

MT. SAN ANTONIO COLLEGE
SABBATICAL LEAVE REPORT

Upon return from sabbatical leave, and not later than the end of the second school month of the next school year, a certificated employee shall submit a written report to the Board of Trustees. The report shall consist of the following:

- ✓ 1. A summary of the study, research, or travel completed while on sabbatical leave.
- ✓ 2. A statement indicating how the sabbatical leave will help the certificated employee to render more effective service to Mt. San Antonio College.

The following documents should accompany the report, if applicable:

1. A transcript of the academic work completed.
2. A copy of the research completed, i.e., thesis, project, dissertation or abstract thereof. (This item will be placed on file in the library.)
3. A copy of any book or article completed. (This item will be placed on file in the library.)

Margaret Jane Thornsley
Vocational Nursing Department

Fall Semester 1972

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STATEMENT: Effectiveness of sabbatical leave in rendering service to Mt. San Antonio College District.

1. Enhanced my professional competency by presenting the opportunity to refresh and update my professional knowledge of nursing practice both intellectually and practically as an active participant.
2. Enabled me to develop new insights and perspectives in providing nursing care. Familiarity with new procedures allows me to discuss with students and patients alike what to anticipate in the course of their treatment.
3. Reaffirmed my contention that basic skilled nursing performance is essential and still valid. As an instructor, I need to firmly inculcate the knowledge of basic nursing skills among students so that they can expand their knowledge upon this foundation.
4. Instruction in nursing must develop within the student an appreciation of the patient as an individual. We must not be so overwhelmed by the sophistication of technology that we fail to use it to the best advantage of the patient.
5. Despite pressures otherwise, it is necessary that standards be established and adhered to in order to maintain excellence of nursing competency and care. We do the consumer a disservice by promoting mediocrity.
6. Developed within me an awareness and appreciation for the vast scope of medical research being conducted throughout the United States to seek the prevention and cure of disease.
7. Realized the extent to which technology has invaded the health sciences and has become a routine aspect of medical care and treatment.
8. Reaffirmed my conviction that Mt. San Antonio College still has one of the finest Vocational Nursing programs in the country.

Margaret Jane Thornsley
Vocational Nursing Department
Fall Semester 1972

SABBATICAL LEAVE REPORT

by

Margaret Jane Thornsley

Vocational Nursing Department
Mt. San Antonio College
Fall Semester
1972

Acknowledgement:

My appreciation to the Board of Trustees
of Mount San Antonio College District,
the School Administration, and the
taxpayers of the district.

PREFACE

Since my request to spend such a lengthy time at the hospital was so unique, I was literally granted unlimited access to the hospital facilities. My activities and observations were coordinated through the combined efforts of Mrs. Elstad, R.N., and Mrs. Cain, R.N., of the Inservice Education Department located in Powell Hall.

Originally, I had requested to spend approximately one month in each of the four University Hospitals. However, due to the unique hospital organization and small patient capacity of three of the hospitals, the majority of time was spent at Maye Memorial Hospital. A wealth of lectures are available to the nursing personnel and employees are encouraged to attend. Generally, mornings were spent on the wards and lectures attended in the afternoon. In several instances I had personal conferences with doctors who are leading researchers in their respective fields, as for example: Dr. Robert Sell doing research in Multiple Sclerosis, Dr. William Martin doing research on Parkinson's disease, and Dr. Daniel C. Merrill who has devised the Menter Bladder Stimulator for paraplegic patients.

The In-Service Education Department offers a continuous variety of mini courses which are six weeks in length and involve two hours a week. I attended courses on Cardiac Arrhythmias, Congenital Heart Defects, Red Cross First Aid, and an evening course, through University extension, on Current Care Concepts of Emergency Care. Two major conferences on cancer

were held in the Twin Cities during this time which I was fortunate to attend.

The last week of my sabbatical leave I spent in Rochester, Minnesota visiting the Mayo Clinic Facilities. It was an opportunity not to be overlooked, and one of the most impressive highlights of my sabbatical.

In attempting to summarize four months and five notebooks of material, I have chosen to include a few brief summaries of these activities and observations which were unique to me and perhaps of interest to the reader.

Jane Thernsley

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SABBATICAL LEAVE REPORT

Introduction

During the fall semester of nineteen seventy-two I was fortunate to be granted a sabbatical leave from my duties as an instructor in the Vocational Nursing Department. This time was spent at the University of Minnesota Hospitals in Minneapolis, Minnesota for the express purpose of observing new techniques and research. The University Hospitals have a nationwide reputation for innovations in the various health fields. They have a long history of medical firsts. Successful open heart surgery was done here more than twenty years ago; recently, University surgeons accomplished the first triple organ transplant involving the pancreas, duodenum, and a kidney. The first successful bone marrow implant to an infant with no natural defenses against disease has been performed here.

While we have comparable institutions here in our own state of California, the opportunity to be exposed to nursing service in another part of the country was both educational and enlightening. The University of Minnesota has been providing

health care for Minnesotans for more than eighty years. The University's health efforts have gone from a simple Dispensary for indigent patients to a Health Sciences Center where all the health professions work together. Recognizing the need for a team approach to health services, education, and research, the University's Regents, in 1968, reorganized the health disciplines under a Vice-President for Health Sciences Affairs.

The Health Sciences Center includes six units, all with equal status: University Hospitals, and the Schools of Dentistry, Medicine, Nursing, Pharmacy, and Public Health. The University Hospitals, with a combined capacity for 850 patients, consists of four separate buildings which are readily accessible through a series of underground tunnels and overpasses. Aside from the inpatient capacity, the Hospitals are augmented by ninety-eight specialty clinics. There are also five different intensive care units for critically ill patients.

Since 1911 the University Hospitals have grown to include the Mayo Memorial Building, the Variety Club Heart Hospital, Masonic Memorial Hospital, and the Rehabilitation Center. The Hospitals have assumed a key role in fulfilling the three fold purpose of the Health Sciences Center - service, education, and research. Patients come by referral or direct admission from throughout the state and around the world.

Mayo Memorial Building is a fourteen-story structure which was completed in 1954 and is the nucleus of the Hospital complex. In the Mayo building will be found the service facilities which comprise the clinical laboratories, hospital

pharmacy, and an X-ray department. The support departments consist of maintenance, dietary, housekeeping, central supply, and business offices. There are 581 patient beds, fourteen operating rooms, emergency room, and outpatient clinics which serve seventy-five specialties and subspecialties of the health sciences. Doctors also maintain their offices and research facilities in the building.

The Variety Club Heart Hospital was built with funds donated by the Variety Club of the Northwest, Tent # 12, in nineteen fifty-one. It contains diagnostic, research, and nursing units for patients with cardiovascular disease. While a four-story building, it only has an inpatient capacity of forty-two patients. A Cardiac Clinic and an X-ray department, where cardiac catheterizations are done, are located on the first floor. The Coronary Care Unit permits continuous patient monitoring and nursing care of patients with acute coronary problems. A cardio-vascular research center is currently being built which will create an environment for greatly increased multi-disciplinary inquiry into mechanisms of cardio-vascular function and disease.

Masonic Memorial Hospital was made possible through the generosity of the Masons of Minnesota. It is a center for the treatment and study of chronic diseases, especially cancer. Originally built in 1958, Masonic Hospital opened two new patient care units in 1966 and has a total inpatient capacity of 120 beds. It is a five-story structure with oncology, dermatology, and cancer detection clinics. It also has a

