An Advanced Practice Nurse;
No, really
New Knowledge, Innovations, and Improvements

submitted by
Sylvie Jacobs, RN, BSN, CPAN
Acknowledgments to Laureen Nowakowski,
Senior Director of Nursing Operations

Marisa A. Cortese, PhDc, RN, FNP, BC
is the Senior Manager of Oncology
Education, Quality and Research. She
had met Patricia Spencer-Cisek, RN, MS,
ANP-BC, AOCN, Senior Director Oncology
Mount Sinai Medical Center, at Glens Falls
Hospital fifteen years ago when she was a
volunteer on an inpatient oncology unit. At
the time Marisa was a freshman in college
and was trying to decide whether to go
into medicine or nursing. She majored in
biology and in her junior year at Marist
College she decided to become a Nurse
Practitioner. While studying at Marist
College, she worked as a nursing assistant
at St. Francis Hospital in Poughkeepsie,
NY to gain further experience working in
the healthcare field. After graduating from
Marist College in 2001 with a Bachelors of
Science in Biology, Marisa enrolled at Pace
University’s Combined Degree Nursing
Program and was the youngest at 25 to
graduate with her NP. Not incidentally,
she was the first student to get an ‘A’
in the Nursing Research class. Marisa
worked as an RN at Phelps Memorial
Hospital on the inpatient medical/surgical
oncology unit while working towards her
NP degree. Her first NP position was in
Pediatric Endocrinology at Westchester
Medical Center; however, after a year she
recognized that she really wanted to return
to working in the adult oncology field.

She worked as an NP in a hematology/
oncology private practice in White Plains,
NY for two years, where she was greatly
affected by the death and dying of her
cancer patients. She wanted to be part
of the mission to cure cancer and was
interested in working in clinical research.
In 2006, Marisa was hired to work as an
oncology research nurse practitioner at
Mount Sinai School of Medicine with Dr.
Janice Gabrilove. Her performance led
to a promotion in 2007 as an Associate
Director for the Cancer Clinical Trials
office. In 2009, Marisa then enrolled in
the Mount Sinai PhD in Clinical Research
Program because she wanted to enhance
her knowledge in the conduct of clinical
research. This degree would provide
her the knowledge and skills needed to

Night Shift Nurses
Exemplary Professional Practice, Submitted by Sylvie Jacobs, BSN, RN

Night Shift Nurses
Exemplary Professional Practice, Submitted by Sylvie Jacobs, BSN, RN

Shift nurses are working the same number of hours with the difference being that it is still daylight when they come in and light when
they leave. I recalled my own difficulties working nights as a new nurse. The nausea that would hit me somewhere around 5 am, the
complete and utter fatigue that made it hard to make decisions, the newness of everything and everyone giving me a feeling that I was
in uncharted waters and a sense of disconnection from my family, friends and hospital administrative support systems.

I took a look at three night shift nurses at Mount Sinai Hospital: a new nurse, an experienced nurse and the nurse educator. I found a
remarkable level of dedication, professionalism and resilience from them all.

I want to dedicate this issue of the Mount Sinai Magnet Newsletter
to our Night Nurses.
March 19 was Nurse Certification Day. We celebrated our Mount Sinai Certified Nurses by offering a raffle at a table in the Guggenheim Lobby. Three certified nurses won a stethoscope, a beautiful purple orchid or a mystery boxed item. (I’m still wondering what was in that box). Many nurses visited the table where they could enter the raffle or, if not certified, get information on how to become certified. I met many interesting nurses from various areas. Some were as new to nursing as 6 months and others had always been meaning to get around to it, but... Many were certified multiple times in different specialties and organizations.

Certification provides many benefits: recognition of expertise in a specialty practice, a level of achievement, monetary incentive and the look of respect and trust in the eyes of your patient and/or their family member when you explain what those letters after your name mean.

