2002


Yale University School of Nursing

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Do You See
What I See?

GEPN Student Journal Entries

1999 - 2002
This volume explains why I believe that a liberal arts education should be the basis for entry into advanced practice nursing.

Despite public confusion about who we are and what we do, we insiders know that our work is socially significant. We assume positions of extraordinary privilege in the lives of vulnerable people and their families. The artfully told tales that follow give life to what we know of our work. In sharing these experiences, our students explain the nature of our work to a larger public.

The liberally educated Yale School of Nursing students entering our GEPN program bring a greater appreciation of the relationship of our work to our civilization. They build their understanding of nursing on an existing foundation of knowledge and integrate the two as they take up the work of the profession in their own particular way. The breadth of their education allows them to connect to people in support of life’s inevitable transitions. Our work is about more than caring; it is about managing and supporting others to continue... despite loss of loved ones, loss of limbs, loss of health. Our students see beyond the vulnerability and locate the dignity in each person, in each situation. They find humor and joy. They connect people to one another, to a larger human whole.

Read. Laugh. Cry. Experience the outrage and the terror. Understand contemporary nursing through the eyes of Yale’s GEPN students. And take comfort that they are out there, leading the way.

Catherine Lynch Gilliss, DNSc, RN, FAAN
Dean and Professor Yale School of Nursing
May, 2002
Introduction

Linda Pellico
Medical Surgical Nursing Course Coordinator

In 1974, YSN opened its doors to a unique program, originally called the three-year non-nurse college graduate program. Today it is called the Graduate Entry Prespecialty in Nursing or GEPN. It is one of the most accelerated programs in the nation and is both grueling and exhilarating for the students and faculty. The students will acquire almost 700 hours of clinical and be required to successfully manage 40.9 credit hours in their first 11 months!

It is in this first year that the foundation of nursing art and science is laid, providing the framework for advanced practice nursing. Simply put, during GEPN, the students learn to become a nurse. They will be caring for patients by the end of the second week at YSN because this program models adult learning principles—make it real and they will remember and perform quicker; when taught in the clinical context, it is real. One of their assignments during their first clinical experience is to begin to journal. Many of them are familiar with the process while others are new to the approach. Our hope is that they will continue recording their experiences that will ultimately serve as a record of their journey at Yale School of Nursing. Before the end of their first 15 weeks, we ask that they describe for us a day in the life of a GEPN clinically. We ask them to tell us a story that can involve themes of assessment (looking is not seeing), intimacy, pain, or any significant event.

Through their journal entries that may include writings, drawings or poetry, they can watch their own transformation. Faculty can see their metamorphoses and with the students' permission, anticipatory guidance is provided to future classes. Their impressions are important because they provide us with an opportunity to see how our program, our profession and the institutions in which we work are viewed or perceived. It is a unique opportunity to view our work with "virgin eyes," one that provides us with the impetus for innovation, creativity, and change. At the same time, the fact that these bright, compassionate men and women choose nursing should fill us with much hope and promise for the future. It is our fondest desire that reading this collection will reveal to you that the future of nursing is bright. This small glimpse gives you an opportunity to see how blessed we, the faculty at Yale School of Nursing, are to teach, work with, and learn from these remarkable students.
I could still smell him on my skin. In my hair.
I could taste him in the back of my mouth.
His sweat combined with mine.
His shit.
His sheets.
His silent stink.
No “Hi hello nice to meet you how are you fine.”
Because he couldn’t speak (jaw wired shut – cutters by the bed).
There we were. Two sorry souls. Averting our eyes.
My hands fumbling and tumbling over his body.
Feeling.
Pressing.
He probably preferred the competent hands of his mother.
But he had mine.
Me.
A student.
Not a nurse.
A girl.
A kid to him.
Noisy and slow.
Humming. Counting.
Folding. Fussing. Rustling.
Chatting.
Tiresome chatter and jokes. Terrible jokes.
Filling his silence with noise and laughter.
Loud and nervous laughter.
A Letter to a Resident
Dana Quealy
Class of 2002

I know you don’t remember me.
How could you possibly...you’re so busy and all.
You probably don’t remember Mr. Connor either.
That’s all right. I’ll refresh our memory.
53 year-old white male.
Admit dx: Intestinal Obstruction.
Principal dx: Sigmoid Colostomy with Hartmann's pouch.
Hypertension and allergy to penicillin.
Two daughters in their twenties and a wife who taught high school French.
Both Mr. and Ms. Connor wore glasses.
Familiar at all? Vaguely?
He had end stage MS.
Diagnosed at age 23.
He was deteriorating and depressed.
His disease seemed to start out at his feet and slowly progressed upwards.
First a gait, then a cane, then a walker, then a wheelchair, then a quadriplegic.
When we both met him, he was losing his ability to speak.
A sort of garbled sound. Tangled and overlapping words.
His disease was sitting there, in his voice box, biding time.
Waiting to keep moving on up...up...up...
He could laugh though. I made him laugh on occasion.
Once he laughed so hard, he lost his breath somewhere between a
mangled noise and a crooked smile.
Wanting to laugh again and again.
Drown in laughter.
Die laughing.

He finally found his breath.
I think for those few seconds he missed it.
He missed his breath like he misses
the feeling of sheets moving against his skin.
Like he misses wiping tears from his eyes.
Cleaning snot from his nose.
Scratching his head in thought
Wrapping his arms around his wife.
Straightening his arms to the sky, twisting his back,
stretching his belly, and deeply sighing Ahhh.
He could talk, but you really had to listen.
It required some time and patience.
You didn’t seem to have that.
Do you remember when you came into Mr. Connor’s room?
You came with your students.
I was there with another nursing student doing range-of-motion exercises with Mr. Connor.
Softening the joints. Relieving stiffness.
Massaging his feet. Flexing his angle. Straightening.
Flexing again until I could feel it give and loosen.
Do you remember what you said?
“Oh Mr. Connor, aren’t you lucky to have these two pretty girls giving you a foot massage!”
Did you really think lucky was the right word to use.
He has lived with MS for thirty years.
He had a colostomy.
He was a quadriplegic.
He was losing his ability to communicate completely.
Did you think he was lucky?

We stopped the exercises.
You pulled back the sheets.
Students gathered closer to get a good view of the stoma.
“Looks good!”
And then Mr. Connor said something.
You cooed, “Un huh” and nodded your head.
He said it again.
Were you thinking of other things?
Your new pumps? Your gaggle of students? Late period?
Were you distracted? Bored? In a hurry?
Because you didn’t respond.
And then you looked at me across the bed, remember.
I would have told you what he said, but you didn’t ask.
He said it for the third time.
I reached across the bed and pulled up the sheet under Mr. Connor’s sagging neck.
He turned his head to the TV.
Mr. Connor and I watched the Yankees while you and your students quietly left the room.
The Yankees won.
You don’t remember Mr. Connor, do you?
I’m sorry for that.
Because I knew him, briefly. But in that time I learned patience.
I learned patience and compassion from him.
You might have learned this too. Maybe you still will.
But you will have to listen.
You have to first learn how to listen.
For the Woman Who Sang Me "Danny Boy",
but could not tell me she was from Ireland!

Francine Garrett Buckner
Class of 2002

I spent two sweet sad days with a woman whose thoughts flee. She'd had a stroke and could barely speak. It's not that she couldn't physically form words, it's more that the elements that made words, sentences, ideas, were scattered. She had a look, a presence about her of having recently lost something precious to her, and not only has that object been misplaced but she cannot seem to remember exactly what that object is, but she knows it's precious, she knows it's lost. When I'd ask her a question, even one that might be simple to you and me like, "where were you born?"—she would try and answer and her expression would go through a gamut of changes. I pictured her standing in a pond, trying to catch little shiny fish with her hands. Through the gloom, she'd see a flash and grab through the dark water and the slick little fish would slip quick through her fingers. She could see it retreating in a quick glint, then she'd see another flash and it would begin again, until with great sadness and confusion she would meet my eyes and say, in one way or another, with hands and face, "I can no longer catch the fish."
Pain's raw and inseparable juxtaposition of emotion and feeling penetrates every aspect of your being. To ask Grace to rate her pain is an exercise in absurdity. She is unable to discern where physical sensations begin and where emotional feelings cease. This melding overwhelms and exhausts her, depositing her in a state that morphine can never reach.

How do you ask someone to rate her pain when she is alone? When she is scared, and dying and proud, and lost and grieving? What is pain when cancer has consumed your ribs and overwhelmed your lung, your muscles, your fascia to the point that they are no longer discernible? What is pain when the entire right side of your body is not identifiable, on CT scan, as human?

Yesterday Grace did not know that she had cancer. She ached and she hurt, she was even beginning to be aware of pain. It would have been a pain she understood, a pain she recognized, a pain she could medicate. What Grace did not know yesterday was that a pain far more insidious had been foraging into her mind as her physical body was being consumed. The pain of loss and grief, of familial duty and a desire to please. The pain that prevented her conscious self from being aware of the cancer destroying her body. The pain that her mind was vigorously fending off, the pain of emotional awareness. The pain that blessed her with the sweet oblivion of denial.

Yesterday Grace awoke unable to move, and she did not know why. Grace explains that her body was suddenly no longer hers. It didn’t get up to make coffee and fry eggs, it refused to retrieve the paper and turn on the morning news, it was too stubborn even to pull the covers around itself to fend off the early morning chill. It was not until many minutes later that Grace realized that her body’s betrayal was a manifestation of excruciating physical pain. Her body had won the war with her mind, and her fear of emotional pain was no longer enough to obliterate her physical awareness.

I met Grace this morning a few minutes before her doctor entered her room. She was frightened, lonely, and hungry for human contact. I was stroking her hand when her doctor came in. He was babbling on about more tests and procedures, asking her if her pain was being controlled by the morphine she was receiving. Fairly well controlled, she claimed. Somehow into those queries and comments he mentioned that she had cancer. That it had proliferated throughout her entire body. That they would be doing chemo and radiation. That they would be serving pancakes for breakfast and Have a Nice Day. He was gone before Grace could speak. She asked for some more morphine. Her pain was suddenly much worse she said, worse than it had been, the worst pain she had ever felt. We gave her some more morphine.
When I came back into the room with the medication, Grace grabbed my hand. Clinging to it, she began to talk. She does not want chemo, could her doctor actually make her take it? I explained to her that it was her body and her choice. She asked about morphine addiction, she said she didn't want to die an addict. I assured her that she wouldn't. She asked me to stay and hold her hand.

Grace began to cry. And talk. She spoke about her childhood and all of the places she had visited over the course of her life. She described all of her children, her grandchildren, and her great grandchildren. She told me about the beautiful house on the lake that she and her husband had built by hand and the wonderful walks they would take around it. About her son's house in Maine, the town she grew up in, and her ninety-seven year-old mother who is still alive. Grace recounted a lifetime of joys and sorrows and hopes. She spoke of her fears of leaving her loved ones, and the sadness of no longer being able to experience the seasons. She discussed her refusal to burden her husband and children with these fears and thoughts, of how isolated she suddenly felt, and alone. She loves life, she said, too much to lose it. "Please don't leave me alone," she pleaded, "there is too much pain when I am alone." So I let myself cry with her, right there in front of her, and she looked at me and smiled. "I'm not alone," she said, "I see that you understand me, and I'm not alone."

Grace talked and reminisced, hoped and feared, felt and cried for most of the six hours that I was with her in her room. But the more she shared and grieved, the more she smiled too. "You understand me, I'm not alone, you understand," she kept repeating, "you understand." I promised her that others would understand too, that her family would understand too, that they would find it a blessing and an honor to share her life, every aspect of it, with her (I hope they do). I think she understood, I really think she understood.

At post-conference I talked about how I felt that I had helped a patient far more today than in all of my other days as a student nurse combined. I feel like I have finally experienced the reason I chose to become a nurse in the first place. Nursing to me is an opportunity to take care of the whole person, not just their aching, sore, infected, cancerous parts. I felt like a "real" nurse for the first time. Ironically, I'm afraid that "real" nurses don't have the time to do "real" nursing.

I went back into Grace's room to say good-bye to her after post-conference. She asked me for some more morphine. "The pain got much worse when you left," she said.

Don't ask Grace to rate her pain unless you have time to stroke her head. Don't ask Grace to rate her pain unless you can sit and talk to her. Don't ask Grace to rate her pain unless you can listen to her and share her memories with her. Don't ask Grace to rate her pain unless you can grieve with her, mourn with her, feel with her. Don't ask Grace to rate her pain, hold her hand instead.
Me, The Nurse
Anna Maria Speciale
Class of 2003

My mom was a nurse, as the child of a single parent, the nurse station (the station itself) was sometimes my baby-sitter. I knew what nursing meant, it was old people, bad smells, vomit, exhaustion. Nursing meant long hours, being tired when you got home, getting home at midnight, never being able to take your turn on the parent carpool. It meant subordination and powerlessness. This isn’t what my mom said, it’s what my eyes saw from over the top of the nursing station counter.

