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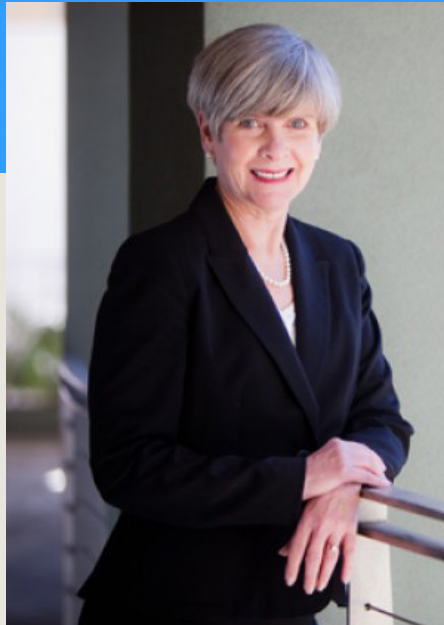


*The Ever
Changing
Landscape of
**Advanced
Practice
Nursing***



INNOVATE, INVOLVE, INSPIRE

Message from the The Chief Clinical Officer



Welcome to the 14th issue of the UC San Diego Health Nursing Journal. This issue will focus on the many opportunities and experiences of the Advance Practice Nurse (APN).

The road to becoming an Advanced Practice Nurse requires dedication and commitment - typically an additional 2-4 years of education and clinical hours, during which many nurses continue working while pursuing their advanced degree.

This journal will explore the roles included in Advance Practice nursing such as Nurse Practitioners (NP), Certified Nurse Midwives (CNM), Certified Nurse Educators (CNE), Certified Registered Nurse Anesthetists (CRNA), and Clinical Nurse Specialists (CNS). Many Advanced Practice Nurses are members of UC San Diego Health's Advance Practice Council. This council focuses on improving the health of patients and their families through interdisciplinary participation in clinical, educational, research and administrative activities using evidence based practice. Over the last several years the number of Advanced Practice Nurses employed at UC San Diego Health has grown, and the need for more APNs continues as the Health System expands.

Advanced Practice Nurses work alongside clinical staff nurses and other clinical staff every day to ensure our patients receive the highest level of care, and that family members and caregivers are included in the recovery process. The article "Bridging the Gap" is a great example of how a Nurse Practitioner functions in a Surgical ICU. Many of our APNs have been published, lead lectures or grand rounds, hold patient support groups, present at national conferences and partake in external volunteer excursions.

Nurses Week is a wonderful time to celebrate the dedication and commitment of our entire nursing team, including our Advanced Practice colleagues.

I hope you have a chance to attend one of our many events to celebrate during the week of May 8-11. Activities include Gourmet Food Truck events with free chair massages, Bannister House Fiesta, the PFCC Day of Gratitude symposium for CEU's, and the MAGNET focused 2017 Nursing Excellence Awards at the UCSD Faculty Club where we will announce our Nurses of the year as well as award over 120 scholarships for certification and tuition reimbursement.

Wishing you a wonderful Nurses Week.

Sincerely,

MARGARITA BAGGETT, MSN, RN

CHIEF CLINICAL OFFICER

Five Magnet Components

Transformational
Leadership Structural
Empowerment
Exemplary
Professional Practice
New Knowledge
and Innovation
Empirical Outcomes

Shared Governance committee membership is a great way to become personally involved in the Magnet journey and to help shape the future of nursing at UCSD. For more information go to our nursing website at <http://medinfo.ucsd.edu/nursing/committees/> to learn about committee membership opportunities.

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THE MINDFULNESS IN ADVANCED PRACTICE NURSING

By: Tara Kelly, DNP, ANP-BC

Like many of my nursing colleagues, I felt a true calling to nursing. I nearly completed my bachelor degree in another field before I decided to apply to nursing school. When I reflect back on this feeling, nursing just felt right. Now, looking back after ten years of nursing, caring has always been at the center of my practice, but it was only recently I developed a deeper understanding of nursing as a vocation. I developed deeper gratitude for my nursing practice after I started approaching my role with mindfulness.

Several years ago I discovered the practice of yoga. There are ideas and core concepts of yoga that relate to many aspects of daily life, including patient care. At first I would come to my yoga mat for the physical exercise, but found myself returning for the spiritual experience of slowing down, breathing deeply and discovering my individual abilities. During this time I also revisited my personal philosophy of nursing: My goal is to connect with patients in a meaningful way to work as their partner to reach a positive health outcome. Yoga allows me to stay focused, while accepting challenges, value my personal connection with patients and appreciate even the subtlest gains in wellness. Mindfulness also includes thankfulness for colleagues and teams that make patient care possible.

Before my regular yoga practice I wasn't familiar with dharma. There is no literal English translation of the word dharma because it is better explained as a central concept of spirituality. Dharma is the idea that each of us is born with certain gifts and we share them with others. When we share these gifts, we allow ourselves to live more fully. Many

nurses share their gift of caring with the greater community. I am grateful other colleagues share knowledge, patience, and humor with me. Dharma relates to Maslow's Hierarchy of Needs in that dharma encompasses the pinnacle of the pyramid: self-actualization. Although dharma is a central concept and Maslow's pyramid is a progression, both these ideas can motivate positive behavior. Practicing dharma brings me closer to reaching my fullest potential by encouraging me to grow as a care provider, colleague, student, and leader every day. A mindful review of my everyday practice always includes gratitude for my colleagues who help me grow.

I am honored to work alongside role model advanced practice providers, educators, physicians, registered nurses and administrators who encourage nurses to set goals and support them while they work to reach them. These articles shared by our advanced practice colleagues are just a sample of the exemplary accomplishments of UC San Diego's nurse practitioners, clinical nurse specialists, certified nurse midwives and certified nurse anesthetists.

I am always seeking ways to improve the practice of what I do with my Orthopedic patients here at UC San Diego Healthcare because that is why we are nurses, we want to help people with the health issues they come to us with and being mindful of their varied problems allows us to provide them with the care they need. I am proud to have been given the opportunity to partake in this the 14th edition of the UCSD Journal of Nursing showcasing the Wide World of Advanced Practice here at UC San Diego Healthcare.



Tara Kelly, DNP, ANP-BC

As a nurse practitioner in the department of Orthopaedic Surgery at UC San Diego Health Systems, Tara Kelly, DNP, ANP-BC, specializes in nonoperative care of musculoskeletal conditions in vulnerable populations. She also has experience providing comprehensive care for patients with obesity. She is active in local and national nurse practitioner organizations, and is a member for the California Association of Nurse Practitioners Health Policy and Practice Committee. She has also served as an editor and peer reviewer for several nursing publications. She enjoys working as part of a team to help patients achieve better health through holistic, evidence-based care.

THE ALPHABET SOUP OF ADVANCED PRACTICE NURSING

By: Dianne Warmuth, MSN, RN, CNS & Jeremy Flowers, DNP, NP, CNS

THE ADVANCED PRACTICE COUNCIL (APC) is comprised of a diverse group of specialized care providers with advanced education. The groups involved in the APC includes Nurse Practitioners, Clinical Nurse Specialists, Physician Assistants, Certified Nurse Midwives, Nurse Educators and Nurse Anesthetists. We encourage any staff interested in pursuing an advanced degree or with an advanced degree to stop by one of our meetings. We meet the first Wednesday of the month from 0730-0830 in the ACR conference room at Hillcrest.

Goal of our council

To improve the health of patients and their families through interdisciplinary participation in clinical, educational, research and administrative activities using evidence-based practice.

Advanced practice providers usually hold certification in their field and may also obtain specialty certifications as well. Listed below is more information, focused on advanced practice nursing, related to certifications for advanced practice nurses.

Clinical Nurse Specialists

(CNS's) are licensed registered nurses who have graduated with a Master's or Doctorate in nursing as a CNS. They are expert clinicians in a specialized area of nursing practice. The specialty may be identified in terms of population, setting, disease or medical subspecialty, type of care or type of problem. In addition to providing direct patient care, CNS's influence care outcomes by providing consultation to nursing staff and implementing improvements in health care delivery systems. They coach, mentor and

train the nursing workforce. The Clinical Nurse Specialist utilizes evidence-based practice to assist with decreasing infection rates and other nursing sensitive indicators, coaching those with chronic illness and implementing change within the healthcare system. National certification is available in a few specialties including Adult-Gerontology (AGCNS-BC) through the American Nurses Credentialing Center, or Adult-Gerontology (ACCNS-AG), pediatrics (ACCNS-P) or neonatal (ACCNS-N) nursing through American Association of Critical-Care Nurses. There is a Perioperative certification (CNS-CP) available for CNS offered by the Competency & Credentialing Institute. Multiple other certifications were available but have been or are in the process of being retired that include but are not limited to: Adult Health, Adult Psychiatric Care, Child health, Child Psychiatric Care, Gerontology, Public Health, Oncology and Orthopedics.

Certified Registered Nurse Anesthetists (CRNA's) are



Dianne Warmuth, MSN, RN, CNS

is a Critical Care Clinical Nurse Specialist at UC San Diego Medical Center since 2005. She earned her BSN from Fresno State University and her MSN from California State University Long Beach. She is a member of the American Association of Critical Care Nurses (AACN). Her professional interests and clinical experience include trauma and transplant nursing. She is currently the Clinical Nurse Specialist for the PCU's at UC San Diego Hillcrest. She is the Chairperson for Nursing Quality Council and her current evidence-based practice focuses are in the areas of CAUTI/CLABSI prevention, patient/ family needs and transplant education.