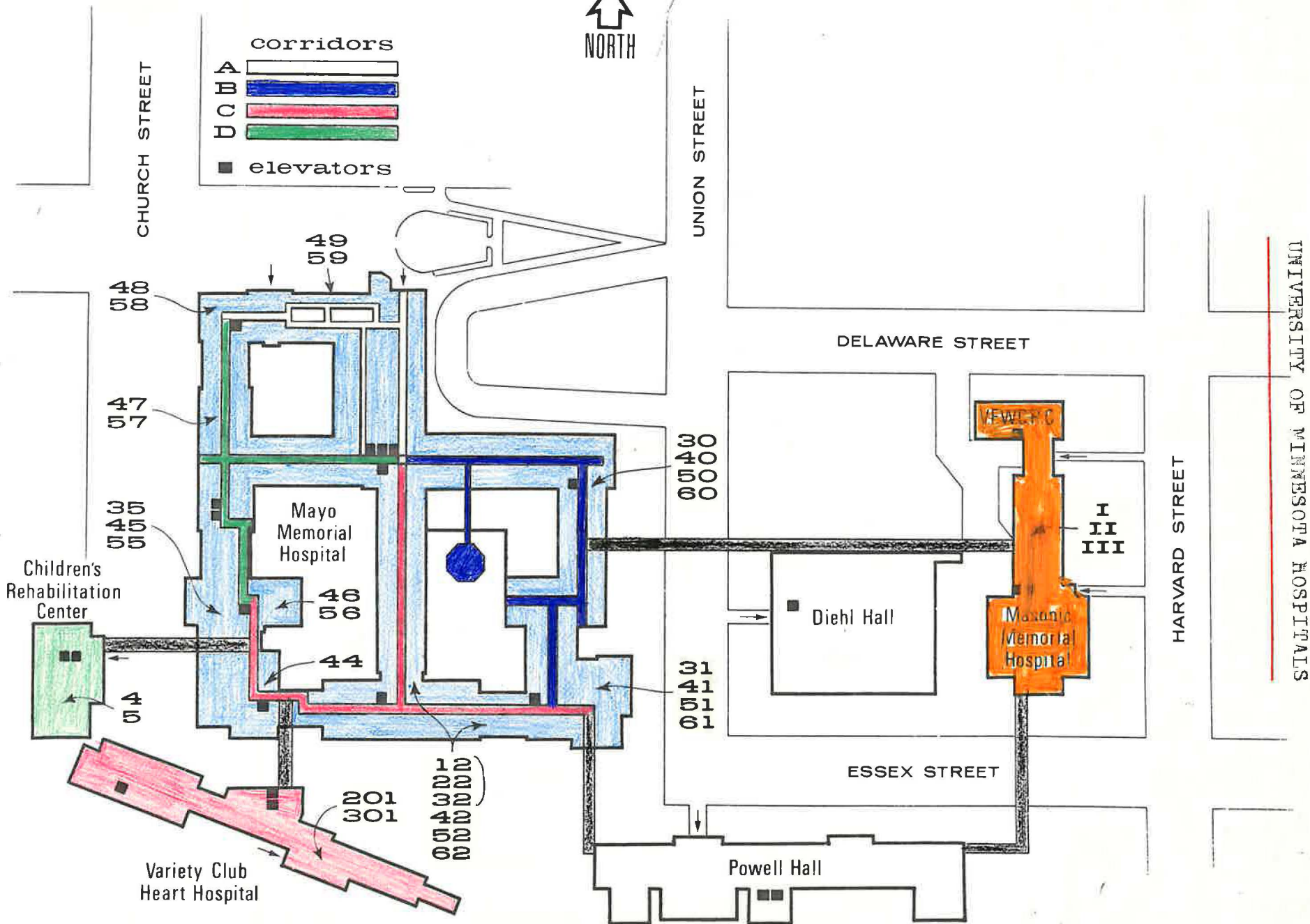
bio-medical computer room located in the basement level. One entire floor contains laboratories which conduct extensive diagnostic tests and research programs related to the patients' health conditions. As the therapeutic techniques for cancer have been developed and improved, the function of the hospital has changed gradually from that of long term chronic care to shorter term therapy.

Children's Rehabilitation Center, built in 1964, provides for the hospitalization and treatment of children and adults with physical disabilities. While it is a six-story building, it has a capacity for approximately forty inpatients, twenty adults and twenty children. The remainder of the building houses school rooms, laboratory and research offices, and occupational and physiotherapy departments. Professional therapists and counselors use specially designed facilities and equipment to correct disabling conditions or to help patients adjust to their condition. This center represents a program unique in the area. Rehabilitation services have become an increasingly important part of comprehensive patient care as new treatments have been developed for formerly incurable diseases.

Station Breakdown



- corridors
- A
 - B
 - C
 - D
- elevators



NURSING SERVICES

The nursing administration pattern of the Hospitals is of interest. There is no Director of Nurses in the traditional sense. The nursing department is divided into three major divisions:

1. Staffing Resources which is responsible for recruitment, hiring, and placement of staff.
2. Council of Clinical Directors (equivalent to nurse supervisors) which maintain responsibility for administration and quality of nursing care in the various nursing divisions. This allows for a decentralization of administration. There are approximately ten clinical directors.
3. Division of Nursing Resources and Services which include consultants in various speciality areas as diabetes, pulmonary, neurology-- neurosurgery, gynecology, ect.

Each nursing speciality is presided over by one of the clinical directors who in turn has a departmental assistant beneath her. Each ward then has a head nurse who is directly responsible to the clinical director. Depending upon the speciality area, each clinical director may be responsible for two to seven different wards. Administration and structure of the wards are unique to each individual ward. The personnel of the ward determine the working pattern of the unit under the approval and guidance of their clinical director. To illustrate my point, each ward may have a different type of "nurses' notes". For the nurse who may "float" from one area to another it can prove confusing. However, it is felt that decentralization of administration promotes efficient decision making and

results in higher morale both among personnel and patients.

The wards average only twenty to twenty-two patients with a high nurse-patient ratio. It was not uncommon to find five to seven registered nurses on a ward aside from other nursing personnel. Due to "women's lib" there was no distinction made between male orderlies and female nurse aides, they were all given the title of nurse assistant. Interestingly, the overall average age of the nursing personnel was only twenty-three years of age. The casual attire and approach of the medical and nursing personnel was somewhat startling. Medical students and interns with pony tails and beards were the rule! Nurses wore their hair long with no nursing caps and commonly wore clogs for shoes. In the psychiatric unit and in the Rehabilitation Hospital nurses wore street clothes. The informal approach to patients was quite different to me. Both patients and nurses called each other by their first names. It was not unusual to find nurses sitting on the patients' beds chatting with them about their diagnosis and treatment, the medications they were receiving, and the results of their various diagnostic tests and reports. An attempt to make the patient aware of his own responsibility in illness and recovery seemed to prevail.

At present the Hospitals are attempting to institute the concept of Primary Nursing Care. This concept involves the assigning of four to five patients to one nurse during their entire hospital stay and she is called the primary nurse.

Her responsibility includes the following:

1. Obtain the admission interview.
2. Write up the cardex card with admission information.
3. Inform the patient that you are his primary nurse.
4. Be responsible for the patient's nursing care whether yourself or auxiliary nursing personnel carry out actual procedures.
5. Maintain communication with the family.
6. Keep the cardex information current.
7. Communicate with other members of the health team and apprise them of the patient's needs and condition.
8. Attend doctors' rounds (usually daily).
9. Attend Health Team rounds (usually every week or every two weeks).
10. Initiate referrals, arrange conferences, write summaries.

With the development of primary nursing care it is felt that patient care will be more responsible and effective. It also allows for including the patient's desires in developing his care. If the patient desires his bath in the afternoon this may be worked out to suit him.

In attempting to analyze this approach to patient care I can only say there appeared to be both disadvantages and advantages. Where nursing skill and performance were competent, it seemed to enhance patient care. The patients certainly seemed happy and content with it in most instances.

ANIMAL RESEARCH LABORATORIES

There are approximately ten different animal research laboratories located throughout the University Hospitals and Diehl Hall (Bio-Medical Library) under the jurisdiction of Mr. Jim Wade, Research Area Administrator. The animal labs are not funded by the University Hospitals which are supported by state funds. Monies for research must be solicited through grants, donations, private companies or corporations as for example the National Institutes of Health, the Rockefeller Foundation, National Diabetes Society, and Medtronic, Inc. The operating expenditure for the one laboratory that I participated in was forty thousand dollars a month!

Animals such as mice, rabbits, and chickens are commercially purchased while the dogs are generally obtained as strays from the Humane Society. While I was there the Anti-vivisectionist League was protesting the use of dogs from the Humane Shelter. Monetarily, it would be too costly to purchase these animals, and in defense of the laboratory, all of the animals were properly anesthetized and cared for with the utmost concern. The medical advances which are a part of our lives justify valid animal experimentation.

Due to my previous experience as an operating nurse, I was allowed to participate as a scrub nurse for the animal surgeries in the laboratory under the direction of Mr. Howard Cummings. This lab was located in the basement of the Mayo Memorial Building. Any medical resident who wishes to

conduct a pertinent study may do so once his study protocol is accepted. There are studies in progress of every conceivable medical concern. This laboratory was using primarily mice, rabbits, pigs, and dogs (usually Labradors) for their various studies. The rabbits and mice were being used for a variety of immunological studies which comprise a major area of research at the University Hospitals.

Dr. Sutherland is conducting a study involving the ultimate transplantation of the islet cells of the Island of Langerhans of the pancreas. If these cells can be transplanted from a normal patient to a diabetic patient successfully, theoretically the patient could be cured of his diabetes. Pigs were used in this study due to the fact that the pig pancreas is most similar to the human pancreas. I was able to assist Dr. Sutherland on two pig pancreatectomies.

Another study in which I was allowed to participate was being conducted by Dr. Toledo of the University. This study involves the complete transplantation of the small bowel. Hopefully, if the small bowel can be transplanted this would result in a curative procedure for patients who have cancer of the bowel. In this procedure two dogs were anesthetized, the entire small bowels were then removed. The bowels were placed on perfusion machines for six hours then transplanted back into the animals. The current objective is to determine if the animal can survive a bowel transplant, at present the researchers are not concerned with rejection factors. Doctor

Teledo's study is an eight month project and will involve approximately forty dogs. As of December, 1972, one dog had survived thirty days which was considered very successful.

