UCSD JOURNAL OF
NURSING

WINTER 2008 UNIVERSITY OF CALIFORNIA, SAN DIEGO

Moore's Cancer Center
Oncology Nursing
Pain Management Nursing
The Experience of a Lifetime

3 Day Breast Cancer Walk

UCSD JOURNAL OF NURSING

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UCSD has its own nursing staff photographer, Shelby Samonte. Shelby has been an RN since 1997 and has been at UCSD for the past six years. She is one of the staff nurses in Radiology and Imaging – Nuclear Medicine and is currently working as a career part-time nurse. while she gives the rest of her attention to her six year old son. Nursing is Shelby's vocation, but her passion has always been photography. As the daughter of a professional photographer Shelby first picked up a camera and started to take pictures as a young child. As she grew, she began to assist her dad in the studio. She has continued to develop her skills, so that she is often called upon to take photographs at weddings and other special events. Shelby's son is has begun to follow in his mom's footsteps. He took the picture of her for this journal.

Message from the
The Chief Nursing Officer

I am pleased to present to you the first issue of the biannual UCSD Journal of Nursing. We hope that the journal will provide a forum where our nursing staff can describe their experiences, as well as share their knowledge with each other and with the broader nursing community outside of UCSD Medical Center. The idea for this journal was born as we took the first steps on our journey toward achieving Magnet status and as a means of celebrating our role in caring for patients.

Over the past year I have observed many of you as you formed new councils and subcommittees as part of our Shared Governance Model. It is exciting to see so many of you becoming involved in the process of bringing new ideas and positive changes to UCSD Medical Center. This journal has come about through the efforts of one of those councils, The Image of Nursing council, with contributions from professionals from many patient care areas. We are proud to share the achievements of our nurses and to examine the differences they make in the experiences of our patients. I know you will join me in thanking the Image of Nursing Team for bringing the UCSD Journal of Nursing into being. I add my many thanks to those of you who contribute daily to the development of others through mentoring, precepting, coaching, teaching, and conducting research.

The current issue of the UCSD Journal of Nursing focuses on our BMT/oncology programs and the Moores Cancer Center clinics, describing many of their successes. The featured nurses demonstrate dedication to providing cutting edge care, as they ensure patient comfort and safety during all procedures. I am proud when I read a patient's words describing the attention of our staff to using all means available to reduce anxiety and optimize comfort or relieve discomfort. It is also heartwarming to read the physician words that speak so highly of our nurses and describe the vital role they play in enhancing patient care. I continue to be inspired by the generosity and kindness we offer to our patients as we celebrate the lives that we have touched.

I look forward to the next journal and to learning of other great accomplishments achieved by UCSD nurses.

Sincerely,

Margarita Baggett RN MSN
Chief Nursing Officer

Magnet 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.

University of California San Diego
Medical Center

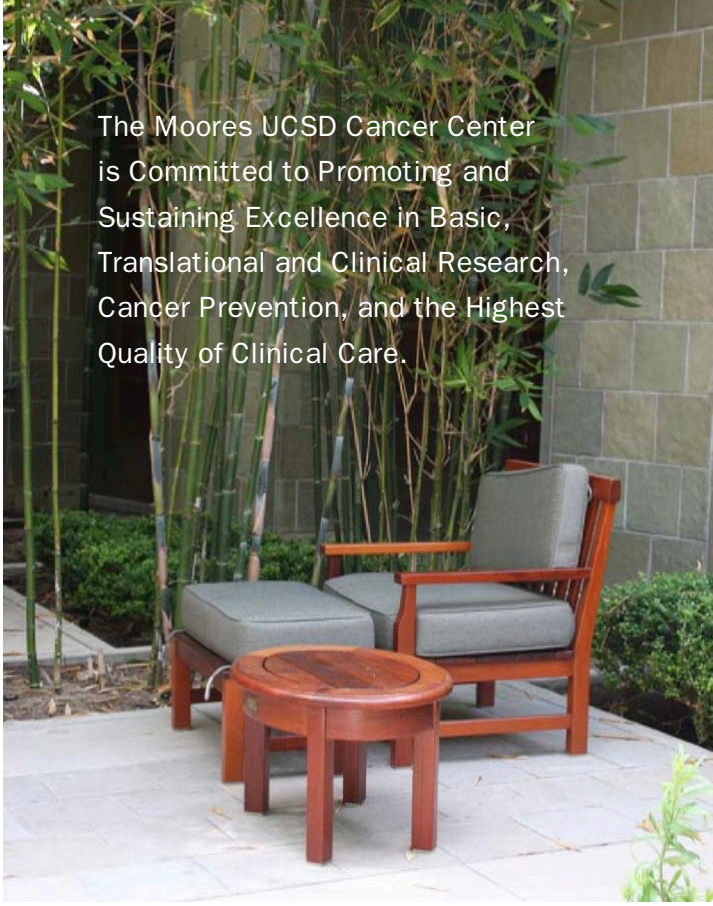
Magnet Forces

1. Quality of Nursing Leadership
2. Organizational Structure
3. Management Style
4. Personnel Policies and Procedures
5. Professional Models of Care
6. Quality of Care
7. Quality Improvement
8. Consultation and Resources
9. Autonomy
10. Community and Hospital
11. Nurses as Teachers
12. Image of Nursing
13. Interdisciplinary Relationships
14. Professional Development

From the Nursing Shared Governance Council

MISSION: Moores UCSD Cancer Center

By Tim Clark, RN, BSN, MBA
Clinical Director of Oncology Nursing
Moores Cancer Center



When the Moores/UCSD/ Cancer Center opened in July of 2005, it provided a unique opportunity for changing the way outpatient oncology nursing is practiced here at UCSD. The Moores/UCSD Cancer Center merged three separate infusion centers into one, along with the ability to provide comprehensive cancer care. The four main areas of outpatient oncology clinical nursing practice are: Multi-specialty Clinic, Infusion Center, Radiation Oncology, and a Procedure suite.

Inpatient oncology nursing has also been impacted, with the majority of inpatient oncology services consolidated at the Thornton campus. Medical and surgical oncology services, along with a thriving blood and marrow transplant (BMT) program, are well represented with all levels of nursing, including Nurse Practitioners.

The UCSD Cancer Center is one of just 39 National Cancer Institute-designated Comprehensive Cancer Centers in the United States. Such Centers are prominent among the leading institutions in the nation dedicated to scientific innovation and clinical excellence. UCSD is the only Comprehensive Cancer Center in San Diego and Imperial counties to have earned this honor.

With this honor comes a tremendous responsibility to our patients and our community. Oncology nurses at UCSD, both inpatient and outpatient, are proud of their chosen specialty. Most are active members of the Oncology Nursing Society (ONS) and are chemotherapy certified through the ONS. Many of our nurses possess national certification in the area of oncology nursing.