Jeremy Flowers, DNP, NP, CNS

Is a nurse practitioner in gastroenterology at UCSD Hillcrest. He joined UCSD in 1999. Jeremy holds certifications in 4 areas as a nurse practitioner; woman's health, geriatrics, family and urology. He is a member of American academy of Nurse practitioners.

advanced practice nurses who, with their advanced education, provide the full range of anesthesia and pain management services. CRNA's provide general anesthesia, regional anesthesia, local anesthesia and pain management. Nurse anesthesia graduate level educational programs range from 24-36 months depending on university requirements. CRNA's practice in every setting where anesthesia is delivered including hospitals, surgical suites and outpatient surgical centers just to name a few.

Certified Nurse Midwives

(CNM's) are licensed independent healthcare providers. Midwives are well-known for attending births, 53.3% of CNM's/CM's identify reproductive care and 33.1% identify primary care as main responsibilities in their positions. . Nurse Midwives provide care that is quite inclusive form women including primary care, gynecologic, family planning, preconception, prenatal, pregnancy care, postpartum care, care of the newborn and treatment of male patients with reproductive concerns. A graduate degree is required for entry into the profession as of 2010.

Nurse Practitioners (NP's) Nurse Practitioners are independent providers within a defined scope as identified in their delineation of privileges. They are nurses with an advanced degree and have clinical expertise in diagnosing and treating health conditions with a specific focus. Nurse Practitioners focus on health prevention and management. Their roles vary from primary to acute care or specialized focuses such as dermatology or neurology. NP's occupy a vital role in the expansion of affordable, quality care throughout the nation. Traditionally, an NP will continue training for two years beyond an undergraduate degree to complete and MSN. In addition to the MSN degree, further expansion of knowledge in research or evidence based practice exists with a Doctorate of Philosophy in Nursing or Doctor of Nursing Practice degrees. Current options include Neonatology, Woman's Health, Family, Adult-Gerontology (primary care), Adult-Gerontology (acute care), Pediatrics

(primary care), Pediatrics (acute care), and Psychiatric-Mental Health.

There are several certification boards available for Nurse Practitioners through the American Nurses Credentialing Center. Offers certifications in Adult-Gerontology Acute Care (AGACNP-BC), Adult-Gerontology Primary Care (AGPCNP-BC), Family (FNP-BC), Pediatric Primary Care (PPCNP-PC) and Psychiatric-Mental Health (PMHNP-BC).

The American Academy of Nurse Practitioners Certification Board offers two primary Nurse Practitioner certifications; Adult-Gerontology Primary care (AGNP-C) and Family (FNP-C). There is also a new specialty certification for Family NP in Emergency Care.

The American Association of Critical-Care offers certification as Adult-Gerontology Acute Care (ACNPC-AG). Neonatology (NNP-BC) and Women's Health (WHNP-BC) certifications are offered by the National Certification Corporation.

The Pediatric Nursing Certification Board offers two primary Nurse Practitioner Certifications: Pediatric Nurse Practitioner Primary Care (CPNP-PC) and Pediatric Nurse Practitioner Acute Care (CPNP-AC).

Nurse Practitioners also have the opportunity to obtain specialty certifications in several areas in addition to the primary certification/ credential. They include the following:

- Dermatology Nurse Practitioner (DCNP) is offered by the Dermatology Nurse Certification Board to nurse practitioners with national certification and experience in dermatology.
- Emergency Nurse Practitioner certification (ENP) is offered by the American Academy of Nurse Practitioners for certified family nurse practitioners. American Nurses Credentialing Center offers Emergency nurse practitioner (ENP-BC) through portfolio process for certified pediatric, family and adult-gerontology nurse practitioners.
- Nephrology Nurse Practitioner certification is offered by the

Nephrology Nursing Certification Commission. Certified Nephrology Nurse- Nurse Practitioner (CNN-NP) is available to nationally certified nurse practitioners with experience in nephrology.

- Oncology specialty certification is available to nurse practitioners by the Oncology Nursing Certification Corporation. Advanced Oncology Certified Nurse Practitioner (AOCNP) is available to nurse practitioners with experience and education in oncology.
- Orthopedic Nurse Practitioner (ONP-C) is offered by the Orthopedic Nurse Certification Board to nurse practitioners who care for patients with musculoskeletal conditions.
- Pediatric Primary Care Mental Health Specialist (PMHS) is

offered by the Pediatric Nursing Certification Board to advanced practice nurses certified in multiple specialties; family nurse practitioners, pediatric primary care nurse practitioners, psychiatric-mental health nurse practitioners and Clinical nurse specialists.

- Urology Nurse Practitioner is offered by the Certification Board for Urologic Nurses and Associates. Certified Urologic Nurse Practitioner (CUNP) is open to nurse practitioners who are certified in a generalist area.

Physician Assistant (PA-C) are nationally certified and state-licensed medical professionals. They are allowed to fully practice medicine and prescribe medications in all 50 states and District of Columbia. Most

PA programs are between 24–36 months in addition to completing undergraduate education and require completion of a certifying exam. PA's work in a wide variety of settings from clinics to operating rooms. If you would like to learn more about the PA role please visit aapa.org.

American Academy of Nurse Practitioners Certification Board	www.aanpcert.org
American Academy of Physician Assistants	www.aapa.org
American Nurses Credentialing Center	www.nursecredentialing.org
American Association of Critical-Care Nurses	www.aacn.org
Certification Board for Urologic Nurses and Associates	www.cbuna.org
Competency & Credentialing Institute	www.cc-institute.org
Dermatology Nurse Certification Board	www.dnanurse.org
National Certification Corporation	www.nccwebsite.org
Nephrology Nursing Certification Commission	www.nncc-exam.org
Oncology Nursing Certification Corporation	www.oncc.org
Orthopedic Nurse Certification Board	www.oncb.org
Pediatric Nursing Certification Board	www.pncb.org

Showcasing Women's Pelvic Medicine Clinic at UC San Diego Health

By: Laura Aughinbaugh DNP, CNM, WHNP

“Hello , I'm Laura Aughinbaugh, the new Nurse Practitioner in Women's Pelvic Medicine, “ I must have said 100 times in my first six months at UCSD. “Where is that? What is that?” Was the response that I heard over and over, quickly followed by, “I didn't even know that existed here..”

UCSD Women's Pelvic Medicine Clinic, within the department of Reproductive Medicine, houses specialized healthcare providers treating female incontinence and pelvic organ prolapse. We are located in Chancellor Park, off Executive Drive in La Jolla, just a mile down the road from Thornton Hospital and Jacobs Medical Center. We are in the same building with other UCSD Ambulatory clinics such as Urology, Sports Medicine and Sleep Medicine. The next big question: What is IT? Not as easy to answer as where we are located. IT: Pelvic Medicine is what we do and in more eloquent terms is Urogynecology. So really, what is Urogynecology? By definition a newer specialty of medical and nursing care treating women whom suffer from pelvic floor disorders. Of course, what on earth is a pelvic floor disorder (PFD)? PFD is a group of conditions that effect the muscles, ligaments and connective tissue in the lower pelvis— these tissues ultimately support the bowel, bladder, uterus, vagina and rectum. Obviously very important body parts that effect multiple body systems and effect human functioning on many levels. When the supportive tissues of the lower pelvis are injured or weakened, the area fails to function well or comfortably. The most common PFDs are urinary incontinence, fecal incontinence and pelvic organ prolapse. Yes, pelvic organ prolapse.

A topic hardly mentioned during nursing training and hardly even discussed in private realms. Pelvic organ prolapse (otherwise known as POP) is when the pelvic organs drop, caused by loss of support from the vagina. “Drop” defined as the prolapsing and protruding of the vagina and/or cervix through the vaginal opening.

How often do women have POP? About 50% of women will develop POP across the lifespan, especially those women whom have experienced vaginal births. Women can still develop POP having never experienced a vaginal birth and this a result of genetics, aging and other risk factors such as obesity, chronic constipation and menopause. Some women are born with conditions, such as spina bifida, that predispose them to POP. Some women are asymptomatic and sadly, only 10–20% seek treatment for their condition. For those women who are symptomatic, most report the sensation of a bulge at the opening of the vagina or pressure at the opening of the vagina. Depending on the degree of descent of the vagina and pelvic organs, a protrusion of tissue can be as far as several inches past the outer folds of the vulva. Common descriptions by patients range from “I feel like I'm sitting on an egg” “My bladder is hanging between my legs” to “I can hardly walk or move with the bulge between my thighs”. The implications of POP for a



Laura Aughinbaugh DNP, CNM, WHNP is a Nurse Practitioner II at UCSD's Women's Pelvic Medicine Clinic, within the Department of Reproductive Medicine. She has worked as a Midwife and Women's Health NP for 12 years— joining the UCSD in 2015. Prior to this, she served the rural communities of Western Pennsylvania providing healthcare to underserved populations and taught undergraduate nursing at the University of Pittsburgh. Her research presentations and publications have focused on management of obesity in pregnancy. She received her BSN from San Diego State University and her MSN, post-master certificates and doctorate degree from Frontier Nursing University in Hyden, Kentucky.

woman's life are significant and have extensive impact on her quality of life. She is most likely effected in her physical, sexual, social and emotional functioning.