Of the animal transplants, those of the spleen, kidney, pancreas, and bowel have been most successful, while those of the lung and liver have had generally poor results. In one lung transplant on a dog, at which I assisted, the transplanted left lung was healthy and functioning a week after the transplantation, but collapse of the original right lung caused the death of the dog.

As a nurse, the operative procedure was interesting to me. Sterile linens, instruments, and gloves were used but, due to the high natural immune resistance of the animals, a break in sterile technique was not considered detrimental and often quite common.

The use of implantable sphincter devices in dogs by Dr. William Bradley to control the release of urine from the bladder in neurological disease is a study in progress. Its success has led to the development of the Mentor-Bladder Stimulator by Dr. Daniel C. Merrill and it has been implanted with success in human patients.

Undoubtedly, assisting in the research in the animal laboratories was the highlight of my sabbatical leave. Other laboratories of the University Hospitals are conducting studies of great significance: the transplantation of one animal cornea to that of another species (rabbit to horse)

is being attempted in an effort to ultimately use animal corneas in humans. This could alleviate blindness in those situations where human corneas are readily available.

BURN UNIT - SAINT PAUL RAMSEY HOSPITAL

Interestingly the University Hospitals do not have a burn unit, all severely burned patients in the Twin Cities area are commonly admitted to the burn unit at St. Paul Ramsey Hospital in St. Paul, Minnesota. Since this is one of my teaching areas, I took advantage of the opportunity to visit the unit.

The unit is small with a capacity of only eight patients, yet it allows for maximum individual care. Generally there is a registered nurse, a licensed practical nurse, and one nurse aide or orderly on duty each shift. The unit is under the direction of Dr. Strate, staff director, and he is assisted by staff residents and interns. The average cost per day is \$ 112.50 (\$ 62.50 basic hospital charge plus \$ 50 for the specialized unit care) plus additional charges for medication and special treatments or supplies.

Treatment and nursing care of the patients was interesting. They do not isolate the patients in any manner as they consider the patient contaminated anyway. The nurses use Germa-medica for hand washing technique. Sterile sheets are only used on the initial admission bed. The patients are placed on a high-protein, high calorie diet with supplemental calories and vitamins. Vivenex, an elemental standard soluble diet powder, is added to popsicles to supply extra protein and calories. Many of the patients are children who have been burned due to carelessness.

Narcotic medications are generally not used after the initial three days following admission. Demerol is the most frequently used narcotic with Darvon being the most common drug choice for relief of pain. Pen V K is used as an oral antibiotic; injectable antibiotics are not used except initially or only if absolutely necessary. Intravenous fluids are not used after the first three days if possible.

Of interest is the care of the burn site. Travase, a definitive proteolytic enzyme, is applied to the burned area to remove the eschar and it requires about 24 to 72 hours to dissolve the eschar. The patients are placed in a whirlpool sized tub which contains a solution of Betadine and salt for fifteen minutes twice a day. Temperature of the water is maintained at 98° F. Following removal from the tub, second degree burn areas are covered with lyophilized porcine cutaneous dressings (pigskin). The porcine dressing is removed every forty-eight hours and a new dressing of porcine is applied if indicated. This treatment may be carried out to a maximum of eight days. For some yet unexplained reason, the use of pigskin over the burn appears to stimulate the healing process of second degree burns. Beneficial effects of porcine include decreased wound pain, limits bacterial growth, decreases heat loss, promotes development of granulation tissue, decreases evaporative water loss, and facilitates movement of involved joints and enables skin grafting to be started earlier. While the use of porcine dressings are expensive, \$ 22 per roll three inches by four feet, and \$ 32 per sheet, the

expense is more than justified. The average hospitalization stay is reduced from two months to five weeks with this treatment.

For skin grafting a mesh graft technique is used. The skin goes through a machine which stretches the skin and punctures holes in it so it can cover a larger area. To rehydrate the graft, a solution of half water and half saline is used. A scarlet gauze dressing is used over the donor site.

In this unit one is impressed by the lack of discomfort expressed by patients and their mobility despite the severity of their burns.

CLINICAL RESEARCH CENTER

The Clinical Research Center is located on the second floor of the Masonic Memorial Hospital and is under the direction of Dr. Goetz. Funded by the National Institutes of Health, its primary purpose is research and education. It is a self contained unit with a capacity for fourteen patients. The unit is only four years old and is staffed by Mrs. Ellie Lopez, R.N. with the assistance of eight registered nurses and three practical nurses. The nurses commonly carry out many of the routine tests as various blood tests, ect. All admissions to the unit are scheduled, and the average length of stay for a patient would be two weeks. Patients include all age groups and ^{are} admitted on a voluntary basis. Aside from its own research laboratories and kitchen facilities, the unit contains a laminar flow room which is a sterile patient room. All of the air entering the room is electronically filtered so it is free of microorganisms.

Various research studies are conducted simultaneously. Grants for these studies are given for a five year period of time, and a four member committee from the Hospitals (University Clinical Research Committee) must approve the study protocol. A valid study would consist of twenty to forty patients.

During my observation on the unit, a study in progress that is of great interest was one relating to the cure of Hansen's disease (leprosy). Theoretically, it is felt that

leprosy is related to one of the immune deficiency diseases. the patient is given a dialyzable non-immunogenic lymphate from the lymphocytes of a donor. This is called a transfer reaction. For this particular study the patient remains in the hospital for three months. Thus far there has been one cure of leprosy from the use of this treatment and results look promising.

I also had the opportunity to observe Dr. Maher, who is doing a study on the hypoglycemic reaction of diabetic patients. The study is comprised of volunteer patients from nineteen to fifty years of age. Dr. Maher is attempting to establish a relationship between the growth hormone, G.S. phosphatase, glycogen, and adrenocorticotropic (ACTH) hormone in triggering the hypoglycemic reaction.

Some of the other studies in progress include the following intriguing titles:

1. Immunological Factors Involved in Glomerulonephritis.
2. Pathogenesis of Chronic Myelogenous Leukemia.
3. Insulin Release and Reserve in Cystic Fibrosis.
4. Study on Influence of Modified Diets Upon Quality And Quantity of Human Dental Plaque.
5. Formation and Metabolism of Bile Acids in Man.
6. Metabolic Bone Studies on Patients With Adolescent Kyphosis and Turner's Syndrome.

One is certainly left with the impression that medical research is on the threshold of discovering the answer to many current diseases that may prove obsolete in future generations.

MAYO CLINIC, ROCHESTER, MINNESOTA

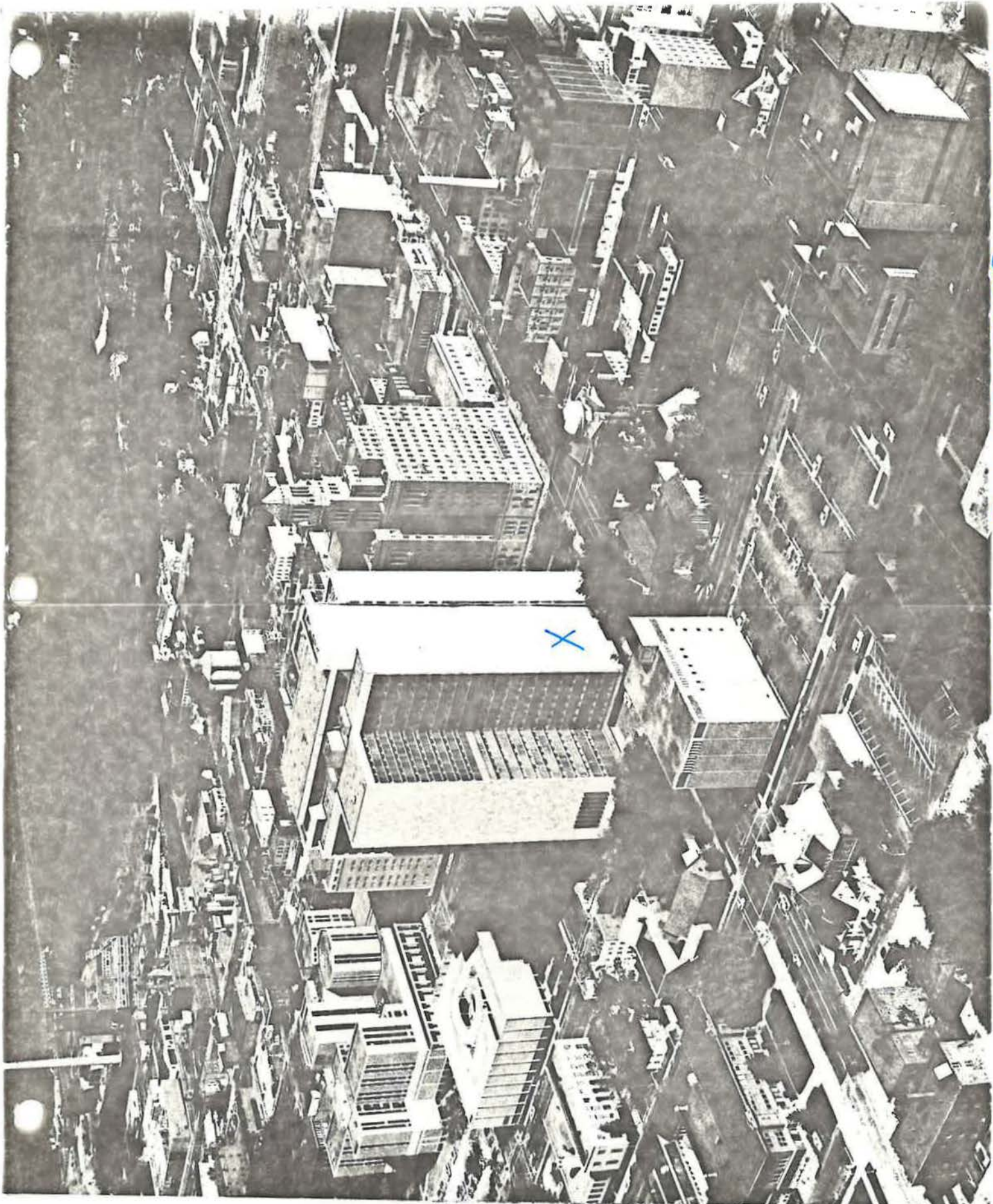
Located in Rochester, Minnesota just eighty miles southeast of Minneapolis-St. Paul and forty-five miles from the Iowa border, the Mayo Clinic is an impressive sight. Throughout my life I had heard of the Mayo Clinic and had the mental image of an immense hospital facility. This is not the case, when you speak of the Mayo Clinic you are really speaking of a concept that comprises several facilities. The Mayo Clinic, the Mayo Foundation, and Mayo Graduate School of Medicine are collectively a private trust for public purposes. The objectives of medical practice, medical education, and medical research are based upon the principles and ideals of the founders, Dr. William James Mayo and Dr. Charles Horace Mayo; to heal the sick and to advance the science of medicine.

