1988

The UH Nurse: Spring 1988 v. 2, no. 1

Nursing Department, Boston University Hospital

Boston University Medical Center University Hospital Nursing Department

http://hdl.handle.net/2144/18066

Boston University
Nurses play key role in design of new building

The experience and patient-centered thinking of UH nurses played an important role in the design of the new eight-story Atrium Pavilion, the Hospital's new main entrance and newest patient-care facility that opened early this year. According to Karen Kirby, R.N., M.S.N., vice president, nursing, “The Nursing Department at all levels was involved in the new building's design and operation from the very beginning.”

The Atrium Pavilion houses more than 60 percent of the Hospital's inpatient beds as well as the operating rooms, recovery rooms, a 16-bed surgical intensive care unit, centralized imaging facilities, the pharmacy, and such other services as materials management, a coffee shop and a gift shop.

To many hospital patients, whether or not their room has a window and the location of the nurses' station often seem just as important as the level of care. That's why architects, engineers, planners and administrators were not the only ones involved in the planning of the new building. Nurses were involved in the design as well as the actual move.

Each nursing unit contains 25 to 29 beds. Half the rooms are private and half semi-private. "Nursing stations are located in the center of each unit to minimize the distance between nurses and patients," Kirby says. "The units are carpeted and equipped with modular furniture that can be changed over time.

"The nursing staff was involved in the design of the operating rooms as well as planning systems for the delivery of care," says Kirby. "For example, we encouraged the use of a case cart system in the OR. This way, all the materials for one surgical case come on a cart and there is less running around."

Senior Nursing Director Joan Russo, R.N., M.S., who coordinated the move for the Nursing Department, says that the building plans were first drawn up by user teams composed of representatives from appropriate departments. For example, the surgical user team included operating room personnel as well as nurses and physicians. "We met on a regular basis and made decisions that were submitted to the administrative review group," says Russo.

In the beginning, nursing helped determine the shape of the inpatient units. "When we visited other hospitals, we found inpatient units with...

continued on page 2

Preceptor program helps orient new nurses to critical care

Rigorous and expert staff training, always a top Hospital priority, is a crucial concern in the surgical intensive care unit of an acute-care hospital. That's why the preceptor program in the Hospital's Surgical Intensive Care Unit (SICU) is so important.

"A preceptor program is particularly meaningful in an intensive care unit because the proper acquisition of technical skills is often a...

continued on page 4
Editorial:  
Projecting a positive image

The nursing profession is vastly different today from what it was 20 years ago, when a stiff cap, a starched white uniform and an apron were its hallmarks. Back then, nurses were just beginning to challenge the conformity and subservience that their uniforms symbolized. At the University Hospital today, the nurse is a well-educated, highly skilled and clinically adept individual, as well as a valuable member of a dynamic healthcare team.

Somewhere along the road to a new definition of professionalism in nursing, one that was shaped by independence and individuality, the uniform was left behind. A part of me misses it. At least a uniform set us apart. Patients immediately knew who we were. Even though it left little room for individuality, a uniform helped to characterize us as members of a group that stood for certain qualities. Today, it is hard to tell a nurse from anyone else.

When it comes to professionalism in nursing, I believe that quality of care, technical expertise and kindness matter a great deal more than appearance. But I also believe that professionalism is a package, and presentation is an important part of it.

If nurses wish to be treated as professionals, one good way is to present ourselves that way. We all are judged by appearances; this is true not just in nursing. Many patients judge our competence by our appearance, and they respect us more if we’ve taken that extra step to show that we care about ourselves.

If we care about our profession as a whole as well as about ourselves, we must project a positive image to our patients, our fellow professionals, one another, and the community at large. We stopped wearing uniforms because we wanted to be individuals. Let us not forget our equally important role as members of a dynamic, influential and highly respected profession.

Karen K. Kirby,  R.N.,  M.S.N.,  Vice President for Nursing

New building
continued from front page

long corridors and the nurses' stations in the middle, or units built in an H-shape," says Russo. "Neither of these arrangements minimizes the distance between each patient and the nurses' station. We recommended that our units be shaped like a triangle with the nurses' station in the middle. This way, no patient is far away."