So me a nurse, no way. I’m all business, math, real science, foreign language. I’m powerful, take charge and competitive. I hate the white skirt that always shows your underpants, the pants that always made my mom feel fat, the shoes she re-dyed with the wedgy heel. Not enough money to buy new ones; careful not to cover over the blue heart on the sole. I hate that heart. I’ll never wear that brand.

On good days nursing meant stethoscopes, pressure cuffs, instruments, engineering, mechanics, knowing why my friends feel sick, or what med was for what. But these moments when nursing meant strength were fleeting.

So what the hell am I doing here? Divine intervention and that’s it. Did I ever think I’d be here, no. No to Yale, no to nursing. I never expected to go to college – not at first. I just wanted to have babies (like my 15-16 year-old friends were doing), then okay, maybe I’ll go to college – be a Spanish teacher, if I can get in. Then I got into private school, what business did I have there? I was out of place. Then economics, international affairs, competition, power. Then medical translation, being around doctors and obstetrics. And finally a doc who thought I was smart enough to be a doc. Didn’t he know who I was? Didn’t he realize that I was one fight with my mother away from being a pregnant teen mother, future manager of Walmart, couldn’t he see? He couldn’t, and I became interested – honestly not in nursing, in medicine. But with an unrelated degree, no money for a post-bach, I never got on that path. And three years later and many details not mentioned, I’m in my blue scrubs as a nurse. And it’s for me to define. Am I sorry that I’m not a doc? Nope, nurses are bad-ass, we get the stuff done, I need the patient contact – it’s why I’m here. Am I sorry that I don’t get the same treatment as a doc, that to some people nursing will always mean subordination and powerlessness? Yes, it infuriates me, and as a student nurse, I am the bottom of the food chain.

So enough preamble, what has clinical taught me about me, the nurse? I can look at my journal and read about exhaustion, about tough preceptors, about the residents, and sadly about Mrs. Palmer. But what have I learned and what does it all say about me?
It's about dignity. That one word carries so much. Am I dignified and self-respecting when I talk to docs, nurses, techs, CNAs and the purple team (the people who I feel get one-third of the respect they deserve)? Am I dignified when I present myself to patients? Do I present myself honestly, with confidence and self-respect?

And most importantly, most important of all, do I, have I given my patients access to the dignity they possess. Don’t judge why Joey’s on the trauma floor or why Ronnie didn’t wear the helmet. Don’t make Lucy feel bad or ashamed as I wash her obese body. As I have to lift flaps of weight to reach her belly button. And Lorraine, wash her body gently like a fragile wonderful vessel – even if it will be wrapped in a harsh plastic bag.

From behind that nurses’ station, I swore I’d never be one of those women, smelling like the sputum they just suctioned. But I guess I am. And I guess it’s been a long road to realize what nursing means. It’s not about vomit, and stool and running, exhausted. It’s technical knowledge, intelligence, and integrity.
As first-year nursing students, we are focused on learning and perfecting clinical tasks in order to meet the physiological needs of the patients for whom we are responsible. We are evaluated on our competency in these skills. This is often frightening and exhilarating at the same time. However, some days as students, we lose sight of the reason we decided to become nurses. We have to step out of our task-oriented minds and remember that every patient is a person with emotional and psychological needs.

It was my second day on the Neurology unit and my patient was doing great! Her laminectomy had been a success and she was ambulating without any assistance from me. The patient on the other side of the curtain was not doing as well. Her name was Rachel and I will never forget her!

I peered around the curtain that divided the upbeat, lively patient I was “nursing” to see Rachel. She was an eighty year-old stroke victim. Rachel was lying in the fetal position, staring out the window. As I made my way over to her bedside, her nurse walked in with her medications. The nurse explained to me that Rachel had been here for three weeks and was from Russia. Her family had flown her to the United States to find better health care and for her to be close to them because of her grave illness. She did not speak any English and when her family came to visit, she would only say a few words to them.

My heart went out to this woman who was unable to communicate with anyone on the healthcare team. I just imagined how frightened and alone she must have felt. Her home and friends were thousands of miles away. The fact that strangers were always poking and prodding her and did not speak her language must have been terrifying.

I went around to the side of the bed to become part of her focal view. Her eyes were crystal blue and the history behind them, I am sure was fascinating. I wondered what her life was like in Russia? What kind of things did she do before her stroke? Did she garden, play tennis, enjoy cooking, or dancing? I had all these questions but there was no way to communicate with Rachel and find out the answers about the life she had led. I could only smile at her in effort to show kindness and support in uncertain surroundings.

A nurse and CNA made their way into the room with a Hoyer lift. They were going to raise Rachel up into the contraption and place her in a chair by her bed. I helped them position Rachel into the lift and supported her head as they swung her into the area of the chair. The nurse lowered the Hoyer lift and placed Rachel gently down. The chair engulfed her frail body as she slumped over motionless.
Moving around her room trying to find pillows to support her arms, I noticed that Rachel's piercing blue eyes were following me. Everywhere I moved, her glassy-eyed gaze watched my steps. Something had come over Rachel, there seemed to be life back in her face. I gave Rachel a big smile. I told her I wished I knew how to speak Russian. She just gleamed at me with a half smile.

I went over and turned on the radio located on her nightstand. The Big Band sound of Swing music filled the room. Rachel's face lit up! So, I did a little two-step in front of her chair. Rachel laughed and it wasn't just a chuckle. This laugh was a big, old belly laugh. I was astounded and started laughing as well.

Dancing around her chair and then the entire room, I made my way back over to Rachel. All of a sudden, I realized that someone could walk in at any time. What would my preceptor or any of the staff think if they saw a crazy nursing student doing Swing dance in a patient's room?

There was no one around, so I turned the music up even louder, grabbed Rachel's hand and danced with her sitting in the chair. She laughed! I laughed! Rachel has been the best dance partner I have had yet!

I will never forget the lesson that Rachel taught me! No matter how involved we become in performing clinical tasks, we must always remember that we are dealing with people. These people have hopes and dreams. Patients have families that love and care about them. They are individuals who may love to garden, play tennis, cook, or even dance! This is the reason why I decided to become a nurse.
I spoke with him

Or was it at him?

"Just in case." I told myself.

Just in case he was afraid.

Just in case he was confused.

Just in case he needed to hear his name.

Just in case the cough when we suctioned him was more than reflex.

Just in case he knew how fucked up he was.

Just in case there was someone behind the Duratear glazed eyes who was

Hovering

In my nightmare, unable to scream,

Claw,

Kick,

Cry,

Or reason his way out of it.

Just in case my voice or words could comfort him.
The nurse warned me that LB liked to chat. She had a sigmoidectomy and remained on the peripheral vascular floor to heal. She was bored out of her mind and wanted to talk about everything. We exhausted topics of the quality of hospital food, the sociology behind the popularity of Jerry Springer, the rate of rent in New Haven, and then, with slight provocation, she started to tell me about her life. She talked for hours about her two sons. Neither of them were in New Haven and one didn’t even know she was in the hospital. She talked about her drunk mother and watching two guys drag her up the front steps drunk and beaten. She told me about her drunk ex-husband who doesn’t recognize his sons when he passes them in CVS. She told me about working the night shift in the diner with junkies and pimps in the 60’s and 70’s. She talked about what dainty feet she had as a young woman and the podiatrist that always told her that as she grew old, she would pay the price for such beautiful, feminine feet. She talked about going dancing all night and being the tallest and blondest woman at the disco. She told me about all of the bad choices she’s made throughout her life – Jimmy the Irish truck driver who wanted to marry her and the slick, alcoholic diner owner that she chose instead; the chauffeur job she was offered in Maine and her fear of trying something new; dropping out of Fordham nursing school to get married to get even with her mother. Then she told me about her present – living in the projects of New Haven; watching a prostitute give a blow job in her hallway; finding a bowel movement in the drawer of the community watch desk in the lobby of her building; the guy in her building with AIDS who looks as though he’s going to fall dead any moment; the chronic coughing in her building contaminated with TB and dreading the day that she begins to cough. She told me she was looking forward to the young Irish woman she met the last time she was in the convalescent home. The young woman had been in a coma for years and the staff neglected her. LB went into her room everyday and talked to her and made the staff put her in a chair and face the window. LB believed that the young girl recognized her voice.

And I listened.
My patient was bathed, weighed, and medicated. I was freed up to assist my classmate. My classmate was overwhelmed by her patient. A central line, ileostomy, G-tube, ascites, renal failure, etc... A very challenging patient due to the procedures she demanded, compounded by the fact that she was completely unresponsive and obese. She stared up at us, with large, brown dilated eyes with no recognition. She rarely even blinked. She occasionally grasped onto things, her oxygen mask, G-tube, gown, with an iron grip. Other than that, she never moved.

We began to work on her. Attempting to engage her, we explained each procedure and asked for her cooperation. We changed her bed and washed her, rolling her side to side with no assistance from her. The only reminder to me that she was alive was the quick inhale and exhale exaggerated by the oxygen mask. She closed her eyes and began to breathe faster. We asked her to wake up and acknowledge us. We yelled at her. She didn’t wake up. When she was ready she woke. She was not with us. When we changed the dressing on her stage four sacral ulcer, she didn’t flinch. She didn’t feel pain. She became more and more distant to me. My classmate and I began to perform procedures without fully explaining them to this patient lying on the bed. Soon we were talking about her in the third person. “Does she have any family?” “How old is she?” “How did someone so young end up so sick?” “I hope I never end up like this.”

We ceased to communicate with the patient because the patient could not communicate with us. We didn’t know that she couldn’t hear and understand us. No, she’s not conscious of us, but her subconscious remains beneath the brain damage. Her spirit was not killed by a hypoxic incident. To see this behavior in myself scared me. It was so upsetting for me to see a life that had deteriorated into this state, that it was easier to treat it as if it were not a life at all. As if we were practicing on Harry in the assessment lab at YSN.
Feces Flicker

Dawn Greving
Class of 2004

All I could think of today as I walked into the hospital of St. Raphael was, “New hospital, new rotation, a couple of months under my belt... I know I can do this, come on Dawn.” I knew that I was getting a tough assignment for the first day, my preceptor Kim had told me, but I also knew that I could handle it and that if I needed anything, Kim would be there.

So with my care plan done and a few deep breaths I was ready for the day. I stepped in the room and introduced myself to my patient, June. Through my chart review and chatting with Kim, I was aware that June had been in and out of the hospital many times with a history of COPD and now she was totally dependent on the ventilator—her life was probably becoming frustrating. June had a trachea put in about a year ago and her feeding tube was also something that was there to stay. Even with not being able to talk, eat, or breathe on her own though, June was a good looking 74-year-old woman that just wanted control of something in her life.

I entered the room and took vitals. Everything came out fine and as Kim explained, some of the ventilator mechanics, June must have waved us over. I did not see this signal for attention that Kim told me about later, but did say goodbye to June and that I would be back shortly with her medications. Everything seemed to be going okay, I remembered all 12 drugs that June was on and what they were for, so life seemed okay. Then it all started.

As I walked in, something smelled just a little funny and June was just looking at me, in the eyes—that meant trouble. I looked at the arm rails of the bed and followed the smell to my feet. There it was a ball of feces nicely rounded by June’s own hands that had missed its target of my head and landed on the floor in front of me. When I looked at June, all I could say was, “Looks like we had an accident here.” With her head still staring at me, she nodded yes, but as I looked at her, all of her, the evidence was mounting against her. This was not an accident June, you meant to ball your crap and throw it at me.

I set the meds down and scratched tracheal care, for I knew shots and tubes down her throat would be a dangerous thing in the state I was in. I started to wash her up, under the fingernails and I removed the waste from June’s body and I was starting to cool off and relax as I turned her over to change the linens, but the fire returned. There it lay, yet another cannon all ready for ignition. Sure, I asked her about it. “June, were you going to throw this one too?” She used her wonderful selective hearing to tune me out.

Later, shots were given and meds crushed and put into her tube and the day progressed. June was presented with big questions that day about the advance-
ment of her treatment and what her plans for life were. June could not look at the doctor in the eye when asked if she wanted off the vent, but just looked over at me with that, “you tell him what I want” face. June trusted the nurses and did not want a thing to do with the doctor. When the doctor left and she had chosen to stay on the ventilator and to increase her anti-anxiety drugs, June just circled her finger in the air giving the doctor the koo-koo sign and a small chuckle before taking a nap.

June proceeded to wet the bed two more times that day along with sticking her tongue out at me and taking her stockings off, only to use them to scratch her private areas. She was feisty and inappropriate at times, but you know what, she also had a killer smile and a youthfulness that gleamed even in her darkest moments. June does not have one bit of control over her life these days, something I am quite sure she had complete authority over in the past, so I have chosen to take that ball of poop that flew at me as the opening pitch to a whole new game of life that June is about to play. I am just thankful I am only up for bat two days a week!
I don’t know what I was thinking when I entered that room. Another patient, another procedure. A catheterization. It was Salma’s patient, but I thought I had better watch. Linda was making me do the next one before we left today.