Mayo Foundation is a nonprofit, charitable and educational corporation with responsibility for the patient care activities of Mayo Clinic plus the support and conduct of medical education and research. Assets of Mayo Foundation are approximately \$ 130 million and consists of the physical facilities of Mayo Clinic, the Mayo Graduate School of Medicine, research laboratories, and endowment funds. Under its articles of incorporation, no part of the net income of Mayo Foundation, its property, or assets can inure to the benefit of any private individual. Patients are charged according to their means and aside from reasonable annual compensation to staff members and employees,

the monies collected are returned to the institution to maintain and safeguard the facilities for the future.

The Mayo Clinic is a nineteen-story structure which is primarily a diagnostic and outpatient center. It houses sections of internal medicine, medical specialties, surgical specialties, offices of surgeons, and administrative offices of Mayo Clinic, Mayo Foundation and the Mayo Graduate School of Medicine. The current Mayo Clinic was occupied as a ten story building in 1953 and has expanded to its current 19 floors although several of the floors will not be available for use until increased patient load requires them. The actual concept of the Mayo Clinic became prevalent around the turn of the twentieth century in 1914 in the Ramsey building. The Mayo building is in the shape of a Greek Cross designed to expedite the work of the staff physician. A typical floor accommodates eight sections of medicine, providing each section with thirteen examining rooms (a total of 88 throughout the building), a staff room, space for secretarial work and for medical seminars and conferences. Each waiting room on the individual floors can accommodate two hundred people.

The beauty of the building alone is impressive both outwardly and interiorly. There are murals and other works of art on each floor and on the exterior of the building intended to reflect the theme "Mirror to Man". Just to view the murals is worth a trip to the Mayo building. As one enters the main floor there is a huge weather map giving



MAYO CLINIC - ROCHESTER, MINN.

the current weather conditions throughout the country. There is an information desk at which interpreters for twenty different languages are available. A check room, at no charge, is available for visitors and patients. There are several guided tours daily for visitors and patients who wish to become acquainted with the facility. In the basement level there are a series of underground tunnels which connect the various buildings so that patients do not have to travel outside particularly when the weather is undesirable. There are numerous shops and eating facilities located in the basement area which make for interesting browsing. One of the tunnels connect with the Kahler Hotel complex. Within a very limited area can be found many hotel and motel accommodations for patients, their relatives, and visitors. On the average a typical outpatient would probably spend approximately a week going through the Clinic to complete various diagnostic tests. Rochester is a city of 55,000 people and located in a truly scenic area of the country and a delightful place to visit.

Approximately one thousand patients a day are seen in the clinic and about 500 to 600 patients are admitted and discharged daily. The clinic is open to anyone, about 30% of the patients are referrals while the other 70% are patients who arrive without referrals or appointments. Of these, 30% are individuals from Minnesota and the remaining 70% come from all other parts of the country and world. Since its

inception, three million patients have gone through the clinic. Surprisingly the Clinic keeps patient records forever in their regular form due to the constant demand for records for statistical studies, they are not microfilmed. The Clinic is staffed by more than 500 physicians, surgeons, and medical scientists, more than 700 residents and interns, 3200 paramedical personnel, and over 3000 persons working in affiliated hospitals. All members of the Mayo medical staff are compensated on an annual salary basis.

Following examination, testing, consultation and diagnosis, if it is necessary for hospitalization or surgery, the patient may elect to enter one of the two hospitals closely affiliated with Mayo Clinic and staffed solely by Mayo physicians - either Rochester Methodist Hospital or Saint Marys Hospital. While the medical staffs are provided by Mayo Clinic, the two hospitals are under independent administration and financial control. Rochester Methodist Hospital consists of 570 beds while St. Marys Hospital has a 960 patient capacity, making it one of the largest private hospitals in the United States. Both hospitals are unique in their respective ways, the architectural design of Rochester Methodist Hospital for patient care is interesting. Patient care units of radial, single corridor, and double corridor design are incorporated into the hospital. The physical immenseness of St. Marys Hospital is staggering. The hospital is located about a mile and half from Mayo Clinic and it has a tube conveyer system

which enables patient records to travel from Mayo Clinic to the hospital in four minutes!

Aside from the Mayo Clinic building and the two hospitals, other buildings of the Mayo complex are of interest to visit. The Plummer Building is two structures joined together - the five story brick building completed in 1914 which was the original facility for the Mayo group, and the adjacent nineteen story building with tower completed in 1928. The Plummer Building originally housed the facilities located in the present Mayo Building. It has now been remodeled to accommodate most of Mayo's clinical laboratories, the Mayo Medical Library, the sections of Publications, Medical Graphics, and Medical Photography, certain patient diagnostic and treatment facilities, and an area for use by retired members of the Mayo staff. On the third floor the Historical Area includes the restored offices of Drs. William J. and Charles H. Mayo.

One block south of the Mayo Building is the Medical Sciences Building which was built in 1952. It provides laboratory facilities for research and graduate training in anatomy, biochemistry, experimental and anatomic pathology, pharmacology, physiology and biophysics, cardiovascular and pulmonary research, and surgical research. There is also the Section of Engineering, a photographic laboratory, animal housing facilities, and areas for storing and processing radio-active substances.

The Damon Building is a multi-level parking facility for

patients and visitors. On the street level of the building is the Mayo Medical Museum, facilities for therapeutic radiology and chemotherapy, and an outpatient artificial kidney center. A visit to the Medical Museum is an educational experience not to be missed and admission is free. Among other exhibits, one may view and touch a kidney machine, a cardiac by-pass machine, and the "transparent" man. Numerous ten minute films are available for viewing upon request, films on smoking, drugs, hypertension, and hip arthroplasty to mention a few. Children particularly would enjoy the museum.

Mayo Foundation House is the former home of Dr. and Mrs. William J. Mayo and was presented to the Mayo Foundation in 1938. It is used extensively for meetings related to medical education and research. Due to the fact that Rochester had a nine inch snowfall in two days during the week I was there, I was not able to take a tour of this facility much to my disappointment. Four miles southwest of Rochester is the Institute Hills Farm which provides housing for animals required for diagnostic tests and medical research. There is also a laboratory building for the study of infectious diseases.

Educational facilities of Mayo Foundation are under the direction of the Division of Education and involve primarily the Mayo Graduate School of Medicine. Formally established in 1915, it is one of the world's largest centers for graduate and postgraduate medical education. One of every future medical specialists in the United States receives his training

at the Mayo Graduate School. The school is a part of the Graduate School of the University of Minnesota. Currently more than 150 members of the Mayo staff are engaged in fulltime or part-time research. About half of the financial support for the research programs come from the Mayo Foundation funds and the other half from outside sources, primarily the National Institutes of Health.

The week spent here was an impressive experience and I would recommend a visit to Rochester and a tour of the many facilities to anyone traveling in the area. It is a memorable trip.

