

UPMC
Nursing

Student Nurse Pathways



Message from the Chief Nursing Officer

As many of you know, February is American Heart Month. This presents an ideal opportunity to reflect on the heart and soul of nursing. What is the most essential or most vital part of our collective and individual nursing practice? Nurse theorists have spent their life's work conceptualizing and describing this question. Jean Watson's Theory of Human Caring describes caring as a "crucial element of nursing." Nursing theorist Madeleine Leininger stresses that nursing should focus on "culturally congruent and capable" characteristics of caring. There is an abundance of nursing literature and research that supports the thinking that the fundamental element of nursing practice is the relationship we have with our patients. UPMC's relationship-based model of care focuses on the heart of nursing by blending the caring concepts of nursing theorists. Reflecting on the basics of nursing provides us direction on relating to our patients. This connectedness with our patients is offered by touch; offering compassion, hope, or providing patient education while at the bedside; or actively seeking cues from our patients as we anticipate their needs or use our assessment expertise. Being emotionally present while implementing this nurturing method of relating to patients and families, allows nurses and students to feel a personal sense of accomplishment and commitment. Though opinions may vary, one thing is for certain; as you are embarking on your nursing career you need to develop an awareness of your personal influence on patients, families, and colleagues as you reveal the heart of nursing.

Holly Lorenz, RN, MSN
UPMC Chief Nursing Officer

The Faces of Nursing

A group that is diverse in composition and thought has a strong foundation. The demographics of nursing are changing. Many factors including age, national origin, and gender constitute demographics. Thirty years ago, the nursing demographic was fairly predictable in most regions of the country. A new nurse was young, female, and Caucasian.

In recent years, an increase in nursing employment was from registered nurses (RN) over age 50. One of the biggest contributors to the increase was nurses entering the profession later in life, either for the first time, or seeking a new career. Due to today's economy, many nurses have returned to work after years away from the profession, and other nurses have decided to delay retirement. This has changed the average age of the nursing workforce and infused it with wisdom from not only experienced nurses, but also nurses with experience in other professions.

In 1890, more than 12 percent of nurses were men. Their ranks dropped to the lowest in 1940, presumably to support the war. The percentage of male nurses has been climbing ever since, having reached 9 percent by mid-2009. This will continue to increase in the next few years as more than 10 percent of the nursing undergraduates are men. This increase is attributed to several factors which include fading stereotypes, and the chance for a steady and rewarding career. This brings an infusion of diverse talent and perspective to the nursing profession.

There is a significant connection between a culturally diverse nursing workforce and being able to provide quality, culturally competent patient care. In the 2004 National Sample Survey of Registered Nurses, more than 10 percent of RNs were from minority backgrounds. According to the survey, the RN population is comprised of four percent African American, nearly two percent Hispanic, three percent Asian/Native Hawaiian, 0.3 percent American

continued >>

what's *inside*:

Health Care Reform
Page 2

African American
Inventors
Page 3

Care Delivery Pilot
Page 4

UPMC Nursing Vision

UPMC Nursing will create the best patient experience, nationally and internationally, through the selection, development, retention, and reward of the highest-performing nurses, while creating systems and programs that create consistency and excellence in patient care.

The Faces of Nursing continued

Indian/Alaskan Native, and one percent multi-racial nurses. The number of foreign-born nurses rose from nine percent of the total nursing workforce in 1994, to 16 percent in 2008. The recent trend of hiring foreign nurses to help ease the nursing shortage was a factor in this increase. The largest number of nurses immigrating to the United States is from the Philippines. In 2004, 50 percent of foreign-educated nurses were Filipino.

What does the future look like for the nursing workforce? According to a report compiled by the American Association of Critical-Care Nurses, nursing students from minority backgrounds represented 26 percent of students in entry-level baccalaureate programs, 24 percent of master's students, and 22 percent of students in research-focused doctoral programs. In terms of gender, men comprised more than 10 percent of students in baccalaureate programs, nearly nine percent of master's students, seven percent of research-focused doctoral students, and 10 percent of practice-focused doctoral students. Though this represents great progress in recruiting and graduating nurses that reflect the patient population, there is more to be done.