POP is rarely dangerous to a women's life. The one instance that POP is dangerous is when a women cannot empty her bladder. This condition is due to obstruction, resulting in kinking of the bladder neck from the displacement of the bladder or a consequence of neurologic issues where brain-bladder-pelvic floor communication does not function appropriately. In any of these instances, urinary retention develops and can force urine to collect in the bladder, ureters and/or kidneys and subsequently cause kidney damage. Most frequently women will report discomfort and difficulty voiding or they will present with recurrent urinary tract infections since they are unable to empty their bladder well. Very rarely, a woman will not and she will only present for care when she is in kidney failure.

As for urinary incontinence, prevalence among women range

“You have given me my life back. I had no idea how bad I was suffering because I just became accustomed to being incontinent. I'm free to live my life now!”

from 25% to 31% and the percentage increases with age. That means that about one-third of all women suffer from this issue! The predominant type of urinary incontinence among women is mixed incontinence, which is a combination of stress incontinence and urge incontinence; leaking without an urge to urinate and leaking with an urge to urinate, respectively. Although not imminently dangerous to a women's life, urinary incontinence poses an immense financial burden on the patient herself (personal care) and on the healthcare system (evaluation, diagnosis, treatment, complications and nursing home admissions). Luckily, for many of the women who suffer from urinary issues, proper diagnosis and

treatment can improve continence within just a few weeks. I hear the following comments too many times to count “You have given me my life back” “I had no idea how bad I was suffering because I just became accustomed to being incontinent” “I'm free to live my life now!”

Fecal incontinence, the third most prevalent condition we treat at Women's Pelvic Medicine is defined as the involuntary passage of gas, mucus, liquid or solid stool. Although prevalence ranges from 2.2% to 24% depending on the definition used, we find in our clinic that a significant number of women whom present with POP or urinary incontinence also report fecal incontinence. We call this co-occurrence rates and this ranges from about 50%-80%. Again, fecal incontinence is not imminently dangerous to a women's life, however, is it both devastating and embarrassing. In fact, the data on incidence, prevalence and costs is quite limited since most patients are too embarrassed to report symptoms.

With all this in mind-- What can we do to help them? Well, we have Women's Pelvic Medicine here at

UCSD which is staffed by an awesome crew of physicians, nurses, medical assistants and physical therapists that have

an abundance of knowledge, perspectives and passion to improve the quality of life of women whom suffer from PFD. All new patients that arrive in our clinic are triaged by one of our physicians to determine where to start—which diagnostics are needed, and which therapies will be most beneficial to best improve each woman's life. There is no concrete algorithm that states what degree of POP or degree of incontinence needs this medication or that surgical procedure, but instead, the care for each women is determined by her goals, her health status; and her ability to live full and well per her standards. With this, many patients do not opt for surgery and we are able to help improve

their functioning with conservative measures such as lifestyle and diet modifications, biofeedback and/or pelvic floor physical therapy. Many times, conservative treatment is all that is needed for our patients. More complex patients will choose to use medical devices (called a pessary) or opt for reconstructive surgery.

Significantly, several of our patients undergo a very exclusive evaluation called Urodynamic Testing. This highly specialized diagnostic is done in our clinic by our nursing staff. Urodynamic testing is a process of instilling sterile water into the bladder and observing how the bladder fills and empties to best illicit voiding functioning and discover why a women suffers from urinary incontinence or obstruction. In this way, treatment of urinary issues can be tailored and most effective. There are few places in San Diego County that perform Urodynamic Testing and it is a virtue that we are able to offer this service at Women's Pelvic Medicine.

Once an established patient of Women's Pelvic Medicine, our patients are a part of our clinic for as long as their symptoms persist. Pelvic floor dysfunction is a complicated condition and we form a close relationship with our patients to assist them on their journey to living well. The medical assistants and nurses offer 50+ years combined of urologic, gynecologic and pelvic medicine experience—we have seen and done it all!

What can you do to help women who may be suffering from PFD? Ask if they suffer from urinary or fecal incontinence or POP and reassure them they are not alone and we are here to help improve their quality of life. Most importantly, know that the Pelvic Medicine Clinic is a part of the UCSD system and route your patients to our clinic for evaluation.

I was graciously invited to join the UCSD Women's Pelvic Medicine staff in October of 2015. The initial part of my journey was integrating the Advance Practice Nursing role into this clinic. Being a doctorate prepared Nurse-Midwife and

Women’s Health Nurse Practitioner, gave me the knowledge, skills and intuition to do this well. And luckily, working side by side with providers that desire to improve the lives of women, makes for a synchronous relationship. With this, I have begun to bridge the gaps between our physicians, nurses, medical assistants, physical therapists, administrative staff and learners in the Women’s Pelvic Medicine Clinic and improve our model of care—especially by improving patient access, work flow and compliance within the UCSD system. As a clinician, my role has evolved into the management of non-surgical interventions for treating PF dysfunction: from the use of medications and medical devices to biofeedback, pelvic floor stimulation and neuromodulation. I love what I am able to do for the staff, our patients and for the UCSD health system—to bridge the gaps in holistic care for those who give and receive treatment for pelvic floor dysfunction. Helping individuals with pelvic floor dysfunction is complex and multifactorial, it is truly a privilege to be granted their trust and I am confident we will continue to improve the lives of many more women.

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PRECEPTING: A chance to give back

Part of advanced practice nursing education includes applying knowledge from the classroom in a clinical environment. Preceptorship is common in nursing, as all registered nurses participate in clinical during their training. Many advanced practice nurses at UC San Diego are preceptors for students enrolled in advanced nursing training.

Advanced practice nurses are preceptors for many reasons. Some view this role as a way to “give back” because we were all students at one time. Preceptorships are important for students to learn their craft and enhances quality of practice. Students learn to function in the real clinical world and learn from advanced practice nurse practices. Precepting students also keeps nurses “on our toes” to stay current in knowledge and skills.

I encourage colleagues to consider precepting students if schedules will permit. Students may be able to spend just one day with you, or many days over the course of a semester. Any offer to teach will be appreciated!

Below is a list of local nursing schools offering advanced practice degrees:

Clinical Nurse Specialist Programs	
School Name	City
Azusa Pacific University	Azusa
California State University, San Marcos	San Marcos
Loma Linda University	Loma Linda
Mount St. Mary’s University - Los Angeles	Los Angeles
Point Loma Nazarene University	San Diego
San Diego State University	San Diego
University of California, Los Angeles	Los Angeles
University of San Diego-Hahn School of Nursing & Beyster Institute for Nursing Research	San Diego
Certified Nurse Anesthesia Programs	
Loma Linda University School of Nursing Nurse Anesthesia Concentration	Loma Linda
University of Southern California	Los Angeles
Certified Nurse-Midwifery Programs	
San Diego State University	San Diego
Nurse Practitioner Programs	
Azusa Pacific University	Azusa
California State University, Long Beach	Long Beach
California State University, Los Angeles	Los Angeles
Loma Linda University	Loma Linda
San Diego State University	San Diego
United State University	San Diego
University of California, Irvine	Irvine
University of California, Los Angeles	Los Angeles
University of San Diego-Hahn School of Nursing & Beyster Institute for Nursing Research	San Diego

Pacific Partnership 2016

Humanitarian Mission aboard the USNS Mercy

By: Michele Reynolds UCSD CRNA

I spent the first 2 weeks of August as a volunteer on the hospital ship USNS Mercy in Malaysia. I am a CRNA at UCSD and was offered this opportunity through the Advanced Practice Nursing Council. I was part of the Pacific Partnership 2016 and UCSD's liaison to this is Dr. Irvin Silverstein of the Dental School.

The Mercy personnel worked alongside their local counterparts in Timor-Leste, the Philippines, Vietnam, Malaysia and Indonesia. They shared their knowledge and training in disaster response preparedness through subject matter expert exchanges, workshops, and exercises. The focus areas were humanitarian assistance, disaster relief, medical care, and civil engineering. The theme was "Women, Peace and Security". I was able to attend

a seminar at the Islamic University in Kuantan, Malaysia, alongside Malaysian health care providers, students and physicians. Two lectures that were particularly memorable discussed the role of women in disaster or peacekeeping missions, and Sharia law's treatment of women.

Malaysian healthcare providers toured the Mercy and I was able to go to the local hospital and teamed-up with their Anesthetist. We performed a couple of surgeries on the Mercy with local surgeons assisting. The Malaysian people were incredibly warm and welcoming toward us even though this was the first time the Mercy had been to Malaysia.

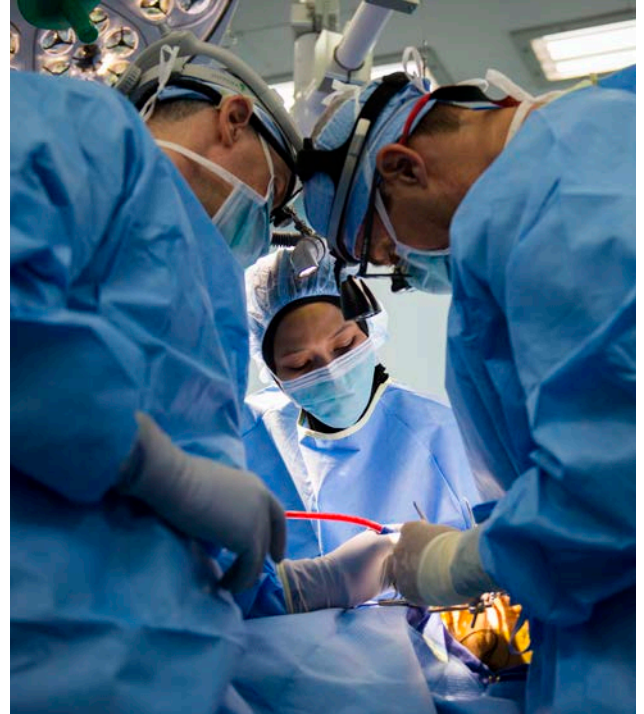
I was impressed that the quality of healthcare offered in Malaysia was apparently equivalent to the care we provide at UCSD; the



Michele Reynolds UCSD CRNA

has been a Nurse Anesthetist at UCSD for over 16 years. She got her Anesthesia training at the Mayo Clinic in Rochester, MN. She earned her Master of Science in Nursing from the University of Texas in Austin where she also worked in critical care and taught in the School of Nursing. She got her Bachelor of Science in Nursing from the University of Michigan, Ann Arbor.





equipment and technology we were using was the same (but they did not use disposable wrapping, gowns or masks).

