own.

Yet I wasn't surprised, for nursing is a profession filled with heroes. As you'll read in the pages of this issue of *Stanford Nurse*, ours is a field that consistently attracts people who want to make a difference; who get involved because standing on the sidelines just isn't an option.

As I walk through the hospital, I'm impressed by how many Stanford nurses go the extra mile every day. I see it as I watch an experienced nurse take the time to share her wisdom with a new graduate. I see it as I observe a nurse thoughtfully and patiently explain post-surgical instructions to a patient, rather than simply handing over a written list. And I was reminded of it recently when I received a grateful letter from a surgeon describing the extraordinary care one of our nurses provided to an ICU patient before he passed away – including, he wrote, coming into the hospital on her day off to be with the patient in his final hours.

Though space limitations prevent us from highlighting all of the ways in which Stanford nurses serve their patients and their communities, I want to extend my admiration and appreciation to each of you. Thank you for all you do.

Cindy Day

Serving Our Patients, Serving Our Community

Dispatches from around the hospital

BY ELLEN LEHMAN

When social worker Michael Thomas realized that a patient on C2 Unit was nearing his one-year anniversary in the hospital — and that the date would closely coincide with his birthday — he thought, “this may be a bittersweet occasion, but we can’t let it pass without recognizing him and showing him how much we love him.”

As nurse manager Cecilia Ann Cadet noted, since the patient (Richard Blake) had a tracheotomy and could not eat, a traditional birthday cake wasn’t appropriate. But as so often happens on C2, everyone on the unit — from the nurses and nursing assistants to the unit secretaries — rallied around to create a truly special celebration. Mr. Blake loves music, so unit secre-

tary Queenilyn (Queenie) Aquinde thought, “why not bring in some hula dancers to perform?” She contacted two friends who perform hula dancing, and the party suddenly had a theme.

Cecelia remembers, “Our two experienced nursing assistants joined in by making silly costumes; creating long skirts out of sheets, and tying bedpans

and other props around their waists!” They began the party by dancing and performing as the entire staff on the unit crowded into Mr. Blake’s room for the celebration. When Queenie presented a huge, oversized card that she had created for everyone to sign, “the tears began to flow.” Mr. Blake and his family were visibly touched, Cecelia says.

As Michael reflects, “It’s really a testament to a unit to be able to manage such a complex case for a year, with all the frustration and challenge such a case can provide. This is the kind of care we can’t provide through an IV, but it is the kind of care this unit does very well.”

Small successes

Not every story of nurses serving their patients comes with hula dancers. But there are scores of small, quiet ways in which nurses go the extra mile to provide help and comfort. In the outpatient Pain Clinic, for instance, staff nurse Thuy Self says, “Patients who come to us for relief suffer from chronic pain. And because this is Stanford, they have very high expectations.”

Increasingly, physicians and nurses in the Pain Clinic have more and more treatment options in their toolboxes, from the intrathecal drug delivery system, which sends a constant low dose of a narcotic directly to the spine, to neurostimulation



Sally Marr, NA and Patty Gil, NA with Mr. Blake and hula dancers



Queenie Aquinde and Michael Thomas with Mr. Blake



Pain Clinic RN Thuy Sei and patient Joseph Tomasello prepare for his intrathecal drug administration.

therapy, which does not use opiates at all but instead utilizes electricity. Yet, as Thuy says, “We would love to cure our patients, but deep down we know it’s unlikely that we will completely cure them. So our goal is to do all we can decrease their pain and improve their ability to function.”

She recalls one patient who was treated with Botox for severe migraines. It proved to be the first treatment that successfully suppressed her pain, and she was so grateful for the care and support she received that she sent Thuy a small ceramic angel with a note that said, “Thank you from the bottom of my heart.” Thuy says, “I keep it on my desk to remind me, on dark days when everyone is frustrated and angry, of a happy ending. Our successes are not always dramatic, but we can help.”

Partnering with patients

At the Stanford Blood and Marrow Transplant Program, clinical program

project manager Kelly Bugos, RN, NP, MS, reflects that her experience with the Bay Area Multiple Myeloma Support Group (BAMMSG) has allowed her to “spread her wings, adding a new dimension to her nursing practice.”

The first nurse practitioner in the cancer center, Kelly recognized a need to grow the unit’s services for patients diagnosed with multiple myeloma. A disease that is not curable but manageable—at least for a time—Kelly says she realized that community support played a critical role in helping patients cope with their diagnosis. She contacted the BAMMSG, and while the group, which prides itself on being an independent, patient-led organization, was at first reluctant to partner with Stanford, she eventually convinced them of the benefits.

The group meets one Saturday each month, rotating between sites, including Stanford. Kelly partners

with one of her patients, Jack Aiello, as coordinators of the Stanford/BAMMSG meetings. The 40-50 participants discuss a wide variety of topics, from new clinical trials to drugs and treatment options. They also have an opportunity to ask questions and learn more about their disease, and this is where Kelly comes in. “I answer questions and provide basic information and education,” she says. “As a nurse, it’s very satisfying to share my experiences, and know that I’m helping more than one patient at a time.”

As this partnership between Stanford and the BAMMSG has grown up, she continues, “We’re serving the community, and Stanford is benefiting, too.” Most of all, she reflects, “I’ve learned so much from Jack. I’ve learned that there is no cure for multiple myeloma, but that doesn’t mean it is a death sentence. It means that we have to manage the disease and the side effects of the treatments we offer

so we can, in Jack’s words, ‘make every day matter.’”