As the plans and construction progressed, nursing became involved in nuts-and-bolts, such as the location of linen and design of headwalls. Says Russo, "We didn't want linen to be visible in the corridors or in the patient's rooms, nor did we want to have it carried to a central area. So there are cubicles behind the door of each patient room."

Lauren Williams, R.N.,  M.S., director of nursing fiscal and personnel services, says that the new building already is a major attraction for new staff and will help the

'The Department at all levels was involved in the new building's design and operation from the very beginning'  

Department's recruitment efforts tremendously. "The opportunity to work in a new building will make University Hospital a top choice for nurses," she says.

Lauren Williams, R.N.,  M.S., director of nursing fiscal and personnel services, says that the new building already is a major attraction for new staff and will help the

'New building
continued from front page'

long corridors and the nurses' stations in the middle, or units built in an H-shape," says Russo. "Neither of these arrangements minimizes the distance between each patient and the nurses' station. We recommended that our units be shaped like a triangle with the nurses' station in the middle. This way, no patient is far away."

As the plans and construction progressed, nursing became involved in nuts-and-bolts, such as the location of linen and design of headwalls. Says Russo, "We didn't want linen to be visible in the corridors or in the patient's rooms, nor did we want to have it carried to a central area. So there are cubicles behind the door of each patient room."

Lauren Williams, R.N.,  M.S., director of nursing fiscal and personnel services, says that the new building already is a major attraction for new staff and will help the

'The Department at all levels was involved in the new building's design and operation from the very beginning'  

Department's recruitment efforts tremendously. "The opportunity to work in a new building will make University Hospital a top choice for nurses," she says.
Unit secretaries join Nursing Department

In the oncology unit at the University Hospital, arrangements must be made for a group of patients to receive their radiation treatments. Meanwhile, a nurse is ordering lab work on a urine sample and a physician is writing out a consult that must be transcribed right away. One of the patients has a broken bed. A visitor needs directions, a group of house staff are discussing a case, and the phones are ringing.

At the center of all this activity is the unit secretary, whose job it is to handle each matter calmly and efficiently. "With so much happening at once, being able to prioritize is the most important skill a unit secretary can have," says Anita King, R.N., nursing resource manager.

"The unit secretary is physically and functionally at the center of the unit," says King. "He or she acts as a liaison with doctors, nurses and patients, and really holds the unit together."

Diane Simmons, secretary in the medical oncology unit. (Photo by Bradford F. Herzog)

The unit secretary position was part of Unit Management at UH until the summer of 1986, when it became a position within the Department of Nursing under the supervision of the nurse manager. "The unit secretary became a valuable member of our health-care team, rather than an 'outsider,'" says King. "Even though unit secretaries always have been integral to the effectiveness of nursing care, their being part of our department helps us all work together on behalf of our patients."

Karline Andrews, unit secretary coordinator, says that the breadth of the unit secretary's responsibilities is unique to the University Hospital. "At other hospitals, one person orders supplies, another does transcription, another acts as receptionist," she says. "Here, the unit secretaries handle all the activity on the unit, including patient moves, blood work, tests, specimens, stats, med sheets and transcriptions. They order supplies and interact with visitors, patients, doctors, nurses, house staff and other personnel. The unit secretary is truly the heartbeat of the unit," says Andrews.

Full-time unit secretaries work 7 a.m. to 3:30 p.m. or 3 p.m. to 11:30 p.m.; part-time secretaries work on evenings, weekends and holidays. "Float" secretaries are trained to cover any unit where they are needed.

"Unit secretaries are a very diverse group," she says. "Many have been here for a long time."

What do they have in common? They like playing a role in patient care, having a sense of accomplishment, being in a setting that offers variety, keeping busy, and having more responsibility than secretaries in other settings.

Barbara Anderson, now in her 23rd year as unit secretary in the neurosurgical unit, says that she enjoys the independence her job offers. "I have no one looking over my shoulder," she says. "I must set my own priorities and make sure everything gets done. I also like being involved with patients without having any hands-on contact."