The diverse and expert oncology nursing teams have begun the process of establishing shared governance to organize and grow their nursing practice. The main structures of these councils include: Operation, Professional Practice, and Quality/ Safety. Several exciting projects and initiatives are emerging from these teams to further advance the practice of oncology nursing at UCSD.

The vast expertise and commitment of the nursing staff, working collaboratively on trail-blazing projects aimed at enhancing the patient care experience throughout the continuum, is amazing. This is truly an exciting and rewarding time to be an oncology nurse at UCSD!

Reflections
of an Oncology Nurse

By Ronnah Pascua, RN, BSN
UCSD Nurse of the Year, 2007

ONCOLOGY -BACKGROUND

The treatment for any cancer diagnosis is arduous and complex, and although many treatments can be done on an outpatient basis, some can be so extensive and caustic that hospital admission is necessary. For example, solid tumor cancers can require surgical interventions that may entail close monitoring and longer convalescence as an in-patient.

Patients undergoing radiation therapy often can go to the Moores Cancer Center for their treatment and return home in a matter of hours. But radiation therapy can also be part of an in-patient treatment regimen. Patients can often comfortably and safely receive their chemotherapy treatments at the infusion center at Moores, but due to the risk of anaphylactic reactions during infusions, long infusion times (some requiring 24 hour continuous infusion) and the necessity of monitoring for known side effects, patients will spend multiple days on our unit. Nausea is a side effect of chemotherapy that is well known to many patients, but there are so many more complications that chemotherapy can cause. One in particular that often requires hospitalization is neutropenic fevers.

With little to no immune system, oncology patients who present with fever have a high risk of developing sepsis if the proper interventions are not quickly instituted, i.e., drawing blood cultures and immediately starting intravenous antibiotic therapy. Some hematologic malignancies, solid tumor diagnoses (e.g., testicular CA) and even on occasion some auto-immune disorders (i.e., Myasthenia gravis) require a hematopoeitic stem cell transplant (aka BMT) in order to obtain remission for patients. BMT patients endure multiple rounds of chemotherapy and other treatment modalities prior to receiving the high dose chemotherapy regimen that is necessary before a transplant. On average, the autologous BMT patient's length of stay is 14 days, while the allogeneic BMT patient's stay approximately 21 days. The duration of their stay on 3 West is dependent upon when the patient's transplanted stem cells engraft, which is when stem cells begin to differentiate into the various blood cells in the host. With such lengthy and numerous treatments, the staff on 3 West get to know our patients, their families, and their treatment goals very well.

BMT- BACKGROUND

I began my nursing career on UCSD Thornton hospital's 3 West Oncology/ Blood and Marrow Transplant (BMT) unit and have seen the program grow in the 4 years that I have been on the staff. UCSD's BMT division performed its first transplant in 1989 when they had a total of 13 autologous transplants (reinfusion of one's own stem cells). The number of patients on the unit at one time was low enough that allogeneic transplant patients (reinfusion of donated stem cells, either related or unrelated) could be given a double room as a private room so that they could have plenty of space to walk around (as they were confined to their rooms). In 2004, the year I joined the unit, the division performed 143 transplants: 75 autologous transplants and 68 allogeneic transplants. Calendar year to date we have performed 111 transplants; 64 autologous transplants and 47 allogeneic transplants. Since the opening of the Moores Cancer Center, our average daily census has increased and our semi-private rooms are often kept as double occupancy in order to accommodate patients receiving chemotherapy.

THE NURSES

The numbers are impressive, but what truly drew me to the unit was the people. We've all heard the adage that 'nurses eat their own'. As a former guppy getting prepared to choose my pond, the warnings haunted me as I neared the time to decide where I wanted to work. To all those who perpetuate that myth, I would have to say that they definitely never met the staff on 3 West. I was welcomed on to the unit (in spite of the fact that I was only the 2nd new graduate RN that the unit ever hired) and was patiently

mentored by all. I was happily relieved by the support and was impressed by the knowledge of the staff. Even now, the unit's dedication to promoting high level nursing practice has spurred the creation of a structured 12 week new graduate preceptor program. This preceptor program, developed by the staff nurses, includes reference material to increase the new nurse's knowledge base. In order to keep staff current and abreast of new practices, the unit's staff development committee maintains an educational board promoting local classes, oncology nurse certification, membership to the Oncology Nursing Society (ONS), both nationally and locally, as well as encouraging attendance at pertinent conferences. Today, more than ever, I am proud to call them my colleagues and friends.

WHY NURSING?

As a nursing student, you rotate through a variety of units and hospitals. I reflect (not too far) back on my nursing school days and recall the consecutive clinical rotations crammed into one year. In the midst of learning about your patients' diagnoses and their medications, trying to absorb information about appropriate interventions, adding clinical skills to your repertoire and… oh, yes, formulating the perfect text book care plan, I remember that the most memorable times were those spent at my patient's bedside. Those moments made all the sacrifices worthwhile: the turmoil that changing gears later in my college years away from research and toward nursing created, the long hours studying and the numerous sleepless all-nighters cramming for exams. My end goal of having a career that I can enjoy and be proud of came to fruition in nursing. It is this daily realization that keeps me passionate about the profession that I chose… and it was my placement at Thornton Hospital's 3 West unit that introduced me to the patient population and the nursing specialty with which I wanted to start my nursing career.

ONCOLOGY FOR ME

My family initially questioned my choice when they found out that I was going to be working with oncology patients. I often see a similar reaction on the face of many acquaintances when I tell them that I am an oncology nurse: a sad, empathetic look washes over them and with their head tilted to one side they proceed to ask (or more like make the statement) 'Isn't it depressing to work with cancer patients?' When I reflect upon my patients, the words that come to mind are "courageous," "strong,", "fighter." We all know that cancer can be a fatal diagnosis. It can also mean financial loss, loss of functioning, and loss of self. I admire the strength that my patients and their families have and am amazed by their resilience. As oncology nurses we educate our patients regarding the chemotherapy we are about to administer. The possible infusion side effects alone make me afraid for my patients' well-being, let alone the risk factors and possible complications like neutropenic fever and bacteremia. Our patients fight for their health, for their lives, and for the lives of their families.

When I reflect upon my patients, the words that come to mind are "courageous," "strong,", "fighter."