The gift of memory

Sometimes, a nurse’s gift to a patient can be the last gift the patient will ever receive, and it is all the more meaningful because of it. ICU nurse Larry Williams remembers a young man with terminal cancer who had been in the ICU for four months. “He couldn’t talk,” Larry recalls, “because he was on a ventilator, but he had a young son for whom he wanted to leave a legacy. So we found a lip reader who could read his lips, even though he couldn’t vocalize.” The patient was able to leave messages for his son that could be relayed to him on his birthdays, on his graduation from high school and college, on his wedding day. “His legacy didn’t end with his death,” Larry says. “He was able to give his son a gift that would last for years.” He reflects, “Sometimes we can’t change outcomes, but we can still make a difference.”



Cancer patient Jack Aiello and Kelly Bugos, RN, NP, MS



Farewell to Falls!

Innovative Program Developed to Meet Needs of Older Adults

BY ELLEN CORMAN, BS, MRA, AND PAM SIMMONS, RN, MS

In January 2005, as eighty-two year old Jane Aaron was walking down the street, she tripped on the sidewalk and hit her head. Brought to the emergency department at Stanford Hospital and Clinics, Mrs. Aaron received four stitches in her forehead and was discharged home, but not before being asked if she'd be interested in getting involved in a new program at Stanford to help prevent future falls. Having fallen several times in the past year, Mrs. Aaron eagerly agreed to participate.



Occupational therapist Margaret Dougherty, MS, OTR, visits John Stern at his home to evaluate his progress.

The greatest cause of unintentional injury and death for California seniors over the age of 65 is falls, with almost 950 deaths and over 63,000 injuries reported in 2001. "Seniors that fall, particularly those falling more than once in the previous year, are at greater risk of subsequent hospitalization, nursing admission, and frequent physician contact than seniors who do not fall," said a report from the California Department of Health Services.

Emergency Medical Services for Santa Clara and San Mateo Counties reported that they were called out to 1,531 "fall assists" during 2003 – cases where an Emergency Medical Dispatcher is called to a home to assist with someone who has fallen. In these

cases, the older adult is helped back up to a chair or bed, assessed for medical needs, and left at home. These older adults who have fallen at home and those that are seen in emergency rooms or urgent care centers receive little or no information on how to prevent a future fall. Instead, care consists of medical assessment and treatment of injuries. Without any intervention specific to fall prevention, the chance of falling again is estimated at 33-50%.

Because of these staggering statistics, a multidisciplinary Stanford team developed a new program to help reduce falls for older adults. Farewell to Falls was set up as a home-based program for high-risk older adults, using a multi-faceted

approach to fall prevention. The Farewell to Falls program's goal is to reduce the recidivism rate of falls from older adults, age 65 years and older, since studies show that an estimated 50% of seniors who fall will experience a second fall within the next year. Studies also show that exercise programs, home modifications and other interventions can reduce falls for older adults.

Creating a Home-Based Fall Prevention Program

A first task in designing this program was to develop an exercise program for older adult participants. The Trauma Service at Stanford, partnering with the San Mateo County Fall Prevention Task Force and Sequoia Hospital, contracted with an organization that produces a health education and exercise television series, SIT AND BE FIT, watched by many local older adults on public television. Occupational therapists, physical therapists, exercise physiologists and others developed the exercises, both sitting and standing, which are performed on the video by Stanford staff members Mary Ann Wilson, RN, and Lori McCormick, PT. This video is now provided free to all participants in the Farewell to Falls program. It is also available for a \$5 donation through the San Mateo County Falls

Prevention Task Force and will soon be seen as part of the latest series of Sit and Be Fit on PBS.

The Farewell to Falls program was developed to address these significant risk factors for falls in a home-based program. Funded by the Trauma Service, occupational therapists provide two home visits for the participant, doing home safety and sensory motor assessments, health history and basic fall prevention screenings. Stanford pharmacist Maureen Cawley, PharmD, and the pharmacy residents who work with her carefully review all medications taken by the participant and provide feedback on drug-drug interactions and fall risks. Thanks to a grant from Catholic Healthcare West, the program is able to cover the cost of providing grab bars or other simple home modifications.

Fall Prevention Extends to Inpatient Units

Fall prevention is not only a concern for adults in the community but is also a major concern in hospitals. Though most hospital falls do not result in injury, some can cause broken bones, bleeding or even death. Falls in hospitals may involve older adults who are in need of muscle strengthening or adjustment of their routine medications. Most often, however, the people who

Injury Prevention

What injuries bring people to emergency departments and trauma centers and what can be done to prevent those injuries? That was what Ellen Corman was charged with when she was hired by Janet Neff, RN, in Trauma Service in late 2003. The list of causes may not surprise you – motor vehicle crashes, bicycle crashes, pedestrian incidents and falls top the list. Data are easy to find. The harder part, of course, is finding strategies to prevent these incidents from occurring.

Trauma data for the years 2003 and 2004 reveal that the greatest cause of injury is motor vehicle crashes, accounting for 45% of all traumas seen at Stanford University Medical Center. Falls are next, followed by bicycle crashes, motorcycle, and pedestrian incidents.

Addressing these issues at Stanford involves a combination of program development and active participation in community coalitions. For example, the Trauma Center works together with law enforcement, health professionals and others on issues such as bicycle safety and drinking and impaired driving.

Some injury mechanisms have simple prevention strategies. Wearing a bicycle helmet decreases head injuries in over 85% of bike crashes. Car seats, booster seats and seat belts are proven methods of decreasing serious injury and death in motor vehicle crashes. The injury prevention program at the Trauma Center at Stanford University Medical Center is actively working to

increase helmet use through education and enforcement, for example by participating in community-based coalitions such as the Traffic Safe Communities Network of Santa Clara County.