Diane Simmons, in her eighth year as unit secretary in the oncology unit, says "My day goes by quickly because I'm always so busy. I like the people I work with a great deal. This year we have a terrific group of interns who always make me feel like part of the team."

"This job gives me a sense of accomplishment," says Simmons. "I always feel like I've helped someone. In fact, sometimes I get a little too involved with the patients. If a patient dies, it's hard for me to cope with the loss of a person I've come to care about."

'Unit secretary is truly the heartbeat of the unit'
Preceptor program
continued from front page

matter of life and death,” says Joan Vitello, R.N., M.S.N., surgical critical care
clinical specialist. “In our unit, we can’t afford to have a staff member be unable to
suction properly.” Vitello served as consultant for the program, which began in the
summer of 1986. She also helped design preceptor programs at two other hospitals
before coming to UH.

The word “precept” means “to teach; to take beforehand,” and the idea is far from new. In the Middle
Ages, an apprenticeship was the way most professions were learned. In the SICU,
“beforehand” is an important concept; nurses are thoroughly trained in the tech­
nologies and challenges of caring for critically ill patients before they actually
start doing so.

Vitello says the program has two major goals: the acquisition of clinical skills and
socialization into the unit. When a new nurse comes on board, he or she is assigned
to one preceptor for a full 12 weeks. During the first eight weeks, the new nurse ob­
serves and learns from the preceptor, taking on tasks of increasing complexity; during
the final four weeks, the new nurse begins to take on patient responsibility but re­
 mains under the preceptor’s guidance.

Explains nurse manager Michael Altieri, R.N., “The new nurse is not ‘cored’ into
the staff during the first eight weeks, but is considered to be an extra. We have 13 pa­
tients and nine nurses on duty at a time; the orientees are not counted among the nine until they are considered ready to assume responsibility for the patients.

“Preceptors act strictly on a volunteer basis,” says Altieri. “They are paid in
positive reinforcement, not in money. For the most part, they are senior staff nurses
who enjoy teaching, and are chosen for their clinical strength and leadership abil­
ity.”

Preceptor Derby Jones, R.N., says she enjoys the additional responsibility and
welcomes the opportunity to teach. “I think it makes a big difference for new nurses to

Not many work environments have such a well-organized method of on-the-job training

have one person to relate to. It frees them from interacting with too many people while
they are trying to learn. The program is particularly helpful to people who have not
come from critical-care settings.”

Not many work environments have such a well-organized method of on-the-job
training; even in many health-care settings, new staff members are expected to
learn on their own. “When I came to UH four years ago, the orientation program for
new staff members was haphazard,” says Vitello. “If you were new, you were simply
assigned to the senior staff nurse on duty that day. Different people taught you differ­
ent ways of doing things; you had no consistent guidance, and there also was no
objective measure of your progress.

“Now the teaching is more consistent because you learn from one person, and that
person has been screened for

strong clinical skills and teaching ability,” she says. “Not only is it a better way
to learn; it is a better way for the new person to get to
know the staff and vice-versa.”

Vitello says that in addition to being a more effective orientation process, the pro­
gram serves as a quality assurance tool. “We came up with competency-based
 guidelines for evaluating the new staff members,” she
says. “Their progress is continually monitored by the
preceptor, the clinical specialist, and the nurse man­
ger, and 21 competencies

must be achieved by the end of the orientation period. If

‘The program has two major goals: acquisition of clinical skills and socialization into
the unit’

they are not, we either extend the orientation or decide not to keep the person on
staff. This gives us a good way to assess and document a new nurse’s capabilities.”
Bailey and Bowen-Daise named Black Achievers

Judith Bailey, R.N., nurse oncologist in Radiation Medicine, and Gloria Bowen-Daise, R.N., senior nurse coordinator for the Home Medical Service, were among 10 Medical Center employees who were recipients of the Boston YMCA's 1988 Black Achievers awards.

Black Achievers are nominated by their employers for achieving professional success and earning the respect of their colleagues and associates. In addition to being honored for their accomplishments, they serve as role models for young people who aspire to similar success.

