

AROUND TOWN

Emergency Nurse at Westlake Hospital Lends Emergency Relief

The nation watched in horror as the full effect of Hurricane Katrina came to light. One local nurse was moved to action. **Lee Moarn**, a registered nurse in the Emergency Department at Melrose Park's Westlake Hospital, a member of Resurrection Health Care, spent five days in Louisiana assisting with Hurricane Katrina relief efforts.

He traveled to Mount Herman, Louisiana, just 80 miles north of New Orleans, along with two other physicians, where a makeshift clinic was set

up inside an abandoned Baptist Sunday School. The team used medical supplies from the vacant Louisiana State University Health Sciences Center and Bogalusa Medical Center.

Moarn treated approximately 80 patients daily and helped refill over 700 medication prescriptions. He used clothes hangers to hang IV bags and gave up his bed for an

extremely ill patient, while the county sheriff made "drug runs" so the crew would have the necessary supplies to treat conditions, ranging from diabetes and asthma to congestive heart failure.

"I am not here to be a hero. The people in Louisiana are heroes, I'm just a Good Samaritan," said Moarn.

Committed to serving Chicago and its surrounding communities for more than 12 years, Moarn brought that same dedication with him to Louisiana as he worked to treat those struck by the tragedy of Hurricane Katrina. For Moarn, this was an extremely emotional experience and he loved every minute of it. "When I got back, my soul was filled and sated," said Moarn.

Moarn is currently collecting new or gently used stuffed animals and dolls to personally deliver to the Charity Hospital pediatric unit in New Orleans, before the holidays. Items may be dropped off at Westlake Hospital's emergency department, 1225 W. Lake Street, Melrose Park, before Nov. 30 or Moarn would be happy to pick them up. For more information, call (708) 938-7190. ♦



Lee Moarn

Oak Park Resident Graduates From the Johnson & Johnson - Wharton Program for Nurse Executives

Oak Park resident **Jane Llewellyn** has graduated from the Johnson & Johnson - Wharton Fellows Program in Management for Nurse Executives, an intensive three-week management education program held at The Wharton School of the University of Pennsylvania. Llewellyn, vice president of clinical nursing affairs and associate dean at Rush University Medical Center, was one of 43 senior nurse executives selected to participate in the program, which provides participants with critical business and management knowledge.

“Due to the tremendous marketplace pressures in today’s health care organizations, the voice of the clinician can easily be lost,” says **Gregory P. Shea**, PhD, academic director, Johnson & Johnson - Wharton Fellows Program. “This program helps nurse executives become well-versed in a wide variety of organizational, financial and marketplace issues. By strengthening their management and leadership capabilities, they can more readily assume the role of full strategic partner with other health care executives.”

The Wharton School, in conjunction with the University of Pennsylvania’s Leonard Davis Institute of Health Econom-



*Pictured above (l to r): **Jeanne Kreiser**, corporate regional director, Johnson & Johnson Health Care Systems, Inc., **Jane Llewellyn**, vice president of clinical nursing affairs and associate dean, Rush University Medical Center, and **Gregory P. Shea**, academic director of the Johnson & Johnson - Wharton Fellows Program.*

ics, competitively selects nurse executives to study strategic, financial, managerial, and leadership approaches to organizational development. During the program’s Executive Forum, nurse executives collaborate with their health care institutions’ chief executive officers to analyze the role of nursing in hospital management and strategic planning. ♦



SuperStar

*Wardlaw Receives
\$25,000 VNA Foundation
Super Star In Community
Nursing Award*

Imagine being a nurse working in an inner-city high school health center serving more than 1,200 students and dealing with puberty and chronic illness, eating disorders and obesity, STDs and teen pregnancy, depression and self-esteem issues – all before the lunch bell rings! This is what 54-year-old **Carol Palmer Wardlaw**, MSN, BSN, APN, does every day as the manager and family nurse practitioner at Huginnie Crane Adolescent Health Center located inside the Crane Technical Preparatory Common School on the city's West side. Wardlaw was recently chosen as winner of the 2005 VNA Foundation Super Star in Community Nursing Award and recipient of a \$25,000 unrestricted cash award to recognize her significant contributions to community and public health nursing in Chicago.