A huddle of white lab coats. (With these on, only our confused, erratic faces distinguish us from some of the medical residents on the floor). That’s what it was – a huddle of my peers. Somehow, I squeezed in and found myself standing at the head of the bed. Salma’s patient was such a tiny thing, all skin and bones. Contorted and constricted. Confined and conflicted. An acute exacerbation of multiple sclerosis. Her muscles were so stiff and non-compliant.

We had to reposition her and Salma had to slide her catheter in from behind. We couldn’t ever forcibly spread her legs. We all stood around and busied ourselves comforting her. Maybe all seven of us were in there at that point. I don’t really know. All I remember is bending down and talking to her through the rails on the side of her bed. I felt like those bars on that rail must have symbolized her entrapment in a body that didn’t work, or wouldn’t function, or couldn’t move. I was astonished to hear that this tiny pixie fairy was older than I was and had two babies of her own. Then I realized and remembered that she has MS, not a mental incapacity. Her slow, garbled muttered mumbles were so difficult to understand. I reminded myself that her speech was slow, but her mind was not. Only a few weeks ago she articulated her own thoughts, and one day, she would do that again soon.

I looked at her and we looked at each other for a long time. (It probably seemed even longer to Salma who was trying to wiggle and snake the catheter between her legs!) I thought about the fact that this beautiful woman had all these strangers touching her where many women are afraid to touch themselves. I thought about her having to depend on her mother to toilet her; her own mother administers enemas and took care of her children. I thought of the humility and humanity exchanged everyday of this incredible relationship.

Finally, Salma was done. I will never forget that look in her patient’s eye. She wiped away a tear. Suddenly, I realized she was not the weak one. I was. She had empowered me. For so many weeks I have been waiting for that epiphany. Linda had promised it to each of us that first day of school. She had spoken of that incredible privilege of intimacy that this person had granted us. We stroked her hair, rubbed her back, and Salma had even touched her vagina. Yet, her touch was more therapeutic. She had touched my soul.
As I nervously headed towards Chris’ private room at the end of the hall, I collected my thoughts, worried about taking a blood pressure, and could not help but recall the GEPN catch phrase, “See the tree, not just the forest.” I tried to ease my fears by reminding myself that I was more than adequately prepared for this patient. After all, I had spent hours the night before poring over Chris’ chart, trying to decipher incomprehensible handwriting and attempting to decode the medical abbreviations that filled the pages. Upon questioning, I felt confident that I could easily rattle off his history, his medications, and his current orders without skipping a beat. I knew that Chris would present a challenge to me as my first patient, for he was in a semi-comatose state after a late-night Moped accident that had occurred two months prior. However, my naïveté and inexperience bestowed upon me a false sense of security and confidence.

The instant I walked through the doorway of room 6420, the forest overwhelmed me. It was not the tubes that emanated from Chris’s body or the tracheostomy that pierced his throat and robbed him of his voice that affected me. I had been prepared for these things. I had learned what they looked like and how to work them, and I understood why they were in place. Instead, the numerous photographs that covered the bulletin board, the “I Miss You Daddy” card that had been painstakingly crafted by a young child, and the plastic cassette tapes labeled “Erin’s message to Daddy” caught me off-guard and nearly knocked me off my feet. As I started my physical assessment, I could not help but glance at the photographs and notice that Erin’s bright blue eyes and chubby cheeks were exact replicas of her father’s. I could not help but smile over the lone picture of the shiny, green John Deere tractor, for it reminded me of my father and his odd love for farm equipment that only a man could explain. And I could not help but wonder whether Chris would ever be a “normal” thirty-four year-old man again.

Two hours later, as I still struggled with my assessment, Chris’ parents arrived. They lived in South Carolina and had not seen their son in several weeks. After a pleasant introduction and a brief exchange of words with me, Chris’ mother walked over to her son’s bedside and stroked his dirty-blond hair. Leaning over, she whispered simply, “Hi Chris, it’s Mom.” Suddenly, life sprung into the body that had seemed so lifeless just seconds before. No matter what the charts or coma scales recorded to the contrary, Chris responded to his mother’s voice; it was as though a jolt of energy passed through his body. Even more amazingly, several tears rolled from the corner of his eye. Although
initially caught up in the moment, I suddenly felt like an intruder on this in-
credibly intimate moment between mother and son. An awkwardness and em-
barrassment overcame me. Just as I was about to slip out of the room unnoticed,
it dawned on me that I was not a stranger or an intruder. I was a nurse now, and
as a member of this group, I will forever be privy to people's most intimate and
personal moments, a privilege that few professions afford.

Throughout the first weeks of school, many people told me that I would
never forget my first patient. How right they were.
My First Week at YSN

Carrie Szejk
Class of 2003

Once begun is half way done, they say. And having not even completed one full week in my GEPN year, I have to keep reminding myself of this. Like many things in my life, I have commenced this project already pressing to be finished with it.

I just painted my bedroom and the half-ass job I did is representative of most of the projects I have taken on in my lifetime. I got paint on the floor, I dripped on the spaces that were supposed to remain blank; the cheap paint-brush I bought left a few bristles, probably from some innocent horse, stuck like a fly to fly paper in the paint, which by the way is Kermit the Frog green, a color I will likely get sick of in a day or two. The paint job is a metaphor for how I tend to proceed with things, with fervor and ambition in the beginning, later, as I tire, hurriedly and lackadaisically too. I pick these wild ideas or colors that end up being not long for this world. Is Yale School of Nursing and midwifery one of these ambitions of mine that won’t last?

I keep thinking of things I would rather be doing than studying or reading about cardiology. I would rather play the banjo, if I knew how to play; I would rather be planting tulip and hyacinth bulbs for the Spring; I’d rather be lying on Jimmy’s lap looking at his jaw line, playing with his hair, and then looking away quickly when he catches me staring. I like that game, “look-away.” He has no idea.

The thing is, I am really doing exactly what I want to be doing. I said it in my interview, partly because I was told that it is what they wanted to hear, but mostly because it is true; midwifery is a passion for me. I want to live it. I thrive on the reaction of people that hear me respond to their small talk impetus with, “I’m going to be a midwife.” True, I feel a little funny about calling myself a nurse. It might be a shame, but I hope not – my mom was a nurse, my aunts too. But I accept that dare from Judith Krauss to stand up and simply say, “I’m a nurse.” Not, “I’m in midwifery school,” not, “I’m getting my masters at Yale,” not anything besides my decision to take this route, to be a nurse instead of a doctor, to help people heal themselves instead of to heal people. I am a nurse. Well, not yet. I still haven’t even started clinical rotations. I don’t even know how to change a bedpan for Christ’s sake. In fact, I don’t even know what time my classes start tomorrow. I haven’t bought all of my books. Shit, I’ve only bought one of my books. I don’t even know which books to buy. I don’t have internet access, or my immunizations...
Eavesdropping

Carrie Szejk

Class of 2003

I saw a blind man at the art museum. He and his seeing-eye dog were walking parallel along the art-decorated walls. The two would stop occasionally, face the wall, sometimes standing in front of a piece of work, sometimes missing the piece entirely, instead staring at a blank spot on the wall. I couldn’t help but watch those two, a blind man and his color-blind dog. Once I saw his blurry-eyed reflection in the glass of a framed portrait, itself looking like art. He was looking right through and behind the picture. Then I realized that he wasn’t looking, he wasn’t seeing at all. He was listening. He heard others around him describe colors, comparing them to geodes, corals, earth. He listened as a nearby couple described depth using words like cave, hungry, hollow. He heard about likes and dislikes; he heard about the feeling of movement in one painting, about how it flowed like a stick floating downstream. The others in the museum were artists that day, painting with words for the blind man to see behind his broken eyes. Maybe one day he could see, and now he just sees differently.

I thought about journalism school. Our professor gave us an assignment to write a story based entirely on an eavesdropping conversation. I listened to three college girls, puff on cigarettes as they talked about the bad habits of three other college girls. Eavesdropping works in nursing too. My first semester at Yale, we learned that looking is not just seeing; it’s listening too.

At clinical today I stood outside my patient’s door and spied on him. I listened to Eddie’s obedient “yes sirs” as the doctor told him that he wouldn’t be going home for Thanksgiving. That morning I had heard Eddie crying alone in his room. He told me that his dying wish was one more Thanksgiving meal with his family. Why wasn’t he telling this to his doctor? Where was his assertiveness?

I listened as another patient let her phone ring and ring without ever answering it all day. It must have rang ten times an hour, but instead of placing it off the hook, she liked making the caller suffer. Who was she so angry at? Who was she punishing with this hospital visit?

Next door, the phone never rang at all. There were no balloons or flowers, no fancy slippers, no bathrobe brought from some well-wisher at home. I listened to the silence in this room. A silence drowned by the television, turned up loud. Diagnosis: Lonely Lady, hard of hearing, with no family other than those on her daily soap operas.

In medicine, listening is used in diagnosis all the time, but usually with the aid of some instrument, a Doppler, a stethoscope, the loud alarm on an empty morphine drip. In high tech medicine, it’s easy to forget to use our ears and eyes to listen to our patients. This is what nurses are good for.

The lesson I learned from that quiet blind man at the art museum in San Jose: listen.
Death is a natural part of life, and there is a beauty in death that parallels that of birth. As a future midwife, I can't help but make the connection. I believe that mothers and families have the right to a normal, nurturing, intervention-free birth at a place where they feel comfortable and are surrounded by people who love and care for them. Why should death, for a person who has lived a long life and has decided that they do not want to bear the suffering they are enduring, be any different?

When I walked into his room at the end of the hall, I could feel the suffering and pain in this man as if it were an actual substance—little droplets in the air. He is starving himself, and he has pulled out his tracheostomy tube on multiple occasions. He wants to die. He is finished with this, he wants to move on. Yet he cannot talk. He cannot communicate this to his family and his doctors in a rational or clear way. So he is trying the best he can to tell everyone his wish. But instead of listening, they tie his arms down to his bed. He is agitated, in pain at all times. He has a pleural effusion, pulmonary embolism, and countless other problems.

We give him a bath, we comb his hair, change his dressings, try to make him comfortable. We take off his restraints as long as we're in the room. I spend a lot of time just holding onto his hand, and looking at his eyes. I know I am not imagining it. He is pleading with me. He locks onto my eyes and I get uncomfortable, look away. I still can't grasp it, really. This isn't the way it should be. It makes me so angry, so filled with pain and confusion. WHY? I want to scream, cry, let it out. I want to find Dr. Death so, finally, he can help this man let go.
New Beginnings

Kira Showalter
Class of 2003

Today was one of those days where all the little things that can go wrong do go wrong, but nothing big enough that you can justify calling it a bad day… which makes it even more frustrating than if something really bad had gone wrong. So there I was, battling with the technology that is supposed to make things easier, and my computer had just done something that made the last hour and a half of my work completely worthless when I just couldn’t keep it in any longer. I called my parents to just vent about it all, and I just broke down crying. I don’t know what it was that was so wrong, except that everything is so weird and different, and even when I love it to death it is still stressful.

New beginnings and times of transformation are always a little scary and a little painful. When my parents dropped me off as an 18 year-old kid at college, they gave me a gift – an acorn. They told me that I was like the acorn that is just a little nut with all the incredible potential of an oak tree just waiting to be realized. It was a very powerful symbol, that acorn. And two weeks ago, I was walking under an oak tree and found another acorn. It seemed like a good reminder for me during this time of transformation and change – I picked it up and brought it home. I keep those acorns in a place where I will see them every day.

Talking to my parents about my day made all the difference in the world. My mom told me to just make myself some chamomile tea, study something that wasn’t going to be a challenge, and get a good night’s sleep. So when we got off the phone, I made myself some tea and started reading about dosage calculations. When my tea was done brewing and I got up to take the tea bag out of the water, I read the little quote that was on the tag and this is what it said:

“The mighty oak was once a little nut that stood its ground.”
Like Alice I am falling
in navy blue scrubs down a hole,
a four hour eternity,
no time long enough
for what I need to know.
I am suddenly struck stupid
blind and dumb,
earless.
My fingers cannot feel
I have forty fingers
I cannot make myself sterile,
Two fingers in one hole
my hand inside your wound
mea culpa! mea culpa!
(warm and dry, cool and clammy)
my hands are inside your wound
my heart is on my sleeve
your heart is beating
S1 S2
lub-dub
I am inspecting the universe of your body
"looking is not seeing"
I am palpating
percussing
the drumming is my own panicked heart
auscultating your breath sounds
your other life's sounds
laughing, screaming with passion
the imploded look of pain
in your eyes
with no gate for sound
the tube like a plastic bone
arching inside your tender neck,
Displacing sound
none comes
there is no sound for this much pain
and suffering
“There can be pain without suffering; suffering without pain.”

