

UC San Diego

Spring 2019 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing

Title

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Permalink

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Journal

UC San Diego Health Journal of Nursing, 12(1)

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Publication Date

2019-04-01

Peer reviewed

REFLECTIONS OF 4 NEW-TO-PCU NURSES

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In December of 2016, two units were joined to make the Hillcrest 11th Floor Surgical Progressive Care Unit (PCU). To support this new unit, many medical-surgical (med-surg) nurses made the personal commitment to advance their clinical knowledge. Their dedication and enthusiasm for this challenge has made all the difference. This article will describe the experience of transitioning from a medical surgical to a progressive care unit for both the leadership team and the clinical nurses.



Chau Nguyen, BSN, RN, CMSRN

is a Clinical Nurse II on the 11th floor Surgical Progressive Care Unit at UC San Diego Health. She earned her BSN at Texas's Women University. She has 18 years of experience as a registered nurse. She has been with UC San Diego Health since 2004 and was a recipient of the 11th Floor Nurse of the Year award in 2015. She is a certified medical-surgical registered nurse (CMSRN).

CHAU NGUYEN, BSN, RN

For eighteen years of my nursing career my primary experience was that of med-surg level of care. As a transplant nurse, my role included monitoring the patient, providing specialty care, patient education, and preparing the patient for a safe discharge back to their home and family. I worked with the transplant population for over 10 years and loved it. Although interesting and exciting, the fast pace of the intensive care unit (ICU) and telemetry made me nervous.

My home unit went through a significant change and I knew I would have to adapt. When the day came to start my PCU training, I was nervous and scared. I completed my PCU classes and orientation. Thanks to all my preceptors, I became a brand new PCU nurse. There are many things that I like about PCU nursing care. I like the nurses, the 1:3 patient ratio, automatic vital signs, and the electronic monitoring that helps to preemptively detect a patient's change in condition or deterioration. After almost a year into the PCU setting, despite my occasional nervousness that patients are sicker and can deteriorate any time, I have more confidence in myself and my PCU skills.

Becoming a PCU nurse afforded me the opportunity to expand my career and potentially transition to an intensive care unit. There may be challenges, but there are always rewards. I am proud to be able to provide safe and excellent patient care as a PCU RN in a Magnet-designated hospital.



Eleanor "Leah" G. Yoshisaki-Yusi, MSN, MPH, RN, ONC

is the Assistant Nurse Manager of the newly formed 11th Floor Surgical PCU unit in Hillcrest. She started her nursing career as a floor nurse in 2006 in 8th floor Orthopedics. Leah holds Bachelor's degrees in both Medical Technology and Nursing in the Philippines, including her Master of Public Health which she earned from the University of the Philippines. She also earned her Doctor of Medicine from Far Eastern University - Dr. Nicanor Reyes Medical Foundation and was a practicing physician for 10 years. She recently graduated her MSN at San Diego State University with concentration in Leadership and Healthcare. Leah formed the Resource and Charge nurse committee in 11th Floor in an effort to support these nurses in their new and challenging roles. The committee meets every quarterly to discuss expectations on how nurses can support each other and identify peers who are ready to step up and assume charge or resource roles. Leah is currently a member of the National Association of Orthopedic Nurses and Sigma Theta Tau International Honor Society of Nursing.