Wardlaw has a great passion for serving adolescents in the predominantly African American neighborhood in which she serves. The students Wardlaw serves come to the center with complaints ranging from everyday headaches and stomach pains to more serious medical issues such as appendicitis and unplanned pregnancy. Wardlaw is known for relating to and respecting the students she serves and has become a trusted

authority within the school. Through Wardlaw's dedication and commitment to helping battle teen pregnancy at Crane, her center has seen a rapid decline in teen pregnancies, down from 60 in 1994 to only 9 in 2005. In addition, Wardlaw is also very committed to the prevention of sexually transmitted diseases (STDs), and has witnessed a steady decline of Chlamydia from 16% of the center's patients to 12% over the past four years.

"Year after year, we are amazed by the caliber of the Super Star Nurse award nominees – and this year was no exception," said **Robert DiLeonardi**, executive director of the VNA Foundation of Chicago. "During the finalist interviews, Carol Palmer Wardlaw's very impressive credentials matched her strong commitment and passion. After hearing firsthand about her dedication to ensuring quality health care for the adolescents she serves at the Huginnie Crane Adolescent Health Center, it was evident to our selection panel that she was most deserving of this recognition. Carol is a remarkable inspiration to others





who are considering a career in community nursing.”

“I am truly honored and amazed to win this award from the VNA Foundation and very thankful for all they do to promote community health nursing,” said Wardlaw. “I absolutely love my job helping care for students, so to receive \$25,000 is just a complete blessing. I know that I’m not the only one doing this type of work – there are a lot of nurses in Chicago working hard to ensure better health for children – so I’m truly humbled by this recognition.”

The Super Star runner-up received an unrestricted \$5,000

cash award for her exceptional efforts in community nursing: **Young Cheon-Klessig**, MS, RNC, family nurse practitioner, Uptown Neighborhood Health Center, Chicago Department of Health. Three finalists also received \$1,000 unrestricted cash awards for their remarkable efforts: **Dona Barton**, RN, vice president of health and community services, Uhlich Children’s Advantage Network (Chicago); **Carmen Hampson**, ND, APRN, FNP, family nurse practitioner, Chicago Christian Industrial League and **Pamela Maness**, BSN, RN, nursing coordinator, Jewish Children’s Bureau (Chicago). ♦

Glenbrook Hospital Nurses Find Strength in Numbers

Four nurses at Glenbrook Hospital had an unusual bonding experience – and now fellow nurses, spouses and friends are following their example. “We all had colonoscopies for the first time to screen for colorectal cancer,” said **Dee Roberts**, BSN, clinical nurse manager in intensive care. “In fact, we said to each other, ‘I’ll go if you go.’ Our screening also was an unusual event for the GI Lab at Glenbrook Hospital, which normally does not schedule many group appointments!”

Kathy Snow, RN, MBA, vice president of nursing, Glenbrook Hospital, had prompted the nurses to make this first-of-its-kind appointment after she had a screening colonoscopy in July 2004. “I had noticed some symptoms of colon cancer, but when my doctor removed a large precancerous polyp I was shocked,” said Snow. “I also felt extremely relieved and grateful, and decided it was about time to bring up the topic of colon cancer with my staff because it’s not something that comes up naturally in conversation.”

In fact, Snow has been on a personal crusade ever since to approach staff members and encourage those who fall within the American Cancer Society screening recommendations to get checked for colorectal cancer. Experts recommend screening for men and women over the age of 50, as well as for individuals with a family history or other risk factors. “A colonoscopy is the only screening test that also is a cure for one of the most common and deadly cancers,” said Snow.

“Kathy led by example and was the driving force behind my decision to make an appointment,” said **Aida Martinez**, BSN,

clinical nurse manager. “Even though I was afraid of the possibility of a positive result because cancer runs in my family, I was relieved we went through it together so we could give each other support. Our results were all negative for cancer, but if one of us had had a cancerous polyp, we would have been there for each other.”

“This screening is important because colorectal cancer is the one cancer that is totally preventable if screening recommendations are followed,” said **Susannah Spiess**, MD, who performed some of the colonoscopies. “Although there are several screening methods, the colonoscopy is considered the ‘gold standard’ because it allows physicians to examine the entire length of the colon and remove precancerous polyps during the procedure.”