I don't deny that the staff is emotionally affected and tears are shed when some of our patients pass away. But the tears are not always shed in grief. There are amazing successes in which patients are given the gift of time, some more than others. We have been able to celebrate with our patients' their cherished hard earned moments… seeing a grandson take his first steps or seeing him graduate from high school… marrying the woman that has stayed to fight along side and has proven time and time again that she will be there 'during good times and bad, through sickness and health, until death parts them'… or being able to keep a promise (even when getting discharged is out of the question) and presiding over her favorite niece's wedding ceremony in the hospital's atrium area just outside the unit doors. Even now reflecting on these moments and those patients, I can't help but get a little emotional. But as many of the staff on the unit and our patients know, there comes a point when fighting becomes futile. It becomes part of the healthcare team's focus for best care to ensure our patient's comfort and peace of mind. The nurses on the unit have great resources in our social workers, our discharge case manager and the Howell service (Palliative Care) to help make arrangements so that our patients and their families are well supported during the transition from treatment to comfort care. And even in the sadness that comes with the passing of a patient, the staff finds comfort in knowing that our patients are no longer suffering from pain or discomfort, that there were great moments experienced, that treatment does work to gain remission for some, and from the support from each other.

For all of this and so much more, I am proud to say that I work on UCSD Medical Center Thornton 3 West Oncology and Blood and Marrow transplant unit.

~ Ronnah Pascua, RN, BSN

Pain Management Nursing at UCSD

By Sarah Babcock, BSN, RN, BC

I cannot remember a time when I did not want to be a nurse. I even dressed up as a nurse for Halloween in Kindergarten. As I got older I did everything I could to learn about the nursing profession. I used to tag along with my mom's best friend, who was a nurse in the pediatric intensive care unit, just to watch her in action. I once observed a neurosurgery, thanks to another family friend. I became a candy striper as soon as I was old enough and later became a certified nursing assistant. I worked as a CNA throughout nursing school to improve my bedside skills. Finally I was able to realize my dream, graduating with a Bachelor of Science in Nursing from the University of Iowa.

Nursing is a wonderful profession because of its variety and its flexibility. It offers choices to accommodate every interest and lifestyle. I started in adult intensive care in Chicago, but after a year decided to become a traveling ICU nurse. In one year I worked in Chicago, Palm Springs, Albuquerque, Washington DC, and Phoenix! When I arrived in San Diego I found the city that I loved. I stayed in ICU nursing for ten years. At that point I was ready for a change. The transition to outpatient surgery gave me the opportunity to educate patients, to provide comfort during and after the procedures, while at the same time ensuring their safety through careful assessment and management. After two years I accepted a full-time position at UCSD. My interest in pain management nursing, which began in outpatient surgery, became a commitment.

Because of the educational pay benefit at UCSD I was able to attend an amazing three day Pain Resource Nurse Course at City of Hope in Duarte, California. Nurses from all over the country gathered to discuss current issues in pain management, pain assessment process, pharmacologic approaches (including side effect management), and the use of non-drug pain relief measures. I went on to become an ANCC (American Society for Pain Management Nursing) board certified pain management nurse. I studied harder for that test than any test I took in college! Acquiring and retaining the information for the certification exam has helped me immensely in my job. I love the sense of confidence I now feel when educating patients about procedures, adjunct modalities and medicines. One of my co-workers, who is also a patient, commented that "Sarah does an exceptional job by explaining everything and working me through the exam. I am proud she is on my team, as well as my nurse when I am the patient."

I hope to have a long career at UCSD as a pain management nurse. Our procedure suite staff does an excellent job of treating the whole patient, showing genuine concern and interest, and real commitment to doing everything possible to ease pain. I hope that we are able to increase our community outreach about pain management in the future. It is clear that people with chronic pain are members of a misunderstood patient population. There is still much work to be done to improve our attitudes and our understanding, as well as our therapies.

What Happens at the Pain Clinic?

By Sarah Babcock, BSN, RN, BC

Can you imagine being in so much pain that you are unable to do your activities of daily living? Many patients face this situation every day. Did you know that pain is the #1 reason why patients seek medical attention?

Try this exercise for an idea of what it would be like to live with pain.

A CONCEPTUAL EXERCISE

Original concept by Robin Kohn RN-BC

To demonstrate how it feels to live with chronic pain:
1) Place Band-aid across your mouth from upper lip across bottom lip
2) Do activities of daily living (ADLs)
3) Remove Band-aid after 15 minutes and ask yourself these questions:

Can you identify where the pain is?
Can you identify what makes the pain better or worse?
Were you able to communicate effectively?
Were you annoyed by the presence of the band-aid?
What sensations did you feel while trying to complete your ADLs?
Were you able to eat/drink?
Did people look at you strangely?
What was your pain level? Anxiety level?

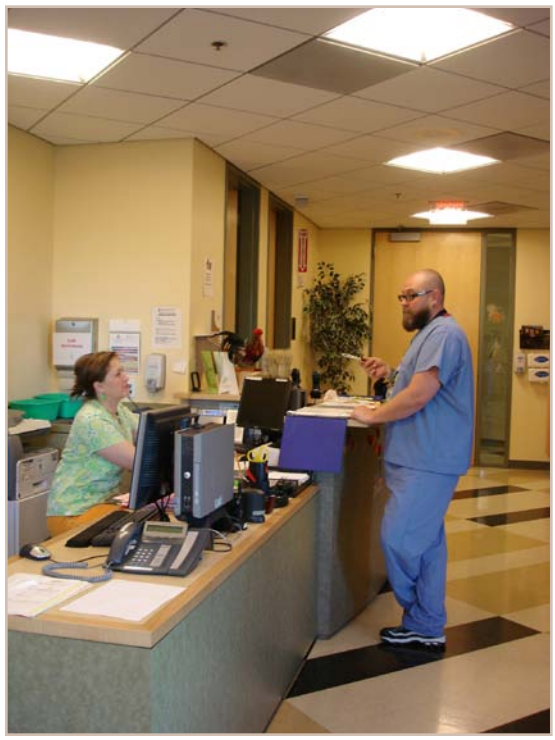
Luckily, UCSD has the Center for Pain and Palliative Medicine. Tucked behind the multispecialty clinic in Moores Cancer Center are two rooms in the Procedure Suite where patients receive treatment to alleviate their pain symptoms. Some patients are referred directly from other services, such as neurology, orthopedics, or neurosurgery, whereas others have gone through a comprehensive pain evaluation and are followed on a regular basis by the Pain Clinic staff. These therapies are directed primarily at neuropathic pain, caused by a dysfunction of the nervous system which is characterized by tingling pain, numbness, and increased pain to touch.

But, always remember that pain is whatever the patient says it is, existing where and whenever they say it does.

In general, it is best to begin by treating pain conservatively. Resting and avoiding activities which may increase symptoms will give the body a chance to heal itself. Pain service practitioners encourage patients to use heat or cold, applying the modality which decreases their symptoms. Non-steroidal anti-inflammatory drugs (NSAIDs) are the first class of medications prescribed. Adjunctive measures, such as physical therapy, chiropractic and acupuncture are effective and may also be used. Other classes of medications, such as opiods, antidepressants, anticonvulsants, local anesthetics, and muscle relaxants are available to alleviate persistent pain symptoms. Patients who go on to be scheduled for procedures have typically been dealing with their pain for six months or longer, with failure of more conservative methods of treatment.