The Mercy included many nations participating in this mission including military and civilian personnel from Australia, Canada, Japan, Malaysia, New Zealand, Republic of Korea, and Singapore.

So it was fun to get to know these wonderful people from all over the world.

I stayed in officers berthing but still the space was tight and there was very little privacy. I appreciated being able to go up to the flight deck. There were 1200 sailors aboard the Mercy and most of them were on the mission from May through

September. Knowing the personal sacrifices they made helped me appreciate how much our military does for us. One sailor had tears in his eyes as he told me about his one year old triplets.

Going on a humanitarian mission on a hospital ship was something I have wanted to do since childhood. I am grateful for the wonderful opportunity to participate through the support from UC San Diego Health and the Department of Anesthesia and the UCSD Pre-Dental Society NGO of the Medical School





Oh, the Places You Go!

Sharing the stories of outstanding UCSD Advanced Practice Nurses

By: Rhonda Martin, MS, RN, MLT (ASCP), CCRN, CNS/ACNP-C

I've always contended that nursing is a vocation. It is a strong, innate calling and desire to help others. Because of this, every nurse has a journey; every person has a story. Sometimes, these great stories are right in front of us, but hidden from view. I became aware of this fact some years ago while working as a manager with a staff nurse named Lily Fernandez in the SICU. She was quiet, dignified, extremely knowledgeable, and humble. It wasn't until I learned from her peers that she was one of the first ICU nurses at UCSD, and was the first manager of 5 West Surgical ICU; in other words, a critical care pioneer. Another example is Dr. Marguerite Jackson. For those of us lucky enough to have worked with

the former epidemiologist, Director of Infection Control, and Nursing Research and Education before her retirement, we remember her many entertaining classes, and Southern drawl and wit. What many nurses don't realize is that she and a nursing colleague from Seattle developed and implemented the concept of Universal Precautions. Every time a health care provider pulls on a pair of gloves, you have Marguerite to thank.

The beauty of Nursing is that there are so many directions you can take over the course of a career. With the wealth of experience we have in our UCSD Healthcare Advanced Practice nurses, I wondered, what other journeys and stories are there to tell? So I sat down with some of our peers to learn their stories.



Rhonda Martin, MS, RN, MLT(ASCP), CCRN, CNS/ACNP-C

received her AA from Allegany College, BSN from the University of San Diego, and Master's Degree and Post-Master's from California State University, Long Beach. After a career that included being nurse manager in SICU/Trauma, CNS in Nephrology, the first inpatient-based critical care NP (for Liver Transplant/Hepatology), and NP with VIR, she retired from fulltime work in 2015. Her latest adventures are part-time careers as NP with UCSD VIR, SCLC Hepatology, publishing, and lecturing.

"You have brains in your head.

You have feet in your shoes.

You can steer yourself any direction you choose.

You're on your own. And you know what you know.

And YOU are the one who'll decide where to go..."

Dr. Seuss, Oh, The Places You'll Go!



JOAN (JOANNIE) SALOTTI, RN, MSN, ANP, CCTC

Liver Transplant Nurse Practitioner-Coordinator

What prompted you to become a Nurse?

I have always wanted to be a nurse, ever since I was a little girl. Even though I was the baby of the family, I wanted to help everyone around me, to help others.

What other jobs or careers have you had?

In junior high school, I worked in a candy store. During nursing school, I did duty in a maximum-security prison in Texas. Now, that was interesting. After I graduated from nursing school, I was the only registered nurse on night shift on an oncology/stroke unit.

It wasn't uncommon in those days to put a new grad by herself on the evening or night shifts. After that, I worked in ICU for four years; IVs in glass bottles, using a calculator to regulate the drip rates. Then I went to the Transplant Unit at Ochsner Medical Center in New Orleans, where we performed liver and kidney transplants. This was when you had to wear full barrier garb in any transplant room-gown, hat, mask, shoe covers. OKT3

was the new second-line rescue antirejection med, and God the side effects! Then I was an agency ICU nurse in San Diego on night shift, before joining the SICU/Trauma staff at UCSD. I worked the night shift, every weekend for 2 1/2 years while in graduate school.

Why did you become an advanced practice nurse?

For the challenge. I wanted to do more, and be part of something bigger. The NP/Transplant Coordinator is a hybrid position, which means every day is different. However, I do miss inpatient nursing sometimes.

What honors or accomplishments are you most proud of?

Being able to have a relationship with my patients. Your patients become your extended family. I learn so much from them, especially how to deal with life, and how to persevere. Precepting SDSU masters students, and seeing their excitement about nursing, gives me a great sense of accomplishment. I just completed orientation manuals for graduate

students in transplant, and new liver transplant NPs.

What do you do for FUN?

My husband and I just bought new bikes, but haven't used them as much as we would like. I love hiking, especially at Torrey Pines State Park.

What's in the future for you?

Mentoring the next generation of liver transplant NPs and coordinators. Also making more room for fun in my life.

In a phrase or sentence, sum up your Nursing or Life Philosophy.

Be in the moment, be present, be kind and respect others-differences and all. Remember to educate and do your best.

"When you're in a Slump, you're not in for much fun.

Un-slumping yourself is not easily done."

Dr. Seuss, Oh, The Places You'll Go!

KAREN PERDION, MSN, CNM

Director, Nurse Midwifery Service, UCSD Health Care

What prompted you to become a Nurse?

I went to nursing school, because I have always wanted to be a midwife. Ever since I was a little girl, I have been fascinated with birth. I knew I did not want to go medical school or do surgery, so the midwife role was a good fit for me.

What other jobs or careers have you had?

I worked as a student nurse as a per diem in Labor and Delivery (L and D). After graduation in Cleveland, Ohio, I worked in med/surg for two years, which was not my dream job. I also did ICU/renal care for a brief time. Then I went back to L and D to make sure it was for me. After graduate school, I started looking for jobs in warmer places near the water. I had a book with all

the cities that fit the bill, and San Diego and Tampa, Florida were the top choices. So my next job was as a midwife in Victorville, CA for six years! It was a great place to learn, you did everything on your own. Then I came to UCSD. Really, I've worked at five places in my career.

Why did you become an Advanced Practice Nurse?

I have always wanted to be a nurse midwife. I tried other areas, but L and D is my home.

What Honors or accomplishments are you most proud of?

In terms of accomplishments, our team published in the Journal of Perinatal and Neonatal Nursing about our Midwife-Led Birthing Center. I am very proud of our joint practice; it is interdisciplinary, and unique. The midwives are also more involved with teaching

the residents. I am a founder of the Nurse Midwifery Business Network, and help with the administrative aspects. I also went with Anne Fulcher, Doula Program Director, to China. We went to two hospitals to present on how they could improve their L and D practice. That was way out of my comfort zone, but very rewarding.

What do you do for FUN?

Reading, and previously spending time with my dog, who just passed. Rowing on the weekends with my club.

What's in the future for you?

Getting another dog, and growing our practice at UCSD.

*"You're off to Great Places!
Today is your day!*

*Your mountain is waiting,
So... get on your way!"*

Dr. Seuss, Oh, The Places You'll Go!

ELIZABETH (LISA) WALKER, BA, BSN, MHS, CRNA

Senior Nurse Anesthetist

What prompted you to become a Nurse?

Initially I wasn't particularly interested in nursing, *per se*. I initially wanted to be a biologist. Becoming a nurse was the best career move I ever made, but it happened over a period of time.

What other jobs or careers have you had?

I've worked as a veterinary assistant at an animal hospital, and a pharmacy assistant. While earning my BA in Biology from UCSD, I worked at the Scripps Institute of Oceanography. Money was an issue for me in college. To supplement what I made at Scripps, I cleaned houses, and was a house painter. Finally I started searching classified ads for other opportunities beyond minimum wage positions, but trying to find a job for someone who is an expert in sheepshead fish was not going to happen. I saw ads for nurses, and the pay looked very good. I had the prerequisites for a nursing program, and applied on the outside chance I would be accepted. I was not very familiar with nursing, and honestly, I thought nurses were not as smart as people in other disciplines. I found out that is NOT true! I came to realize how hard it is to balance ALL the roles nurses perform, and it is a part of nursing that I love.

I worked as a certified nursing assistant at a skilled nursing facility while in school, then at Kaiser in Med/Surg and ICU. I think back to the shock I had, when my pay went from \$8 an hour to \$15 an hour as an RN. That was considered great money then. I was a traveling nurse in New York, but wanted to back in San Diego near the water. I had a job in the UCSD Clinical Research Center (CRC) before returning to school.