“I constantly have a problem finding time for myself,” said **Marcia Devine**, RN, clinical nurse manager in the emergency department. “In fact, I don’t even have time to get a haircut. What made the difference for me was going as a group so we could ease each other’s anxiety. In fact, the procedure was easier and quicker than we thought it would be.”

“My internist had recommended that I undergo the screening,” said **Linda Miller**, RN, ADN, staff nurse in intensive care, “and with Kathy’s prodding, I’m relieved I went ahead and just did it. Now, I’ve convinced my husband to make his appointment.”

Snow admits that until she experienced symptoms, she had no plan to schedule a colonoscopy, even though her father died of colon cancer. “Needless to say, this screening saved – and changed my life,” said Snow, “and I intend to keep spreading the word.” ♦



Kathleen Snow, RN, MBA



Dr. Susannah Spiess



Dee Roberts, BSN



Marcia Devine, RN



Aida Martinez, BSN



Linda Miller, RN, ADN



Woman in the top left corner wearing a striped shirt and glasses.

Woman in the middle row wearing a dark suit jacket and a pink top.

Woman in the middle row wearing a white blouse and a dark skirt.

Woman in the top right corner wearing a grey patterned jacket and a name tag.

Woman in the bottom left corner wearing a black and white striped shirt and a dark jacket. Name tag: **Kathy Stone, RN**

Woman in the bottom right corner wearing a light grey lab coat over a blue and white checkered shirt. Name tag: **Susan Sp...**



Noy Guevarra, RN, OCN, Hematology Oncology Associates

Excellence In Action

By Diana Mirel

After being diagnosed with breast cancer at age 45, **Teppi Jacobsen** was devastated. “When I was done with the first round of four treatments, I felt like death,” remembers Jacobsen. In her next round of treatment, Jacobsen found the support and comfort she needed to fight cancer at the Hematology Oncology Associates of Illinois in Skokie.

The clinic was filled with warmth and friendly faces. One particularly friendly face was **Noy Guevarra**, RN, OCN, who quickly became Jacobsen’s rock through her treatments.

In fact, Jacobsen actually looked forward to going into the office every week because she loved seeing and talking to Guevarra. “Noy has such a full personality and he loves to laugh and goof around,” says Jacobsen. “He’s such an up person and that is so infectious. He took so much of my fear away.”

The two talked about their families, television shows, celebrities and more, even as Guevarra started her IVs, and the two forged a strong friendship. “We were so comfortable together,” says Guevarra, who is now at the clinic’s Lake Shore location in Chicago.

“I usually try to distract patients when I start their IVs so the pain is averted. Treatment doesn’t have to be a depressing experience because getting the news is depressing and devastating enough.”

Guevarra’s gentle touch did more than distract Jacobsen. “He wasn’t just my nurse, we were pals,” she says. “He really went out

of his way to show me – and all of his patients – that he cared. That is so key in the treatment of cancer. You’re scared to death and you want people to make you feel like it’s okay, and that you’re not crazy or imagining things when you have side effects. What they are doing to you is so vile that you want people caring for you who you know care about you.”

While his personality clearly reassured Jacobsen, he was also an unfaltering patient advocate. At one point in Jacobsen’s treatment, she was put on steroids to help ease the nausea caused by the chemo, but the steroids were making her “crazy.” She shared her concerns with Guevarra, who promptly spoke with the doctor about lowering the dosage and eventually cutting out the steroids entirely.

Through it all, Guevarra was determined to keep Teppi’s spirits up. “I taught Teppi that cancer is not a death sentence,” he shares. “There are treatments out there, and she had to take it one treatment at a time.”

The warmth Jacobsen found at the Hematology Oncology Associates of Illinois and in Guevarra helped her see the silver lining on such a tragic time in her life. “Noy was so loving and so caring; the whole staff was,” she says. “On my last day of treatment, I was thrilled that I was done with chemo, but I was sad that I wasn’t going to see him every week anymore. It was just such a positive experience out of something so horrible.” ♦

Oncology Nursing

Five Chicago Nurses Talk About the Rewards of Helping Cancer Patients

By Diana Mirel

When patients are diagnosed with cancer they often feel completely out of control, and yet they are ready to fight. To help them regain confidence and prepare to take on their disease **Marianne Huml**, RN, MS, AOCN, at Central DuPage Hospital, inspires patients to take charge. “The aim is to give patients as much control in their care as possible,” says Huml. “We let them know that we are partnering with them, and that increases the patients’ trust in you. You are communicating with them that you are not there to do for them; you’re there to do with them. We help them be as independent in their care as possible.”