Bailey's responsibilities in the Department of Radiation Medicine include patient care and education, staff education, and social support. Her work has a direct effect on the lives of cancer patients receiving radiation treatments at the UH.

Her contribution to the linkage program so far has been to visit elementary schools in Boston and discuss drug abuse and nutrition with the students. "This was one of my first opportunities to work with little children, and I loved it," says Bowen-Daise. "When I visited the fifth grade I made a pact with the youngsters that they would tell at least two other people what they learned about the importance of nutrition and the dangers of drugs. I already have had so many enlightening encounters as a Black Achiever," she says. "Even though I am uncomfortable being rewarded for things I do without thinking, this recognition makes me glad that I turned out to be the sort of person my parents hoped I would be."

Bailey, Bowen-Daise and the other Medical Center Black Achievers were honored earlier this year at a program commemorating the life and work of the late Dr. Martin Luther King Jr., which was held in the Hospital's Keefer Auditorium. In addition, the honorees received their awards at a dinner held for all of the city's Black Achievers, held at the Marriott Hotel in Boston's Copley Place.

New program offers student nurses tuition and experience

Through a program recently introduced by the Department of Nursing, student nurses can now receive financial support and work experience as they prepare to enter the profession.

"The Nursing Directions Program can best be described as a career partnership," says Lauren Williams, R.N., M.S., director of Nursing Fiscal and Personnel Services. "We make a financial investment in the students' education and provide them with the experience to enhance their clinical skills, and they in turn become valuable members of our staff."

The Program has two main features. First, student nurses receive significant financial assistance for their education. Candidates are selected by the Nursing Department at the University Hospital after they have been accepted by a collegiate nursing program.

Second, the Hospital acts as a work/study setting by employing the students throughout the school year and during vacations. Their hours are minimal and flexible, and the experience itself is clinically progressive. This cooperative education component fosters the knowledge, skill and confidence of those preparing to enter a vital profession.

In exchange, participants agree to continue their employment at the University Hospital after graduation. "The Nursing Directions Program is our way of demonstrating a continued interest in nursing education," says Williams. "It also is a way to make the Hospital's superb clinical resources available to nursing students, and offer them the opportunity to care for a diverse and complex patient population."
Staff Notes

Department of Nursing members maintain high visibility in the professional community through teaching, publishing, consulting and by participating in professional organizations. The following is a partial list of recent achievements.

Appointments and awards
Cynthia S. Fitzgerald, R.N., was appointed editor and reviewer of Continuing Education Unit Programs for the Journal of Neuroscience Nursing. Torry Payton, R.N., will be the first recipient of the Patricia Putetti Lectureship Award by the American Urological Association-Allied (A.U.A). Payton, who has published and lectured on the topic of male impotence, will be honored in June at the annual assembly of the A.U.A.

Marilyn Pires, R.N., M.S., C.R.R.N., was appointed to a task force in Washington, D.C., to revise the codes for urinary incontinence management products in November 1987. Alice Rose, R.N., M.S., was appointed to the Program Committee of Sigma Theta Tau, Boston College.

Carol Simon, R.N., was appointed to the National Bylaws and Policy Committee and named liaison to the local chapter board, National Association of Orthopedic Nurses.

Certifications
Recent certifications in oncology include: Cathy Lynch, R.N.; Robert Sweeney, R.N.; Nori Vincitorio, R.N.; and Peggy White, R.N. Certifications in critical care include: Deborah Almeida, R.N.; Glen Blair, R.N., and Allea Blanchard, R.N. Mary F. Ervin, R.N., became a certified operating room nurse, and Gloria E. Shapiro, R.N., M.S., was recertified as a clinical specialist in adult psychiatric mental health nursing.

Graduations
Joanne Robichau, R.N., M.S., received a Master of Science in Health Care Administration from Simmons College in December 1987.