Common procedures performed at the Pain Clinic Procedure Suite:

Epidural steroid injections are injections of corticosteroid medications into a specific location in epidural space which correlates to the site of the pain. The medication acts to reduce inflammation in the epidural space, which, as a result, decreases the pain sensation. Injections may be done using either the translaminar or transforaminal approach. This procedure is used to treat radiculopathy, which is a disorder of the spinal nerve root. Patients typically complain of paresthesias (skin sensation of burning, prickling, itching or tingling, with no apparent physical cause), dysesthesias (impaired or unpleasant sensation to touch or ordinary stimuli), hyperalgesia (extreme sensitivity to pain) or allodynia (pain that results from a non-injurious stimulus to the skin.)



Degnerative changes and associated muscle spasm caused by a forced or traumatic twisting sprain of a facet joint (articulation between two vertebrae), referred to as Facet Syndrome, can cause dull aching pain that radiates into the low back, hip, buttock or upper leg, but does not radiate below the knee. A **medial branch block** (also known as a paravertebral facet joint injection or "diagnostic block") is performed first to confirm the vertebral levels where the pain originates. A local anesthetic agent is then injected into specific facet joints. If the patient experiences pain relief after the local anesthetic takes effect he or she may be scheduled for a radiofrequency ablation, a procedure which uses electric current and heat to ablate the nerves. If successful, pain relief from this procedure can last six to nine months.

Deep muscular pain may be treated with **trigger point injections.** A palpable, firm, tense band of muscle is injected with a local anesthetic, either with or without corticosteroid. Deep infiltration of the local anesthetic into the muscle is achieved, providing immediate relief of the muscular pain. Patients are encouraged to apply heat at home and then to perform muscle stretches. The injections will stop the spasm cycle, but it is important that the patient maintain or increase flexibility of the treated muscle.

For chronic, long term pain patients may be treated by placement of an **intrathecal pump**. The pump mechanism is placed in an abdominal subcutaneous pocket and attached to a permanent catheter, which has been inserted into the intrathecal space of the spine. The catheter is then tunneled or buried under the skin to attach to the pump. Pumps are placed in the operating room and the initial analgesia trial takes place during an inpatient stay. After discharge the patient returns to the Pain Clinic monthly to have the pump filled by the nurse, under the direction of a physician. Morphine, hydromorphone, baclofen, bupivicaine, clonidine, or a combination of these, may be used in the pump. One of the pain center physicians is currently conducting a trial of a new medication, ziconitide, as part of the ongoing effort to improve medical knowledge and patient care in the area of pain relief.

Spinal cord stimulation is an adjunct in the management of chronic intractable pain. It was used initially to treat lower limb pain, but the use of this modality is currently being expanded to include cervical and occipital pain. Spinal cord stimulation is based on the 'gate-control theory.' We have learned that it is possible to change or modify the pain signals traveling to the brain by placing electrode contacts in the epidural space. The electrodes are connected to an implant with rechargeable power and electronics. When activated, the contacts deliver electrical pulses that stimulate nerves carrying pain signals. This stimulation masks the pain sensation in the affected area with a gentler sensation, called paresthesia. Patients are admitted to the Procedure Suite for a trial and, if successful, the patient is scheduled to go to the operating room for implantation of the stimulator.

Nurses play an integral role in the Procedure Suite. They assess patients pre-operatively for appropriateness of the procedure, efficacy of previous procedures, medicine reconciliation, and use of anti-coagulant medications. Patients must discontinue Plavix seven days before and Coumadin 5 days before any procedure involving the epidural space (to achieve an INR less than or equal to 1.5). Nurses provide patient education before and after the procedures and whenever the patient returns to clinic. Procedural nurses are sedation and ACLS certified, per UCSD policy. Though most of the procedures are performed under local anesthesia, conscious sedation, typically with midazolam and sublimaze, is also used. It is important for patients to be comfortable, while maintaining the ability to answer questions appropriately to inform the physician of any sensations they experience during the procedure.

Dr. Nicholas Kormylo described the contribution of the Pain Clinic nurses: "Our outstanding nurses guide the patient through the procedure from start to finish. They do a great job of educating the patient on exactly what will happen in the procedure room and they take the time to answer whatever questions may arise. This is an extremely important step that alleviates a lot of anxiety. The nurses then walk with the patient to the procedure room and help them get positioned comfortably. They monitor the patient's vital signs and ensure the patient is comfortable throughout. Our nurses are famous for the back rubs and leg rubs they give to distract the patient from any discomfort. Once the procedure is finished they escort the patient to the recovery room for a brief stay. Any new questions are then answered and they make sure the patient is stable and comfortable prior to discharge.

While we (physicians) may spend only a few minutes with the patient during the procedure, our nurses are with the patient every step of the way to provide the patient with a safe, comfortable, cohesive experience. Our patients routinely comment on the outstanding level of nursing care they received during their visit. Our nurses really are our most valuable asset."

Mary Lavengood

Patient, Mary Lavengood, has been treated at the Center for Pain and Palliative Medicine for the past year. She has chronic nerve pain, which resulted from a tooth extraction. Dr. Kormylo has been performing right superior alveolar nerve blocks and radiofrequency ablations to treat her pain.

Mary was asked to comment on how the staff at the Pain and Palliative Medicine Center is fulfilling the UCSD mission statement and core values. Mary said "Sarah (my nurse) is a leader. From the first time I met her, I found her to be in control, to have answers to all my questions, and to be informative. She always told me exactly what procedure was being done and then reconfirmed everything with Dr. Kormylo and his team. She was always kind, offering words of encouragement, some type of leg or arm massage, a warm blanket or just a countdown of how much longer the procedure might be . . . it was very encouraging."

When asked about what we are doing well and where we could improve, Mary noted "Everyone I have come in contact with has a smile or a kind word, and is genuinely concerned about my well-being. The team is efficient, compassionate, and appears to really enjoy their work! This is something one does not see often enough in the medical field. Trust me! I've been looking for answers for my pain for almost 6 years, and truly believe you are all the most dedicated team I have encountered!" She went on to comment about what makes the UCSD program exemplary: "Dr. Kormylo was willing to try new areas of pain relief and some were effective. The after-care room is a nice stop- over before leaving. Again such kind staff. I have felt very confident at UCSD and always speak highly of everyone. I try to refer people to UCSD!! You are all great people. You show dedication and integrity that is beyond the call of duty. Thank you for everything!"

You Deserve the Experience of a Lifetime.

Why UCSD Joined the Breast Cancer 3-Day Crew!