Why did you become an Advanced Practice Nurse?

I loved science, and had heard about CRNAs, but had never met one. The first one I met was Karen Karp, a great mentor who got me interested in the role. It was SCIENCE: biology, pharmacy, and physiology. Karen is now a Senior Director of the California Association of Nurse Anesthetists.

What gives me the greatest pleasure in my job is waking a patient up, comfortable, pain-controlled, reassuring them, and delivering them to my colleagues in PACU for their next phase of care. I stay until both the patient and the nurse are stable in the situation. At my "check-out time", all is well.

What Honors or accomplishments are you most proud of?

I won the first Teaching Award for the Department of Anesthesia at UCSD. It was because of the positive feedback I received from the medical students.

What do you do for FUN?

Traveling, and socializing with friends. Being in or near the water, which is one reason I love being in San Diego.

What's in the future for you?

In time, eventually retirement. Then I could focus on volunteerism, especially with an organization like Doctors Without Borders.

In a phrase or sentence, sum up your Nursing or Life Philosophy.

Be as helpful as you can, and be of service to others.

*"Just never forget to be dexterous and deft.
And never mix up your right foot with your left.
And will you succeed?
Yes! You will, indeed!
(98 and 3/4 percent guaranteed.)"*

Dr. Seuss, Oh, The Places You'll Go!



10 Questions for the Newbie Nurse Practitioner on the Block

Jennifer Dvorak, RN Interviewed by Sal Chiappe RN/editor

The following is an interview with Jennifer Dvorak RN who will soon become the newest Nurse Practitioner at the Moore's Cancer Center when she passes her NP exam, she will then join the 28 plus Advanced Practice people who are currently employed at the Cancer Center.

How many years have you been a nurse?

I have been an RN with a BSN for 12 years.

Why did you decide to go back to school to obtain your Master's degree? How long did it take for you to complete the Nurse Practitioner program?

I have always wanted to be a Nurse Practitioner. I thrive at challenges. I found out my calling in life was to be a nurse and being a nurse practitioner was the next big challenge. In 2014 I chose not only to pursue my Master's degree in Nursing but to also become a Nurse Practitioner at the same time, I wanted as much experience as I could get before taking the next big leap in my career. I was a travel nurse for many years so I could live in amazing places while learning about other Universities around the country. As a part time student, my degree to become a NP took 2.5 years.

Explain how UC San Diego Healthcare supported you in furthering your nursing education?

I had the most supportive and caring nurse colleagues working beside me. Many nurses covered my busy practice 2 days a week for one year while I was gaining clinical hours off-site. These nurses worked tirelessly to make sure all my patients and their families

were taken care of. The entire nursing team was incredibly generous and encouraging. My manager's spent many hours planning my coverage and working with the nursing team to ensure that I did not have to stress about my work and school schedule. The direct physicians and Administrative Assistant's I work with could not have been more receptive as they made many sacrifices for me to reach my goals. The administrators at Moore's were readily available and reassuring. Everyone at Moore's supported me on a daily basis.

You have worked for 6 years as a Nurse Case Manager with Lung Cancer patients, as I understand you will continue to work with the same disease team. What will your role be as a Nurse Practitioner?

I will be seeing patients in clinic as well as working closely with the nurse and physician managing patient care outside of clinic. I will continue to manage the process for new patients and look forward to being more closely involved with research and clinical trials as well.

Will you be seeing patients in your own clinic?

Absolutely. I am thrilled with the opportunity of the Nurse Practitioner's role to work more autonomously. It allows our team to be able to see more patients, provide more time with each patient and family for optimum patient care. I

will continue to see patients in clinic with Dr. Bazhenova and will have my own clinic 2 days a week, as well as, adding patients who need to be seen urgently.

What were the most difficult things you encountered as you were obtaining your advanced practice degree and working at the same time?

Working full and part time while going to school part time is extremely difficult, averaging 3-4 hours of sleep every night is not exactly healthy living. I barely got to spend any time with my family, and time with my friends after work or on the weekends became virtually nonexistent and my dog's walks were extremely short. My social scene consisted of my classmates on the computer during class, barista's, food delivery drivers, and flight attendants. My life was completely on hold.

With all the tumultuous changes we are seeing in Healthcare how valuable do you think the Nurse Practitioner will be in delivering care to an aging population?

Advance Practice Nurses are evolving into some of the most valued Healthcare professionals in the country. The Affordable Care Act is focusing on the fact that we do not have enough physicians in this country to see an increasing volume of patients as "baby boomers" mature. With the

advancement of technology and medicine, people are living longer with chronic illnesses. Nurse Practitioners are shown to be more cost effective and have the skill set to work independently to address the volume and modern demands of patient care.

What skill set does a Nurse Practitioner bring to the table between the Physicians and the RN's?

NP's bring a comprehensive perspective to health care. They have acquired seasoned knowledge as a RN, and are now clinicians that blend clinical expertise in diagnosis and treating health conditions with an added emphasis on disease prevention and health management. NP's need to have a complex mix of decision-making skills and clinical competencies to expand a practice.

You will be taking on a role with more responsibility in delivering patient care, what are you doing to prepare for this?

I have been working closely with the other medical oncology Nurse Practitioners at the Moore's Cancer Center, in that time I have been able to follow and learn from them as they see their patients in clinic. It has been remarkable how many NP's have been willing to offer their time, wisdom, and guidance to me. I am so excited to become a part of the Advance Practice Nurse's team.

With more responsibility comes more stress, what do you do to reduce that stress?

Learning how to deal with stress requires a great amount of trial and error. I created unhealthy habits during school as I didn't have the time to deal with ongoing stress. Reducing stress takes a mountain of energy and it is an ongoing battle. It's so easy to succumb to bad habits, but I have learned to reach out for support and help. We all make huge sacrifices for patient and family care, and it takes a team to provide optimum care.



Jennifer Dvorak RN, BSN, OCN, MSN is a registered nurse who recently graduated from Simmons College where she received her MSN and is scheduled to take the ANCC board exam to become a Nurse Practitioner. She received her BSN at California State University San Bernardino and has worked at many University hospitals around the country as a travel registered nurse in the intensive critical care, emergency/trauma, cardiology and oncology units. She joined UCSD Moore's Cancer Center in 2011 working as an outpatient oncology nurse specializing in medical lung oncology.



Balancing Act

Neremiah Castaño, MS, APRN (NP-C/CNS/PHN) Interviewed by Sal Chiappe RN/editor

The following is an interview Sal Chiappe RN conducted with Neremiah Castano, Nurse Practitioner with the UCSD Moore's Cancer Center Surgical Urology disease team.

Why did you decide to go into Nursing? Who influenced you to do so?

I looked up to my parents who were tremendous role models as they were both health care professionals (my mother is a clinical lab scientist; my father is a retired Navy corpsman). I also spent hundreds of hours as a child and teenager volunteering at medical tents at events with my dad (he was a CPR instructor and taught me CPR and first aid when I was 8) and at a local community hospital in high school. Subsequently, I developed a sense of calling to serve others as a health care provider.

The genuine care and compassion that I consistently saw nurses provide to their patients and the community made a lasting impression on me. Choosing to become a nurse has been one of the best life decisions that I have ever made. I periodically reflect on how that decision has made such a profoundly positive impact not only in the fulfillment my life, but especially on the lives of the countless patients and families that I have had the privilege to serve.

Why would you encourage more men to go into Nursing?

Nursing is such a rewarding and gratifying profession that opens the door to myriad opportunities to care for people in various ways – clinic, hospital, research, education, leadership, military, informatics, etc. Additionally, I think it's time for all of us

to continue breaking gender stereotypes so that our patients can benefit from having a more diverse and balanced array of caregivers representative of our population. For example, a generation ago most physicians were male; however, over the past few years about half of all medical school graduates are now female. It's time for men to bridge the gap in nursing!

I understand your wife Joy is also a practicing RN and that you have two young sons. How does your family accomplish the balancing act of having two career nurses with a young family and your military responsibilities as a Lieutenant Commander in the United States Navy Reserve?

We have to run a "tight ship"! I learned early on that in order for me to accomplish all of my goals that I have to be efficient with my time and schedule everything out. I still use the old traditional paper planner to coordinate and schedule many things weeks in advance. I am currently the Officer in Charge of my Navy unit and that entails a lot of responsibility that I end up scheduling to work on at night after the kids are asleep and during the weekend. However, I always find time to schedule in "fun" time together as a family as much as possible. Most importantly my wife has been very supportive and understanding of all of my endeavors since we began dating in high school. I think that we make a great team and I really couldn't do it without her. She really is the "captain" of this ship!

Briefly describe your practice as a Nurse Practitioner with Surgical Oncology?

I work as a nurse practitioner for urologic oncology surgery and primarily care for outpatients at the Cancer Center and inpatients admitted to our La Jolla hospitals. I help manage and discharge inpatients in the early morning, provide education and serve as a "bridge" to the outpatient setting. I see outpatients in clinic the rest of the day with the most common diagnoses being prostate cancer, bladder cancer, kidney cancer, elevated PSA, BPH, hematuria, and everything else. I also serve as a clinical resource for our urology nursing and administrative team, provide staff education and training, and assist our physicians with several various duties.

How does UC San Diego Health Systems support your military responsibilities?