TRANSPLANT AND KIDNEY DIALYSIS UNIT

Under the direction of Drs. Nagerian and Simon, the University of Minnesota Hospitals have achieved a nationwide reputation for renal (kidney) transplantation. Aside from Dr. Simon, Dr. Nagerian is assisted by three staff doctors, two residents, and two interns. Interestingly, Dr. Nagerian is originally from California. I was fortunate in being able to observe him in surgery during a kidney transplant.

Transplantation began at the University Hospitals in June 1963 when five transplants were done. Since that time the program has expanded markedly. In 1970 sixty-six kidney transplants were done and currently they are averaging about one hundred transplants a year. As of December 1972, a total of 431 transplants had been accomplished. The age range of patients has been from six weeks to seventy years of age, and the unit has the distinction of doing renal transplants on both the youngest and oldest patient in the country. Aside from renal transplants, there have been nine liver transplants with poor success, and twelve pancreas transplants with two patients still alive a year after the transplantation. Other hospitals in the country are having greater success with liver transplants. The transplant unit at the University is also internationally known for pediatric dialysis.

In renal transplantation the survival rate is currently 95 % two years after transplant where a related living donor

has been used and 70 % with cadaver donors. This compares favorable with the 80 % survival rate published by the National Organ Transplant Registry which is the worldwide registration organization for all transplants centers. Unlike other transplantation centers in the country, the University Hospitals have a very liberal admission policy and accept patients with diabetes and with defective lower urinary tracts. All patients with end stage renal disease admitted to the transplant service do so with the expectation of receiving a transplanted kidney. The overall goal of the program is to restore these individuals to society as functioning independent people capable of living a normal life again. Renal transplantation is now considered therapeutic rather than experimental. (As a matter of curiosity, the cost of the transplantation ranges from thirteen to twenty thousand dollars. Kidney dialysis is approximately one hundred dollars a run and a patient requires three a week making a total of three hundred dollars. A home dialysis machine costs at least five thousand dollars.)

The transplant and dialysis units at the University Hospitals are located geographically together on Station 22 in Mayo Memorial Hospital. There are twenty-three patient beds for transplant patients and six dialysis machines which are run on two shifts a day except Saturday. This allows for twelve patients a day to be dialyzed. Patients requiring dialysis must undergo treatment three times a week and the

treatment takes about six hours for a run. All the patient rooms on the transplant unit are double rooms with the exception of three single rooms which are pressurized so that air flows from the patient unit to the corridor. These rooms were originally used for patients immediately post-operative when reverse isolation technique was practiced. Isolation technique has been gradually discontinued as it has been learned that infections are primarily endogenous in origin. If a patient has a very low white cell count, reverse isolation technique will be used. Patient census on the unit includes patients who are pre-transplant, immediate post-operative transplant, and patients who are readmitted due to complications. Except for infants, all age groups will be found on the unit. Donors for the transplant patients are always located on other surgical units of the hospital. Before they are accepted as transplant donors the prospective donor must go through an intensive psychological interview and evaluation.

Staffing of the dialysis and transplant units are separate although the staff work closely together. Nursing staff of the dialysis unit includes a head nurse, assistant head nurse, an in-service coordinator, eight registered nurses and seven technicians who operate the dialysis machines, an orderly, and two laboratory technicians. The technicians who operate the dialysis machines are specializing in this area through an on the job training program and their only formal requirement is college chemistry. Nursing staff of the transplant unit is

sufficient to allow for private duty nursing to newly transplanted patients and other patients requiring intensive nursing care. The three shifts are staffed approximately the same with only a slight reduction on the night shift. There is a charge nurse, a team leader, fourteen registered nurses, nine licensed practical nurses, and five nursing assistants. Miss Joan Stenberg, R.N. is clinical director of this unit and a knowledgeable specialist in transplantation. The atmosphere on the unit is quite informal and there is much intermingling between staff, patients, and their families. Previously transplanted patients are frequent visitors as are members of the medical profession from throughout the country and world. At best the physical situation is crowded.

After acceptance to the transplant program, the patient is dialyzed to as optimum a physiological state as possible in preparation for removal of his kidneys and spleen. The kidneys are removed to eliminate a potential foci of infection and to facilitate the management of renal hypertension. The spleen is removed as an aid in decreasing the rejection response to the new kidney. This operative procedure is considered by many of the patients to be the most difficult stage in the treatment of their renal problem. Telling the patient pre-operatively that he will not be able to urinate following surgery is most important. This is difficult for the patient to comprehend and accept. Removal of the patient's kidneys create a period of adjustment as the lowered blood pressure

causes dizziness and weakness, ambulation must proceed slowly. Patients with renal disease are prone to a variety of lung problems so that pulmonary care is of great significance. Pummeling and postural drainage in addition to positive pressure inhalations are a common part of nursing care management.

Dialysis is usually resumed on the second post-operative day following nephrectomy (removal of the kidneys). By the seventh to tenth day the patient is scheduled for transplantation. Generally selection of the donor kidney has occurred prior to the nephrectomy, however, if no living donor is available the patient may have to wait an undetermined period of time for a nonliving donor. Specific pre-operative preparation for the transplantation procedure begins three days in advance. The institution of the immunosuppressive drugs, which will lessen the rejection response, are given in this preparatory period. These drugs act by suppressing the production of antibodies and sensitized lymphocytes, and/or by decreasing the effectiveness of the circulating antibodies. Unfortunately, these drugs also decrease the body's resistance to infection. The drugs which are used are Imuran, Anti-lymphocyte Globulin (ALG) and Prednisone. Dosages are calculated according to body weight.

Following surgery the patient goes to the Post Anesthesia Room until he is awake at which time he is returned to the unit. One to one nurse coverage is maintained for at least sixteen

to twenty-four hours. The main focus of attention for the patient, the doctor, and nurse is the urinary output. All eyes literally go to the bottle under the bed! Drainage is checked every fifteen minutes and the urine volume is emptied and measured every hour. If the urinary output suddenly decreases markedly the doctor is notified. A clotted foley catheter is a frequent cause for a sharp decline in output.

Failure of the kidney to function is also a reason for decreased urine output and this is not an infrequent occurrence, especially if it has been a cadaver donor. Rejection reaction usually occurs at some time during transplantation except in the case of identical twins. There are three general types of rejection reaction:

1. Hyperacute: occurs minutes after completion of vascular anastomosis or within the first few post-operative hours.
2. Acute: occurs on the average thirteen days after transplant but may occur anywhere from a week to a month.
3. Chronic rejection: exists when acute rejections repeat themselves and treatment does not result in return to normal lab values.

Signs and symptoms of a rejection response would include a decrease in urine output, hypertension, tenderness over the transplant site, weight gain, fever, loss of appetite, and a change in the patient's personality as irritability, anxiousness, and tiredness. No matter how well prepared the patient may be for a rejection response, it is a difficult time as it is impossible to predict the severity of the episode or how

long it will last. Rejection may tend to reoccur even three to four times. In some situations it is necessary to remove the transplanted kidney and attempt a second transplant. Some patients have had three transplants before success.

The usual case post-operatively is not shutdown but a massive diuresis, an outpouring of urine. This massive diuresis gradually tapers off and the patient's condition becomes stable. With immediate return of good kidney function, the patient's recovery progresses rapidly and he may be discharged ten to fourteen days after transplantation. Following discharge, the patients are seen in the clinic every week for three months, then the time between visits is gradually lengthened, but the patient is never discharged from the clinic.

I have avoided going into the technical aspects of care which would perhaps be of little interest to the reader, but I would like to note that care of the transplant patient is a most demanding and challenging type of nursing. It demands a technically competent nurse with a comprehensive understanding of total body physiology and a special sensitivity to the intense psycho-social needs that a transplant patient often requires. The patient's life is in a sense dependent upon the knowledge and skill of the nurse and she should have a constantly alert and flexible mind.

Medications play an important part in the nursing management of transplant patients as these drugs will be required for the rest of their lives. Patients are instructed

in the administration of their own medications as soon as possible and assume responsibility for taking their own drugs about four to five days after surgery. The drugs are left at their bedside, and the nurse verifies with them that they have prepared the proper dosage when the medication is due. By the time of discharge they feel comfortable in administering their own medications. Even ten year old patients have been able to assume this responsibility. In those situations where the patient cannot manage his own medications, a family member is instructed. It is imperative that a responsible person dispense the medications.

Aside from the importance of medications, the determination of laboratory values is an important aspect in the care of the transplant patient. They represent a major index in determining the status of kidney function and other information concerning body functioning. The need for these tests persists long after the period of discharge, and the patients are instructed in the meaning of the tests in order to understand the effect of the changes these tests may indicate. The principle tests are the hematocrit, platelet count, white cell count, BUN, Sodium and Potassium, Creatinine of the serum, and Creatinine Clearance of the urine. Cultures of the urine are done twice a week.