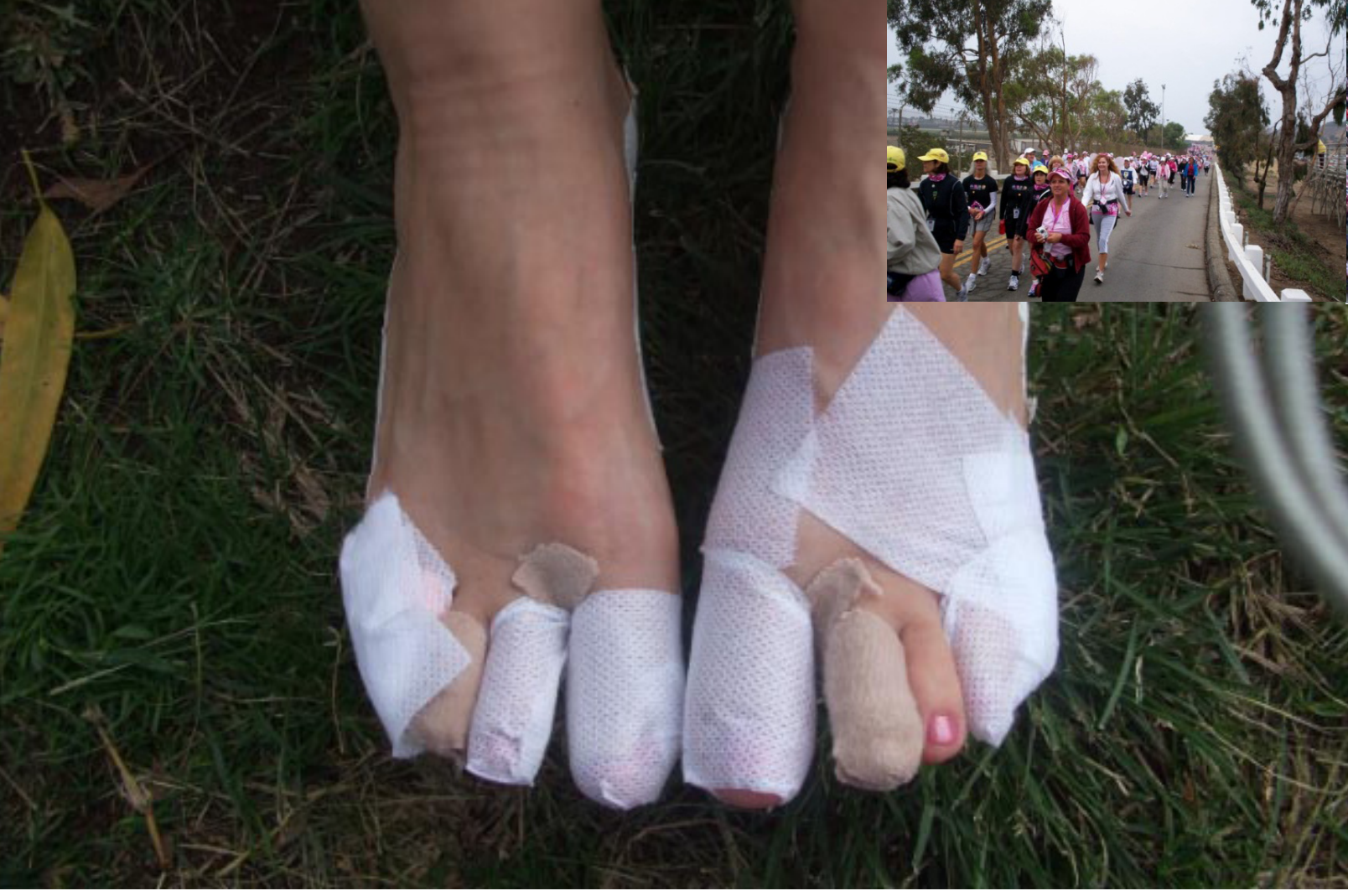
By Leann Cortimiglia RNC/CWS
UCSD Regional Burn Center

The San Diego Breast Cancer 3-Day benefitting Susan G. Komen for the Cure and National Philanthropic Trust is an amazing and unique opportunity. It is common knowledge that the 3 Day is a walk which raises funds for breast cancer research, but it is an experience like no other. As an RN I have had many wonderful opportunities to use my medical background and skills, but I never in my wildest imagination could I have predicted what the Breast Cancer 3-Day would do to and for me as a person, and as a nurse.

For the past 8 years I have personally become ever more committed to the Breast Cancer 3-Day as I have been touched by the amazing closeness that exists there. People say "I've done the heart walk," or "I do the MS walk (or the breast walk) every year." It is important to me that people see that the Breast Cancer 3-Day is not like these shorter walks. This is an endurance event.

It is hard to describe the passion, the compassion, the hope, determination and inspiration you will find at the Breast Cancer 3-Day. My role in the San Diego event is that of Medical Crew Captain. The medical crew has nicknamed me Mama Duck, because everywhere I go during the weekend there are people following me around, walkers and medical crew included. My commitment began 8 years ago when I registered as a walker to try to lose weight. At that time I didn't know anyone with breast cancer. I had no personal connection to the event. Then I broke my foot and was unable to walk as planned. The event organizer called and asked me if I would lead the medical crew. I said, "Sure I will." I finished my (th Breast Cancer 3-Day event in November.

I am proud that for the past 2 years UCSD has been the medical partner for the San Diego Breast Cancer 3-Day, which is both an honor and a big responsibility. UCSD's senior leadership has been extremely supportive. Our CEO, Rich Liekwieg, has attended the event and has even ridden along in a medical support van to experience the magnitude of UCSD's commitment. Mona Sonnenshein CFO and Trisha Lollo from Moores Cancer Center came to the campsite to see our medical team at work in the evening. Margarita Baggett CNO came to the lunch site to see what the Breast Cancer 3-Day was about. All



the leaders spoke of their amazement with the size of the event, the masses of people involved, and of our medical team's commitment to them.

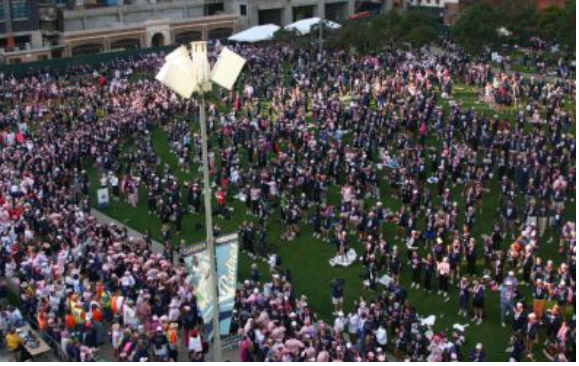
The medical team is made up of 150 people. They come from San Diego, as well as from other cities in California. Our goal is for 40 team members to be from UCSD. Among our UCSD team members last year were a trauma nurse practitioner, a nurse-midwife, an anesthesiologist, and an ER physician, a social worker, and even a person who works on campus in the department of science. As a group, the team is responsible 24 hours a day for the medical needs of the entire event crew of 600, the 5,500 walkers and the Susan B. Komen staff of 50.