The assistant director of nursing, Vicki Bradford, and Urology faculty program lead, Dr Kader, at the Moore's Cancer Center have both been exceptionally supportive by working with me to complete annual and monthly Navy Reserve training requirements. As a small sign of my appreciation a few years ago I nominated and UC San Diego Health was awarded the Patriot Award by the Department of Defense ESGR for all of the support that I have been provided to allow me to continue service of our country in the Navy Reserve.

Describe the benefits of working in an institution that practices Academic Medicine?

I enjoy working in the academic medicine aspect of healthcare here at UCSD because I feel that we are on the cutting edge of evidence-based practice, constantly incorporating the latest research into our care, and we are constantly learning. There are so many opportunities for continued education from grand round lectures and multidisciplinary board meetings to patient support groups and classes that create a positive academic environment that our patients are ultimately able to benefit from tremendously.

You are presently in training for an Iron Man competition. Where on earth do you find the time and energy to take on such an event?

Precision planning and coordination! I had to schedule my longer 4-6 hour workouts months in advance for Saturday mornings starting at 6AM, so that I can be home in time to spend the rest of the day with the family. Fortunately I completed an Iron Man event a couple of years ago so I'm more familiar with the training requirements. I've consistently exercised 5-6 days per week since high school and used to run competitively, so the training adjustments and preparation for the Iron Man are a fun change. As far as energy, I think the passion, drive, and dedication to accomplish this goal coupled along with the excitement that I see my kids have had in watching me train for this grueling event has kept me motivated in those cold and often rainy (this year, at least) 6AM swim/bike/run sessions. As previously mentioned, I think that the biggest advantage has been excellent teamwork with my wife, which I appreciate immensely.



Neremiah Castaño, MS, APRN (NP-C/CNS/PHN)

is a Nurse Practitioner with Urologic Oncology Surgery at the UCSD Moore's Cancer Center in La Jolla. He has been a Registered Nurse for 13 years, Nurse Practitioner for 7 years, and officer in the US Navy for 13 years (active and currently reserve). He earned his bachelor's and master's degrees at San Diego State University and is a proud Aztec alumnus. Neremiah enjoys spending time with his family, traveling, surfing, and running.

Another Day, Another Metastasis

Part 1

By: Cynthia M. Ciaschi, MS, RN, ANP-BC

My words? No, in fact, they were his words. Words which he would later give me permission to share. Let me start by saying, when I first met Shaun I was struck by his persona,

which included, his fishing hat, sunglasses and a Hawaiian print shirt. Upon entering the exam

room in the out-patient medical oncology clinic, I was faced with a young man in his 50's with

Stage IV rectal cancer, coming in for a pre-chemo visit. He was anxious to receive his treatment

that day so he could return home in time to resume child care responsibilities for his young son.

This day would be no different than many others. Parameters were met for treatment. Appropriate prescriptions were written and provided, follow-up was scheduled and off he went! I was certain he would be home in time to retrieve his son from daycare and I was touched by this father's caring and joy to spend time with his son.

Future visits for Shaun would be marked by delays in treatment due to medication side effects, re-staging scans, progression of disease conversations, and treatment decisions. One visit in particular comes to mind. This visit Shaun was complaining of headache and visual disturbances. An MRI of the brain revealed a clival mass and more radiation treatments followed.

A couple of weeks later, I was walking down the corridor on my way to clinic when I was met by Shaun. We exchanged greetings and I inquired as to how he was feeling. He responded with, "Oh, you know, another day, another metastasis".

From there he literally waltzed in to the exam room. No despair, as one

might expect for being dealt another "bad hand". He was just delighted to show me how he had jerry-rigged his eyeglasses with a piece of cardboard to help with the double vision! On the outside he didn't have a care in the world.

I shared a story with Shaun about someone he reminded me of on television. His "doppelganger" was a young man, walking along the esplanade with his lovely wife by his side, smiling and jubilant. Little did I know at the time I was

"transferring". That was who my mind's eye saw him to be this day. Although this was just another pre-treatment visit, things would soon change. Shaun developed a complication requiring hospitalization and chose to forego treatment. Palliative care consulted and was instrumental in helping Shaun and his wife transition to Hospice.

I received word that he had chosen supportive care. That Friday evening, I made what would be my last visit with Shaun. I shared my feelings as to the impact he had on me and my perspectives of caring for oncology patients, of how I perceived him, his spirit and the grace with which he lived through the highs and lows of his cancer journey. Shaun had a presence and was a force to be reckoned with. I reminded Shaun of the legacy he leaves to his young son whom he so dearly loved and the peace he provided to his wife who allowed him to be Shaun. Shaun was in control of his destiny that day. I was also reminded of a quote from Dame Cicely Saunders, "You matter to the last moment of your life and we will do all we can, not only to help you die peacefully, but also to live until you die".



Cynthia M. Ciaschi, MS, RN, ANP-BC

is a Nurse Practitioner, III working in GI Medical Oncology with Dr. Hitendra Patel at Moores Cancer Center. She credits her interest and need to write about patient experiences to her colleague Alok A. Khorana, MD, Director of the Gastrointestinal Malignancies Program at the Cleveland Clinic, who uses "fiction as a method of catharsis".

As a Nurse Practitioner with 20+ years in Oncology, I often find myself asking what is it that keeps me motivated to seize each and every day? I recently reached out to a colleague to provide perspective. He often writes about patient experiences and finds it helps to provide balance to those experiences. He reminded me, it is a privilege to be part of our patients' lives. We learn and grow from each encounter. It was a privilege to care for Shaun and his family.

Another day, another metastasis? I think not. Thank you, Shaun. My words.

Another Day, Another Metastasis Part 2

A Palliative Care Success Story

By: By Arlene Cramer FNP, AHPCN

I am often asked “What is Palliative Care? How is it different than hospice?” I sometimes struggle to help my colleagues understand the philosophy underlying palliative care, our emphasis on quality of life and our support for the individual’s choice. People often confuse palliative care with hospice. Palliative care supports patients and families who are alive (not dying) throughout the course of serious illness as they struggling to live with dignity and respect. Perhaps all would best be made clearer by sharing one patient’s journey. This is Shaun’s story:

Shaun was referred to our inpatient palliative care team during a hospitalization at UCSD Hillcrest for complications related to his treatment. What we didn’t know at the time was that Shaun had a serious substance abuse disorder most of his life with only brief periods of true sobriety. He was discharged with a prescription for oxycodone – his drug of choice when abusing drugs in the past. At our first meeting two weeks later I reviewed the CURES report (a report of all controlled substances prescribed during a specific time) and Shaun had received prescriptions for 660 oxycodone tablets in the previous 2 weeks. They were all gone. That day our 8-month journey with Shaun started. The palliative team together with the oncology team, Moore’s psychology, psychiatry and Shaun’s family all helped Shaun climb up his mountain and into his sunlight.

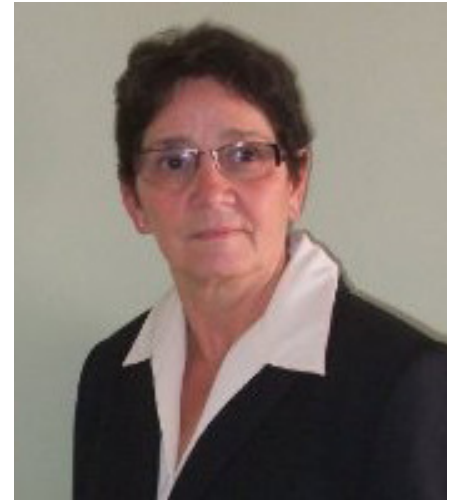
During that time I came to know Shaun as a man and a dedicated stay at home father, his greatest regret was the effect his disease was having on his son. He was honest about his fears of dying and of pain. He wanted to blunt those feelings with

drugs and alcohol and he needed to develop new coping skills. We helped him clarify his goals – of course he wanted to live as long as possible – but he began to explore the decisions he might need to make in the future about medical decisions (i.e. CPR) and then began to weigh the pros and cons of those decisions. These were very difficult discussions. Shaun was a young man, very connected to his thriving family life. Each time we revisited these topics Shaun was reminded again that his illness was progressing in spite of treatment, and that he would need to soon say goodbye to his son and wife.

Shaun had difficulty dealing with the fear of the potential indignities and suffering at the end of life. He asked about physician aid in dying (PAD). Was that a possibility for him? Although we do not participate in the program other than as consultants, we found this an opportunity to further discuss a plan for the future that might help restore some sense of control for Shaun.

So much is unexpected in managing life while coping with serious illness. We like to say “expect the unexpected”. We can’t plan for the unexpected but as a palliative care team we helped Shaun develop the skills and support that he would need to face the unanticipated challenges ahead. During the last 2 months of his life Shaun had numerous hospitalizations – sepsis, GI bleeding, respiratory distress. Together we had developed a firm foundation for our talks and discussions at each bump in the road.

Shaun eventually died at home on hospice care with his family by his side. I attended his memorial service in a local open air park. His journey was not easy – for him or for our



Arlene Cramer FNP, AHPCN

is at Nurse Practitioner at Doris A Howell Palliative Care Services within the UC San Diego Health System. She completed her degree at New York University/SUNY at Stony Brook in 2000. She has practiced and taught in various settings including San Diego Hospice and the Institute for Palliative Medicine and now at UCSD. Arlene is a Certified Advanced Hospice and Palliative Care Nurse and provides care as part of an interdisciplinary care team for patients and family with an emphasis on their physical, psychological, emotional, and spiritual needs.

team. His journey was filled with frequent relapses and overwhelming emotions mixed with existential crisis. The team often felt frustrated and sometimes manipulated but we had developed a bond and a commitment to see this through. I believe that Shaun, his family and the team all believe that we all struggled through to help Shaun achieve another “Palliative Care Success Story”.