Lectures, presentations and interviews
Rebecca Brown, R.N., was interviewed by Timothy Johnson, M.D., for a WCVB-TV broadcast in November on “Code Status in the Terminally Ill.” Carol Daddio-Pierce, R.N., M.S., C.R.R.N., spoke on “Basic and Advanced Hemodynamic Monitoring” at New England Sinai Hospital in September, on “Cardiac and Respiratory Assessment” at Massachusetts Bay Community College in October, and on “Currently Used Cardiac Drugs” at Braintree Hospital in December. Mary Gilmartin, R.N., R.R.T., spoke on “Discharge Planning for the Ventilator-Assisted Patient” at the annual meeting of the American College of Chest Physicians in Atlanta, Ga., in October. She also presented her research on “Respiratory Therapy Modalities for Restrictive vs. Obstructive Lung Disease” at a meeting of the American Lung Association at Bentley College in November. Deborah Lawler, R.N., B.S.N., C.C.R.N., gave a core curriculum review course on “The GI System” at Hewlett-Packard Company in Burlington, in October. Lawler also gave “An Overview of Liver Transplantation” at a meeting of the Intensive Care Unit Consortium in December. Marilyn Pires, R.N., M.S., C.R.R.N., spoke on “Acute Care of the Adolescent Following Spinal Cord Injury” at a forum on Pediatric Critical Care Nursing in Boston, in September, and on “Neuroanatomical and Neuropsychological Considerations in Spinal Cord Injury” at a pre-conference workshop of the 13th Annual Educational Conference of the Association of Rehabilitation Nurses, Anaheim, CA, in October. Pires also gave “Behind Closed Doors,” a symposium on the relationship between patients and staff and the therapeutic outcomes in rehabilitation, at the 64th Annual Session of the American Congress of Rehabilitation Medicine, Orlando, Fla., in October. Gloria E. Shapiro, M.S., R.N., C.S., spoke on “Care for the Caregiver” at the Pediatric Trauma Workshop for Emergency Room Nurses in Marlboro, Mass., in October.

Susan Zorb, R.N., M.S.N., spoke on “Shock- A Clinical Syndrome” at the advanced studies sessions of the National IV Therapy Nurses’ Association in Charlotte, N.C., in November. At a meeting of the Chilean Society of Cardiology and Cardiac Surgery in Vina del Mar, Chile, in December, Zorb spoke on: “Advances in Diagnosis and Treatment of the MI Patient,” “Emergency Care of the Cardiac Patient” and “Cardiac Transplantation.”

Research
Rebecca Brown, R.N., nurse manager, and the staff in the oncology unit are conducting research for Glaxo, Inc., on Phase II of one of their products, an antianemic agent used for nausea and vomiting with chemotherapy. Cynthia Fitzgerald, R.N., is conducting an “Epidural Duramorph Study for Post-operative Pain Control of Lumbar Laminectomy Patients.”
Videotape wins award

"A Sense of Value," an eight-minute videotape about nursing at the University Hospital, won a silver medal at the awards competition of the 1987 New England Association for Multi-Image, which was held last fall at the Park Plaza Hotel. The videotape was produced by Drossos Productions in Boston, and is used primarily as a recruitment tool.

The videotape highlights every aspect of nursing at UH, with staff nurses, clinical specialists and administrators sharing the spotlight. Executive producer Michael Drossos says, "We tried to capture the feeling we saw around us that the University Hospital is a nice place to work. Not only is it on the cutting edge of medicine, but there is a closeness among the staff and a great deal of mutual respect. The place just has a good feeling."

Ross Committee sponsors nursing activities

The fact that the Department of Nursing at UH is so involved in education and research is due in great part to the vision and generosity of the Ross Committee of the Massachusetts Memorial Hospitals Nurses' Alumnae Association. The Association has been active since its founding in the 1950s. The Committee was formed in 1981 and named for Anna Ross, R.N., whose husband William bequeathed funds to promote nursing activities.

"The Ross Committee receives a direction and focus from the Alumnae Association," says Rose. "We have profited immeasurably by the Committee's emphasis on education and research."

Members of the Committee include: Mabel Whelpley, R.N., alumna and chairperson; Eleanor Tenney, R.N., alumna; Karen K. Kirby, R.N., vice president for nursing at UH; Rose; and Paulette Starck, R.N., M.S., director of nursing systems and development at UH.