The Bureau of Labor Statistics projects a need for more than a million nurses by 2016. Recruitment starts with you. Always speak highly of your profession, represent it professionally, encourage others to pursue nursing, and remember that you are the future of nursing. ■

The Impact on Health Care Reform on Advanced Practice Nurses

The profession of nursing is often given the title of "silent majority." With more than 2.4 million practicing nurses in the United States, our voices should be heard loud and clear, but often our voice is quiet. Currently, nurses are in the best position to impact health care reform and advocate for patients but nurses need to get involved. The role of the advanced practice nurse is high on the agenda of lawmakers, specifically when looking at chronic illness care. Plenty of opportunities are available for nurses at all levels to get involved. Nurses can get involved by staying current with the issues that impact the nursing profession. Read professional journals, visit websites that provide updates on health care, join national and local organizations that address common issues in nursing, and talk to each other. As students, it is not too early for you to be discussing these issues in health care, engaging in conversation about possible solutions, and taking action.

Visit these sites to find out what you can do to help:

www.healthreform.gov

www.nursingworld.org

www.aacn.org

www.medsurgnurse.org ■

Summer Nurse Internship Programs

UPMC will once again host two student nurse internship programs in the summer of 2010. Students both locally and nationally will participate in the 11-week programs starting in May. The internship experience provides students the opportunity to see the real work of nursing by partnering with an experienced preceptor for hands-on patient care. Former student interns indicated that the program helped them improve their organizational, time management, prioritization, and critical thinking skills, while continuing to enhance their clinical competence. Student intern workshops, along with extracurricular activities, enable the interns to focus on their professional growth and development while networking with their peers and nursing leaders at UPMC. ■

RN Residency Program

The transition from student nurse to professional RN can be overwhelming. Research shows that participation in a residency program can help ease a graduate nurse's transition into professional practice. UPMC launched a systemwide RN residency program in the fall of 2009. All new nurses at participating hospitals, upon successful completion of their NCLEX examination, are enrolled into the program. The program allows new nurses to meet monthly for a period of four to six months and includes robust measurable outcomes. It is designed to provide the new nurse with additional clinical skills, professional development, and the socialization skills necessary to navigate through a complex health care system. The content provides the opportunity for the new nurse to apply in practice what they have already learned in their undergraduate education and hospital orientation. Quality and safety are themes that are embedded throughout the program content as they demonstrate the importance of nurse driven quality care. Case studies, role playing, group work, interprofessional activities, and video are used as teaching strategies to reinforce learning.

When you start looking for your first job as a graduate nurse, look for an organization that includes a residency program. Your successful transition into professional practice may depend on it. ■

2010 Mary Ann Scully Excellence in Nursing Award Breakfast

Mary Ann Scully, born in 1931, was an exceptional woman and tremendous nurse who devoted 35 years to cardiac units at UPMC Presbyterian. Mary Ann was very active in the American Heart Association (AHA). Upon her death in 2007, the AHA established an award in her name to recognize others who are devoted to cardiac nursing.

On January 19, 2010, a breakfast was held to honor the award nominees and bestow the award to the 2009 inaugural recipient. Congratulations to the UPMC nurses who were nominated:

Donna Coda

Margaret Lattanzio

Sally Mikesic

Kimberly Roderick

Lauren Saul

did you know?

A Salute to Black History Month

Mary Eliza Mahoney (1845-1926) is credited as America's first professionally trained black nurse. She entered nursing school at the age of 33 at the New England Hospital for Women and Children in Roxbury, Mass. She started the nursing program with 42 other students and was one out of four students from her class that graduated. After graduation, Mahoney left the New England Hospital for Women and Children and started working as a private duty nurse. She traveled and provided medical assistance to patients in the New England area. Mahoney had a widespread reputation for giving exceptional nursing care. She received requests from potential patients nationwide.