One outstanding observation following transplanation is the change in the patients' affect. There is often a dramatic change in how they feel due to adequate urinary output - they

are more alert, more aware and interested in their surroundings. There is a "new" way about them. For the patient there is a welcome change in their diet. After months of restricting food and fluids, they are now able to eat and drink fluids freely again with the exception that salt intake is still limited. Since the intake of steroid medications tends to increase the appetite, patients must be cautioned not to eat to excess to avoid undesirable weight gain.

This summary has only touched on some of the highlights of the care of the transplant patient purposely omitting the more technical aspect. It is sufficient to give the reader an awareness of the tremendous challenge that transplantation surgery presents. Surgically the procedure is technically mastered, overcoming the problem of post-surgical rejection is where research is concentrating. The future holds the answer.

CONCLUSION

Due to the limitations of space and the reader's patience, there are many activities that are impossible to relate in this brief report. The experience was invaluable from both a personal and professional viewpoint, a once in a lifetime opportunity which is deeply appreciated.

Two major impressions that remain with me, are an awareness of the scope of research being conducted in the health fields, and the extensive use of technological equipment that is now a routine part of medical care and treatment. Most nurses have had experience with pacemakers and cardiac monitors, but newer and more sophisticated equipment is being constantly developed. There are machines which measure the heart rate, respiration, and temperature instantaneously, then relays the information to a computer in another room which records the data for the permanent record. Blood pressure machines which produce a warning signal when the patient's pressure goes beyond normal limits are in use in intensive care units. In ^{the} intensive care unit for infants, musical toys are used to give the baby auditory stimulation aside from the constant hum of the machines which are attached to him. For patients with chronic disabling back pain the use of a Dorsal Column Stimulator is becoming widespread. Two tiny electrodes are implanted near the spinal cord and when the electrodes are attached to the stimulator box the patient can literally

dial away his pain. A system (Mentor Bladder Stimulator) which restores urinary control to patients with bladder problems involves the implantation of electrodes in the pelvic floor.

The extent of research being conducted staggers the imagination. We are living in a time which will see fantastic discoveries in medicine. Three of the major areas of research are immunology, virus studies, and early detection of disease. The use of immune-therapy, enabling the body to develop its own defense system against disease, is one of the most extensive fields of research currently being investigated. At the University of Minnesota Hospitals approximately ninety percent of the research effort is in immunology. Dr. Robert A. Good was the chief of pathology at the University of Minnesota until January 1972 and is one of the outstanding researchers engaged in cancer and cancer-related research throughout the nation. He is now president of the Sloan-Kettering Institute for Cancer Research in New York. The National Cancer Institute estimates that 10,000 to 15,000 researchers (not including their technicians) are presently engaged in cancer research. Approximately 150 of them are at the University of Minnesota and at least 25 at Mayo Clinic in Rochester, Minnesota. Attempts to isolate a virus which may cause cancer is still a leading problem. Some cancer patients have been re-injected with their own chemically killed cancer cells in an effort to allow their body to develop antibodies

against the tumor cells. Results are showing some promise. The use of Bcg - tuberculin vaccine, a form of immunotherapy, is being used on a trial basis in cases of childhood leukemia. Cures for leprosy are being investigated with success.

In observing research and the care of patients, I couldn't help but become aware of the numbers of technicians who are specializing in one or another aspect of nursing care. Trained technicians operate the kidney dialysis machines, operate scanning devices, carry out eye examinations, and take patient histories to mention a few. One gets the feeling that the registered nurse skilled in general duty nursing is becoming as obsolete as the general practitioner in medicine. There are moments when one thinks the technological equipment occupies prime consideration and perhaps we should become mechanics instead. If anything, I have returned from my sabbatical with the reaffirmation that skilled nursing care is essential to the patient's survival. Without intelligent nursing care the machine will fail in its ultimate purpose. As an instructor I would like to impress upon my students the necessity of remembering the patient as an individual human being with certain rights and privileges - the right to competent care, the right to privacy, the right to a knowledge of his illness and treatment, and even the right to death with dignity and grace when the creator of life determines that moment. Nursing still involves excellence of nursing care.



SABBATICAL LEAVE REPORT

| DATE | LOCATION | ACTIVITY | INSTRUCTOR |
|--------------|-----------------------------|---|------------|
| Mon. 8-28-72 | University Minnesota | Pick up materials. | |
| Wed. 8-30-72 | University Hospitals | Conference with Miss Ingebretsen, R.N., Mrs. Elstad, R.N. Mrs. Cain, R.N. | |
| | Powell Hall | Conference with Doctor Harris and Julia Randall, R.N. | |
| Fri. 9-1-72 | Variety Club Heart Hospital | Cardiac Intensive Care Unit...Miss Ann Mesher, R.N. | |
| Mon. 9-4-72 | | Holiday. | |
| Tues. 9-5-72 | Powell Hall | Orientation...Mrs. Elstad, R.N. | |
| | Powell Hall | Film... "Sepsis" | |
| | Powell Hall | Introduction to Arrhythmias... Miss Pat Blake, R.N. | |
| Wed. 9-6-72 | Variety Club Heart Hospital | Cardiac Intensive Care Unit...Miss Ann Mesher, R.N. | |
| | Mayo Memorial Hospital | Surgical observation of renal transplantation by Dr. Najarian. (Surgical procedure lasted six hours.) | |
| | Powell Hall | Resuscitation...Mrs. Cain, R.N. | |
| Thur. 9-7-72 | Variety Club Heart Hospital | Cardiac Intensive Care Unit...Miss Ann Mesher, R.N. | |
| | | Electrocardiogram Tutor Tapes. | |
| | | Conference with Margaret Clipper, R.N. ... Neurosensory Department. | |
| | Powell Hall | Care of the Diabetic Patient... lecture by Mrs. Lois Recker, R.N. | |
| Fri. 9-8-72 | Variety Club Heart Hospital | X Ray Department, Observation of Adult Heart Catheterization by Dr. Wong. (Procedure lasted six hours.) | |

| DATE | LOCATION | ACTIVITY | INSTRUCTOR |
|---------------|--|---|-------------------------|
| Mon. 9-11-72 | Mayo Memorial Hospital, second floor... | Tour of X Ray Department... | Miss Jeanne Smith, R.N. |
| | Mayo Memorial Hospital, Station 30... | Demonstration of Oxygen and Litter Weights... | Mrs. Elstad, R.N. |
| | Powell Hall... | Pharmacy Hints...lecture by Jim Clinite, registered pharmacist. | |
| Tues. 9-12-72 | Inservice... | Nurse-Patient Interaction...lecture by Elaine Fleigle, R.N. | |
| | | Current Trends In Nursing Education...lecture by Mary Mergens, R.N. | |
| | Powell Hall... | Arrhythmias...lecture by Pat Blake. | |
| Wed. 9-13-72 | Inservice... | Creativity In Nursing...lecture by Lorraine Eklund, R.N. | |
| | | Diet Therapy...lecture by Jean Downham. | |
| | University Extension... | Emergency Room Care...Carol Cavouras, R.N. | |
| Thur. 9-14-72 | Inservice... | Nursing Homes and Long Term Health Care...lecture by Ruth Stryker, R.N. | |
| | | Patient Observation and Nursing Care Plans...lecture by Sr. Mary Heinen, R.N. | |
| Fri. 9-15-72 | Inservice... | Body Fluids...lecture by Sr. Mary Heinen, R.N. | |
| Mon. 9-18-72 | Metropolitan Junior College... | Chemical Dependency...presentation by Dr. Robert McAuliffe from 9:00 to 4:00. | |
| Tues. 9-19-72 | Mayo Memorial Hospital, Station 51, Neurosensory medical patients... | Miss Margaret Clipper, R.N. | |
| | Powell Hall... | Arrhythmias...lecture by Pat Blake. | |
| Wed. 9-20-72 | Mayo Memorial Hospital, Station 51, Neurosensory medical patients... | Margaret Clipper. | |
| | Powell Hall... | Conference of Nurse Consultants. | |
| | University Extension... | Emergency Room Care. | |

| DATE | LOCATION | ACTIVITY | INSTRUCTOR |
|---------------|--|--|------------------------------|
| Thur. 9-21-72 | Maye Memorial Hospital, third floor... | Neurology Clinic... | Dr. Wm. Martin. |
| Fri. 9-22-72 | Sr. Kenny Rehabilitation Institute... | Workshop on Rehabilitation Nursing. | |
| Mon. 9-25-72 | Inservice... | Developments In Psychiatric Nursing...lecture by Lynda Bizarz, R.N. | |
| | Inservice... | Pharmaceutics for Nurses - Part I, lecture by Jim Clinite. | |
| Tues. 9-26-72 | Maye Memorial Hospital, Station 50... | Neurological Intensive Care Unit... | Lois Heaney, R.N. |
| | Maye Memorial Hospital, third floor... | Neurology Clinic... | Dr. Robert W. Soll. |
| | Powell Hall... | Arrythmias... | lecture by Pat Blake. |
| Wed. 9-27-72 | Powell Hall... | Legal Aspects of Nursing... | lecture by Mrs. Elstad, R.N. |
| | Powell Hall... | Red Cross First Aid... | lecture by Mr. Gene Garrity. |
| | University Extension... | Emergency Room Care. | |
| Thur. 9-28-72 | St. Paul Ramsey Hospital... | American Cancer Workshop. | |
| | | Genite-Urinary Cancer by Dr. R. Geist. | |
| | | Cancer of the Lung by Dr. Neil Tretman. | |
| | | The Laryngectomy Patient by Dr. B. Crow. | |
| | | Communication With The Cancer Patient and Relatives by Professor Jerry Jones. | |
| | | Oral Cancer Prevalence, Detection, Treatment and Reconstruction by Drs. Shapiro, A. Veinbers, F. Pilney. | |
| Fri. 9-29-72 | Powell Hall... | Heart-Lung Resuscitation by Mrs. Elstad, R.N. | |
| | | Primary Nursing Care by Karen Ciske, R.N. | |
| | | Coronary Care Unit by Ann Mesker, R.N. | |
| | | Central Venous Pressure Monitoring...film. | |