Being New on Nights
Submitted by Sylvie Jacobs, RN, BSN, CPAN

Jerin Kallickal, BSN, has worked for 5 months at the time of this interview on GP 6W. Caring for vascular and thoracic patients, Jerin began as a new grad, as we say in the nursing business, with a four week orientation period on the day shift and an additional two weeks on nights. He was then “on his own”. He noticed immediately that while the day shift was busier in terms of activity, discharges and procedures, the night shift had its own intrinsic challenges.

were allowed to take the every four hour vital signs. I asked why their policy had changed and he said he really didn’t know.

Clearly, working on night shift can produce a feeling of disconnection from decision making and input as a new nurse. Jerin frequently doesn’t take breaks and stays past his shift. This is to make sure he gives adequate report to, many times up to five, different day nurses. During this time he also completes his charting.

Jerin said he spent a great deal of time addressing patient’s concerns. The quiet and solitude of the night bring out many fears, anxieties and concerns from his patients. He spends time sitting with them as much as possible and encourages them to write down their questions to ask the doctor in the morning. Of course, if they are short staffed and have a lot of admissions (from ED, floor transfers, direct from home and fresh post op patients) the emotional support has to take a backseat to dispensing meds, checking vital signs, monitoring and stabilizing.

Jerin has a two hour commute to and from Long Island. He says the nurses rarely take official breaks since that assignment was unmanageable. He observed he was being gently assigned since he was new; three patients would be a “quiet night”, four patients would be “OK” and doable, five patients are pushing the limit and six patients: Mission Impossible. His strategy for those rare but intolerable situations is to take a moment, center himself and prioritize. We were speaking at 9am after his long night shift and he made a verbal slip and said the first thing is to keep my parents, (instead of patients), alive! He corrected himself but I caught the deep concern that only a caring nurse would have toward his patients. He said it was easier when the PCAs

Night Reflection
Submitted by Sylvie Jacobs, BSN, RN

As a recent patient, I had the special opportunity to experience nursing as a nurse. Of course it was tinted by some effective narcotics delivered by my PCA pump (patient controlled analgesia), but I was lucid enough to have awareness of this distinctive occurrence.

My night nurse, who shall remain nameless at her request, possessed an ability to be highly efficient and yet, what I perceived, to be completely sensitive to my needs. She stood out by her gentleness; some subtle thing that was communicated in the way she adjusted the blankets or repositioned my urinary drainage bag.

Her intention was clear: my well-being, my safety, my comfort. She rounded on me frequently that night, once I got used to the rhythm I didn’t even bother to open my eyes. She explained what to expect, what she had to do, how she planned to do it. She knew from our conversation that I was also a Mount Sinai nurse, but that was just a portion of who I was.

First I was her patient that night. In the morning she told me she was leaving. She took the time to let me know who would take over my care. She allowed me to express my gratitude for her care. I was fortunate to have done well, no complications, a smooth transition into my recovery period.

“Her intention was clear: my well-being, my safety, my comfort.”

She taught me many things that night: how it’s the littlest things that can mean the most to a patient, how there is no end to patience and how our patients can sense if you are fully present when caring for them. I learned that intention is communicated imperceptibly, but clearly. And probably, most significant of all, I learned how important it is to be kind and caring to myself. Her eyes gave me that reflection and I will always be grateful for that.
An Advanced Practice Nurse

(continued from page 1)

conduct her own research and pursue federal grant funding.

In 2009, Marisa was awarded the KL2 PhD in Clinical Research Scholar Award, which is provided through the Mount Sinai Clinical and Translational Science Award (CTSA). This prestigious award is designed to support the career development of PhD students who are interested in careers in clinical and translational research. Translational research is a two-way process in which scientific discoveries are translated into practical applications. The KL2 award provided 75% protected time, tuition, salary support and funding to conduct her research. Only two per year are awarded and Marisa was the first nurse at Mount Sinai to receive this award.. Marisa was also fortunate to receive pilot funding to support her research from the Mount Sinai Center for Nursing Research and Education (CNRE). It has taken Marisa four years to complete her PhD. The title of her dissertation is “Improving Cultural Competency and Disease Awareness among Oncology Nurses caring for Adult T-cell Leukemia/Lymphoma Patients”. On May 10, 2015, Marisa will be the first nurse to graduate from Mount Sinai School of Medicine with a PhD. Marisa is very grateful for the support, guidance and encouragement she has received from her mentors, Dr. Janice Gabrilove and Dr. Regina Cunningham, and her dissertation committee.