The Trauma Service continues to be involved in numerous events and programs aimed at injury prevention for children, adults and seniors. Through a multi-disciplinary approach and collaboration with experts throughout the community, the goal is to decrease injuries and deaths from preventable incidents.

The Trauma Service at SUMC has recently received IRB (Institutional Review Board) approval to investigate incidents of children seriously injured from vehicle backovers. With the increased number of SUVs, minivans and trucks on the road, it seems that the number of children backed over by vehicles in driveways and parking lots is increasing. SUMC is working with six other trauma centers throughout the state, including San Francisco General, Oakland Children's Hospital, UC Davis Medical Center, Santa Clara Valley Medical Center, San Diego Children's and UCSF at Fresno, with help from the California Department of Health Services EPIC Division and Kids and Cars. Together, these trauma centers hope to collect data on the number of children injured in backover incidents as well as type of vehicle, size of child and other relevant information. With this data, strategies such as vehicle devices and public information campaigns can be developed.

fall are those, young and old, who don't realize the impact that surgery, strong medications, awkward medical equipment and unfamiliar surroundings can have on their bodies and minds. Surgery can make a patient weak or cause unexpected pain when standing. Medications for nausea, heart problems, blood pressure, pain or anxiety can cause weakness, dizziness, or even confusion. A patient may not be eating well. This decrease in nutrients can cause weakness or dizziness.

A hospitalized person may feel fine while lying down but become very dizzy when standing. A person who has not experienced these problems before may not recognize the risk—until they fall. In each of these situations the patient can play a key role in recognizing and responding appropriately to these physical changes and risks.

The Stanford Hospital and Clinics committee working on reducing inpatient falls is extending the Farewell to Falls program to the hospital's nursing units. Benefiting greatly from the lessons learned in the community, the inpatient program emphasizes partnership with patients to reduce the risk of falling. Patient educational materials, built on the work done in the community, strongly encourage patient

and family participation in preventing in-hospital falls. Companion materials focused on preventing falls at home round out the information available to our patients. Although the committee's goal is to reduce falls in the hospital, the link to the community adds value to the services Stanford provides across the continuum of care.

Ellen Corman is the Injury Prevention and Special Projects Coordinator, Trauma Center, Stanford Hospital and Clinics

Pam Simmons, RN, MS, is the Quality Management Coordinator for Patient Care Services, Stanford Hospital and Clinics



Ellen Corman, BS, MRA (Masters Rehabilitation Administration)

A Balance of Work and Play



TERRI WIESKE, RN, Acting Assistant Nurse Manager on G2, has been a Color Guard member of the Renagades Drum and Bugle Corps for the last two years. She has traveled with this group for national competitions. They took 5th place in Pennsylvania this summer.



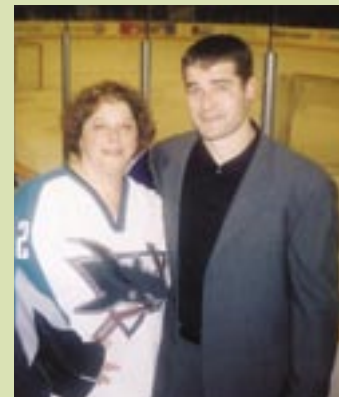
THE STAFF ON C2 work and play together. Shown is the C2 crew on a raft trip organized by staff nurse Andrea Hansel. They took on some Class 4+ rapids on the American River and only the guys fell out!



Nurses and police officers often cross paths at work but sometimes at play. Pictured are **JUDI LACHENMYER**, Nurse Coordinator, with Jassko, Menlo Park Police Officer Kevin Paugh with his partner Zin, and ED staff nurse **VIRGINIA WARDEN** with Ando. Their common link is working with Witmer-Tyson Imports, well known breeders and trainers of German Shepards for pleasure, competition and police work. Judi and Virginia (also a breeder) train and compete for pleasure. Kevin and Zin took first place at the 2004 Police Dog Trial competition.



ELIKA DERAKSHANDEH, RN, from D2/D3 has been practicing Persian Traditional and Folkloric Dancing for eight years. She is a professional dancer with the Beshkan Dance Academy in Campbell.



MYRA LANG, RN, Acting Nurse Manager B2, is pictured with Patrick Marleau, Captain of the San Jose Sharks. Myra is the Founder, and has been the Director and Webmaster of the official Patrick Marleau Fan Club since his rookie year in 1997.



ROYCE UMSTATTD, a staff nurse from F Ground, is an avid cyclist. He has been a member of the Peninsula Velo Racing Club for the last three years.

A close-up photograph of a woman with short brown hair, her eyes closed in a peaceful expression. She is wearing a light green top. Two hands are gently cupping her face from the sides, providing a sense of support and care. The background is softly blurred, focusing attention on the woman and the hands.

Healing Touch for Breast Cancer Patients

BY KATHY TURNER, RNC, NP, CHTP

Healing Partners is an example of community service at its best. It brings together Stanford staff, volunteer health care providers, and multiple sites in the medical center and the surrounding area to offer ongoing energy work to women diagnosed with breast cancer.

Healing Partners pairs women diagnosed with breast cancer with Healing Touch volunteers who provide free, weekly sessions to their partner for six months.

Healing Touch is a gentle, non-invasive form of energy-balancing work that promotes deep relaxation; it is used to help manage the side effects of chemotherapy and radiation, such as fatigue, nausea, loss of appetite, pain and lymphedema. It is offered as an adjunct to conventional cancer treatment. Developed by Janet Mentgen, RN, BSN, in 1989 as a nursing education program, Healing Touch is unique among the various types of energy work in having a rigorous certification process which includes five progressive levels of training and a mentored apprenticeship. The training is open to all health care professionals and to lay individuals desiring an in-depth understanding of energy-based concepts. Because of its nursing focus, Healing Touch has an explicit Code of Ethics and Standards of Practice.