Mahoney is known for her contributions to professional nursing organizations. In 1896, Mahoney became one of the original members of the predominately white Nurses Associated Alumnae of the United States and Canada (later known as the American Nurses Association [ANA]). Mahoney recognized the need for nurses to work together to improve the status of blacks in the profession. In 1908, she was cofounder of the National Association of Colored Graduate Nurses (NACGN). Mahoney gave the welcoming address at the first convention of the NACGN and served as the association's national chaplain. Later, the NACGN merged with the ANA, leaving a 20 year void for having a nationally recognized black nursing organization, until the inception of the National Black Nurses Association in 1971.

Mahoney ended her nursing career as director of an orphanage in Long Island, N.Y. after remaining in this position for 10 years. In 1976, the ANA inducted Mary Eliza Mahoney into the Nursing Hall of Fame.

Top 10 African American Inventors

Throughout history, African Americans have made great contributions to the world of innovation. Here are 10 examples:

1. Elijah McCoy (1843–1929) invented an oil-dripping cup for trains. Other inventors tried to copy McCoy's oil-dripping cup, but none of the other cups worked as well as his. Customers started asking for "the real McCoy." That's where the familiar expression originates.

2. Lewis Latimer (1848–1928) invented an important part of the light bulb, the carbon filament. Latimer worked in the laboratories of both Thomas Edison and Alexander Graham Bell.

3. Jan Ernst Matzeliger (1852–1889) invented a shoemaking machine that increased shoemaking speed by 900 percent. In 1992, the U.S. made a postage stamp in honor of Matzeliger.

4. Granville T. Woods (1856–1910) invented a train-to-station communication system. Woods left school at age 10 to work and support his family.

5. George Washington Carver (1860–1943) invented peanut butter and 400 plant products. Carver was born a slave and did not attend college until he was 30.

6. Madam C. J. Walker (1867–1919) invented a hair-growing lotion. Walker grew up poor but she became the first female African-American millionaire.

7. Garrett Morgan (1877–1963) invented the gas mask and the first traffic signal.

8. Otis Boykin (1920–1982) invented electronic control devices for guided missiles, IBM computers, and the pacemaker. He invented 28 different electronic devices.

9. Dr. Patricia E. Bath (1949–) invented a method of eye surgery that has helped many blind people to see. Dr. Bath has been nominated to the National Inventors Hall of Fame.

10. Lonnie G. Johnson (1949–) invented the world-famous watergun, the Super Soaker. Johnson's company recently debuted a new Nerf toy gun. ■

Pilot at Magee-Womens Hospital of UPMC — Care Delivery Redesign

As health care becomes more complex, the chances for errors increase. The current state of acute inpatient nursing is fast-paced and requires nurses to constantly shift their attention, make decisions, and change priorities in a continually moving environment. It has been said that in an eight hour day, nurses complete 100 tasks that last two minutes each. Nurses must integrate complex thinking processes with psychomotor and affective skills to deliver the right care at the right time, while also juggling education, family concerns, new admissions, discharges, interruptions, and distractions. These distractions that compete for nurses' attention can lead to errors or omissions in care, posing patient safety risks.

Current statistics in health care support the need for change:

- In 2006, the Institute of Medicine (IOM) reported that 7,000 patients die every year because of medication errors.
- Adverse drug events can cost up to \$8.4 million in a 700-bed hospital.
- Journal of the American Medical Association reports statistics as high as two medication errors that cause harm per 100 admissions.
- About 9 percent of acute care patients develop pressure ulcers in the hospital.
- Pennsylvania Health Care Cost Containment Council (PHC4) reports that in 2006, more than 30,000 patients in Pennsylvania contracted an infection.
- The Joint Commission reports that nursing turnover is eight to 20 percent.
- By 2010, PHC4 anticipates the Pennsylvania shortage of nurses will be 18 percent.
- The Connecticut Nurses Association reported that 50 percent of nurses feel exhausted and discouraged when they leave work.