In her current position, as Senior Manager her goals are to support, educate and foster nursing research while being able to continue to do her own research. In addition to her role, she also serves as a member on the Mount Sinai Nursing Research committee and Institutional Review Board (IRB). Marisa is also a co-investigator on a National Cancer Institute (NCI) R25E grant, “Training Community Nurses and Administrators to Implement Cancer Clinical Trials.” Her future goals are to publish the results of her dissertation research and apply for federal grant monies to support further projects.

Upon leaving our interview, I expressed admiration for all that Marisa has accomplished in her 35 years on the planet. (She also has a 1 year old baby named Juliet!) I was impressed by her drive, passion, commitment, dedication and pure intention to help humanity all wrapped up so effortlessly. She looked at me and simply said, “Anyone can do this- it just takes learning some skills”.

Who Are We?

Submitted by Sylvie Jacobs, BSN, RN, CPAN

I had noticed that there was preponderance of nurses at Mount Sinai who were either children of nurses or a parent of a nurse. I wanted to take a closer look at this, so I sent out a request for Mount Sinai nurses who have nurse children to let me know more from their perspective. I also included nurse children of nurse parents.

The first interesting finding was that I only received eight replies. I think this is a very underwhelming response and can only guess as to the reasons. I suppose that we all lead very busy lives and choose to devote energy to our priority items, answering random questions about life choices does not seem very important or relevant. The upside to this is that I can give you all the details and the remarkable content which showed insight and perception. I think you will find it a notable tribute to nurses as well as provide awareness as to how we nurture our children, how we make life choices and what fabric we are made from. I have included original language as much as possible; changes were made only to facilitate understanding.

Call in the Reinforcer!

Transformational Leadership
Submitted by Sylvie Jacobs, RN, BSN, CPAN

Harmon Mercer MS, RN, CCRN is the Mount Sinai Evening/Night Education Specialist. He covers the entirety of Mount Sinai Hospital and serves as a support for all the night nurses. He has extensive clinical knowledge and skills after practicing for nineteen years in the ICU. He is a people person and so can traverse the gap that sometimes is found between administrators and clinical nurses. He is creative and innovative in his problem solving approaches. His humility permits him to ask for help and opinions when he is out of familiar territory. And his desire to “do the right thing” drives him to learn and to utilize all resources available.

Harmon, a soft spoken and intense man, views himself as the anchor for many of the new nurses who are assigned night shift. His focus during this interview was on the nurses and their needs, not on himself. His responsibilities, as he lay out, were to respond to all emergencies and team 7000s. Every morning he reports these to Maria Vezina, EdD, RN, NEA-BC, Senior Director Nursing Practice, Nursing Education, Professional Practice, Recruitment, labor Relations, Payroll and EHS. As I walked into his office he was preparing for his shift by logging into his Vocera, checking his Blackberry, Beeper and Phone messages. He makes sure he is available. He gets requests to assist with equipment problems, procedural questions, clinical support and practice and behavioral and professional shortfalls. These requests come from clinical nurses as well as administrative personnel from every area in Mount Sinai.

His chief challenge is that there is only one of him. The many roles he plays to support the large numbers of staff, often new and inexperienced, has him beyond busy. He would love to get to know all the new nurses, but cannot keep up with them all. Other challenges are the pre-existing cultures present on the various floors and units that prevent easy and smooth integration of some of these newer nurses. He spoke of perceptions of
Who Are We  
(continued from page 3)

I had left it optional to include a name:  
3 out of 8 chose to identify themselves

Ages of Respondents: 28, 33, 50, 56, 58, 60 and one (?)  
Years Practicing: 5, 9, 25, 30, 32, 34, 35 and 41  
On a 1-10 scale, satisfaction score with career choice: one ‘7’, three ‘9’s and four ‘10’s

What made you become a nurse?