Healing Partners was modeled on two similar programs: Bosom Buddies at the Queen's Medical Center in Hawaii and Healing Buddies in Denver. From its inception in August, 2004, Healing Partners moved forward rapidly, receiving administrative and financial support from Women's Health at Stanford, an interdisciplinary program at the medical school focusing on research, education and clinical care. After the program obtained Institutional Review Board approval and was reviewed by the medical counsel's office, we offered our first weekend training for 25 Healing Touch volunteers in January, 2005. Since most of these initial volunteers were not nurses, the in-depth training covered the medical, emotional, energetic, professional and ethical aspects of working with patients. After completing the training, each volunteer was paired with an experienced mentor and required to attend monthly education and support meetings.

A Dedicated Staff of Volunteers

The enthusiasm and dedication of the volunteer staff has been tremendous. We began distributing brochures about the program through the Stanford Cancer Center, the Community Breast Health Project and other clinics and offices in the area, and in February, 2005, our first pair of

partners was matched. As of this writing, 23 participants have been matched with a provider.

A significant challenge at the start of the program was finding a variety of sites for the sessions in different locations and at different times to accommodate the availability of both the participants and the providers. Area YMCAs were the first to donate space, soon followed by a number of medical and bodywork offices. Our primary site is the Stanford Center for Integrative Medicine, which has a large number of treatment rooms it makes available to us in the evenings and on weekends. Healing Partners could not exist without the generous donations of these Community Partners.

"When a community pulls together to reach out to those in need, it is a learning experience for everyone."

—Paula, Healing Partners participant

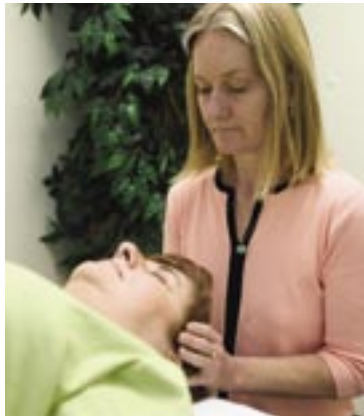
Deep Relaxation Promotes Healing

Healing Partners participants often cite the experience of deep relaxation as one of the most valuable effects of their Healing Touch sessions. Liane, who began participating in Healing Partners just after finishing her chemotherapy and radiation treatment, was experiencing fatigue, insomnia, hot flashes and apprehension about returning to work.

"Following each session, I feel...totally relaxed with this intense feeling of being 'in the moment.' I can walk into my session with a thousand things swirling around in my head, and all of it is wiped away by the end of the session. I feel thoroughly unburdened. It's also a real treat to have someone totally focused on me, my needs, and what I am feeling at the time."

For some participants, the Healing Partners session is the one hour each week when they have permission to let go of the stress related to the discomfort, logistics and uncertainty of their diagnosis and treatment. Some report a reduction of physical symptoms, increased ease of tolerating procedures, and a recovery from surgery more rapid than expected.

When Paula started with Healing Partners, she was in physical pain related to her treatment and was experiencing emotional ups and downs. "It has helped my pain but more importantly, it has helped me to sleep better. Sleep is so rejuvenating. When I am rested, I am mentally and emotion-



Healing Touch volunteer Julie Morrison demonstrates Healing Touch on Paula Callahan, Healing Partner.

ally stronger. When I was ill, it was difficult to make rational decisions. The faster I healed physically and emotionally, the better I could take care of my family and myself. And now, I will be volunteering some of my services for others – I have decided to enroll in the Healing Touch training program.”

Rewards for Volunteers

The providers receive great benefit, as well, from their participation in the program. Working with their partner enables them to use their skills in a way that will truly make a difference in someone’s life. Ellen DiNucci has been paired with her partner for the past four months. “I thought this would be a great opportunity to give back to the community and have positive impact on an individual’s quality of life,” she said. Providers are often moved by their partner’s courage and commitment. DiNucci describes her partner as “very focused, brave and open.”

Kathryn Davis, who is close to completing six months with her partner, describes “witnessing the grace and determination that is possible when a woman deals with a life-changing event like cancer. My partner is amazing, so vital and engaged in doing whatever she can to heal and stay healthy. We have so many laughs, and I have to believe her sense of humor has a lot to do with her healing.”

There is a research component to Healing Partners: We are monitoring the effect of Healing Touch on the physical symptoms, mood and quality of life of participants. Recently, Healing Partners received a generous grant from the Avon Foundation and a gift from a private donor; these will fund the program for the next two years. One of our goals during that time will be to identify areas for more focused, rigorous research and submit research proposals to the National Institutes of Health and private foundations.

Collaborative spirit, specialized training and heart-centered care are the essential components responsible for the success of Healing Partners. As Kathryn Davis observes, “You know you are involved with something special when all the pieces come together as they did for Healing Partners. We have had great inspired leadership in the Healing Touch community, the location resources that have emerged, the support of Stanford, and then this large population of eager Healing Touch volunteers, amazing! I’m really proud of our ability to reach so many women so quickly. Providing weekly sessions at no cost to participants and working with a diverse population – I couldn’t have imagined this a year ago.” We are grateful to everyone in the community for their contributions to this effort.

For information about Healing Touch classes, contact Annet Dragavon at the Creative Awareness Project, (650) 289-9475.

Kathy Turner, RNC, NP, CHTP, is Director of Healing Partners. For more information about the program, go to <http://womenshealth.stanford.edu/healingpartners.html>.