Reliability is the measurable capability of a process to perform its intended function under recurring conditions. Roger Resar, MD, of the Institute for Healthcare Improvement notes that health care processes are highly unreliable. What this means is that medications are missed, patients are harmed, infections happen, patient needs go unmet, and health care workers become tired and disillusioned. All human beings in all lines of work make errors. In the IOM report, *To Err is Human: Building Safer Health Systems*, we are

reminded that errors can be prevented by designing systems that make it hard for people to do the wrong things and easy for people to do the right thing.

The goal of the nursing care delivery model redesign is to build a reliable, effective care model, such that our caregivers become successful in meeting our patients' needs every time. The three main principles of the nursing care delivery model redesign are to stop adding work to caregiver routines, continually remove waste (including minimizing interruptions), and to focus the efforts of the caregivers by clearly defining roles and separating work.

With these principles in mind, four new care team roles have been developed. The first role is a reliable rounder, whose role is to complete the reliable, predictable tasks on the unit. This role is designed to complete activities such as vital signs, comfort rounds, fall and skin assessments and interventions, and activities of daily living (ADLs). The reliable rounder is able to work uninterrupted because the interruptions are handled by the second role, the variable rounder. This role is designed to handle call bell requests, prepare patients for testing, transfer and discharge, and handle other issues that keep work from being completed reliably. The third role is the medication nurse, who is responsible for administering and charting all scheduled medications, performing medication teaching, and following up on any medication-related issues. The fourth role is the care nurse, who, with the support of the other positions, is enabled to exclusively provide and coordinate all aspects of patient care.

Currently these roles are actively being tested on the 3200 unit at Magee-Womens Hospital of UPMC. We look forward to sharing the outcomes of our testing in the future. ■



Continuous Learning

Academy of Medical-Surgical Nurses

www.medsurgnurse.org

American Association of Critical-Care Nurses

www.aacn.org

American Nurses Association

www.nursingworld.org

Association of Pittsburgh Black Nurses

www.pittsburghblacknursesinaction.org

Improving communication among nurses, patients, and physicians

The American Journal of Nursing, 109 (11), 21 - 25
Chapman, K., 2009

HealthReform.gov

http://healthreform.gov

To Err Is Human, Building a Safer Health System

Washington, D.C.: National Academy Press
Kohn, L., Corrigan, J, & Donaldson, M., 2000

Quality and Safety in Health Care, 13, i85 - i90

The human factor: the critical importance of effective teamwork and communicate in providing safe care
Leonard, M., Graham, S., Bonacum, D., 2004

National Black Nurses Association

www.nbna.org

UPMC Shadyside School of Nursing

Awarded The National League for Nursing's Designation as a Center of Excellence

In 2004, the National League for Nursing (NLN) established the Center of Excellence program to recognize nursing schools that have achieved a level of excellence in one of three areas:

- creating environments that enhance student learning and professional development
- promoting the pedagogical expertise of faculty
- advancing the science of nursing education

“The faculty of the UPMC Shadyside School of Nursing strives to teach its students to use critical thinking, problem-solving, and communication and adapt to the health care demands for the future,” said Linda Kmetz, PhD, RN, director UPMC Shadyside School of Nursing. “It is an honor to be nationally recognized for our dedication to student success and satisfaction” said Dr. Kmetz.

The prestigious designation was given at the NLN’s annual Education Summit in Philadelphia on Sept. 25. The School was recognized for its innovation, commitment to quality in safety education, and its collaboration among faculty, student, and clinical partners. “Our involvement in national initiatives with TCAB and QSEN reflect the faculty’s collective vision of preparing a safe and reliable graduate who can assimilate into practice with relative ease.”

This year, only five schools were recognized by the NLN as a Center of Excellence. The UPMC Shadyside School of Nursing is the second diploma program in the nation to receive this designation. The School will carry the Center of Excellence designation for three years, at which point it may apply for continued designation. “Work is already underway for a second designation: Advancing the Science of Nursing Education” according to Dr. Kmetz.

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