“My mother is a nurse and growing up I have seen how she’s been able to provide for us with her job. I also liked the fact that she helps others in her profession from the stories that she tells at home. My mother, an excellent nurse, gave me a profound respect for nursing and was a major influence on why I became a nurse.” Sat score 9

“My mother. Nursing is a wonderful career. So many options.” Sat score 9

“Military service as a Hospital Corpsman and a desire to support the Navy Nurse Corps and Marine Corps which ultimately converted to service in the Army Nurse Corps. Sat score 10

“My clinical instructor said ‘to serve humanity’, I say, “yes, and to go abroad”. I worked in a big university hospital where I graduated (University of Santo Thomas, Philippines). One and one-half years as a med-surg nurse and then CCU nurse helped me a lot to get a job in the USA at the Mount Sinai Medical Center” Sat score 10

“To fulfill my mother’s dream and love for caring for sick people” Sat score 10

“Always had a nurturing quality. Admired a maternal Aunt who was also a nurse”. Sat score 10

“What qualities do you have that makes you a good nurse?

“I have great customer service skills. I make sure that the person I encounter in that particular moment is treated with respect. I never forget that we are all human and in our moment of weakness all we really need is to be treated with kindness”

“Team Player, good communicator, able to listen well to patients”

“Compassion, Adaptability, A Critical Care skill set, teaching abilities and an ability to communicate well with others”

“Patience, loving, bright, contagious smile”

“Compassionate, patience, good listener, resilient”

“Life-long nurturing ability. I love taking care of people whether they are sick or just if they need care, I love working with people”

“I put myself in the situation of a sick person and I see myself collaborating with the team regarding plan of care and treatment”

“Honesty, knowledgeable, good outlook in life, happy”

“NURSING IS A SELFLESS JOB.

IF YOU ARE NOT SATISFIED WITH HELPING OTHERS AS A PROFESSION, THEN IT IS DEFINITELY NOT THE RIGHT JOB FOR YOU.”

“A NURSE SHOULD BE SELFLESS MANY TIMES; PATIENCE IS REQUIRED OR NEEDED TO GO ON.

IT IS VERY REWARDING TO HELP IN THE CARE OF PEOPLE.”
bullying and intimidation and how he intervenes to mitigate these effects, but that they are present at all is problematic.

He finds he spends an inordinate amount of time in the Step down Units of 10E, 9C, 8C, where there are critically ill patients without the intensivist support of the ICUs. He criticized our intranet procedural support system as being difficult to navigate for an already harried nurse to glean answers from. He also said that Informatics was addressing this and that plans to revise the system were underway.

Additionally, Harmon teaches Team 7000 protocol, the Critical Care Course, ACLS and BCLS, Mock Code and is involved in current projects. These projects right now are Blood Transfusion verification, Sepsis Screening on 10C, 10W, 9W and 11E, and Dementia/Delirium Screening on KCC4S, 6W and 10W. He acts as a career counselor to many young nurses and finds that he gets a good number of requests for reference letters which he makes time to write. He is looking forward to reinstating Night Grand Rounds to strengthen education support on the night shift.

As I sat with this humble man I saw that there were photos of two intelligent looking teen/young adult children over his desk. I heard of his serving our country and reaching the rank of Major in the Military. I sensed his willingness to address not just educational needs of the evening/night shift nurse, but to fortify the whole practitioner mind, body and spirit. Given his life and nursing experience, his positive and resilient outlook and generosity of spirit to serve, I found I was looking at a true treasure. As I was leaving he said, “Call me; you can call me for anything.”

Who Are We

“MY HUSBAND IS ALSO A NURSE WHO I MET HERE IN SINAI.
WE HAVE TWO SONS WHO ARE NOW MOUNT SINAI NURSES.
I THANK GOD FOR ALL THESE.”