I am mixed up
I am mixing solutions
I am mixing metaphors
in this clumsy insane attempt
to play nurse.
Maybe I need a cap
A. White and poised atop my head
B. A thinking cap
C. A dunce cap
D. A cap for these IV ports
open and waiting
for microorganisms
waiting for the expert twist
of the little “blue noogie”
Linda calls them
and warns us to line our pockets with:
alcohol wipes
and 10cc
(see! see!)
flushes (my skin)
“Do you have a needle,
“Do you have a clue,
Do you know what solution will run at what rate at what speed in these
micro macro tubes will it run?”
Run from this place
(What was I thinking?)
...of your face on the pillow
the bubble of chest tubes
maintaining the negative pressure
(Oh God! the pressure!)
gentle bubbling
gentle touch
warm and dry—relax
cool and clammy—be afraid
Get those vital signs
what could be causing it
what is causing it
It causes... fill in the blank
The audacity of touching
reaching to pull down your eyelid
the pink quarter moon of your conjunctiva
squeezing your fingertips
a speeded up sunrise
happening over your nailbed
<3 seconds
Eyes meeting
the privilege of this intimacy
the knowledge of genitals
not your child's; your lover's,
the fragrance released
with the movement of bathing
the angle of limbs
the range of your motion
your limited mobility
your decreased motility
your body's quiet secrets
staining my hands.
The Ballet Instructor

Kristin Meyer
Class of 2003

There she is lying flat on her back
She looks so peaceful, so graceful, even as she lies so still
I wake her, sheepishly almost cowardishly
She is harsh in her response
Practically barks out orders to me, expressing her needs
I feel childish, inadequate
I leave the room bewildered, feeling powerless
She wants to be left alone to sleep
I know I have to try again
It is my job, my responsibility to look, to find, to assess
I must record the numbers, know her status
Her status?
Her status is she is 52 years old
She is a ballet instructor
She looks like she should just get out of bed and take care of herself
But she cannot
She is paralyzed
Without warning, within two hours
Muscle cramps, tingling, weakness, then nothing
Just thought it was from her tough workout the day before
Now she lays motionless from her ribcage down
She is demanding
Cold, strict, perfectionist
I have been warned by the others – “this one is tough”
“She will have you running – set your limits”
And what do you know?
I am running for oatmeal, hot water, lemon slices
It is 10am and I have no vital signs on my chart
I am stressed
I employ the help of my preceptor and nurse
I need the extra confidence and security they provide
The ballet instructor is not thrilled with my status
I am a student nurse
Clearly this does not sit well with her
This only adds to my frustration
But then I get an idea
Maybe I should try a new approach
Maybe I know more than I think I do about how to help this woman
   We are both in a strange environment
      I chose to be here, she did not
   We are both frustrated by our current challenges
      I chose mine, she did not
   We are both performing artists and athletes
      I am standing and able, she is not
   She sighs in disgust as I take her vital signs
She is obviously annoyed but trying to be patient with me in her own way
   I casually mention that I was once a figure skater
      Her face and voice brighten
She responds by sharing that she works for figure skating instructors
   As the world is so small, they are people I know quite well
      In an instant we connect
   I feel as if she senses I may be an ally
      She knows I want to help
   Maybe she realizes I can truly feel her devastation
Suddenly, I can communicate what I need to accomplish
   We start to work as a team
      She knows my expectations
         I know hers
   This feels better
The doctors still have no answer for her
   Her tears swell
      She is panicked and scared
She has dreams that she is dancing
   How painful this must be
She plans for rehab knowing not what outcome to expect
   We wash her hair for her, fix the curtains for her privacy
   Lots of broken things in the hospital
She receives Reiki from the NP who is her psych consult
   She is relaxing
   Then her massage therapist comes
The doctors still have no answers for her
   “A stroke in her spinal artery, they think”
No idea of prognosis, so rare, no literature
   I prepare to leave
      What do I say?
         I give a touch
            Hold a hand
   Wish her well in her recovery
Recovery?
Will she recover?
I part with many hopes for her
And some for myself and for my loved ones
I hope that she will dance again, not just in her dreams
I hope that she will get her life back
I hope that the little reflex in her toes and the sensation between pointy and smooth mean
Something
I hope that I will remember her for the rest of my life
I pray that I will continue, as I have done since the day I parted from her
To think, “what would I do?” “what would my life be like?”
If in an instant...
I couldn’t walk
I couldn’t skate
I couldn’t drive
I couldn’t nurse
I hope I will never have to answer
I hope my loved ones will never have to live this nightmare
I hope I will always be thankful for the simplest blessings in my life
I hope that I will always be thankful I have been given the opportunity to become a nurse
Journal Excerpt
Re Gorham
Class of 2003

And of this 85 year old lady
I would ask:

"Why must you call it rigidity?
Why not call it a taste
for ceremony?"

-Louise Gluck (poet)

Thursday.

This week my patient is an 85-year-old woman with COPD/Chronic Bronchitis. A beautiful woman with white hair tied up in a bun, and with intense eyes I often felt trying to dig deep, to see inside me. When she smiled there was a sweetness and when she was frustrated or irritated an almost frightening glare - the eyes hard, piercing, powerful.

Mrs. P. presented three days ago, in the morning hours, at the emergency room of YNHH. She was short of breath and didn’t want to be alone. Mrs. P. has COPD and bronchitis. Her past medical history includes affective disorder, chronic peripheral edema, depression and anxiety, diverticulitis, rheumatoid arthritis, mitral valve prolapse, non-Q-wave MI back in 1991 and C. Difficile colitis. Her chart reads that she came in poorly groomed, with mucous-crusted eyes, and a bandage covering a lesion on her foot that, when removed, had a foul odor to the exudate. The chart also reads that she had been exhibiting paranoid behavior. Mrs. P. lives alone, with assistance from the VNA. She is widowed, and until her diagnosis of COPD smoked 2 packs of cigarettes a day for 50 years, and had three drinks a day for 55 years. Mrs. P. is “grossly underweight” and malnourished. She has three daughters: one who lives in the northeast, and two who live elsewhere in the country. So there you have the medical information.

On Thursday night I entered her room and she was happy for the attention. She was the choreographer of the dance – telling everyone who came in what to do and how to do it – nobody was to tell HER what to do. She even orchestrated how I tidied up her bedside table... telling me what to put where, what she needed nearby, what position to put her straw in. She was, without question, controlling with obsessive/compulsive behaviors as well. Wouldn’t throw away her tissues. Got upset when I used more than more paper towel to wipe up a spill. Her inhaler was kept in its box by her side, with a blue slip of paper recording the day she began the inhaler so that she could judge when it would run out. She knew how to use the inhaler and when. Knew how long to wait between puffs, and indeed she waited exactly for that amount of time. She tested me at first and she also shared with me pearls of wisdom (“You will get
there IF you don’t hurry.” “I sense you are very creative and I hope you can find the space to create.”) and stories of her children and her life. She was so excited that her daughters from far away were on their way that she insisted on having the telephone kept as close to her side as she kept her inhaler. Mrs. P. had a hard time the night before and her daughters were called to come with the feeling that their mother was soon to die. When I was with Mrs. P. on Thursday, I had a hard time believing this persnickety woman was on her deathbed. Yes she was sick – I have never witnessed someone with so much trouble breathing. But she got up to use the commode, ate her dinner completely. She was very slow eating and preferred to eat on her own, without my company. Agreed to vitals and a physical exam.

I heard the rales in her lungs (a first and exciting moment for a new nurse), but had the hardest time auscultating the heart sounds hidden within her barrel chest. She was like a delicate, bony bird.

She was made anxious by the presence of other nurses in her room – she wanted them out and announced to them that I would take care of her just fine and to “GET OUT!” They made her feel rushed. She wanted them to ask her for permission to touch her... tell her every detail of what they were there for. And where was her heart medicine? Mrs. P. required a patience - she was slow moving and slow talking. She would occasionally forget what she was saying in the middle of a sentence – and would motion for you to stop if you began to talk in the silence where she was thinking of what she wanted to say.

She told me she used to looooooove to dance and how her granddaughter will be in an upcoming recital that I must go see. Mrs. P. explained that she loved the ballet. I looked at her and told her she was in luck as she was in the presence of a former dancer. She smiled and I demonstrated the five ballet positions, gracefully moved my arms about in a ballerina-like fashion and did a few pas-de-beurres. The exhaustion she had been complaining of vanished and she clapped her hands and laughed and Ooooh’d with glee. Inspired by her pick up in energy, I engaged her in a game or two of tic-tac-toe on the write on/wipe off board hanging from the walls of hospital rooms – its intended purpose to remind patients of the day of the week and name of their nurse. I drew her flowers. She allowed me to erase only the tic-tac-toe game – NOT the flowers.

I helped her get ready for bed, and when I attempted to reposition her phone, or get her to move over so it would fit better between her body and the bed rails, she insisted she had it in the perfect position. I said, “I am afraid it is so squished, that the phone will be off the hook when your daughters call.” She stared at me and beaded up her eyes. “You are afraid of too much. And that fear is holding you back from truly expressing yourself.” I smiled, and said good night. The sweet smile spread across her face. She instructed me to have sweet dreams, and I did. It was the best sleep I’ve had in weeks.

Friday.

I arrived on the unit this evening - no vitals reported all day on Mrs. P.
Her daughters had all arrived and were sitting quietly at their mother's bedside. I poked my head in and introduced myself to the daughters, one of whom smiled and said, "so here is the woman my mother has been telling us of!" I was surprised. I had spent a lot of time with Mrs. P. last night – she liked the attention. But mention me, a bumbling novice nursing student, to her daughters? The daughters left the room so I could make an attempt at collecting vitals. Mrs. P.'s eyes were closed and she was so very still. I bent over her, touched her shoulder and said hello. She opened her eyes and looked so scared. She smiled at me. I said I noticed nobody had done vitals on her all day. Then she closed her eyes and started talking about gullets of blood and dark chambers. She said that taking her blood pressure would be like sending her to those dark chambers. She turned to look at me and looked deep. She was scared.

I brought her daughters back in the room and found her nurse for the day who said the family was wanting only comfort care and not to worry about vital signs. I spoke with my clinical preceptor about the situation, concerned about what to do in light of what was expected of me clinically. She said it would be a wonderful experience for me to be with the family at this time.

I went back to the room and asked the daughters if there was anything I could get for them. They said no, but then one of the daughters came out into the hallway after me. A spiritually enlightened woman, she needed to talk about this experience. She had lost her own young daughter, who would have been about my age, to cancer a few years back. She said to me, "My mother is dying." We talked about death, about the right to comfort care. I supported her view that her mother should receive only comfort care. The family felt it unnecessary and cruel to inflict upon their mother more blood draws, injections, any medications other than those that would provide relief from pain and anxiety. No more Bipap. If her mother didn't want her blood pressure taken, it shouldn't be taken. She said she felt her mother was afraid to die, and though she (the daughter) had ideas about how it should be done, she acknowledged that it was her mother's death. That she owned that. It was one of the longest conversations about death I'd ever had with a complete stranger. The daughter said she was grateful for the opportunity to talk. I asked her if she needed anything before she went back in the room and she replied, "a hug." She cried. It made me think a lot about providing palliative care in a hospital… it's complicated. Medicine wants to cure, to fix things and sometimes loses sight of the long term. This is an acute care floor after all. It was hard for the nurses and doctors, it seems, to understand Mrs. P. They were impatient with her. Frustrated by her. One nurse even told me patients like Mrs. P. bother her because they are so slow and require you to spend so much time with them.

Later, the doctors came in and were, quite frankly, obnoxious. "What do you mean get out? Aren't I taking good care of you Mrs. P……?" I could hardly restrain myself. Why were they talking to her as if she was a child? I noticed one of the daughters seething in the corner. She looked at me and I nodded. She
then asked the doctor if she could speak with him outside the room. The daughters and the doctors went out in the hallway where the daughters stated their wishes. I stayed with Mrs. P. during this time. She reached her hand out to touch my arm and I sat at her bedside. We said nothing. Just sat there in silence. I held her hand and stroked the blanket over her bony legs. For some reason, I started humming. She smiled, her eyes closed. Calm came over her face. I can't explain the moment but to say that it is one I will not forget. It was peaceful, and I sense those few moments will be forever etched in my memory.

At various points during the night I would tell Mrs. P that I was stepping outside the room and would be back later to check in on her. She would open her eyes and ask why I was leaving and where was I going. I explained that her daughters were back (from meetings, eating, a break) and I wanted to give them some time alone together. Mrs. P. would say, “Okay but I want you to stand guard right outside the door.” It seemed an odd request.

It was, as my preceptor said it would be, a privilege to be with Mrs. P. and her family. When I said goodnight to her tonight, I told her that last night was the first night in I can't remember how long that someone had said “sweet dreams” to me, and that it was like a blessing because I slept so well. She gave me a big smile and said, “It touched you, didn’t it?” I thanked her for her stories and her company the past two nights. And then I said goodnight. She squeezed my hand.

Her daughter followed me out and asked for another hug. She looked at me with tears and said, “Thank you for your patience with my mother, for your presence with her. I sensed you really cared, and I am grateful for that.”

I'll not forget these past two nights.