Kathy Turner, RNC, NP, CHTP, Director of Healing Partners, and Jim Batterson, Executive Director of Women’s Health at Stanford.

A Safe Environment for Victims of Assault

Rape, domestic violence, sexual assault. These words incite fear and anger in most of us. For two nurses on the Ambulatory Treatment Unit, they also mean that it is time to go to work at their other jobs.

Sexual Assault Examiners Laura Tracy, RN, and Mary McGuinness, RN, work for Santa Clara County as part of the Sexual Assault Response Team (SART), responding whenever law enforcement officers request evidence collection and documentation of a crime involving sexual assault.

A relatively new specialty, forensic nursing blends clinical nursing skills and investigative insights. Forensic nurses complete physical exams and document the findings, including photographs that may be presented in court. Qualified as expert witnesses, they are often called to testify in court. Many times, they are the first people the victims of sexual assault talk with after making a police report.

“It is an awesome responsibility,” Mary reflects. “While I am there to assist law enforcement, how I carry out the exam has a huge impact on the victim. I am there to do a job, but I also hope I can help start the long healing process.”

Both Laura and Mary are members of IAFN, the International Association of Forensic Nurses, and Laura is currently president of the Northern California chapter. Forensic nursing includes other areas of clinical practice that involve nursing and the legal system such as death investigation and legal nurse consultants. The Sexual Assault Nurse specialty is certified by SANE-A – Sexual Assault Nurse Examiners for Adolescent and Adult victims.



Mary McGuinness, RN, and Laura Tracy, RN, explaining the exam procedure to a patient.

“It is an awesome responsibility,” Mary reflects. “While I am there to assist law enforcement, how I carry out the exam has a huge impact on the victim. I am there to do a job, but I also hope I can help start the long healing process.”

Laura’s interest in forensic nursing developed after spending 20 years as an emergency nurse—and spurred by her passion for mystery novels. Mary’s interest in the field dates back many years as well, to a continuing education class in “death investigation” she took with a coroner. But for both nurses, Laura notes, their goal is to “create a safe environment that will begin the process of recovery for victims of sexual assault while moving the legal investigation forward.”

More information about forensic nursing can be found at www.iafn.org, or through the Santa Clara County Sexual Assault Response Team, at (408) 885-6466.

Going the Extra Mile

Stanford nurses volunteer their time and their talent.

JANE BAO, RN

Staff Nurse, F3

"I volunteered at the Public Health Fair for the Peninsula Stroke Association in March 2005. This event was offered to increase public awareness of strokes, and specifically to give information about the risks, prevention, signs and symptoms, and treatment of strokes."

MARIA FAULVE-MONTOJO, RN

Assistant Patient Care Manager, D/E Ground

"I'm a Medical Volunteer for the Disaster Response team (MVDR) in the Santa Clara County Public Health Department and the Volunteer Center of Silicon Valley. MVDR is a network of medical professionals organized to help deliver volunteer resources to the right place at the right time during a public health emergency or disaster. My role is what ever the organization deems it should be during a crisis in the community."

CARRIE JEFFRIES, ANP-C, RN, MS, MPH, AACRN, AAHIVS

Clinic Manager, Positive Care Clinic

"I'm a volunteer nurse practitioner at The St. James Infirmary, which provides compassionate, non-judgmental healthcare and social services for all sex workers. I work once a week providing routine medical care. I also volunteer on the Santa Clara Ryan White Planning Council, providing monthly medical input into decisions on allocating funds for eligible patients with HIV/AIDS."

CARLINE HOM, RN

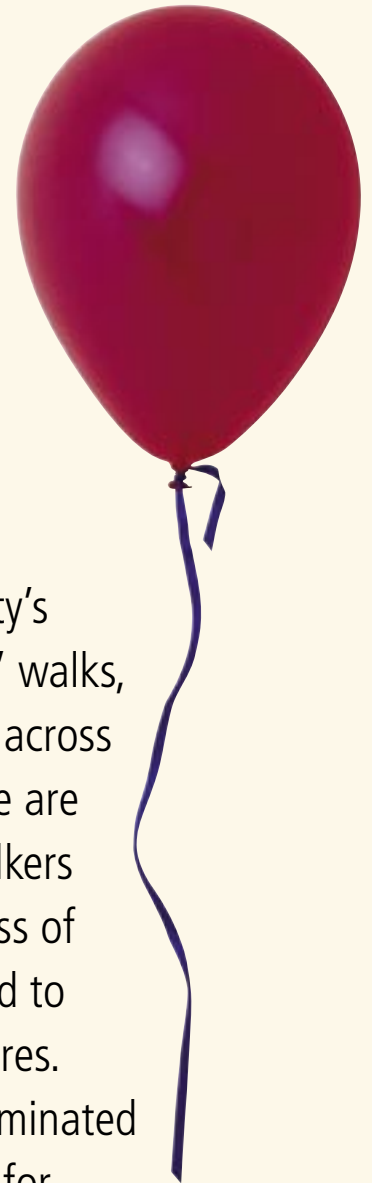
Staff Nurse, D1

"RotaCare was established in 1989 by a Rotary Club in Santa Clara. Today, it has nine clinic sites from San Rafael to Monterey. RotaCare collaborates with many agencies and organizations to provide free medical care to the medically underserved. I volunteer once a month, giving vaccines to the children at their pediatric clinic. The Rotacare Clinic has been providing free immunizations to low income families for the past 10 years."