Other comments:

“Both my children are nurse-made children as my wife was also a critical care nurse at Mount Sinai Hospital. Since my wife passed from breast cancer, with the support of many of her colleagues and the very same nurses she trained, my son is pre-med, my daughter has aspirations of Nursing or Dentistry. I will certainly dedicate my life to teaching aspiring nurses to become as fine, knowledgeable and caring a nurse as my wife. I will do this through education, eventual tenure and authoring books that focus on Nursing.”

“My daughter works in the same specialty I’m working. She’s following in my footsteps”

“I had been married to a nurse for 33 years. Two out of three sons are also nurses, one of whom works in the operating room as well.”

“Honestly, I would prefer a different career for my children. Nursing is physically and mentally straining. But, if my children chose it, I would be supportive because nursing is an honorable career. I am proud of my son who is a nurse, a dedicated nurse.”

As is evident by these words, we are a compassionate, dedicated and helpful people. The thoughts and self-reflections are moving. These eight people, who were able to open up to us and share their life’s journey into nursing, show us their generous spirit. I imagine that each one of us nursing at Mount Sinai has a unique story, but these eight took the time to sit down and get it done. Nursing style.
Mount Sinai's initiative, Team STEPPS, is geared to improving our patient safety program and patient outcomes. This is done by decreasing errors and improving teamwork and communication. It was rolled out for the surgical and procedural areas, but its concepts are universal in their applicability to all patient care units. So I wanted to present a brief overview and encourage you to go online to read up on it further.

**Drs. Erin Dupree, Chief Medical Officer and Michael Marin**, Chairman of Surgery were joined with doctors and a nurse from around New York City. They presented the background of the patient safety movement and what brought us to our current vision of “Delivering High Quality and Safe Care to Every Patient Every Day to Achieve World Class Outcomes”. They acknowledged our efforts and good outcomes in providing excellent patient care, but noted that we can always find room for improvement and we should never end our striving for better and safer patient care.

The four principles which comprise Team STEPPS are **LEADERSHIP, SITUATION MONITORING, MUTUAL SUPPORT and COMMUNICATION**. We learned that a good leader has integrity, organizes the team, articulates clear goals, engages team members when making decisions and facilitates effective teamwork.

This leader should empower the team members so they feel comfortable speaking up and challenging decisions or actions. Conflict Resolution and use of huddles, checklists and debriefings are tools to be used to strengthen a team's efficacy and improve outcomes.

The second component, situation monitoring, encourages all team members to play an active role in observing and evaluating the patient's status, the other team members, the environment and the progress towards meeting the goal. It requires being on the same page, knowing what to expect and relies on effective communication. This is called a Shared Mental Model.

The essence of Teamwork, mutual support, is necessary to promote team success. We need to know how and when to ask for help as well as offering help. We need to provide feedback that is timely, respectful, specific, directed toward improvement and is considerate. This means to remind our colleagues of safe practices before an event can occur, to speak respectfully and privately to avoid humiliation and embarrassment, and to include both positive and constructive comments which are focused on progress. Strategies such as CUS and DESC were offered. They stand for 1) stating Concern about something. 2) noting that you feel Uncomfortable with the situation or action and 3) pointing out that it is a Safety issue for the patient. In DESC you 1) Describe the situation 2) Express your concerns 3) Suggest alternatives and 5) State the Consequences

Communication, the 4th principle of Team STEPPS, contributes strongly in patient outcomes. It’s been seen that bad communication plays a role in up to 70% of adverse events. Effective communication makes sure that the message is not only sent but is received and understood. It is brief, clear and timely. Many tools are available to assure optimal communication. Some are SBAR, Call Out, Check Back and Hand Off. All communication, whether it is between colleagues or between caregivers and patients, should allow for time to ask questions.

Team STEPPS stands for Strategies and Tools to Enhance Performance and Patient Safety. We were reminded that our first and foremost responsibility should be to the delivery of the best and safest patient care possible. The personal affinities we may or may not have toward one another should be irrelevant. We should not be striving to improve only our performance, but also the performance of those around us, so that we can achieve our common goal, that of delivering quality and safe care to every patient, every day to achieve world class outcomes.