The event itself stretches over 60 miles, with the walkers walking approximately 20 miles a day. It begins with a moving opening ceremony, where it is so quiet that you could hear a pin drop as the participants honor the memory of those lives lost to breast cancer. The walk begins joyfully, as families and friends cheer the walkers and crew off on their journey.

It's a virtual sea of pink. There are men and women, young and old, some walking for the first time, others who have done many of these Breast Cancer 3-Day events. There are teams of hundreds who have trained together, and there are people walking alone. However, you soon realize that no one is ever alone at this event.

It is a moving and emotional experience. I wish I could describe to you the sense of strength and hope, as thousands of people unite to travel the same way for three days with the same vision for a world one day without breast cancer. If I could, you might feel a glimmer of the power and love that exists on the 3-Day. You now have 6,000 new best friends. It is a privilege to join in, to care for these dedicated people. The feeling is amazing, magical at best- a microcosm of what is good or right in the crazy world in which we live.

As a community, San Diego rallies to show support for both the event and the walkers all along the many miles that make up the San Diego 3 Day. Shops and restaurants put out bowls of candy, food, snacks, Kleenex, sunscreen, lip balm, balloons, and buttons. People stand in their yards, sometimes with babies in their arms all dressed in pink, with signs saying, "My mom died from breast cancer- thank you." On corners there are women in chairs, heads bald from chemo, with smiles on their faces. You might hear them say, "Thank you for walking; I can't do it this year but I'll be there next year." There are little acts of kindness, like people who open up their homes to let walkers us a real bathroom, not a port-a-potty, or those who hang a hose on the fence for people to wash their faces. The community outpouring is enough to amaze you and to make you proud to live in San



Diego. It doesn't feel like a big city when you are on the Breast Cancer 3-Day.

Along the route itself there are pit stops, five each day, placed strategically along the route. Each one is a little oasis, with food, sports drinks, water, and a medical station (as well as those necessary port-a-potties). There are unique costume themes at each one, each day- designed to help the walkers stay motivated. There are vans, called sweeps, that follow the route to pick up tired, hurt or exhausted walkers who may need a ride to the next stop.

Back at camp the medical tent is a very busy and active place . . . full of walkers needing medical care. It resembles a small town emergency room, with significant foot issues and physical therapy being the main events of the day. Even our midwife works on feet and blisters as we tape and ready walkers for the next leg of their 3 Day. A crew of over 50 people is assigned solely to the camp medical tent. They work steadily until 9 pm, when they clean up and prepare supplies for the morning rush. At that point most of the team goes back to their tents to sleep.

The on-call team members sleep in the medical tent, ready to treat urgent or emergent issues during the night. We also have ambulances with us 24 hours a day to quickly transport patients who need a higher level of care.

On Saturday and Sunday morning the team gets up and does it all over again, helping people tape and cover blisters for the next 20 miles. I don't feel jealous of any one set of feet that I tend to. I am just amazed they can walk a foot, let alone 20 miles a day, on the blisters I've seen. The fact that they can push on through the pain of these injuries is a testament to the depth of the walkers' spirit. They know that, in the United States alone, one woman is diagnosed with breast cancer every three minutes and that one will die from breast cancer every 13 minutes. They feel they have a battle to wage.

You overhear the participants telling each other "thank you," "I love you", and "we did it!" It is complete for another year.

On Sunday, the final day, many walkers are limping. The medical team members find themselves taping, treating blisters, encouraging, and doing everything they can to help people get on their way again. It may seem odd that a transplant nurse coordinator can learn to treat feet so well in one weekend. Ask Stephanie Osborne, RN what she knows about sport injuries now! Or ask Gabriella Rivello, RNP from Trauma what the best thing to do for a foot that is covered with blisters might be… she knows. She has become the expert. As any medical crew member can tell you, they feel that they become functioning marvels on the Breast Cancer 3-Day, much to their amazement.

At the end of the 3rd day everyone arrives at the Closing Ceremony. The staff of the Breast Cancer 3-Day and the crew line the walkway as the walkers arrive, welcomed by the roar of the crowd of family and friends. At a later point in the ceremony, both walkers and crew members remove one shoe and raise it over their heads, to commemorate the walk. Then the survivor walkers enter the stage, wearing the pink victory shirts. There is not a dry eye in the house. You overhear the participants telling each other "thank you," "I love you", and "we did it!" It is complete for another year.

Every walker must raise a minimum of $2,200.00 to walk. The Breast Cancer 3-Day raised more than $86 million dollars in 2007. $12 million was raised by these wonderful people I call "my walkers" in San Diego. 71% of the money raised has gone to the cause, which exceeds the Better Business Bureau Wise Giving Standards for accountability. The remainder of the funds is used for management of the event, the food, showers, and logistics that are both amazing and efficient. It's a class act, and one of which I feel very blessed to be a part.

I would like everyone at UCSD to be a part of this team with me. The opportunity is there for anyone to join. We will find a spot for you. Come spend 3 days with us!

For information about joining the UCSD medical team for the San Diego Breast Cancer 3-Day, please contact Leann Cortimiglia at lcortimiglia@ucsd.edu or call (619) 543-6505.

We proudly recognize.....

Degrees:

Stephanie Dickson, LVN, 3 East, Thornton Hospital, received her ADN from Maric College and passed the NCLEX to become an RN in June 2007.

Doug Elmore, RN, MSN-FNP, CCRN received his BSN with Nursing Honors from the University of San Diego in May, 2007 and was inducted into Sigma Theta Tau. He coutinued his studies, receiving a Masters in Nursing Science-Family Nurse Practitioner degree in May 2008. Doug is active in the Army Reserve, having served in Afghanistan in 2002, where he received the Purple Heart. Doug works in the Thornton ICU.

Nannette Sabio, RN, nursing assistant on 3 East, Thornton Hospital, passed the NCLEX to become an RN in July 2007.

Sarah Smith, RN, BSN, Thornton ICU, received her BSN from San Diego State University in December 2007.

Haydee Vinzon, RN, nursing assistant on 3 East, Thornton Hospital, passed the NCLEX to become an RN in July 2007.

Amy Yates, Clinical Nurse Educator, Infant Special Care, received her Master of Science degree in Nursing Systems Administration from San Diego State University, in June 2008, with a thesis entitled Beliefs and Practices of Family-Centered Care by NICU Nurses.