DONNA HEALY, RN, BSN

Clinic Nurse Manager, Infusion Treatment Area, Cancer Center

"I work with the Leukemia and Lymphoma Society's "Light the Night" walks, which take place across the country. These are gatherings of walkers to build awareness of blood cancers and to raise funds for cures. Walkers carry illuminated balloons – white for survivors and red for supporters – to commemorate the lives cancer has touched."



**LEONIDES
PENAFLO, RN**

Staff Nurse, D/E Ground

"I participated this past year in a medical outreach program in the Philippines, where I worked in a clinic serving patients without healthcare benefits."

CINDY ROBERTS, RN

**Staff Nurse, Emergency
Department**

"I'm a long-time volunteer for the AIDS Emergency Fund Christmas Dinner. I chaired the event for 8 years and now I organize the volunteers for it."

**SUZANNE LAMBERT,
RN, BSN**

**Lead BMT Coordinator/Case
Manager, Cancer Center**

"With Anne Hedick, the social worker for F Ground, I co-facilitate an adult patient/family support group for the Leukemia/Lymphoma Society, which provides many services for patients with blood-related cancer. We meet monthly here at Stanford. I've been working with this support group for almost 6 years."

FERNANDO REYES, RN

Staff Nurse, C1

"I volunteer with Meals on Wheels, delivering meals for senior citizens and the disabled. I also volunteer to help the homeless through my church."

**KATHY GRIMLEY-
BAKER, RN, MS, NP**

Staff Nurse, G2

"For more than two years, I've volunteered two days a month at Samaritan House in San Mateo. As a women's health nurse practitioner, I provide health care services for poor, uninsured women: intake histories, physical exams, Pap smears, pelvic exams, and other treatments."

**DEBRAYH GAYLLE,
RN, BSN, MSN**

Staff Nurse, G2

"I am a member of ANAC Legislative Committee. We review and track pending healthcare legislation and give input to our lobbyist who then supports or opposes the legislation."

**MARGREET
LOVE-
FLEDDERUS,
RN, FNP, OCN**

Nurse Practitioner, Cancer Center

"I am a volunteer for LemonAide, a nonprofit organization of fellows and nurses in the Cancer Center. We make wishes come true for Stanford patients with cancer and their families. LemonAide has given patients a variety of gifts, such as a 3-day stay at Disneyland, an iPod, and tickets to Beach Blanket Babylon. Our website is www.lemonaide.org."



ALICE WONG, RN, MS

Case Manager

"I've been on the board of the Stanford Nurse Alumnae group for years, and I'm a past president. One important project is the legacy fund: Stanford School of Nursing Alumnae Legacy Project Grants for nurses who are either Stanford alumnae or currently affiliated with Stanford Hospital and Clinics. These grants allow nurses to engage in nursing research projects that have practical applications."

**JOY SABIG,
RN, MS, CCRN**

**Staff Nurse, NICU
and**

**CHRISTINE
SZURA-SHEN**

Staff Nurse, E2

"We volunteer our services at the Rotacare Clinic. Rotacare provides free medications, free clinic care to the uninsured in the community, and referrals to the county hospital and clinics. We triage patients and help facilitate the flow of patients through the clinic."

Evidence-Based Practice in Action

BY NANCY E. DONALDSON, RN, DNSC, FAAN, AND JIM STOTTS, RN, MS

Florence Nightingale first saw the need to establish nursing practice on a scientific basis, yet most nurses would agree that nursing practice is mostly guided by tradition, trial and error, intuition and authority, much more than by research-based evidence. With the nation's new awareness of threats to patient care safety, and attention to quality and outcomes, hospitals have strengthened their resolve to build the capacity for practice based on evidence.

Sigma Theta Tau (2003) defines evidence-based nursing as "an integration of the best evidence available, nursing expertise, and the values and preferences of the individuals, families, and communities served." Evidence-based practice takes research and literally translates it into practice. Barriers confronting nurses in the quest to translate research into practice include inadequate links between innovation and strategic priorities. Nurses may lack the leadership support, resources and/or skills they need to obtain, interpret, evaluate and dif-

fuse evidence-based practice recommendations, guidelines and standards.

Stanford Hospital and Clinics has a well established tradition of valuing nursing research in practice, having supported a dynamic and productive department of nursing research in the 1980s and 1990s. Recently SHC has further deepened its commitment to evidence-based practice in nursing by developing and launching the new Evidence-based Practice Fellowship Program.

This program provides both work time and classroom training to staff nurses in applying the process of translating evidence into clinical practice through

work on individual projects. The Research Council selects projects in collaboration with the Nurse Educators and Clinical Nurse Specialists of Patient Care Services. Ideas for projects originate from the needs and problems a nurse sees at the bedside. After thinking about ways to change the situation, the research begins: what evidence, expert opinion and patient preferences should guide our practice standards in these areas?

The first five Fellows began their projects in September, and they will present their results during Nurse Week and at the Research in Action annual conference.

• Mario Pepe, RN (Operating Room) will

explore ways to change the culture and tradition of the skin prep procedure for orthopedic patients.

- Joy Ryan, RN, BSN, TNCC, CNRN, (B3) will develop an incisional care standard for neurosurgical patients.
- Lisa Chaflin, RN, BSN, MSN (North ICU) will evaluate the use of the Richmond Agitation-Sedation Scale to assess sedation.
- Emma Becker, RN, MSN, MEd (H2) will develop a medication teaching protocol for patients with schizophrenia.
- Tracey Kendall, RN, MS (Emergency Department) will evaluate tools that best assess patient's pain.

For more information about SHC's Evidence-based Practice Fellowship Program, call (650) 723-5262.

By Nancy E. Donaldson, RN, DNSc, FAAN, Director, UCSF-SCH-LPCH Center for Research & Innovation in Patient Care and Jim Stotts, RN, MS, Interim Director of Patient Care Services, Education and Practice.