“You will get there - IF you do not hurry,” she said to me. The phrase replays in my mind. She raised her eyebrows while simultaneously squinting her eyes and pointing at me with her curled up, clubbed finger when she said this. She asked me to stand guard outside her door when I wasn't in the room stroking her bony legs as I sat on the end of the bed, or gently pushing the hair out of her face as she ate her pudding so very slowly. Stand guard for what? To be nearby in case she needed something? But isn’t standing guard about keeping someone or something out, or awaiting their arrival? Was I to stand guard warding off what makes you anxious? Keep the doctor out who wanted to put the “awful thing” “the rock” - that BiPap over your lips and nose? Or was I meant to keep Death from it’s slow but very deliberate step step step toward your bedside?

Life is precious. Our experiences as nurses are precious. And death, in all its mystery and inevitability is an opportunity to care, to honor a person and their life. It is a doorway into our own humanity.

Post-script (handwritten): Mrs. P. died the following Monday.
Melamorphosis
Melissa G. Bergfeld
Class of 2004

With good intentions and a nervous mind
Approaching this patient for the first time
Her manner was soft and her eyes were kind
Our exchanges worth well more than a dime

What it was about her I don't know
Perhaps it was her deep inner glow
Her daughter, too had a special way
Somehow she helped my fears allay

Strength and compassion, a will to live
This patient, she has a lot to give
A nurse herself, she used to be
An inspiration, that I could see

Through books and class we learn to treat
Lessons from a patient, you cannot beat
From here, the source of how to care
Gifts from a patient, I am now aware

What once was touch both timid and shy
I could feel it now becoming alive
Seen with open mind and trusting eye
Confident skills just yearning to thrive
My Hands

Shona McNeil
Class of 2004

In college my hands wore rings.
They were silver and I had many.
They matched the one in my nose,
my bellybutton and the many in my ears.

In junior high my hands wore nail polish.
I painted them each night with a new design
They were my art.

In high school I had my first lover
and my hands wore his love.

Now my hands wear gloves.
Purple.
Non-latex.
Powder-free.

They have cleaned vomit and diarrhea.
They have wiped tears.

They have held a frightened mother
and cradled a newborn baby.

They have given injections and inserted tubes.
With my hands I have held the hands of many others.

I am a nurse and my hands now wear gloves.
I Bet She Forgets Me
Stephanie Welsh
Class of 2002

I don't know how I got here. I am not exactly sure where I am but I know it is a hospital. My mom and my girlfriend come every day and they tell me that I was in an accident a month ago. That somebody hit my car. That he came out of nowhere and ran a red light. They say that it wasn't my fault but I can't even remember driving.

Somebody new came in to take care of me today. She walked in and looked at the pictures and cards on my wall and I could see that she was trying not to cry. I think she is my age.

She tells me that she is going to give me a bath. I wait for that look that everyone has when they pull off my covers. I used to weigh 180 pounds, but now I am so thin that anyone can lift me. I am embarrassed to be seen like this.

She is changing the sheets and somebody helps her turn me on my left side. Doesn't she know that I broke this shoulder in the accident? It is excruciatingly painful.

Now she wants to shave my face and she gets someone to help her. She says that she has never done this before and I wonder why I have to be the guinea pig. It hurts a lot and I have shaving cream in my mouth and my nostrils. She is laughing with her friend.

I try to talk, to scream even. Especially when she puts that tube down the hole in my neck and my whole body convulses. I can't get any words out, but I can feel my mouth move sometimes. When that happens, everyone rushes to my bedside. I disappoint them then they all go back to what they were doing.

She is really nice. I think she means well, but she fumbles with everything. She keeps forgetting things and she runs out of the room a lot and comes back with other people that I have not seen before. They talk to me like I am a child. Loudly and slowly.

She notices my tape player. Finally somebody noticed. Sometimes I think I will go crazy just staring out of the window all day. She puts on my favorite Bob Dylan album without asking what I want to hear. When the album is over, she rummages through my tapes for another one. Please, please ask me what I want to listen to. She is reading off the names and when she gets to Bob Dylan, I squeeze her and with all my strength. "Again?" she asks. Yes, yes. I am going to break her hand if I have to squeeze any harder.

She wakes me up later and says that I have to go somewhere for an x-ray. All of a sudden people are lifting me onto another bed and I am being rolled down a hall. I try to keep track of where I am because I have seen these halls before. But we stop in a room that is unfamiliar with other people laying on
beds. She disappears from my view and now I am really confused. I try to talk again but nothing comes out. I raise the only arm that I can move but it is not high enough to get anybody’s attention. I am confused and crying. When she comes back she notices the tears and wipes my face with a tissue. She asks me to squeeze her hand if I am in pain. How do I tell her that I am scared to be left alone?

We go back to my room and she tells me that it is time for her to leave. She says that she won’t see me next week because I am being transferred. She tells me that I am doing great. That she hopes she can see me again. But I can see that she is relieved. I know that it is uncomfortable for people to be around me. I bet she forgets about me as soon as she walks out the door.
Please Don't Call Me Ray
Claire F. Cassidy
Class of 2003

I cannot hear my voice... can you?
Your voice pierces me and my ice blue eyes
open wide.
Are they still ice blue? These eyes made
all the girls swoon.
I understand you. I am not dumb. I don’t
know why I lick my hand grip.
I don’t know why I can’t get out of bed.
I don’t know why I am tied up like a pretzel
and I pull with all my strength against your touch.
I can feel that nice warm wet washcloth against my face.
It feels nice.

Could you do that again?
But you don’t because I can’t tell you to.
I can feel the ulcers on my hips. They hurt so much I’m numb. I want to rip
them out but my arms won’t move.
I know I’m not living.
I know I’m just existing.
I know my name is Raymond.
I know I don’t like it when you call me Ray.
The Real Learning  
Jessica Mitchell  
Class of 2003

When I look back over this last semester and think about all that I have experienced, I remember all of the angst and anxiety, all of the frustrations of not seeing, not understanding, not remembering that one thing again. But I also am amazed at all that I have seen, particularly in the intimate way that I have been included, if even for a short while, into the mysteries of people's lives. I never fully understood what a scary place the hospital is, how it robs you of your dignity and shames you in so many ways. I never understood what an incredibly lonely place it is, and I never, ever guessed how much people want and need someone to "sit down and rest" as Nana says, with them. The hospital is scary, you have to face things in there you don't even like to think about out here. Like dying. Like dying painfully. Like dying alone.

I guess when I think back on the semester, I don't think about one experience, or one single patient that moved me or changed me. I think about how they all did, each in their own way, moved me and changed me, made me rethink "what it must feel like." What it must feel like to have diabetes so bad that both feet are amputated. What it must feel like to want air so bad that not only do you gasp for air, you desperately take huge bites of the invisible space around you trying to get some. What it must feel like to be 85 years old and feel worthless, feeling so depressed you don't care if you ever get out of bed again.

During the last few months, nobody ever thanked me for getting a very precise blood pressure measurement or for knowing all of the adverse reactions of thiazides. But they did thank me for putting cream on their feet, for brushing their teeth, for giving them a bath, for sitting with them so they weren't alone. I know that I don't know much about nursing, I haven't learned that much compared to what I still need to learn. But my experiences this semester have showed me that while nursing school teaches you the technical skills, the hospital is where the real learning takes place. The hospital school teaches you about kindness, about empathy, about compassion.

While I may not know "what it feels like" all the time, I do know what it feels like to hurt, to be sad, to feel alone. But I also know what kindness and love feel like; what it feels like when someone is gentle, talks to me like I have something to say, even when maybe I don't. And also I know what it feels like when someone holds my hand when I'm scared, and even if they don't know what to say, just the warm feeling of their hand makes it all a little better.
I remember all of you and your stories. I have them and you are part of me, and in some way, I am a part of your experience.

I remember you, the first one. I took your hand, or you took mine, when they took your chest tube out. The bloody mucus from your chest followed the tube, into the scarred whiteness of your stomach. The chart said you anxious, but no less than me. You taught me how to properly give you your medications, and also a little something about will power as you walked up and down the hall, your ribs, lungs, heart, legs and chest still aching from the surgery.

And you, who told me about your time in World War II. The dogs and the children in the streets of North Africa, fighting for food as you walked through the city. The colonel you chauffeured before you signed up for the paratroopers, who called you a damn fool for wanting to go to the front. But you survived, and came back to start a family. You were not afraid of dying, it seemed to me. You didn’t want to leave your wife and daughters and grandchildren—did not want them to grieve or be hurt by your absence. I remember washing your back, and thinking of how we are young and strong, and then grow old and weak. But your spirit was still strong, stronger than mine.

Of course, you, who wouldn’t give anybody a break, not the least your son— who always came in with a box of Dunkin’ Donuts for the staff. You called the staff nurse the wicked witch of the west, but gave me the benefit of the doubt. I was no threat to you—a student nurse still figuring out how to take your blood pressure. You worked at Yankee Stadium for many years and I could see it in the way you cursed out the docs, the nurses, the system and your son that you missed being out in front of the stadium, selling and yelling and being alive.

Then there was you, who cried and cried and cried. You thought your children were scheming behind your back, making you go through things you didn’t want to go through. They did it because they loved you and wanted you in their lives. But, right then when you cried, the pain was maybe too much—too much of a struggle after a lot of other struggles.

I never got to know you, you were too sick to talk. Over the two days, we figured out a way to communicate, I think. You knew what you wanted and together we figured out how to get there. Your son, a mature man, sat by your bed, reading mysteries while I helped you go to the bathroom. What was it like for him to watch his mother being bathed like a baby? Maybe he was long used to seeing you that way. Maybe not.

Don’t worry, I wouldn’t think of forgetting you. I remember you and your house. You loved your house, which your husband, a builder, had built with his own hands in the neighborhood where you grew up. And your son, who loved to travel, especially to Asia, where he found a woman to be his wife, but it didn’t
work out because, you thought, the cultures were too different. We talked about
Korean food, which you liked because it was spicy, and your favorite activity of
all time—shopping. The whole time through, you never took off that scarf or
turban you had wrapped around your head.

You, I'll never forget. Even if I tried. You asked if I knew what the hell I was
doing with my stethoscope the first time I walked into your room. Every time you
had to poop, we went to war as you yelled at me while we tried to get the bedpan
under your butt. You were in a lot of pain, and I'm not sure if I was able to help
that in any way. Your son told me how much you like to drink—that the last time
you were discharged from the hospital, you made him stop at a diner on the way
home and grabbed a drink on the way to the bathroom. You were a tough one,
your son said. Tough, but what a pain in the ass. You were in the hospital because
you insisted, at your age and condition, on climbing up a ladder to do something
on the house. You fell down and I came into your life for two days.

You were such a nice guy. One of those that I would have liked to know as an
acquaintance outside the hospital. You were creative and articulate and funny.
You made a pass at me when I gave you your bath, and then laughed with the
other nurse when I got embarrassed. You told me that the anti-depressant drug
worked wonders—that before you couldn't believe you made it through the
work day without murdering one of your co-workers, but now was on good terms
with all. I had a hard time imaging you as mean or nasty.

The bunch of you, it was so difficult to know you. Your minds and spirits
were far, far away from the time and place we shared. Your eyes were empty, your
motions absent, and your mouths sealed shut. Once in a while, I thought maybe
we had connected, but more often than not, it was an instinctive reflex that I
had accidentally triggered—the tight squeeze of your hand, not a hello, but a
relic of the first reflex we come into this world with, the last defense of a mind
crippled by disease. Then, with one of you, I saw the strangest thing—you heard
her, the nurse who cared for you more than the others, when she asked you to do
something. She was swinging the crane to put you in a chair so your butt wouldn't
get too sore. You were swinging back and forth, and she yelled, "come on, help
me out here, grab the bar." And you grabbed the bar. You were still there, trying
to get out of the fog and her voice was like the brightest lighthouse that you
grabbed on to.

You, who was scared that you were losing a lot of what made you a person.
The treatments didn't work quite as planned, and when you went home, you
somehow wound up driving around the city and then went to work, and all your
coworkers were embarrassed when you walked in as if coming to work.

I am a little haunted by you, but somehow a better person for knowing you.
You told me how you loved to go to your grandparents' farm in New England
during the summer, the pond near their house where you caught salamanders
and swam. The sweet corn your grandfather would pick as the water boiled. The
scars on your wrists didn't fit in with your stories.
This week I had a patient, RS, who was this wonderful, charming 80-year-old man. He’s been living in the United States since the 60s, but his English is still broken and he still has a major accent. He was hysterical. On Tuesday, we spent a lot of time waiting for procedures and chatting. He asked, “Do you have a boyfriend?” When I told him no, that I had a husband, he said, “God bless you.” It was very cute. He was admitted with atrial flutter and bloody diarrhea, which he thought was caused by a new arthritis medication. Since the bleeding had been going on for three days or so, he had to go downstairs for a colonoscopy. After waiting for quite a while in GI special procedures – and listening to him tell me what a wonderful, misunderstood man Mussolini was (which is why they strung him up, beat him and THEN shot him!) – we went in for the procedure.