Although most patients are understandably scared of their prognosis, Huml encourages patients to think constructively about their experiences. “The most meaningful thing to me is taking the word ‘cancer’ and all that it conjures up in a human-being’s mind, and to turn that into something positive,” she explains. “I tell people, ‘Although you have not chosen this for yourself, the opportunity to make this a character-building and growth-producing experience for you and everyone in your domain is tremendous. You’ll learn so much about yourself and how you cope, and you’re going to teach others about the importance of life and death.’”

Being a source of constant reinforcement is something Huml takes very seriously. She knows that her presence and support is crucial to her patients’ care. Her compassionate attitude combined with immense knowledge about cancer and its treatment gives her patients solace and assurance that they are in good hands.



Marianne Huml, RN, MS, AOCN,
Central DuPage Hospital

This is particularly important in this specialty because in oncology, nurses often are with the same patients from initial diagnosis through treatment. “These are not short, episodic relationships with patients and families,” shares Huml. “These are long-term relationships. Most treatment modalities for patients with cancer last approximately six months, so oncology nurses will typically have a six-month relationship with their patients and their families, and oftentimes it will span several years.”

One of the biggest draws of oncology nursing is the broad scope of its work. “It’s a great field,” says **Karen Kiley**, RN, MS, AOCN, an advanced practice bone marrow transplant nurse at Loyola University Health Systems. “There are so many types of oncology nurses: medical, surgical, radiation, biotherapy, bone marrow transplant and more. It’s such a wide field and there are so many opportunities to do different things from direct patient



Karen Kiley, RN, MS, AOCN, Loyola University

*Oscar H. Izquierdo, medical photography,
Loyola University Health System.*

also assists physicians in procedures, works with healthcare professionals to conduct research on projects focusing on symptom management and acts as a preceptor to graduate student nurses.

Kiley never loses site of patients' needs and advocates for them constantly. "I do a lot of direct patient care," she says. "A lot of these patients' needs are multidimensional, from the physical to the psychosocial. A lot of times they are anxious or depressed and I will talk to them and I will also seek out support."

Kiley values her patients' trust above all else. "Unless you really have the trust of a patient and their family members, they may not be open to talking to you and letting you know the true situation," says Kiley. "Unless you can develop that trust, you may not be able to get in there and help them."

In order to answer patients' questions and concerns effectively, Kiley stays up-to-date on the latest developments in cancer treatment. "One challenge in oncology nursing is to keep current on the new therapies for these patients," she says. "This field is ever-changing." Kiley encourages oncology nurses to look to each other for support, go to classes, obtain certification in different areas and join professional organizations like the Oncology Nursing Society. "It's very energizing

care to research to management."

Within bone marrow transplant, Kiley wears many hats. She conducts initial and ongoing assessments of the patients' physical and psychosocial situations and needs, and she helps develop a plan of care throughout the various stages of treatment. She

to learn about the new therapies and to meet other nurses from other centers," says Kiley.

Communicating with patients and helping them understand their disease completely and honestly is no easy feat. One of an oncology nurse's most important tasks is patient education, according to **Kim Parlor**, RN, MSN, a radiation oncology nurse at Edward Hines, Jr. V.A. Hospital. "Basically, patients don't hear anything you say on the first day," she says. "So we bring the patients back into the department and do an assessment of what their learning needs are. We then go over exactly what radiation oncology is, how it will affect them, what the side effects are and what their outcomes should be."

Once the patient goes through this training, Parlor's work is far from done. As the clinic coordinator, Parlor manages every level of a patient's care. For instance, if a patient is suffering nutritionally, she'll call in a dietitian; or if a patient doesn't have transportation to and from treatments, she'll work with other VA facilities in the area to get transportation access. She is also responsible for post-radiation discharge planning, which means setting up follow-up appointments and making sure patients have appropriate medications and supplies.

Although Parlor is clearly organized and resourceful, it takes much more than that to be a good oncology nurse. "You have to be someone who will go above and beyond to maximize patients' quality of life, health and functional state," says Parlor. These kinds of efforts and dedication *continued page 22*



*Kim Parlor, RN, MSN,
Edward Hines, Jr. VA Hospital*