Certification:

Duane Anderson, RN, BSN, Child and Adolescent Inpatient Psychiatric Services, is a member of the American Nurses Credentialing Center's (ANCC) content expert panel for the nursing specialty of Psychiatric and Mental Health Nurse. The content expert panel, a select group of nurse experts from across the country, is responsible for developing the specialty's ANCC certification examination. Duane attended a test development meeting on April 2-4, 2008 at the ANCC/ American Nurses Association (ANA) headquarters in Silver Spring, Maryland.

Vivian Azarcon, RN, BSN, OCN ®, 3 West, Thornton Hospital, received Oncology Nursing Certification in Oncology Nursing through the Oncology Nursing Certification Corporation in June 2008.

Bonnie Bourque, RN, 11 West, Hillcrest, received Medical-Surgical Nursing Certification through the American Nurses Credentialing Center in October 2007.

Rebekah Bowdler, RN, Women's Healthcare, Ambulatory Care Center, received Wound Care Certification through the National Alliance of Woundcare in November 2007.

Domenica Ching, RN 3 East, Thornton Hospital, received Medical-Surgical Nursing Certification through the Academy of Medical Surgical Nursing in May 2007.

Gena Clark, RN, Labor and Delivery, received certification for Inpatient Obstetric Nursing through the National Certification Corporation in May 2007.

Aileen Dimaunahan, RN, BSN, OCN®, the Infusion Center, Moores Cancer Center, received Certification in Oncology Nursing through the Oncology Nursing Certification Corporation in June, 2008.

Rachel Fluty, RN, 11 West, Hillcrest, received Medical-Surgical Nursing Certification through the American Nurses Credentialing Center in October 2007.

Grace Gelacio, RN, CNN, Dialysis Unit, received her Nephrology Nurse Certification through the Nephrology Certification Commission in October 2007.

Carmelita Gudoy, RN, 11 West, Hillcrest, received Medical-Surgical Nursing Certification through the American Nurses Credentialing Center in October 2007.

Kristine Hanighen, RN, CCRN, IMU, received her Critical Care Certification in July, 2007.

Jan Hebert, Manager, Infant Special Care Center, received Nursing Administration Certification through the American Nurses Credentialing Center in December 2007.

Michael Hurley, RN, BSN, OCN ®, the Infusion Center, Moores Cancer Center, received Oncology Nursing Certification through the Oncology Nursing Certification Corporation in June 2008.

Tammy Laraway, RN, CCRN, Thornton Hospital ICU, received her Critical Care Nurses Certification from the American Association of Critical Care Nurses in November 2007.

Linda Levy, Director, Women and Infant Services, received her Advanced Nursing Administration Certification through the American Nurses Credentialing Center in December 2007.

Christine Miller, RN, BSN, OCN ®, the Infusion Center, Moores Cancer Center, received Certification in Oncology Nursing through the Oncology Nursing Certification Corporation in June 2008.

Jacque Opfer, LVN was appointed to the board of San Diego and Imperial County APIC (Association for Professionals in Infection Control and Epidemiology) Chapter for 2008.

Maria Pascual, RN, MPH, CIC received her Board Certification in Infection Prevention and Clinical Epidemiology in December 2007.

Angela Ramos, RN, Infant Special Care Center, received her Neonatal Intensive Care Nursing certification from the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties in January, 2008.

Amanda Thurman, RN, MSN, OCN ®, 3 West, Thornton Hospital, received Oncology Nursing Certification through the Oncology Nursing Certification Corporation in June 2008.

Fanny Villatoro, RN, 11 West, Hillcrest, received Medical-Surgical Nursing Certification through the American Nurses Credentialing Center in October 2007.

Juanita Villegas, RN, 11 West, Hillcrest, received Medical-Surgical Nursing Certification through the American Nurses Credentialing Center in October 2007.

Presentations:

Patrick Balakian, Christine Brenner, RN, CPTC, Samantha Blaz and Lisa Stocks, RN, MSN, FNP of Lifesharing presented **Intensive Care Hospital Development: Targeted Improvement Process for the Rural Community Hospital** at the annual NATCO The Organization for Transplant Professionals conference August 10-13, in Boston, Massachusetts

Michelle Deligencia, RN, MSN, CNOR presented **Creation and Execution of a Comprehensive and Transparent Transplant QAQI Program** at the UNOS Transplant Management Forum in Dallas, Texas April 21-23, 2008. The presentation won the national award in the category of "compliance."

Debbie DenBoer, BSN, GI motility nurse, traveled to Jordan in June 2008 as an Expert Lecturer on GI Motility Nursing. Ms. DenBoer is the past President of SIGNEA (Society of International Gastroenterological Nurses and Endoscopy Associates and is the current newsletter editor.

Eileen Lischer, RN, BSN, MA, Clinical Manager, Acute Dialysis gave two presentations, **Vascular Access, Membrane and Circuit** and **Competency Assessment in CRRT** at the 13th Annual International CRRT (Continuous Renal Replacement Therapies) conference in Coronado, California, February 27-March 1, 2008

Suzanne Reed, RN, BSN, CCTC, CPTC presented a poster **Staying Alive – The Role of Compliance** at the UNOS Transplant Management Forum in Dallas, Texas April 21-23, 2008.

Lisa Richards, MSN, FNP-BC presented **HBV Case Studies** to the San Diego Chapter of Hepatology Mid-level Practitioners in December 2007, **HBV for the Healthcare Provider** to the San Diego chapter or Physician's Assistants in January 2008, and **Treatment Strategies for HCV** to the San Diego Chapter of Hepatology Mid-level Practitioners in February 2008. Ms. Richards was invited to serve on the Nexavar Hepatocellular Carcinoma Oncology Nursing Advisory Board in February 2008.

Jill Stinebring, RN, BSN, COTC, Tina Greco, RN, BSN, CPTC, Christine Brenner, RN, CPTC, Dana Young, and Lisa Stocks, RN, MSN, FNP of Lifesharing presented **Push & Pull, Every Donor, Every Organ, Every Time, Donors with Bacterial Meningitis** at the annual NATCO The Organization for Transplant Professionals conference August 10-13, 2008 in Boston, Massachusetts.

Jill Stinebring, RN, BSN, CPTC, Tina Greco, RN, BSN, CPTC, Rebecca Dodd-Sullivan, RN, BA, CPTC, Ramesh Sivagnanam, and Lisa Stocks, RN, MSN, FNP of Lifesharing presented **APRV to the Rescue: Successful Lung recovery Utilizing Rescue Airway Pressure Release Ventilation (APRV) and Collaborative Donor Management** at the annual NATCO The Organization for Transplant Professionals annual conference August 10-13, 2008 in Boston, Massachusetts.