As soon as the scope was inserted, there was an audible gasp from the doctor, two med students, and staff nurse in the room. An obvious malignant tumor, about 3cm long and occluding half his rectum was found. A few weeks earlier I’d spent the day observing in the GI special procedures lab and had watched three colonoscopies, so I knew what normal was SUPPOSED to look like. This wasn’t it. Bloody, semi-lunar and rubbery, kind of like chewed-up gum, sitting 2cm into his rectum, there it was.

He woke up from the anesthesia and kept asking if everything was okay... I couldn’t say anything, it was such an awful feeling. The doctor said he was going to discharge the patient because they wouldn’t be able to do anything immediately, anyway. I left RS in the recovery room, went to post conference, then went home and cried. That night, I had a nightmare that I was the one with rectal cancer, getting a colonoscopy. There were a lot of med students in the room, waiting to watch and see the case. I screamed and swore at them, and made them leave the room.

I woke up Wednesday still sad about RS. I arrived at the hospital and expected to pick up a new patient on the fly, but RS was still there. The doctors had told him he had a tumor, but no one had mentioned “the C word” as his family doctor put it. Every time I entered the room he was crying. He kept saying, “I just want to know if it’s good or if it’s bad.” It was terrible because I hadn’t been given any authority to break the news to him. I wasn’t able to tell him anything either way. I just held his hand and tried to reassure him, in between vital signs, medds and a bed bath.

His family practice doctor came in, told him he had a tumor, and left. The surgeon came in, told him he’d need surgery and most likely a colostomy bag for the rest of his life, then left. The GI specialist came in and told him that he
was “suspicious” that the tumor was cancerous, repeatedly told RS that he “thought too much” and his “brain was going too fast,” and then left. Each time I was left to pick up the pieces, be his sounding board and make sure he understood what people had been saying to him. After hearing about the colostomy, he kept telling me, “my life is over. This is the end of my life.” He was adamant the God was punishing him for cheating on his wife when he first arrived in the States. I tried my best to reassure him, to tell him his life wasn’t over, to explain things the way I saw them, but to no avail. He was distraught. I did my best, tucked him in, and let him nap for most of the rest of my shift. When I left, I took his vitals and he told me, “I want to kiss you.” He kissed my cheek, told me I’d been wonderful, and said “God bless you.” I had to fight back tears as I told him, “God bless you, too.”

What an awful, terrible day. I did my best, tried to comfort him, and don’t know if I succeeded. My colonoscopy nightmares continued for a week. My mom, my preceptor and my husband all say that I need to get a thicker skin, but I worry about that. At what cost does that happen? If I don’t feel, don’t empathize with patients, how can I be a good nurse? Do I need to empathize to be a good nurse? How do I balance being emotionally responsive to my patients with keeping myself emotionally stable? There are the questions that have been plaguing me this week. I fear they’ll be plaguing me for years.
I should be studying for Biomed but I am thinking about Harry. He was my patient this week. I think of him and feel small. I feel young, naïve, and frivolous. I took care of a man with the needs of a child. A man who was at Pearl Harbor on the day that made it famous. He was nineteen then, not much younger than I am now. He was probably like some of the guys I know, always socializing and having fun. He was probably a lean, young man, excited and scared all at once at the prospect of war. Now he just looks scared. His eyes bulge slightly from his head. He looks helpless and confused. His chart says dementia but he is lucid on this day. His voice is a little shaky because he has been intubated a few times. I can’t always understand him and I can tell that this frustrates him a little. I feel like the real Harry is trapped in there. This man who was once so strong is now trapped in a body that wants to give out. His muscles are atrophied and he needs oxygen to breathe. He keeps pulling his mask off and I keep explaining to him that he has to keep it on. I feel like I am scolding him. I don’t want to talk down to him or treat him like a child. The mask hurts him, I think. I look behind his ears to see two areas where the skin is rubbed raw from the strap. I placed some soft padding there and replace the mask. He sighs in relief. I feel triumphant!! A nursing intervention comes to life!! Other hospital staff come in to see him. They talk very slowly and extremely loudly. I tell them that he can hear and they lower their voices. I tell them that he was in World War II and they say ‘Oh, that’s nice.’ This man must wish we could have seen him when he was younger. Now he lay there as I wash him and fuss with his bedding. His dignity and pride destroyed like the ships at Pearl Harbor. I try to make him smile and try to make him comfortable. I tell all the nurses to make sure the padding stays about his ears. They shrug their shoulders, I don’t think they care. I feel this need to protect and defend him. I am scared to leave. I wonder if he will die. I am elated when he eats both the applesauce and the pudding on his tray. This is great! Please get better! But I know that this is the beginning of the end for Harry. Now I am sad too. I make a vow this day to look at each patient for the person that they were and the person that they still are. Sometimes even a hero like Harry.
I was so nervous when I left the hospital yesterday after looking up my patient for this week. There was so much going on with my patient, G-tubes, IVs, medications, you name it, she’s got it. I knew it was going to be a challenge to care for this patient, an 87 year-old woman with end-stage Alzheimer’s disease, but I didn’t realize that the challenge was going to be more emotional. This was the first time I had been confronted with a patient who could not communicate and was totally dependent on me for her care. I didn’t know how to communicate with her. It felt strange to talk about the weather, the news, myself, the room was so quiet, and my voice seemed so loud. I managed a weak hello, and muttered a few words about how I was going to check her vital signs. When I was done, I wasn’t sure what else to do so I took a deep breath and looked at her. I noticed that she could follow me with her eyes. She was just an 87 year-old woman who was really sick and needed someone to look after her. All of a sudden, I had so many questions that I wanted to ask her: “What were you doing when you were my age? What were your hopes, your dreams? Did you accomplish all you set out to do? Did you ever get married, have children, and where are they now? Why haven’t you gotten any cards or flowers, any visitors since you have been here? Does anyone know you are here? Can you hear me? Understand me?”

While I was wondering about her life, a group of medical students came in and began to review her condition. They completely ignored my patient, but they poked and prodded and gave her a nice pat on her forehead before they left. I realized that I wasn’t any better than these medical students, I had ignored her too. So I started over, I held her hand, introduced myself in a loud voice and told her what day it was, what the weather was like, I tried to explain what the doctors were talking about. I told her about my week and what I was in school for, I just rambled for a while, trying to imagine that this woman was my grandmother. After I gave her a bath and had some down time, I read the paper to her, and just sat with her holding her hand. I don’t know if she understood anything I said, but I like to believe that she did, and that for the four hours that I was with her, she caught up a little bit with what was going on in the world, and outside her window. The biggest lesson I learned from this patient was what it really means to be a nurse: to love the person that you are taking care of, and to express this love and kindness through any means that you can.
A Day in the Life of a GEPN Student
Kelley Marie Mockus
Class of 2002

My patient this evening is a 20 year-old male who sustained a massive head injury in a moving vehicle accident. Upon arrival on the floor, I am wary. This is by far the youngest patient I have been assigned, and his injury is so extensive (he was rated four on the Glasgow coma scale). I am fearful of how I will react. What if his family is present? What do I say? How do I act?

Upon entering his room, I am surprised at how normal he looks. I had expected tubes and ventilators. Instead, he looks like any other sleeping 20 year-old, excepting the indentation of his bone flap and tracheotomy tube with oxygen mask. I introduce myself to Tommy and proceed to look around his room. His bulletin board is full of pictures of family and friends, and drawings from his little sister asking him to “hurry home.” I know from the chart that their mother, for their protection, has kept his sisters away from the hospital, and this childish display of affection brings tears, which I rapidly try to swallow away.

I proceed with my evaluation. His vital signs are regular, so I move on to a neuro check. His pupils are unresponsive. I’m unable to elicit any type of response by any other manner, so I will have to try pain. This is something I haven’t had to do before. I understand that pressing on a capillary bed doesn’t cause long-lasting pain, but I still have a hard time doing it. I try, but am unsure if I pressed hard enough. I decide I’ll wait and see what happens with his Heparin injection before I decide how to rate his response.

There is mucus on his hospital gown from his tracheotomy, and water is gurgling in his oxygen tubing. I dump out the water, suction out any remaining mucus, and change him. Now when his family comes in at least he’ll be resting comfortably. It’s time to give his medications (through a J-tube). When I give the Heparin injection, his right arm and leg fail. I verify with my preceptor that this is a definite response to pain, and then go tell Tommy’s nurse, as this is a definite change in status.

In the nursing lounge, she is there with her fellow floor nurses. When I tell her, she disputes my judgment and says it’s extensor posturing. I disagree, there was no extension, and he isn’t posturing. She asks what I think is extensor posturing, and I explain what I learned from Deb Webb. She tells me I’m wrong, but can’t explain why she’s right except that “it’s what neuro told her to chart.” She then tells me to chart whatever I want, and she’ll change it when I leave. I’m shocked, and leave the lounge fuming.

I return to Tommy’s room. I decide to massage his hands and feet with lotion. It will be good for him, and it will calm me down. While I’m doing this, his dad and his dad’s girlfriend arrive. I introduce myself, and update them on
Tommy's status (I don't mention the possible response to pain). We then begin to just chat, and they open up to me about Tommy. I learn that he was on leave from the army, visiting from Colorado before shipping out to Korea, when the accident occurred. I learn that he could have avoided the accident by swerving right, except he would have hit a bicyclist. I learn all about him, and what a good person he is. And again, I want to cry. Feeling the danger, I explain to his dad that Tommy is my first patient close to my own age (I'm 23), and that I really feel for him and his family. I have no idea if I'm doing the right thing, but I feel I have to tell them because the feelings are overwhelming.

His dad is actually touched, and thanks me. He says that he would like it if I could be Tommy's nurse because I am the kind of person they would like to see and speak with. After my experiences with the hardened, cold nurses on this floor, I understood. I've heard the nurses say the family needs to "face reality" without heart or emotion, and hope that Tommy is moved elsewhere quickly for the well being of his family. I spend a little more time with his family, finishing the massage, and then go so they can have some time alone with Tommy.

A GEPN's day is not always done when she leaves the floor. That evening, I couldn't sleep. The comments I heard from the nurses on the floor keep me awake for hours after retiring. The problem was, it wasn't just one nurse making these statements. The majority of them made harsh, often cruel statements about the patients or their families. They accused Tommy's mom of living in dreamland because she wants to take him home when she won't even learn how to care for him. I have to wonder which of these hardened women offered to teach her. Can they imagine just how difficult it must be to learn to suction your previously healthy, unexpectedly ill, 20 year-old son? I wouldn't want to learn from them either (plus, I've seen a lot of non-sterile technique while suctioning on this unit). His mom doesn't work, so it would be possible for her to care for him, so who are they to judge? I know all nurses are not like that, but what could make so many like that? And how does one keep herself from becoming one of them? I decided that I must be moving into the right field (PNP chronic illness), because all I wanted to do was continue caring for patients and families like this. I know I can make a difference in this kind of setting as a result of my openness and honesty. I refuse to believe I could become one of them because when all is said and done, for some, nursing is a job, and for others, it is a calling. How else could you explain the fifty of us, giving up friends and family, careers and degrees in other professions to start all over here?
"By the way...your heart was fascinating"

Amy L. Rochette
Class of 2003

Wednesday, 10/31

"Wait here for a minute, please."

I watched through a small square window of the door as my OR guide spoke with people in blue gowns. I saw a small child, bare from head to hips, lying belted to a table unconscious as IVs and a central line were being placed. This has got to be the wrong room, this is not the surgery I had planned to be at—78 year-old man having a CABG?

"I am going to have you observe this procedure, an 11 year-old child; this is her second open heart surgery for tetralogy of Fallot."

She had long amber-red hair twisted up into a hair net, long black eyelashes and adorable freckles across her nose and cheekbones. Her skin was so pale. Dark circles were under her eyes and traces of red nail polish were left on her cuticles. Her mouth was wide open with an ET tube in place. Her body was small, thin, and frail. If I hadn't known better myself, I would have said she was six or seven years of age. Her physical impairment definitely placed a toll on her growth. All I could think is that this is a child. A child who should be outdoors at recess playing with her friends, climbing jungle gyms, jumping rope. What about her family? I can't imagine being in their place, waiting for six hours with uncertainty while their daughter has open-heart surgery. This little girl is so strong—her second time through this emotional and physical pain only at the age of eleven. It was absolutely mind-boggling. Stripping her of all her clothes (and dignity, little did she know), she was catheterized, betadined from head to toe and draped with sterile cloths, leaving a small rectangular portion of her chest visible. This innocent, miniature human being became a procedure. I stood at her head and just watched for four and a half-hours as a team of 12 people worked in unison to keep this child alive and well. I saw her heart beating and her lungs expanding and relaxing, finding it awkward that beneath all of the drapes was a child.

The heart and lung machine was hooked up to her vessels and began to take over for her. Her chest was not moving, her heart was silently still, and her lungs remained deflated, yet she was still alive—or wasn't she? It was as though the body was lingering between life and death, a motionless, functionless corpse—but living.