BRIDGING THE GAP

A Nurse Practitioner's Role In The Surgical Intensive Care Unit

By: Samantha Gambles Farr MSN NP-C CCRN RNFA

UC San Diego Health operates the region's first Level I Trauma Center since 1976 and provides care for critical injuries in San Diego and Imperial Counties. Currently, UC San Diego Medical Center in Hillcrest operates as the primary center for trauma. Directed by Raul Coimbra, MD, PhD, the Trauma Center operates as part of the San Diego Trauma System. Approximately 3,200 patients a year who experience traumatic injuries are admitted by the Trauma Center. Uniquely designed, the Trauma Center opened a state-of-the-art trauma resuscitation unit to provide comprehensive care to traumatically injured patients in 2013. The trauma bays, resuscitation suites and surgical intensive care unit (SICU) are all connected and staffed by Advanced Trauma Life Support (ATLS) and Trauma Nursing Core Course (TNCC) faculty, residents, advance practice providers, and nurses. In addition, the trauma bays are staffed by respiratory therapists, trauma technicians, and radiology and ultrasound specialists staff the trauma bays.

From this transformational and innovative healthcare system, stems a deep commitment to interdisciplinary health care teams driven by collaborative practice. UC San Diego currently employs Advance Practice Nurses (Nurse Practitioners, Clinical Nurse Specialist, Certified Nurse Anesthetists, and Certified Midwives) in many departments in most of its facilities.

In the spring of 2015, the Division of Trauma, Surgical Critical Care, Burns and Acute Care Surgery hired the first Nurse Practitioner for the Surgical Intensive Care Unit at UC San Diego's Hillcrest Medical Center. In an effort to continue the mission and in coordination with its Magnet status, my current

position is to function within a collaborative practice model. The responsibility of ensuring constant quality and evidence-based care for every patient seen by the Surgical Critical Care Team is my primary goal. Accountability of my function intersects and interacts with attending physicians and residents as they rotate on and off service. My presence represents a continuity of care not only physically, but also with regards to knowledge based on the sequelae of events for each patient. In addition to interacting with medical staff, I serve as a bridge of communication between the nursing staff of the SICU and the medical providers on the Surgical Critical Care and Trauma Intensive Care teams.

Structural empowerment, a key component to our magnet status is practiced in our unit. Jay Doucet, MD, PhD, Surgical Intensive Care Director, works directly with nursing leadership to facilitate exemplary nursing practice. In collaboration with Juana Burkhardt BSN, RN, CCRN, SICU Nurse Manager and countless others, Dr. Doucet empowers nursing to innovate new ideas. Recently, as part of this we began Nurse Lead Rounds as part of an initiative partnering with the ACCN (Association of Critical Care Nurses) collaborative in San Diego. The components of its inception were conceptualized by several SICU registered nurses seeking to increase collaborative care. Nurses lead the rounds with presentation of patient information followed by provider input. This allows a discussion regarding patient needs as a team and then immediate order entry.

A typical day in the SICU encompasses active management of patients by order entry, diagnostic interpretation of radiology and



Samantha Gambles Farr RN MSN FNP-C CCRN RNFA DNP(c)

Samantha Gambles Farr is a Board Certified Family Nurse Practitioner with a career in nursing spanning nearly 20 years. She currently works as the Surgical Intensive Care Nurse Practitioner for UC San Diego in the Department of Trauma, Burns, Surgical Critical Care and Acute Care Surgery. She is also a Registered Nurse First Assist and travels internationally on mission trips. In an effort to further her education, she recently began her journey to obtain a Doctorate of Nursing Practice with post Masters Adult Gerontology- Acute Care Specialty from the University of Arizona. Upon graduation in 2018, she will become a double board certified, doctoral prepared Nurse Practitioner. She is very active in her professional and personal volunteer activities including: California Association for Nurse Practitioners, San Diego North County Chapter Treasurer, Member-at-Large for Society of Critical Care Medicine Nurse Steering Committee, San Diego Black Nurses Association, North County African American Women's Association, and receipt of the North County NAACP Woman of Distinction Award for community service for 2017. Samantha is married to the love of her life, Afshin, and has a daughter in college, Kai.

laboratory, and plan of care development. The ICU has 20 patient beds with the possibility of 6 over flow beds housed in the PACU. My position requires knowledge of diagnosis, plan of care and management of all patients in the unit. In addition to these duties, I assist with the patients as they are admitted via the trauma bay as needed. Within the unit, I am certified to perform bedside procedures such as central line insertion and arterial line placement for patients requiring hemodynamic monitoring.

In recent studies, the presence of advance practice registered nurses (APRNs) within the intensive care unit has been shown to increase patient satisfaction, decrease length of stay, decrease mortality, improve resource utilization, improve family satisfaction and increase adherence to protocols. Patient and family satisfaction with quality and overall care delivery is a challenge for many intensive care units. Inclusion of family and patients with goals of care discussions were frequently reserved to medical staff within the intensive care unit. Advanced practice registered nurses now play a crucial role in these conversations. Within the unit, we have instituted a mandate to conduct these meetings with every patient requiring ICU care after 72 hours and every seven days after the initial discussion. The intention of these meetings is to gain insight into the patient prior to hospitalization and update the family regarding prognosis, current treatment plans, and possible patient outcomes. The inclusion of Goals of Care conversations gives the family and patient (if medically able) an opportunity to receive consistent updates with their medical providers. An integral part of care, these conversations are held to promote understanding and teaching. Currently I am collaborating with the SICU department and Palliative Care Team to offer educational opportunities for residents that promote care to improve patient quality of life.

Additionally, my position requires knowledge of up-to-date evidence based practice regarding protocols for ICU, surgical, and trauma patients. In

ICU LIBERATION: ABCDEF BUNDLES		
SYMPTOMS	MONITORING Tools	CARE ABCDEF Bundle
Pain	Critical-Care Pain Observation Tool (CPOT) NRS Numeric Rating Scale BPS Behavioral Pain Scale	A: Assess, Prevent and Manage Pain B: Both Spontaneous Awakening Trials (SAT) and Spontaneous Breathing Trials (SBT) C: Choice of Analgesia and Sedation D: Delirium: Assess, Prevent and Manage E: Early Mobility and Exercise F: Family Engagement and Empowerment
Agitation	Richmond Agitation-Sedation Scale (RASS) Sedation-Agitation Scale (SAS)	
Delirium	Confusion Assessment Method for the Intensive Care Unit (CAM-ICU) Intensive Care Delirium Screening Checklist (ICDSC)	

turn, I provide education and surveillance to ensure adherence to key protocols set forth by renowned entities including the Society of Critical Care Medicine and American College of Surgeons. Protocol bundles such as the ABCDEF bundle – an acronym for protocol used to reduce delirium, improve pain management and reduce long-term complications – have been shown to improve patient outcomes and decrease mortality in the critical care setting. During daily rounds, my role is to ensure that every patient that meets criteria has: spontaneous breathing trials, appropriate pain, agitation & delirium prevention, exercise, and family collaboration. Adherence to ICU specific bundles decreases patient ICU and hospital length of stay.

Finally, quality metrics specific to hospital-acquired infections must be evaluated daily. The necessity for invasive lines, Foley catheters, and restraints are examined by the nurse practitioner and team. In an effort to decrease our hospital acquired infections, the nursing and medical teams must work in collaboration to address these issues. Nurses are empowered to discuss concerns during insertion, maintenance and removal of central lines. Furthermore, nurses and providers strive to ensure timely removal of central lines and urinary catheters.

Currently, I am working on my Doctorate of Nursing Practice with Adult-Gerontology Acute Care Nurse Practitioner specialty degree.

As part of my proposed research, I would like to examine two key components of the ABCDEF bundle. The implementation of an aggressive exercise practice for ventilated, geriatric trauma patients and the effects it has on ICU delirium are two key components the bundle. Specifically, I would like to examine the ambulation of patients while mechanically ventilated and its effect on patient outcomes. Currently, I serve to empower other Nurse Practitioners by serving as a board member of California Association of Nurse Practitioners~ North County Chapter and nationally as the Member-At-Large for the Society of Critical Care Medicine, Nurse Steering Committee. I am active in my community and participate in many mentoring programs, medical missions, and invited podium discussions.

In conclusion, the creation of roles for NPs within the intensive care setting continues to be a trend embedded in evidence-based practice. Nurse practitioner presence in the ICU is supported as APRNs are linked to adherence to bundles; increased patient safety, quality care and continuity of care. All are key factors for continued support of Nurse Practitioners in the ICU setting. Personally, I strive daily to provide excellent evidence-based care to our patients, develop collegial relationships with nursing and medical staff, and exemplify the UC San Diego standard of excellence by 'leading the way'.

Announcing: New Guidelines for Family-Centered Care in the ICU

By: Judy E. Davidson, DNP, RN, FCCM, FAAN

In January 2017 I had the privilege and honor of serving as lead author of the new Society of Critical Care Medicine guidelines for Family-Centered Care. These practice guidelines were developed over the course of three years collaboratively with an international panel of 31 content experts from neonatal, pediatric and adult critical care using strict CMSS guidelines for evidence analysis. Mary Wickline, UC San Diego Biomedical Library, was the systematic review librarian on the project. Patricia Graham, RN, CNS recruited patients and families from the Patient/Family Advisory Council at UC San Diego Health as informants to the guidelines development throughout the process. We actively sought out approval from members of the LGBTQ community for the terminology used in new definitions for family and family-centered care to assure these definitions would meet the needs of this population.