Evidence-based Practice Fellows: September 2005-March 2006. Left to right: Mario Pepe, Lisa Chaflin, Tracey Kendall, Joy Ryan, and Emma Becker.

Ten Tips for Recognizing Good Work

BY JIM STOTTS, RN, MS

Personal rewards — those thoughtful, sincere gestures that signify true appreciation for a job well done — mean more to the people you work with than monetary rewards.

Indeed, our own latest Gallup employee poll tells us that what people really value is prompt recognition or praise for the good work they do. Few of us would deny feeling good after being thanked, complimented, or congratulated, or better still, after some small token of appreciation. Surely most of us can remember that great feeling of being recognized with applause, a standing ovation, or something more subtle such as a gentle hug of encouragement.

If recognition feels good to you, pass it on! These ten tips can help you acknowledge your coworkers for their “above and beyond” work, for their great attitude, or simply for being dependable and consistent. Remember that compensation is what you give an employee for doing the job, but recognition celebrates something special!



- 1 Personalize your recognition with something your co-worker finds rewarding.
- 2 Recognize good work as soon as possible after the achievement or behavior.
- 3 Point out someone's assets or strengths. Always say why the recognition is being given — why the behavior or results are important to you.
- 4 Write a special note of thanks and post it somewhere noticeable.
- 5 Publicly praise your coworker, or give personal praise. It shows you took time to notice. Always give credit to others when speaking of their work or ideas.
- 6 Tell your coworker's boss of his/her great work or attributes.
- 7 Make a star to pin on a fellow employee to recognize their work, their birthday, or another celebration.
- 8 Fill out a Service in Action award. Organize a gathering to honor someone.
- 9 Get to know and use people's names. This makes them feel acknowledged.
- 10 Last, recognize people who recognize people. Create a culture of respect around you. If you hear a positive comment about someone, tell them you heard something good about them, and then pass the praise along to others.

Jim Stotts, RN, MS, is Interim Director of Patient Care Services for Practice and Education, Stanford Hospital and Clinics.

Nurse Accomplishments Recognized with Special Awards



Debra Thaler-DeMers, RN, OCN, PRN-C: "2005 Oncology Nurse of the Year", Oncology Nursing Certification Corporation

Every year, the Oncology Nursing Certification Corporation (ONCC) honors an Oncology Certified Nurse (OCN) with the OCN of the Year Award. This national award recognizes an OCN who has demonstrated outstanding achievements and has made significant contributions to oncology nursing. Candidates must meet strict criteria and must demonstrate accomplishments in clinical practice, education, or research. This year, Debra Thaler-DeMers, RN, OCN, PRN-C, staff nurse on FGR oncology inpatient unit, is the recipient of the 2005 OCN of the Year Award. Debra is the author of many publications in the field of oncology, and has been involved in many

activities related to oncology, including the Cancer Survival Toolbox and Living beyond Cancer, and served two terms as Vice Chair, Board of Directors for the National Coalition for Cancer Survivorship. Debra also serves on the Board of Directors of the Santa Clara Valley chapter of the Oncology Nursing Society. Past awards include the U.S. Army Spirit of Nursing Award, the Fuld Fellow in Oncology Nursing Award, and the American Cancer Society Celebration of Life Award. Debra currently participates as an educator in many different venues, both to the community and to colleagues. Debra is very committed to oncology nursing; her passion is demonstrated in all the work she has done, and continues to do, in the field of oncology.

Debra reflects: "I am involved with the local chapter of the Oncology Nursing Society as a Board Member and frequent lecturer at their programs. I have also helped several parish nurses to set up cancer support programs based on the Cancer Survival Toolbox in their parishes. St. Nicholas in Los Altos is one group,

St. Francis of Assisi in San Jose is another. There is an Episcopal parish in Los Gatos as well. I was recently the keynote speaker for the Los Altos Relay for Life Survivors' Luncheon and have been involved in a group called Club Survivor that was started by a Stanford patient."



Mary Lough, RN, MS, CNS, CCRN, CNRN: Winner of the Nursing in Excellence Award for Advancing the Practice

The NurseWeek Nursing Excellence Awards recognize the extraordinary contributions nurses make to their patients, each other and the profession. Chosen by a panel of judges comprised of nursing leaders, Mary was chosen as the winner among six finalists in the category of Advancing the Practice. She believes in creating a culture of curiosity

and discovery at Stanford Hospital's E2 trauma critical care unit, who keeps nurses at the cutting edge of their clinical skills. "I think anyone who comes into critical-care nursing today has to anticipate that there are going to be changes every week because of the new information in research," says Lough. My responsibility is finding how to apply this information in a practical, safe way at the bedside."

Mary puts a strong emphasis on evidence-based protocols and takes the time to get input from staff nurses and managers. "I try to create a climate where people expect change," she says. After discovering the high number of ventilator-associated pneumonias (VAPs), Mary reviewed the literature, talked to staff about practice changes and was able to lower the VAPs by half. Change is also a part of Mary's future. She has recently been accepted into the PhD program at the University of California at San Francisco and will start school this fall to pursue issues in critical care.

Picture and text, in part, provided by NurseWeek

In Recognition of...

CONFERENCE PRESENTATIONS

Kelly Bugos, RN, NP, MS: "Achieving a New Normal Life-Long Term Recovery Following BMT," Tandem BMT Meetings, Keystone, Colorado, February 14, 2005.

Rosemary Ferguson, RN MSN, CDE: "Diabetes and Transplant: Preventing Disease Progression," Women and Transplantation Conference, University of Virginia, June 17, 2005.