Thursday, 11/1

Just for a little light-hearted fun amongst class work, I volunteer on the
children's ward at YNHH in a program called Buddies Just for Kids. I push a book cart through the hall, passing out books to the children and, if I'm lucky, get to read and color with them. It's really no big deal. I knock on the door and bring a few books and a smile to the child in each bed. Well, this particular day I looked up from the Ramona book and the color drained from my face. I froze and my mind could not find the words as I stood face to face with the child who, just the previous morning, I was staring into her right atrium, literally. I had to leave the room immediately to collect myself. I hate to say this, but the only way to describe my initial feeling was as if I saw a ghost, a kind of eerie sense. I will never forget her face. Now it was more vibrant than ever and she was accompanied by her mother and aunt. The strangest thing of all was that I was standing at the foot of her bed and little did they know that I stood by her throughout her entire surgery. I didn't say a word, though. I didn't feel it was appropriate. I mean, what do you say to someone? — "By the way, your heart was fascinating!"
A Ceremony of Sorts
Molly Fey
Class of 2003

Today my patient died. Mrs. P. well – she wasn’t really my patient this week, I was assigned to work with her last week, and today she died. Her family decided to take her off the ventilator. Our entire clinical group, Cindy, Gilah, Anna and Carrie, along with our preceptor Kerry, prepared her body to go down to the morgue after her death, and after her family had said goodbye. The floor nurse brought in the big white plastic cover, and the tag to tie on one of her amputation stumps; we closed the door, drew the curtains, and it was just the six of us, alone in the room with a dead woman. I knew going into clinical that I would see someone die at some point. I distinctly remember asking our preceptor on the very first day, “do a lot of people die on this floor?” I was asking mainly out of curiosity, in case I needed “to prepare” myself, along with all the other things I was “preparing” myself to see and do. I remember her reply was as if I had asked out of fear. But I wasn’t afraid. I just wanted to know ahead of time.

It was very quiet in the room. Almost too quiet. I am so used to being in a patient’s room with an agenda – take vitals, give a bath, administer meds... stressing... will I do everything right? What do I need to remember? What is my job here? Last week I was so concerned with Mrs. P’s comfort... was she in pain? Could she hear me even in her unconscious state? Was I helping this woman — this diabetic, bilateral amputee, in end-stage renal failure, and stage four sacral ulcers, who had been taken off all meds, all blood draws, all nutritional supplements, all fluids, and left simply on a ventilator for the past 10 days, while her family decided what to do? All of us GEPIs just sort of stood there in the room, not really knowing how to act, as if there is a certain way a nurse is “supposed” to act in those situations. The goal was no longer how to help this patient, no longer to focus on all of the nursing concepts that had been drilled into our heads, and we all looked lost and confused as our preceptor busied herself with getting ready for what we needed to do. I wonder what I would have done, or thought, or even said to Mrs. P had I been in the room all by myself? Or how would I have acted in the same situation just three weeks ago – before clinical had even started... a regular person in a room with a woman, deceased within the last 30 minutes, her body still warm, appearing as if she could be sleeping.

Before we could do anything, we had to wait for who — attending physician? Resident? Someone “more qualified” to come and listen for the absence of heartbeats, feel for the absence of pulse, and observe for a still chest, no longer moving up and down in respiration? I, myself, followed by Kerry, had
already done these same things and found no signs of breathing or circulation. So we waited, cleaning up the room, moving back the chairs the family used to circle the bed, discarding the pink kidney pan, mouth care scrubbies and other essentials...

Once an official time of death had been called, we moved the bed into a flat position, level at our waists' height... we removed all of the bedding except the bottom sheet, and took off Mrs. P's johnny cover. We removed the central line from her neck and set to giving her a bath.

It was at this point that an extreme sense of serenity came over me. I was no longer uncomfortable or feeling out of place. Mrs. P was on contact precautions, thus all of us had gowned up in yellow disposable robes over our scrubs. We looked like angels, six healthy, strong, rosy and shiny faced women gathered around the bed, three on each side. Mrs. P appeared so small lying there, naked, free of tubes and lines, yet, she looked strangely beautiful, her old wrinkled body seemed something to be revered and respected, not a state of age and sickness to be dreaded and feared. In washing her body, and wrapping her up, it was as if the six of us, in our yellow gowns were performing a last rite of passage for Mrs. P, a ceremony or ritual of sorts. It was an act that seemed so natural, normal, and right... so removed from the setting of the hospital, we could have been anywhere, in any time. It was a day I will never forget for the rest of my life, it is so clearly imprinted in my memory and my mind.
HIV+ for 15 Years

Malia Davis
Class of 2002

15 years, count them in days, it's a lot.
15 years of carrying something that can kill you, me
15 years of emotional turmoil – the why me's, how, when?
15 years of anger at the one who infected you.
And within that, the clarity to rise
Above it, to share your story about
Your life with me and 50 others
And 50 others and so on.
Thank you for the details about
FACING your own FEARS
Around what working with
“people who have HIV” means
because – you could be me,
and me you.
The beauty of empathy... and I
Thank you for bringing that closer
To my consciousness –
Beyond the fear of needlesticks
And universal precautions
To the level that really matters,
The human level – yes you
Are all around me, and
I am grateful to know your
Story and to know the work you
Do – i.e. the way you live your life
Is actually destroying stereotypes
Left and right
(like the sun rising or a
glacier cleaving into the ocean)
You are giving me,
Before you pass on, or I
Pass on, whichever
May come first.
Alfred's Glasses
The woes of radical neck surgery...

Malia Davis
Class of 2002

broken

Couldn't find 'em
found 'em
left 'em on
Forgot them
Rolled you over - Tubes Everywhere
and disconnected.
It must have felt terrible.

Forgot to straighten your glasses.
I'm sorry. (Thought about it forever!)
A Lesson on Dying

Tonya Wilkinson
Class of 2004

I step into his room and introduce myself. The man who groggily smiles up at me from the hospital bed is pleasant and friendly despite the fact that I've just woken him from a sound sleep. Having already examined his chart, I know that Mr. H has been undergoing salvage chemotherapy to treat his advanced stage of multiple myeloma and that many of his bones are weak, brittle and burdened with focal lesions from the relentless myeloma cells. His voice is sweet and warm when he answers my question of how he is feeling this morning. Silently I wonder how he could feel alright when his bones are deteriorating in front of my eyes and what little strength he has left is being zapped by the current chemotherapy regimen that is to continue for the next three days. I take his vital signs and continue with my physical exam. When I leave the room, I let him know that I'll be back in a while and that if he needs anything he can use his call bell.

The day passes as I drop in and out of Mr. H's room and every time I ask him if he needs or wants anything, he politely declines and gives me a little smile. He doesn't talk much, and when he does, it's almost always to answer a question that I've asked. At this point, as a GEPN, I am unaware that his silence is indicating anything other than he must be alright as he has indicated on several occasions. Despite the fact that I question whether anyone can really be doing alright with this terminal diagnosis, I brush off my instinctual feelings and assume that he really is alright as he says he is. At around 9 a.m. he calls me in and asks me if I can find today's newspaper. I say sure and reaffirm to myself that he must be doing fine if he is interested in news and current affairs.

The hours pass by and around 11 a.m. I notice that Mrs. H has come to visit her husband and is sitting in one of the chairs by the foot of the bed. I'm watching from outside the room, can see her mouth moving and see her smile every now and then. I try not to stare as she pulls a frame out of the orange and black Halloween-decorated bag that she holds in her lap. These must be pictures I assume - I advance toward the room to look at the pictures that she has brought and attempt to be part of the happy moment.

Mrs. H holds up the pictures to her husband as I enter the room, introducing myself. She smiles and informs me that these are their grandchildren and turns to her husband, "Remember that, sweetie?" Mr. H's face holds a blank stare for a minute, then turns a hue of pink as he shamefully regrets that he doesn't remember. Mrs. H just tries to fake a smile and seemingly tries to disguise her sadness by reverting her attention to some of the other things that she has brought for Mr. H that are in the Halloween bag.
I decide to leave the two of them alone for a bit and go to find his new Fentanyl patch that he's been prescribed. When I return with his patch, I sit down beside Mr. H and tell him that I have a new pain patch to put on his back. Mr. H replies that this is the highest dose that he's ever had to have for pain medication. For the first time, I'm realizing that Mr. H's face has begun to take on a saddened expression. He knows that his health is deteriorating. I feel sad also — and part of me just wants to run away, but I know I cannot. We put the patch on and I look at Mr. H's face for a couple of seconds — and try to decide what to say next. My preceptor saves me from the awkward silence, and I kick myself for not saying something meaningful, or something at least slightly intelligent or sensitive in the hopes of easing a bit of his pain. I leave the room saddened and ashamed and sit down for a minute to attempt to comprehend what just happened.

After contemplating the morning for several minutes and scorning myself for failing to recognize and anticipate Mr. H's sadness, I get up the courage to walk back down into the room. Mr. H and Mrs. H are both sitting down, talking and I can tell that Mr. H has been crying; his eyes are puffy and his face is red. I feebly ask him if there's anything I can do before I leave for the day. He simply opens his arms and leans forward to give me a hug. My eyes well up with tears and at that moment I realize that he has taught me more in the past five hours than any lecture on death and dying ever could. I take a minute to recompose myself and take a long look at Mr. H's sad face while saying the only two words that come to my mind — Thank you.
The Power of Simplicity
Andrea Elise Schettler
Class of 2004

12pm, Tuesday, September 11, 2001. I head into the Red Cross ready to “do” and not watch. A fellow classmate and I are dictated into the “hurry up and wait” phase of a disaster response. We feel distressed by this lack of organization and failure to utilize what we feel we can offer: help, relief, and hope. We sit, we watch Peter Jennings, and we wait, until we can wait no more. We head over to Yale-New Haven Hospital to volunteer in the ER, but are told we will be called when trains with injured people arrive. We head home to again wait with Peter on the TV.

8pm. The Red Cross calls notifying us that if we want to help, we are to come on down. We are off. We find the paperwork is taxing, orientation classes have to be administered and files have to be created before anyone can be dispatched to NYC to provide relief. This will take days and we know people are tired now. We are told no trains will take us into NYC. Trains are only scheduled coming out. However, if a train is to take passengers out of the city, it must go in to get them. We gear up (whether I know how to use any of it or not, I feel the skills I have or do not have do not limit my ability to be of a resource) and we are off to the train station. Armed with Yale ID’s and Health Provider cards, I feel clumsily like an actress preparing to walk center stage without knowing a single line. At the station, we find more Red Cross denying our departure. We venture down the platform anyway and in offering mere surgical tape to the conductor to stick up his “closed” sign, we find a way onto the train headed for Grand Central Station.

11:20pm. The train ride there is a quiet one. I am scared. “What can I really do?” I doubt my intentions. I think about what I might see, what I might not see. I close my eyes. I try to sleep, but the knots in my stomach threaten to choke off my airway if not intently monitored. “Last stop. Grand Central Station.”

1:00am. From Grand Central we cross to Times Square and are forced off the trains at 34th street. We walk. The city that never sleeps is quiet and dark. As we move closer to the wreckage, the darkness thickens, but the noise begins to deafen us. Ten dump trucks roar down the street.

I look at the ground to avoid the dust they are stirring up and notice that my feet are covered in ash. It is everywhere and oddly reminds me of fresh snow. Soon, we reach our first check point of officers. “Who are you?” they demand. Their glares are not exactly welcome. I cower. “Relief, from Connecticut...” and we speak of EMT, CNA, YSN mumble jumble all the while flashing our “credentials” which dangle from our necks in plastic sheaths. Jack
hammers roar over their response. We are in. The darkness intensifies, people lessen and ash thickens. I notice a small grocery store. Cereal and milk sit on the check out conveyor belt. They are just there as if abandoned mid-purchase by their would-be owner. We come upon police cars with rear windows blown out and more checkpoints. We leave footprints in the ash now and up ahead are floodlights. We can taste the dust, we smell it, my nose hates it and because of the floodlights, we can now see just how white it truly is. A first snow fall paints a blanket of fresh beginnings that are crisp and clean. As we walk past men whose faces are hidden behind filtered masks, this ironic image turns to severity. There is no innocence here. In front of us, prominently displayed against the black sky is this white ill-aligned curtain of soot. We cannot see the wreckage due to this fire breath. There are more checkpoints to pass through, more police and finally the National Guard. All authorities let us through with a simple wave of our plastic. Did they really look? Do they know who I am? They let me through?

2am. We make it to the EMS headquarters and join a triage team of doctors and nurses. We are located just 100 yards from the fallen towers. There are no civilians to treat, none have been pulled alive. We go to work helping firefighters. My limited experience leaves me taking vital signs. Problems encountered include respiratory distress, eye irritation, nose irritation, dehydration, and elevated blood pressure. There is no running water to wash because plumbing has been shut off. I wipe my face with a "wet one" before finding large water cooler bottles teetered over sinks with backed up plumbing in the high school's rest room. I fumble with blood pressure cuffs and stethoscopes. My hands shake. I am terribly nervous. I begin to see that the vital signs are not my goal here. I am just in the way of those trained better. I step back and watch. A lady comes in asking me where biowaste bags are kept. She needs them to collect body parts.