The Committee sponsors the annual distinguished lecture given during National Nurses Week, the annual staff education award, and ongoing research projects. Research projects currently funded by the Committee include: "Fatigue Following Localized Radiation," "Early Predictors of Silent Ischemia and Angina Equivalents in Unstable Angina Patients," "Doppler Ankle/Brachial Indices: Trends in Patients Undergoing Intra-Aortic Balloon Counterpulsation" and "Perceptions of Cigarette Smoking and Illness: Smoking Behavior in Patients with Symptomatic Coronary and Peripheral Arterial Disease."

This handmade quilt, which hangs in the lobby of the Preston Family Building, was donated by the Massachusetts Memorial Hospitals Nurses' Alumnae Association in November 1986. Each patch, hand-stitched by an alumna, captures a historical aspect of nursing education and practice at what is now the University Hospital."
Quality assurance program emphasizes patient outcome

Making sure that spinal cord-injured patients on F-5 are fully educated about their injury, including its effect on their sexuality, is just one way the quality of nursing care is assured through the Nursing Department’s new quality assurance program.

"Although nurses at the University Hospital always have assured quality of care, we now have a better way of demonstrating and documenting that commitment," says Nancy McAward, R.N., M.M.H.S., nursing director and chair of the quality assurance committee begun early in 1986. Paulette Starck, R.N., M.S., director of nursing systems and development, co-chairs the committee; other members represent all levels of the Nursing Department.

'We now have a better way of demonstrating and documenting our commitment to quality'

McAaward says that the program helps the Department monitor the quality of patient care “in a time when we must make sure that the many changes in health care are not adversely affecting the outcomes of our patients.”

The new program, an integral part of overall Hospital quality assurance, replaces the more traditional audit system with a unit-based monitoring system.

“In the health-care field, there are many ways of looking at qualitative measures,” says McAward. “Ours is to rely on the clinical experience of people on the unit who can best evaluate patient outcomes. Not only is the emphasis different, it is concurrent rather than retrospective, so that it is not too late to help a particular patient in a project under review; it also allows intra-departmental communications about unit projects.”

Ongoing clinical monitoring is included in a data-base log that gives the Joint Commission on Accreditation of Hospitals (JCAH) easy access upon accreditation review.

An isolated incident is usually not enough to prompt a quality assurance review; it must be a series of events. For example, one instance of priorities not being set properly by triage nurses in the emergency room is not cause for review by the quality assurance committee, but a series of such incidents is. In fact, triage priority review is one of the unit-based projects currently being monitored. Progress of the project, results, and actions to be taken will be reported to the committee and become part of the data-base log. "The committee helps nurses develop a way to collect data around incidents, to draw up indices of care based on specific measures, and to make an assessment of a trend," says McAward.

In the Spinal Cord Injury Center, for example, a series of incidents led the nursing staff to notice deficiencies in patient education. First, their teaching tool did not adequately cover sexuality—an issue of great importance to spinal cord-injured patients. Second, patient education in the unit was not being properly documented. After discussing these problems with the quality assurance committee, nurses in the unit were able to develop and share a new teaching tool. Says McAward, "The completed project brought greater awareness and improved care of this particular patient population.

"During the year and a half that the quality assurance program has been under way," she says, "our consciousness of quality has been raised. We have come up with very creative projects and plans and have enjoyed wonderful cooperation and involvement from nursing leadership and staff."

The program helps the Department monitor the quality of patient care

The UH Nurse is published by the Department of Nursing at The University Hospital, 88 East Newton Street, Boston, MA 02118-2393. The UH Nurse is produced by Boston University Medical Center’s Office of Publication Services, Owen J. McNamara, Director; Marjorie H. Dwyer, Associate Director; Donald R. Giller, Director of Marketing and Public Affairs. Writer: Christine Cleary. Designer: Nannette Gonzalez. Newsletter Coordinators: Nancy McAward, R.N., M.M.H.S.; Lauren Williams, R.N., M.S. Executive Editor: Karen Kirby, R.N., M.S.N., Vice President for Nursing. Inquiries may be directed to the Office of Publication Services [617] 638-8482.