| DATE | LOCATION | ACTIVITY | INSTRUCTOR |
|----------------|----------------------------|---|-------------------------------|
| Mon. 10-2-72 | Inservice... | Modern Treatment of the Diabetic... | by Lois Reeker. |
| | Inservice... | Pharmaceutics for Nurses, Part II.. | by Jim Clinite. |
| Tues. 10-3-72 | Inservice... | Overview of Geriatric Nursing... | by Jeanne Anderson, R.N. |
| | Inservice... | Tour of St. Mary's Extended Care Center, Mpls. | |
| | St. Mary's Hospital... | Celostomy Care | by Beverly Johansen, R.N. |
| | St. Mary's Hospital... | Death and The Grieving Process | by Lorraine Eklund, R.N. |
| | Powell Hall... | Arrythmias... | lecture by Pat Blake. |
| Wed. 10-4-72 | Diehl Hall Library | | |
| | Powel Hall... | Red Cross First Aid | by Mr. Garrity. |
| | University Extension... | Emergency Room Care. | |
| Thur. 10-5-72 | Diehl Hall Library | | |
| | Maye Lecture Hall... | Homeostasis... | lecture by Dr. Semba. |
| | Powell Hall... | I.V. Therapy | by Tom Wise. |
| Fri. 10-6-72 | Inservice... | Public Health Nursing... | lecture by Mary Mergens, R.N. |
| Mon. 10-9-72 | Maye Memorial Hospital | | |
| | Diehl Hall Library | | |
| | Rehabilitation Hospital... | conference with Karen Ciske, R.N., Clinical Director. | |
| Tues. 10-10-72 | Maye Memorial Hospital... | Animal Research Labs. | |
| | Maye Lecture Hall... | Homeostasis... | lecture by Dr. Semba. |
| | Powell Hall... | Inhalation Therapy | |

| DATE | LOCATION | ACTIVITY | INSTRUCTOR |
|----------------|---|---|------------|
| Wed. 10-11-72 | Rehabilitation Hospital... | Children's ward. Speech Therapy techniques with cerebral palsy child by therapist. | |
| | Powell Hall... | Red Cross First Aid by Mr. Garrity. | |
| | University Extension... | Emergency Room Care. | |
| Thur. 10-12-72 | Rehabilitation Hospital... | Adult's ward, Physical Therapy and Occupational Therapy Departments. Speech Therapy with cerebral palsy child. | |
| Fri. 10-13-72 | Ill. | | |
| Mon. 10-16-72 | Rehabilitation Hospital... | Conference with Karen Cisko, R.N. Elementary School Classroom observation... Shirley Kimball, teacher. Health Team Rounds. Mayo Memorial Hospital...Occupational Therapy demonstration by Mary Branbilla. | |
| Tues. 10-17-72 | Mayo Memorial Hospital, X Ray Department... | Mammogram. Mayo Memorial Hospital, Nuclear Medicine Department...liver scans. | |
| Wed. 10-18-72 | Mayo Memorial Hospital, Nuclear Medicine Department... | brain scans, bone scan. Powell Hall...Anti-Infective Drugs...lecture by Jim Clinite. Powell Hall...Red Cross First Aid by Mr. Garrity. | |
| Thur. 10-19-72 | Mayo Memorial Hospital, first floor... | Radiation Therapy Department. Films: Pathophysiology of Cancer. Introduction to Radiation. | |

| DATE | LOCATION | ACTIVITY | INSTRUCTOR |
|----------------|---------------------------------------|--|------------|
| Fri. 10-20-72 | Variety Club Heart Hospital... | Venogram, Lymphangiogram. | |
| | May Memorial Hospital... | X Ray department... Nerve blocks by Dr. Clabb. | |
| Mon. 10-23-72 | Mayo Memorial Hospital... | Animal Research Lab...Pancreatectomy by Dr. Sutherland. | |
| | | Bowel Transplant by Dr. Toledo. | |
| Tues. 10-24-72 | Mayo Memorial Hospital... | Animal Research Lab...Bowel transplant by Dr. Toledo. | |
| | | Lung biopsy by Dr. Howard. | |
| Wed. 10-25-72 | Mayo Memorial Hospital... | Animal Research Lab...Bowel transplants by Dr. Toledo. | |
| | Powell Hall... | Red Cross First Aid by Mr. Garrity. | |
| Thur. 10-26-72 | Mayo Memorial Hospital... | Animal Research Lab...Nephrectomies by Dr. Toledo. | |
| | Mayo Lecture Hall... | Neoplasia...lecture by Dr. Senba. | |
| Fri. 10-27-72 | Mayo Memorial Hospital... | Animal Research Lab...Kidney transplant by Dr. Toledo. | |
| Mon. 10-30-72 | Mayo Memorial Hospital, Station 41... | Urology Mrs. Rierdan, R.N. | |
| Tues. 10-31-73 | Mayo Memorial Hospital, Station 41... | Urology. Cyste...Miss Harthun. | |
| | Mayo Lecture Hall... | Neoplasia...lecture by Dr. Senba. | |
| Wed. 11-1-72 | Powell Hall... | Diuretic Drugs...Jim Clinite. | |
| | Powell Hall... | Red Cross First Aid by Mr. Garrity. | |
| Thur. 11-2-72 | Mayo Memorial Hospital... | Animal Research Lab...Kidney transplant by Dr. Toledo. | |
| | Mayo Lecture Hall... | Neoplasia...lecture by Dr. Senba. | |

| DATE | LOCATION | ACTIVITY | INSTRUCTOR |
|----------------|--|---|------------------------------|
| Fri. 11-3-72 | Mayo Memorial Hospital, Station 52... | General Surgery... | Mrs. Betty Hansen, R.N. |
| | | By-Pass Operations. | |
| Mon. 11-6-72 | Masonic Memorial Hospital, Oncology Clinic... | | Mrs. Jeannie Becht, R.N. |
| | | Powell Hall...Congenital Heart Defects... | Pat Blake, R.N. |
| Tues. 11-7-72 | Masonic Memorial Hospital, Cancer Detection Clinic... | | Mrs. Kress, R.N. |
| | | Mayo Lecture Hall...Allergy and Immunity... lecture by Dr. Larson. | |
| Wed. 11-8-72 | Masonic Memorial Hospital, Clinical Research Center... | | Mrs. Ellie Loez, R.N. |
| | | Electric Stimulator... | Meg. Tucky, R.N. |
| Thur. 11-9-72 | Masonic Memorial Hospital, Third Floor. | | |
| | | Mayo Lecture Hall...Autoimmune Disease- Transplants...lecture by Dr. Larson. | |
| | | Masonic Memorial Hospital...Leukopheresis Run. | |
| Fri. 11-10-72 | Radisson Hotel, Minneapolis, Minn. ... | Tenth Cancer Conference for Nurses. | |
| Mon. 11-13-72 | Mayo Memorial Hospital, Station 40... | Pediatrics | ...Mrs. Adela Altmeyer, R.N. |
| | | Mayo Memorial Hospital, Post Anesthesia Recovery Room, fourth floor. | |
| Tues. 11-14-72 | Mayo Memorial Hospital, Station 44... | Surgical Intensive Care... | Ms. Zumwalde, R.N. |
| | | Powell Hall...Congenital Heart Defects... | Blake. |