Someone else runs supplies to the morgue. Meanwhile our cots contain firemen. We all came here to help those victimized, but we suddenly seem to have forgotten that those who are the aid now need it in return. I noticed that no one asks these firemen much of anything. No names and no family information are inquired about. Overall, no emotional support is provided from our team. Grim faces, red eyes, labored breathing, and exhaustion fill these men as they are placed on respiratory treatment, saline washed through their eyes, and IVs run. I decide it is time to simply smile. I ask their names, I tell them mine. I ask where they are from, how they are, when they get to go home, if their families are ok, and if they are hungry. I meet Mike, Nick, Denny, Gary, Rob, Al and many others who all match my smile with an even bigger one. They are so tired, but they understand that. And I believe they appreciate it. The simplistic healing of unconditional humanity is a power I was not fully aware of. It is now one I can never forget.
9am. I walk out of the restricted area and ride back to Yale with a YNHH doctor. After classes I come home to find my landlord distressing about a squirrel that is stuck perched upon a floodlight on the side of the house. “He’s been there all day, he won’t come down. What should we do, call the fire department?” I am exhausted physically and emotionally, I am covered in soot, I smell and I have sat through the last half of a day’s lectures confused and disoriented. I have spent the night working with firemen who were giving their own lives for victims, colleagues, and friends. A squirrel? A squirrel who is stuck on a light for hours afraid to jump. I laugh and notice a nearby fluffy bush. I chunk a rock at the squirrel and he finds the motivation needed to jump. “Don’t bother.”
This is the part about life no one can teach us and no one can prepare us: dying. What is it like for her inside her rotting body? What is it like for her with ulcers as large as dessert plates and as colorful as a witch’s potion – goblin green, blood red and gooey yellow? What is it like for her to have no shins, no calves, no feet? Can she feel what’s not there? What is it like to have hardened tumors in both breasts? One the size of a small orange? These breasts once fed two babies. These breasts once felt the loving touch of another human being. What does it feel like to have total systems shut down and no hope for recovery? A life, soon to be cut short, at only the age of fifty-two?

She looked at me right in the eye today and with all my novice nursing strength, I smiled hugely back. Can she see me? For a moment I was sucked into her world, almost feeling her pain. For a moment, I felt a connection with my patient. She had been mostly unresponsive before and now I felt her gaze sting me and all I could do was smile. It was my instructor’s voice that brought me back to reality. “Does she feel pain?” I don’t know. I ask her. No response. We continue washing her and changing her dressings – two on her buttocks and one on her left stump. Sweat builds up beneath my scrubs as I gently fill the craters in her skin with a wet dressing. How did it come to this? What sort of previous care enabled these stage IV ulcers? We work quickly and carefully. We ease her back into a comfortable position – cleaned and fresh.

I tidy up the room, turn down the light and now I’m alone with my patient. I lay my hand on her forehead. She opens her eyes. I ask her if she feels more comfortable. She clearly nods her head “yes.” I can’t believe my eyes! I stroke her forehead and say “thank you.” She nods her head “yes” again. I continue stroking her forehead. She closes her eyes and drifts off to her world within. My heart fills with joy. I think I made a difference. This is why I want to be a nurse.
It was my first clinical day at Yale-New Haven Hospital. We had just switched our clinical rotations from where our group had been, the Hospital of St. Raphael, for the past six weeks. Although I had been in a clinical setting before, I felt as though this was the first time that I had set foot in a hospital. Just as I had gotten familiar with my surroundings, I was shuttled off to another hospital with an entirely new set of patients.

Our rotation on the orthopedic unit started at 7:30am, which seemed to be the busiest time on the floor. Our instructor told us that for our first day she would have us shadow with one of the nurses so that we could become familiar with our new setting. Within a few minutes of our arrival, there was a lot of commotion coming from the first room down the hall from the nurse’s station where I was standing. Everyone was peeking their head in the doorway of the room and whispering in the hall. Loud, choking coughs were coming from this patient’s room. One of the nurses mentioned that he had gotten sick to his stomach. As I was watching the commotion, I was hoping that I would not have to deal with a patient that had been vomiting.

Our instructor then assigned us to a nurse and her four patients. As it turned out, the nurse with whom I was working happened to have this patient. I was incredibly nervous about taking care of a patient that appeared to be quite sick. By examining JR’s chart and talking with his nurse, I learned that Mr. R had a history of COPD, chronic bronchitis and asthma. He had originally come to Yale for surgery to correct a diagnosis of avascular necrosis to his shoulder. However, 24 hours after his surgery, he had developed severe pneumonia. At this point, the treatment of Mr. R’s pneumonia was of critical importance.

Along with my instructor, Mr. R’s nurse and I went into his room to see how he was doing and to give him a bath. When I saw Mr. R, it was immediately apparent that he was in pain and was having difficulty breathing. JR had ice packs on his chest, a cool washcloth on his forehead and an oxygen mask. The nurses had drawn ABG’s on JR and the results were critical. The results indicated that he had a pH of 7.29, a CO₂ in the 60s and a HCO₃ of 29. JR’s O₂ saturation was down to only 85%. Mr. R was in respiratory acidosis and needed immediate attention. The nurses involved were incredibly concerned and were afraid to supply him with too much oxygen, for fear of “pinking him up and killing him.”

When I heard those words, I could hear Linda’s voice echoing in the back of my mind and a chill shot up my spine. Until that point I don’t think I realized just how serious JR’s condition was. I kept thinking over and over again...
that it was possible that my patient could die. It was decided that JR needed a medical consult and should be transferred to a medical step-down unit where he could receive the care he needed. Unfortunately, JR was not going to be transferred right away.

Mr. R needed to have someone constantly care for him until he could be transferred and that someone turned out to be me. I stayed with Mr. R the entire day that I was there. I helped to bathe him and replace his cold compresses as needed. I helped him eat some graham crackers and jello and kept him company. He was self-administering pain medication so he liked to have me let him know when it was time for more.

I will never forget the way he would look at me and say, “thank you” for the way that I cared for him. He told me that “someday I would make a great nurse” and that I had “chosen the right profession.” It made me feel so good to know that my caring for JR had such an impact on him. At the beginning of the year, we were told that we would learn to take care of our patients and that we would make a difference in their lives. That day I can honestly say that for the first time, I felt what it was like to know that I had made a difference in the eyes of my patient.
Mr. Gibson rose very slowly, moaning softly as his knees began to straighten. His hands clutched the arms of the blue vinyl chair and began turning bright red. With rapid, gasping breaths, he maneuvered his body inch by inch. Finally, he was standing upright, well, straight up to the waist and then angling at 45 degrees. To straighten his posture completely would have been an impossible task for the moment. Then came his head. Hesitantly, he began to raise his head that had been hanging so low as he mobilized his strength to move out of the chair. And as my eyes met Mr. Gibson, the tears that he had been trying to conceal welled up and brimmed over streaming down his face. The previous moaning soon turned to a soft whimpering until his head fell back downwards and hung in sadness, shame and helplessness. “I am sorry,” he mumbled, “I truly am a gentleman- a respectable man.”

Only three days post-operation, I was assisting Mr. Gibson to the bathroom to empty his colostomy bag, as well as his urine container. He had lost control of both his ability to have a bowel movement and to urinate. Two basic functions in life, he no longer possessed. His confidence was diminished, his privacy taken away and his dignity and pride reduced to the point of tears.

What should I do? One month into my training and I have learned to administer injections and treat decubitus ulcers. I have learned the signs and symptoms of myocardial infarctions and end stage renal disease. I have instructed diabetics on their diet and have irrigated wounds, but have I learned how to console an eighty-year old man in tears whose body felt so foreign and broken? As I frantically scanned through the pages in my mind for proper management of the situation, I came up blank. Once again, my eyes met his and I stretched out my arms to hold him, and softly said, “I know you are a gentleman Mr. Gibson. I know you are.” It seemed that no other words were necessary. At that moment, he needed to be comforted.

It is becoming easier and easier to treat people like Mr.Gibson. If there is colon cancer, then do a colostomy and remove the cancer. If it is an enlarged prostate, cut some of the cell growth off. If there is pain, give aspirin, tylenol, opioids. And if an infection arises, give antibiotics. But what do we give when we take away a person’s dignity, their ability to function independently? What do we give when we tell them we are saving or improving their life, but turn their body into a battleground invaded by tubes and pierced with needles!

I believe that searching for the answers to the above questions is the most challenging and rewarding aspect of nursing. After, the surgery is finished, the medication is administered and the physical exam is performed, the patient is left alone. It is the nurse who walks by their room fifty times a shift and sees through the corner of her eye, the patient despondent, staring out the window. It is the nurse that often sees the tears.
As you begin your journey...

Linda Honan Pellico

Address to Nursing and Medical Students
First Power Day, 2001

"It is not so difficult, if you are made to stand out a bit from the mass, not to assure yourself that it is all due to some special virtue in yourself. All power of money or place therefore brings a kind of corruption almost inevitably."

Sherwood Anderson, Letters of Sherwood Anderson

How will you keep yourself grounded? What will prevent you from abusing the power that is about to be bestowed on you? In many ways you are special, all of you. You have been told your whole life how bright you are, how talented you are, and you both have chosen health care professions as your future. You want to help people, to improve their life, their health. I see you all as virgins, pure, in many ways naive even and all inculpable for the past sins of your respected professions.

You are now at the doorstep, ready to either enter into the hospitals or your specialty areas. I also have been doing this long enough to recall others just like you. Some stay bright-eyed, keep their ideals, goals, while others quite frankly get crusty, lose their way, forget the mission. What is the difference between them? I don’t pretend to have the recipe for success but I can weave a few thoughts about my assumptions and I do think they relate to power.

I think you can get caught up in the drama and believe you have power over life and death. My God, why wouldn’t you when you will soon hold a beating heart in your hand, relieve intracranial pressure, and bring a new life into the world. What power! But you will also see the ten year old asthmatic die or a forty year old father of four deteriorate without any reason. Everything was normal yet... why? “What did I miss?” Well, maybe you didn’t miss anything. There will be patients that defy all the odds and live and others who die. They will both teach you that you are not in the driver’s seat; you simply give directions.

One of the issues the play, Wit, by Margaret Edson, brings up is informed consent. It is an area that is ripe for ethical discussion, but in my mind it also
really crystallizes the use and abuse of power. So, here's what I consider to be a pearl, a gem, and a soundbite to boot. Try to ask yourself, "Whose need am I meeting?" It sounds too simplistic to be really important but I submit to you if we all speak plainly and ask simple questions, we will do everyone a favor. I am convinced that our language, the medical jargon itself, sets the stage for the disparity in power between patient and provider. He has an erythematous area on his coccyx related to shearing forces. In English, your backside is reddened from pushing yourself up in the bed! His albumin is decreasing and has resultant third spacing of the sacral area with 1+ pitting edema. Translation: you haven't been eating well Harry and your protein stores are low so your fluid seeps out into the tissues, meaning... you're swelling and we have to feed you!

Now, I love words, lofty eloquent words because they make one feel special and haughty at the same time. But I also have sat through countless lectures of people who speak at this perceived elitist level - now what does that do? As a teacher I'll tell you what that does, that limits dialogue. That makes it easy for me because I used the power of my position or words to limit your connection to me and if we don't connect well... then you don't have any questions for me. You become a quick visit, an easy patient, very compliant.... If, on the other hand, I make it so easy that anyone including your patient understands, well now we have a partnership and believe me it is much harder work to create a partnership than to issue orders.

Another pearl—don't role model what you see. You will witness rude behavior not only to patients but also to other hospital workers. I know your mother didn't raise you to speak to anyone that way, and let's hope your class will be like the anchorman in the movie Network and be brave enough to say, "I'm not going to take it anymore." You start today to say, "No! I can be a great MD, NP, CNM, without emulating that..." Patients are not deaf or dumb or blind and you are not invisible. Stop talking about the patient in front of the patient without involving him. Ask do they have any questions? Explain to your patients what you are saying in plain, unadorned language.

There is beauty in words, but there is art in simplicity. Listen to Nietzsche's words: "I have found power where people do not look for it, in simple, gentle, and obliging men without the least desire to domineer—and conversely the inclination to domineer has often appeared to me as an inner sign of weakness"

Friedrich Nietzsche, Thus Spake Zarathustra

OK, that's all and so now, off you go,

to heal and cure and care....
I will miss you,
I will always remember you,
I will close my eyes and recall
Your first injection
Your first bed bath
The first time you took vital signs
And when you listened to lungs
I can still see how your eyes lit up when you heard rales,
really heard them!
Your excitement was palpable
I will remember the tears
The fear you would never get it
Never put it together
Never pass Med/Surg
Never pass NCLEX
I will remember the phone calls
The talks over cups of coffee or chocolate covered coffee beans
Above all, I will remember the laughter
But before you go away
You must hear me say Thank you
Thank you for teaching me about Freire and Frida
Thank you for showing me your vulnerability, compassion
And vision of nursing
Thank you for your words, your poetry, your journaling
Your friendship
You have left me richer
Three years have gone by in the blink of an eye
You are scattering like wheat across the globe
I will be here
I will miss you
I will always remember you.

Linda Honan Pellico