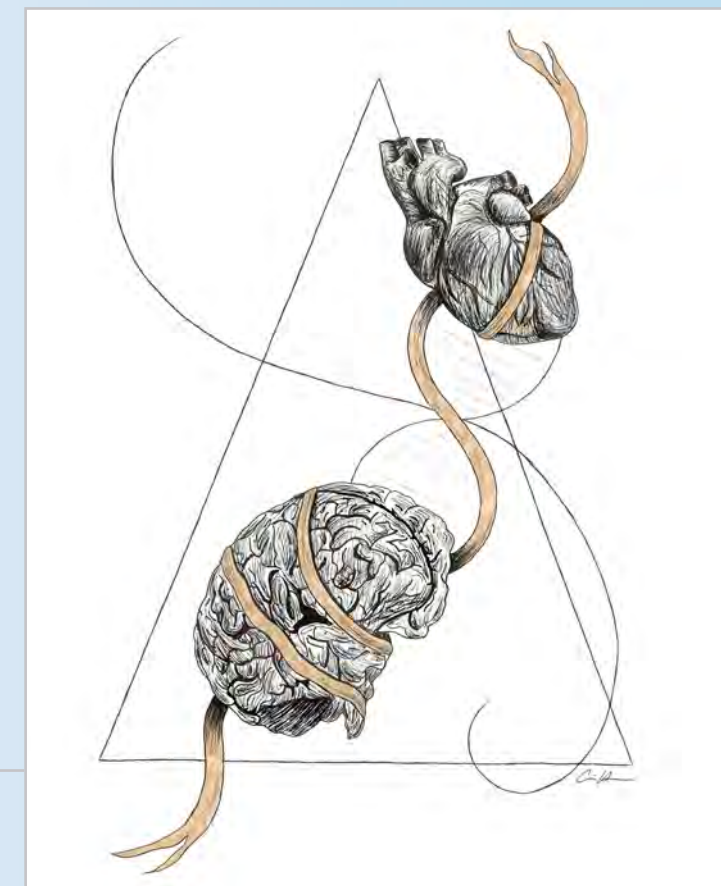
ELEANOR G. YOSHISAKI-YUSI MSN, MPH, RN, ONC

Becoming an Assistant Nurse Manager on a surgical PCU was a big challenge. My role as an administrative nurse requires me to be clinically competent on the unit as resource nurse or as charge nurse. It was really important that I learn the necessary skills. PCU patients require vigilance in monitoring because changes in condition could happen in an instant. I was struggling to figure out how I would learn the role of the PCU nurse so that I could provide quality supervision and service to the department.

My solution was to get in the mix of the unit. I learned many new skills, including how to take care of patients on complex and critical medication infusions, reading telemetry rhythms, drawing blood, and care of arterial lines. I started connecting with the nurses by learning their routines and began to understand the risks involved in taking care of patients at the PCU level of care. I now see why attendance to the series of PCU classes, 2-day EKG classes, and annual ART classes are mandatory. They were constructed so that nurses would be equipped with all the knowledge needed to safely and competently care for patients.

The PCU is where specialty-educated and trained nurses combine the knowledge and skills of assessment, surveillance, and provision of complex nursing processes to provide high-quality patient care. According to the American Association of Critical Care Nurses, every nurse should be provided with specialty education and training to achieve a set of core competencies unique to the PCU (ACCN, 1998). The leadership team at UCSD made sure that requirement was met.

Having attended the PCU series, I am integrating what I have learned and applying it on a regular basis. This helps me better understand what PCU nurses do. I am most grateful for all the support I get from the management team and from all the 11th floor surgical unit that I learned to call my home.



ARTWORK BY:
Carrie Anne Hudson
Matters of the Heart



Odette Gamalinda-Punsalang, MSN, RN, ONC

is a Clinical Nurse II on the 11th floor Surgical Progressive Care Unit at UC San Diego Health. She completed her undergraduate nursing course at Olivarez College in Manila, Philippines and earned her MSN degree at San Diego State University (SDSU) with a concentration in Leadership in Healthcare Systems. She has been with UC San Diego Health since July 2004 and is a frontrunner in changing the best practices in Nursing Care of Gender Non-Conforming patients at UC San Diego Health. She is also a member of Sigma Theta Tau International Honor Society of Nursing.

ODETTE PUNSALANG, MSN, RN, ONC

Change is a simple word, but it has enormous influence. I took a leap of faith and changed my perspective. This change allowed me to expand my knowledge in another specialty of nursing. I was excited for the challenges this would bring. I was optimistic about how this transition would bring advancement to my nursing career. The PCU 1:3 patient ratio provides added time to interact with my patient, meaning more time at the bedside and ability to care for patients intimately.

When the day came for my orientation on 11 PCU, I was partnered with a senior nurse who had extensive experience in PCU level of care. Equipped with my knowledge in basic nursing care, I thought it would be a jovial day knowing that we only had two patients, but the night charge nurse assigned us two patients for a reason. I could say that my world turned upside down that shift.