Robert El-Kareh, MD, PhD, bioinformatics professor UC San Diego, supported the workgroup with the development of an electronic tool to prioritize action plans for translating the guidelines recommendations into practice. This is the first practice guideline developed through the Society to be released simultaneously with translation tools. A second work-tool was also developed to help clinicians locate tested and publicly available work-products to implement the recommendations into practice. Evidence-based practice is a combination of scientific evidence, clinician experience and patient/

family values. In the past, however, guidelines focused on the scientific evidence, and sometimes formed consensus statements from clinician experience.

This is also the first practice guideline to use a structured approach to evaluating the clinician experience and values surrounding the concept of interest through a coordinated search of the qualitative and descriptive literature. Qualitative and descriptive literature informs us generally through interviews, observations and surveys. This is where family values and clinicians' clinical experiences are often expressed, recorded and analyzed. The guidelines writing task force dedicated six months to reading all of the qualitative and descriptive literature related to family-centered care in the ICU, sorting it for themes, and then using those key concepts to frame questions using PICO format. Once the PICO questions were written, the quantitative evidence from experimental literature was evaluated to determine best practices. Further, in areas where there was scant experimental evidence, the values and experiences extracted from the qualitative and descriptive literature were partnered with quantitative outcomes to further support moving a recommendation forward. For example there is very little evidence from true experiments that spiritual care in the intensive care unit (ICU) changes outcomes. However, families clearly and consistently express the need for spiritual care through interviews, observations and surveys. Therefore, a recommendation was made to



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serves as the nurse scientist for University of California San Diego Health. She is a clinical nurse specialist whose clinical practice focused in critical care nursing, biomedical ethics and evidence-based practice change. She actively conducts clinical research and has published more than 70 manuscripts in peer-reviewed medical and nursing journals. In her role she supports nurses with the development of EBP and research projects. She also mentors nurses involved in scholarly activities such as presentation and publication. Her article in this issue focuses on volunteer work she has done with the Society of Critical Care Medicine to produce the updated Guidelines for Family-Centered Care.

offer spiritual care to families of ICU patients largely based on the qualitative literature. The same was true of family sleep. With open flexible family presence it can be assumed that some families will choose to be present at night. To do this, we need to offer them a sleep surface and consider family sleep. There were no studies demonstrating best methods of doing this, or even whether or not they would use a sleep surface if we provided it. However, there was ample evidence of the adverse outcomes from sleep disturbances in families of ICU patients. The evidence of harm due to sleep disturbance warranted a recommendation to consider family sleep even though we do not yet know the best way to approach the issue.

The 24 practice recommendations in the guidelines are clustered into five categories: Family presence, Family communication, Family support, Inter-professional Team and Operational/Environmental issues. Open flexible family presence is encouraged. Of note, as a Society, we are attempting to retire the term 'visitation' and shift to a philosophy of family presence and engagement. Family presence at rounds and resuscitation is encouraged. The use of family diaries is now officially endorsed as a way to optimize the mental health of patients and their families in the ICU. Because the outcomes of these interventions have been shown to decrease post-intensive care syndrome-family (PICS-F), decreasing anxiety, depression and symptoms of post-traumatic stress, providing family-centered care is more important than merely achieving patient satisfaction scores. Millions of Americans are admitted to the ICU yearly, and with them millions of family members are exposed to the crisis of critical illness. By adopting these tested best-practice approaches to family-centered care we can optimize the health of these families, and thereby strengthen the health of our community. Provision of family centered care, then is a matter of public health.

These guidelines are available through the UC San Diego library.

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Davidson, J. E., Aslakson, R. A., Long, A. C., Puntillo, K. A., Kross, E. K., Hart, J.,... Curtis, J. R. (2017). Guidelines for family-centered care in the neonatal, pediatric and adult ICU. *Critical Care Medicine*, 45(1), 103-128.

A Nurse says Goodbye

By: Sal Chiappe, RN Case Manager, OCN

Every July approximately 2000 employees retire from the UC system, this July I will be joining the exodus after 25 plus successful years at UCSD.

My decision to enter the Nursing profession was not one I even considered when I was in High School, in fact you could say that my journey to becoming a Nurse was a rather circuitous one. Before nursing became my chosen profession I worked for a credit firm on Wall Street and did everything imaginable in the food service industry including dishwasher, cook, busboy, waiter, host, pizza maker and bartender. This wealth of experience gave me a varied background that served me well when I decided to enter Nursing School I did this at the suggestion of My Sister in Law, now a retired UCSD RN. I feel that all these different jobs strengthened my people skills which enriched me, as I entered the nursing profession with a broad perspective on dealing with people.

As a Nurse I have been a court-side observer of the human condition, feeling the angst and the joy of many patients; taking care of both the young and the old and the rich and the poor. As an Oncology RN I have celebrated with patients who have survived the rigors and depths of cancer and sat with families recalling the life of a loved one who succumbed to its ferocity. When I was working in Pediatrics in Hillcrest in the 90's I wrote a poem for a family of a 3 year old boy I had helped take care of who died of Leukemia, his family choked me up when they told me that they were going to etch that poem on

his headstone at the cemetery. We sometimes forget how close we get to patients and their families, a closeness that is hard to find in almost any other profession; a patient in illness is often stripped of all pretenses and normalcy when they see us in clinic or in the hospital.

Support from the UC San Diego Department of Nursing has improved my lot in life dramatically, it has given me many opportunities such as being an Editor and contributor to the UC San Diego Journal of Nursing. This is our 14th edition and something that will live on as I move on in life. The Journal has afforded the nursing community across the UC San Diego Health spectrum the forum to showcase what they do, how they do it and where they do it. The Journal illustrates how diverse the nurses here at UC San Diego are in their practice and where the future of nursing is going. This issue on Advanced Practice Nursing is a perfect illustration of where nursing is going, it was only a few years ago that the Moore's Cancer Center had just a few Nurse Practitioners and Physician Assistants and now we are approaching almost 30 Advanced Practice Providers. In my own personal experience I have had the opportunity as an RN Case Manager working with Dr. Sonia Ramamoorthy on the Colorectal team to work with Karrie Driscoll NP who works in collaboration with 3 surgeons and also has her own clinics where I work alongside her; this is what collaborative medicine is all about and illustrates how complex patient care has become. Patient care has come a long way from bedside nursing, nursing is a constantly



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is a Clinical Nurse III at the Multispecialty Unit at the UCSD Moore's Cancer Center in La Jolla. He has worked for over 25 years at UCSD and will be retiring in July, most of those 25 years were spent working in Pediatrics and Adult Oncology. Currently he works on the GI Oncology Disease team with Dr. Michael Bouvet, Dr. Sonia Ramamoorthy and NP Karrie Driscoll. He received his RN degree from San Diego City College in 1986. In retirement he plans to enjoy spending more time with his family, traveling and enjoying his hobbies which include writing, astronomy and playing music.

evolving profession that mirrors the advances in technology that we have seen over the last 25 years. We must remember that no matter how technological our profession has become that technology can never supplant the human condition, staying close to and in touch with our patients emotions and concerns all comes down to simple listening.

As I say goodbye to the practice of professional nursing I would like to say just a few important things:

- You must love what you do when you work, if that work does not bring you joy then figure out how to find that joy and bring it to work when you do.
- To those of you who are my age (undisclosed), don't stay working beyond your peak efficiency too long, go when you feel good to do the things you enjoy in life when you can have more time to do them.
- To those of you who are as young as my children, the future is yours and yours to shape; make us baby boomers proud and take good care of us when we are in your care.
- Last but not least, I would like to say that I have worked with an incredible bunch of nurses here at UCSD, dedicated professionals who have served our profession well and made me proud that I chose nursing as a career, a career well spent.

As I tell all my friends around here who know me well "See you at Costco"

We proudly recognize.....

Samantha Gambles-Farr, MSN, FNP-C, CCRN, RNFA was awarded the 2017 NAACP Salute To Women of Color Distinguished Woman Award by the North San Diego County NAACP. She is also the treasurer for California Association for Nurse Practitioners: North County Chapter and serving as the Member-At-Large for Society of Critical Care Medicine on the Nursing Steering Committee.

Rebecca Garrett-Brown, CNM is the President of the California Nurse-Midwives Association and began her term in November 2016.

Karen Perdion, CNM, MSN is Chair of the American College of Nurse-Midwives (ACNM) Benchmarking project, a quality improvement program for ACNM.

Rhonda K. Martin, RN, MS, CCRN, MLT (ASCP), CCE, CNS/ACNP is the author of the chapter on Liver Dysfunction and Failure for the textbook *Advanced Critical Care Nursing*. It was published by the American Association of Critical-Care Nurses in April 2017.



In Memory of **BETH MANDERSON RN Case Manager** **1955-2016**

On September 19th, 2016 our beloved friend and colleague Beth Manderson passed away after a long and spirited battle with cancer. As a nurse for 41 years Beth exemplified the best of what it means to be a nurse, her caring cheerful demeanor during her 11 year career at the UCSD Moore's Cancer Center will be greatly missed, we know that up in heaven her broad smile is raised unto its light. Beth Manderson, we will always remember you and we are happy to have known you.



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