Debra Johnson, BSN, RN, CIC: "Brucella Exposure," Advanced Conference for Infection Control Professionals, San Diego, CA, October 2005.

Julie A. Shinn, RN, MA, CCRN, FAAN: "CABG & Mitral Valve Repair in Heart Failure Patients" and "Ventricular Assist Devices for End-Stage Heart Failure," American Association of Heart Failure Nurses Inaugural Meeting, June 24, 2005

APPOINTMENTS

Tammy Baltic, RN, MS, AOCN: Appointed Chapter President 2005, San Francisco Bay Area Oncology Nursing Society Chapter.

Katherine Vivenzo Dyble, RN, MA: Reappointed as American Heart Association Regional Facility division chair for Santa Clara and San Mateo counties; and Regional Faculty task force member for the Central Coast and Valley Area.

Debrayh Gaylle, RN, BSN, MSN: Elected President of the Alpha Gamma Chapter of Sigma Theta Tau International Honor Society of Nursing, May, 2005.

Carrie Jeffries, RN, MS, MPH, ANP-C, AACRN, AAHIVS, President-Elect of the National HIV/AIDS Nursing Certification Board. Also elected

Nurse Practitioner Committee Chair of the American Academy of HIV Medicine.

CERTIFICATES

Helen Alford, RN, BSN: Passed the ANCC Psychiatric/Mental Health Nursing Exam, May, 2005.

Laurie Bacastow, BSN, RN, CNRN: Passed the Certification Exam for Neuroscience Nursing, April 2005.

Emma Becker, RN, BSN, MS: Passed the ANCC Psychiatric/Mental Health Nursing Exam, May, 2005.

Teresa Bell-Stephens, RN, CNRN: Passed the Certification Exam for Neuroscience Nursing, April 2005.

Tessie Canda, BSN, RN, CNRN: Passed the Certification Exam for Neuroscience Nursing, April 2005.

Margaret Curry, RN: Passed the American Nurses Credentialing Center Exam for Certification in College Health, May 2005.

Nenita Dimaranan, RN, BSN, OCN: Passed the Oncology Nursing Certification Exam, July, 2005.

Lynn Ellison, RN, BSN, OCN: Passed the Oncology Nursing Certification Exam, July, 2005.

Dan Freeman, RN, CEN: Passed the National Certification in Emergency Nursing Exam, August, 2005.

Cheryl Gall, BSN, RN, CNRN: Passed the Certification Exam for Neuroscience Nursing, April 2005.

Debrayh Gaylle, RN, BSN, MSN: Passed the ANCC Psychiatric/Mental Health Nursing Exam, May, 2005.

Margaret Hawn, RN, BSN, OCN: Passed the Oncology Certified Nurse Exam, July 2005.

Christine Lee, RN, CRRN: Passed the Certification in Rehabilitation Registered Nursing Exam, June, 2005.

Mary Lough, MSN, RN, CCRN, CNRN: Passed the Certification Exam for Neuroscience Nursing, April 2005.

Heather Marsch, RN, BSN, OCN: Passed the Oncology Nursing Certification Exam, July, 2005.

Nena Marinas, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, April 2005.

Kathy McKennan, RN, AD: Passed the ANCC Psychiatric/Mental Health Nursing Exam, May, 2005.

Rebecca Mock, BSN, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, April 2005.

Susan D. Nekimken, RN, MPA, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, April 2005.

Sandy Oikawa, BSN, RN, CNRN: Passed the Certification Exam for Neuroscience Nursing, April 2005.

Gisso Oreo, RN, BSN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, April 2005.

Kathy Petricca, RN, BSN: Passed the ANCC Psychiatric/Mental Health Nursing Exam, May, 2005.

Joy Ryan, BSN, RN, CNRN: Passed the Certification Exam for Neuroscience Nursing, April 2005.

Angela Schmidt, RN, BSN: Passed the ANCC Psychiatric/Mental Health Nursing Exam, May, 2005.

Barbara Shipes, RN, AD: Passed the ANCC Psychiatric/Mental Health Nursing Exam, May, 2005.

Sandy Stafford-Cecil, RN, BSN, CEN: Passed the Certification of Emergency Nursing Exam, August, 2005.

Julie Tisnado, MSN, RN, CNRN: Passed the Certification Exam for Neuroscience Nursing, April 2005.

Shelly Young, RN, CNRN: Passed the Certification Exam for Neuroscience Nursing, April 2005.

ARTICLES AND PUBLICATIONS

Linda Adams, LVN: "Urethral Pressure Profile" in *Manual for Urodynamics*, Society of Urologic Nurses and Associates, accepted for publication 2005, Janetti.

Tammy Baltic, RN, MS, AOCN: "Principles of bone marrow and hematopoietic cell transplant" (with M. Bakitas), in C.H. Yarbro, M.H. Frogge and M. Goodman (Eds.), *Cancer Nursing Principles and Practice* (6th ed.) Massachusetts: Jones and Bartlett Publishers, pp. 458-477.

Pat Grant, RN, OCN: "Preoperative Patient Education in Thoracic Surgery" (with Richard I. Whyte, MD), *Thoracic Surgery Clinics*, May 2005 Volume 15, Number 2, Saunders.

Julie A. Shinn, RN, MA, CCRN, FAAN: "Infection: An Achilles Heel of Destination Ventricular Assist Device Therapy," *Progress in Cardiovascular Nursing*, 2005. 20(2):86-87.

DEGREES

Hirut Truneh, RN, BSN: Graduated with a Bachelor's Degree in Nursing from California State University, Dominguez Hills, July 2005.

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