The patient that was assigned to me was the most challenging one in my PCU experience to date. This patient had a tracheostomy and multiple comorbidities which made suctioning a challenge. She had multiple lines and tubes, a critical medication infusion that was not used in med-surg nursing, and telemetry monitoring. Her condition made even basic care a team activity.

After that day, I paused and asked myself if becoming a PCU nurse was worth it. It was definitely not in my comfort zone. I gained additional knowledge which is interesting and advantageous, but the demands of extra work, patience, and time is a challenge for me. Does the PCU fit my personality and work needs? Do I like to be constantly busy with unexpected challenges? Or do I prefer a slower pace with a fairly predictable routine?

PCU level of care has a lot to offer me. It bolstered my clinical expertise and I am better able to think on my feet. My sense of accountability increased. I have advanced competencies, skills, and education that are required of a PCU nurse. I am more confident and competent in caring for patients with complex needs. Intense training provided necessary skills to detect deterioration and manage invasive monitoring of these high acuity patients who are at risk for life-threatening events.

I am delighted that I made the decision to become a PCU nurse. Not only has becoming a PCU nurse had positive outcomes, it made me more certain about what I would like my nursing career to be. Every day is a challenge, but it gives me satisfaction knowing that I am a PCU nurse.



ARTWORK BY:
Hannah Saarinen



Laura Lembi - Vitale, MSN-FNP, RN

has been working as a clinical nurse at UC San Diego Health since July 2015. She graduated from UCSD in 2011 with a B.S. degree in General Biology and then attended Cal State University of San Marcos for her BSN in Nursing. While working at UCSD she also completed her MSN in Family Nurse Practice at Azusa Pacific University and is now a board certified Family Nurse Practitioner.

LAURA LEMBI - VITALE, MSN-FNP, RN

Many nurses begin a career in one specialty but end it in a completely different one. Over the last two years, I have had the opportunity to make a subtler transition from a med-surg level of care (5:1 ratio) to PCU level of care (3:1 ratio) on the 11th floor Surgical Progressive Care Unit.

The differences between med-surg and PCU are subtle but noticeable. The amount of critical thinking going into care plans and proactive communication with the team increases. Patients are higher acuity and less stable, therefore, the nurse needs to be more vigilant. The patients seem to teeter between improving and declining in any instant. Their clinical status can completely change day to day, shift to shift, and it can feel like a roller-coaster ride to both the nurse and the patient.

As the name 'Progressive Care' implies, many patients do improve clinically. They are able to downgrade to med-surg and can be taken off continuous cardiac and oximetry monitoring. It is usually a feeling of relief for the patients. Cords can finally be disconnected, they can get out of bed, walk more, and eventually be discharged. Discharging a patient who I've had the opportunity to care for and see improve clinically throughout their stay, is one of my most rewarding experiences as a nurse.

Other patients decompensate. Their blood pressure drops, they may become septic, or have respiratory decline. This is when the critical thinking becomes essential and nurses must use all their knowledge, training, and resources. This includes utilizing the resources of the interdisciplinary team members and Rapid Response Team to help think through why the condition is changing and advocate for the appropriate changes to the treatment plan. This teamwork, active contribution to the treatment plan, and prevention of further decompensation is professionally fulfilling.

Working on a progressive care unit has been both challenging and rewarding. For me, transitioning from med-surg to PCU was a smooth and natural transition. I was ready for the challenge and embraced it.

There is a decided trend at UCSD toward a Progressive Care model. There are benefits for patients, staff, and the organization. Many UCSD nurses have been trained in Progressive Care, and many more will be soon. As the stories above illustrate, this transition is difficult and challenging. Some degree of fear and anxiety are inherent in most life changes, and a change in career specialty is significant. Those who find themselves anticipating this change in their career can know their worries were shared by most who have already made the change. They can also be assured there are opportunities and benefits that go along with growing their skill set. As each of these authors have written, the rewards of this growth exceed the challenges they faced.

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