Frann Teplick, RN, MSN, BC, CNS, Perinatal Clinical Nurse Specialist presented **As the Cesarean Section Rate Increases, so does the Rate of Placenta Accreta** and **Improving Perinatal Care for a High Risk Population: Surrogate Families** at the 32nd Annual PPFA/Drexen University Women's Health Conference: The Challenges of Providing health Care to Women Today…and Tomorrow in Atlantic City , New Jersey, February 19-22, 2008. She presented a poster **Implementation of Rapid HIV testing in Labor and Delivery** at the same conference.

Frann Teplick, RN, CNS, Cory Anaka, RN, Lactation Specialist and Perinatal Coordinator, and Pat Inzano, RN, ANII presented **Multidisciplinary Team Approach for Patients with Placenta Acreta**, and **Surrogacy Pregnancy and Delivery** at the 32nd Annual Planned Parenthood Federation of America Women's Health Conference in Atlantic City, New Jersey on February 21, 2008.

Publications:

Laura Dibsie, MSN, RN, CCRN, CNS in critical care published 'Implementing Evidence Based Practice to Prevent Skin Breakdown' in the April 2008 issue of Critical Care Nursing Quarterly.

Patricia Graham, RN, MSN, CNS, in critical care, was interviewed by the American Journal of Nursing for their 2007 Career Guide, released in February 2007. She also published 'A Survival Guide for new Graduates in Critical Care' in the February issue of Nursing 2007 Critical Care and in the January 2008 issue of Nursing Management. Her article 'Critical Care Education: Experience with a Community-based Consortium Approach' appeared in Critical Care Nursing Quarterly in July 2007.

Rhonda K. Martin, RN, MS, MLT(ASCP), CCRN, CNS/ACNP-C is the author of the chapter on Liver Dysfunction and Failure in the textbook AACN Advanced Critical Care Nursing published in May 2008 by the American Association of Critical Care Nurses..Ms Martin is also the expert reviewer for the AACN Advanced Practice Manual, which is a resource for advanced practice and experienced clinical nurses in acute and critical care.

We proudly recognize.....

Awards:

Kristin Geraghty, RN, BSN, OCN,® 3 West, Thornton Hospital, received the Oncology Nursing Society's Master Scholarship Award in June 2008.

Special Mention:

Nasser Melchor, RN is on leave from UCSD's Thornton Hospital ICU and is serving as an Army Reserve nurse, deployed in Afghanistan.

CN III Promotions:

Irea Pink RN, Hillcrest OR, improved compliance with UNOS requirements.

Tamara Norton RN, Thornton ICU, standardized the Orientation Manual to assist critical care RNs.

Bonnie Bourque RN, 11 West Specialties, established a consistent and universal system for identifying allergies.

Lorna Bautista RN, Urology Clinic, reorganized orientation documents for new nurses and itemized/explained the multiple procedures performed.

Arceli Tabago RN, Urology Clinic, revised and standardized order sets for procedures that were never specified and/or could be open to interpretation.

Rachel Sibley RN 11 West Specialties, improved compliance with infection precautions with neutropenic patients.

Eleanor Yoshisaki-Yusi RN, 8th floor Med Surg, wrote a procedure for the use of the Stryker pain pump and it's disposal.

Sara Couch RN, Hillcrest SICU, evaluated a nursing intervention on the proper technique in Incentive Spirometer use in post-op/critical care patients.

Michael Koenig RN, Burn ICU, evaluated the economic impact of the Zoxxy Bowel Management Program.

Maricel Salinas RN, Thornton 2 West, developed heart failure discharge documentation.

Patience Onyegbule RN, 8th Floor Med Surg, evaluated methods of reducing falls in seizure disorders.

Rommel Fong RN, 8th Floor Med Surg, looked at fall prevention in relation to intermittent compression devices, improvement of staff morale, and prevention and management of VTE.

Shu-Pin Liu RN, Thornton Special Procedures, examined pre-procedure assessment and process improvement.

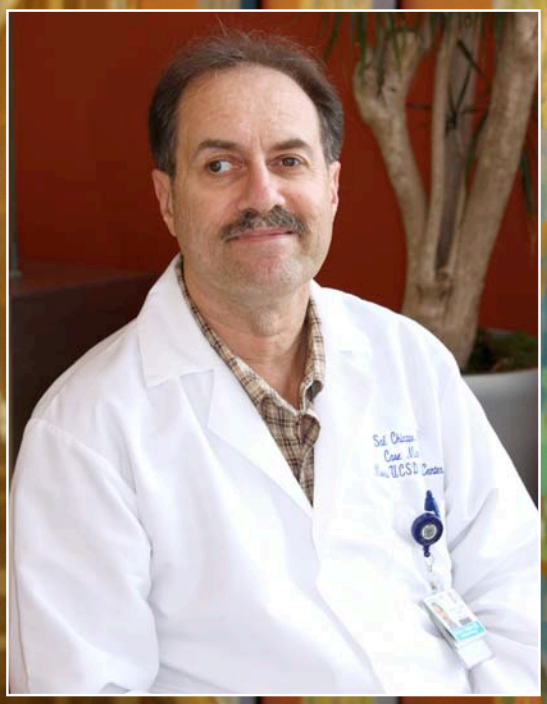
Lisa Nelson RN, Hillcrest CCU, established a procedure for improved compliance in IV therapy and central lines.

Raquel Villalon RN, Christianne Kurtz RN, and Judy Temsuk, RN, 10 East Med Surg, wrote guidelines for the use of cardiac IV medications.

Stay tuned for the next journal which will feature Critical Care Nursing at UCSD.

Between These Walls

By Sal Chiappe, RN, AS



Sal Chiappe is a Case Manager at Moores UCSD Cancer Center, working with Dr. Sarah Blair and Dr. Michael Bouvet in Surgical Oncology. He has been a nurse for the past 23 years, but has a number of other interests, which include writing poetry, history, politics, and music. He also compiles an electronic newsletter for the Cancer Center, called Capstone, four times a week.

Between these walls of angst and light
I saw the ghosts
Of all my fears

Crash upon me like tears of stone
I was surrounded by strangers
And run-away machines
Trapped in the cosmos
Of particle beams

My life was shrinking
And I wanted to scream
I battled to banish the ghosts
That stalked my dreams

In my silence
I felt the hand
Of a stranger
Who soon became a friend

A friend whose words
Resolute and sure
Enabled me with the strength
To embrace life and to endure

Between these walls of angst and light
I came here alone
Prepared to die
Yet found compassion in a nurse's eyes
I rose refreshed
To smile and give thanks
Knowing with certitude
That when I died
I would not die alone
Between these walls of angst and light

Embrace the vision. Join us at UCSD.

For current opportunities, both internal and external, please logon to **www.ucsdhcjobs.org**. For more information about nursing at UCSD logon to our nursing website at **http:medinfo.ucsd.edu/nursing.**

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