| DATE | LOCATION | ACTIVITY | INSTRUCTOR |
|----------------|--|---|------------|
| Wed. 11-15-72 | Variety Club Heart Hospital, Station 201... Adult Medical. | Observation of Cardiac-Version. | |
| Thur. 11-16-72 | Variety Club Heart Hospital, Station 301... Pediatric Medical...Miss Sharon Leahy, R.N. | Mayo Lecture Hall...Oncology Related to Black Patients...by Dr. LaSalle D. Lefall. Mayo Lecture Hall...Introduction to Circulatory Disease ...lecture by Dr. Orlander. | |
| Fri. 11-17-72 | Mayo Memorial Hospital, Station 30...Self-Care Unit...Mrs. Kathryn Breitenbach, R.N. | Diehl Hall, Bio-Medical Library. | |
| Mon. 11-20-72 | Mayo Memorial Hospital, second floor... Emergency Room...Mrs. Hazel Karg, R.N. | | |
| Tues. 11-21-72 | Mayo Memorial Hospital, Station 45...Pediatric Intensive Care...Bonnie Esterland, R.N. | Powell Hall...Congenital Heart Defects...Blake. | |
| Wed. 11-22-72 | Medtronic, Inc., Minneapolis, Minn.... Mrs. Raeanna Sellin, Public Relations. | | |
| Thur. 11-23-72 | | Thanksgiving | |
| Fri. 11-24-72 | | Holiday | |
| Mon. 11-27-72 | St. Paul Ramsey Hospital, St. Paul, Minn., Burn Unit. | | |
| Tues. 11-28-72 | Powell Hall, Gynecology Clinic, third floor Mrs. Bonnie Bradt, R.N. | Powell Hall...Congenital Heart Defects...Blake. Medtronics, Inc., Mpls., Minn., evening tour observation of making cardiac pacemakers. | |

| DATE | LOCATION | ACTIVITY | INSTRUCTOR |
|----------------|--|--|--------------|
| Wed. 11-29-72 | Mayo Memorial Hospital, | Dermatology and Surgery Clinic, third floor... | Mrs. Mullen. |
| Thur. 11-30-72 | Mayo Memorial Hospital, | Eye Clinic, third floor...Miss Cleo Isendorf, R.N. | |
| | Mayo Lecture Hall... | Genetic and Chromosomal Transmission of Disease...by Dr. Swallen. | |
| | Mayo Memorial Hospital, | Station 12...Eye Laser Beam. | |
| Fri. 12-1-72 | Mayo Memorial Hospital, | Dermatology Conference. | |
| Mon. 12-4-72 | Mayo Memorial Hospital, | Station 33...Medical Intensive Care...Mrs. Gerda Soergel, R.N. | |
| Tues. 12-5-72 | Mayo Lecture Hall... | Genetic Transmission of Disease...lecture by Dr. Swallen. | |
| | Diehl Library. | | |
| | Powell Hall... | Congenital Heart Defects...Blake. | |
| Wed. 12-6-72 | Mayo Memorial Hospital, | Transplant Clinic (Cancelled- snowbound.) | |
| Thur. 12-7-72 | | Snowbound. | |
| Fri. 12-8-72 | Mayo Memorial Hospital, | Station 22...Trans- plant Service...Miss Jean Stenberg, R.N. | |
| Mon. 12-11-72 | Mayo Clinic, | Rochester, Minnesota. | |
| Tues. 12-12-72 | St. Mary's Hospital, | Rochester, Minn. | |
| Wed. 12-13-72 | Rochester Methodist Hospital, | Rochester, Minn. | |
| | Mayo Medical Museum and tour of Plummer Building, | Rochester, Minn. | |

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Julia S. Randall

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45

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The series will be conducted simultaneously at the following locations:

| | |
|--------------|---|
| AUSTIN | Room B103, Austin State Junior College |
| MANKATO: | Room 120-Old Main, Valley Campus, Mankato State College |
| MARSHALL: | Lecture Center 201, Southwest Minnesota State College |
| MINNEAPOLIS: | Room 140, Nolte Center for Continuing Education University of Minnesota, Minneapolis Campus |
| RED WING: | Small Theater, Twin Bluff Junior High School |
| ROCHESTER: | Singley Hall-110, Rochester State Junior College |
| WILLMAR: | Library 10, Willmar State Junior College |
| WINONA: | Room 114, Main Academic Building, Worthington State Junior College |
| WORTHINGTON: | Room 114, Worthington State Junior College |

COORDINATORS:

Austin: Kay Schmitz
Staff Nurse
St. Olaf's Hospital
Austin, Minnesota

Mankato: Wanda Mae Wyndle
Assistant Professor
Mankato State College
Mankato, Minnesota

Marshall: Diane DeSutter
Director of Nurses
Weiner Memorial Hospital
Marshall, Minnesota

Minneapolis: Shirley Heyer
Staff Nurse - Emergency Room
University of Minnesota Hospitals
Minneapolis, Minnesota

Red Wing: Helen Bell
Director of the Red Wing School
of Practical Nursing
Red Wing, Minnesota

Rochester: Linnea Morrison
Chairman, Nursing Division
Rochester State Junior College
Rochester, Minnesota

Willmar: Evelyn Heil
Director of Nursing
Rice Memorial Hospital
Willmar, Minnesota

Winona: Jeanne Burke
Education and Orientation Coordinator
Community Memorial Hospital
Winona, Minnesota

Worthington: Mary Rogers
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Worthington Regional Hospital
Worthington, Minnesota

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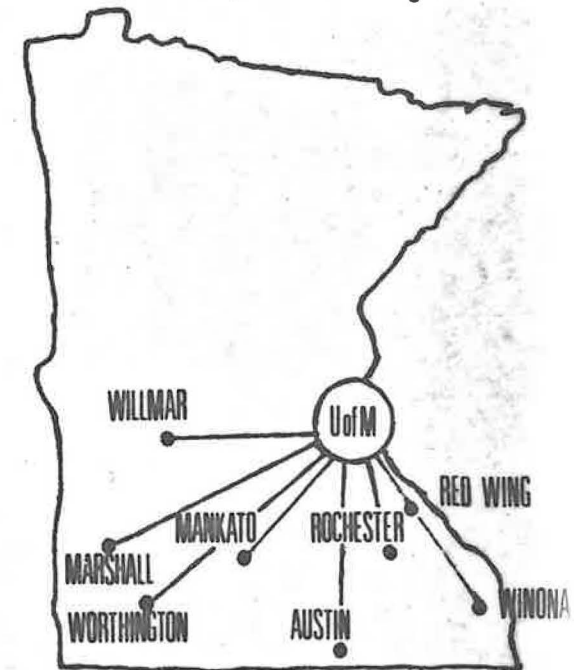
EMERGENCY CARE (2)

WEDNESDAY EVENINGS

7-9PM

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Current Care Concepts: Emergency Care (2)

WHAT IS A TELELECTURE?

Basically, the telelecture is the use of amplified telephone calls by which a lecturer's voice is transmitted through a telephone line, fed into an amplifier, and heard through loudspeakers. On-site visual materials, such as slides or a syllabus, are often used to aid the lecturer in his presentation. The technique permits direct communication between listeners and lecturer for purposes of discussion and/or questions and answers.

The University of Minnesota's School of Nursing is utilizing the telelecture approach in this series on current care concepts, in response to numerous requests from nurses practicing in outstate Minnesota, many of whom are unable to take time from their daily working schedules to travel to the Twin Cities for seminars.

A local coordinator will be available at each conference site. This coordinator is an important link between the telelecturer and the audience, and will provide registrants with various instructional materials.

EMERGENCY CARE

PURPOSE:

To increase awareness of nursing responsibility in emergency situations both in the hospital and at the scene.

OBJECTIVES:

1. To relate current concepts of nursing care to emergency situations.
2. To apply fundamental principles for accurate assessment of the sick and injured.
3. To determine immediate appropriate nurse actions for the care of the patient in emergency situations.
4. To evaluate the effectiveness of nursing intervention.

DESCRIPTION

- I.
Sept. 13 **Initial Assessment – Intervention**
Identification of the nurses role including moral and legal implications

with emphasis on the criteria and method of initial assessment and appropriate intervention at the scene, via transfer and in the emergency department.

Carol Cavouras

- II.
Sept. 20

Assessment: Intervention (cont.)

Recognition of treatment priorities in commonly seen, serious multiple injuries, burns, and alertness to injuries frequently missed.

Carol Cavouras

- III.
Sept. 27

Maintenance and Promotion of Effective Respiratory Exchange and Cardiac Output

Clinical recognition and definitive approach to cardiac/respiratory arrest including proper procedures and rationale for cardio-pulmonary resuscitation. Immediate life saving intervention at the scene, in transport, and in the emergency department.

Judith Thierer

- IV.
Oct. 4

Recognition and Prevention of Shock
Review of the physiological manifestations of shock, focusing on hemorrhagic and anaphylactic shock. Nursing intervention appropriate to emergency situations will be discussed.

Theodora Dunn

- V.
Oct. 11

Assessment and Emergency Treatment of Patients with Brain and Spinal Cord Injuries

Review of brain and spinal cord injuries with emphasis on the nurses responsibility in early intervention, the nurses neurological check for signs of increased intracranial pressure and/or progressive brain involvement.

Margaret Clipper

SESSION DATES:

Please note that the telelecture series sessions are scheduled for Wednesday evenings, September 13 – October 11, 1972.

Each session will begin *promptly* at 7:00 p.m. and end at approximately 9:00 p.m. Registrants are advised to arrive at least 15 minutes early (especially for the initial session) to pick up the necessary materials for each session.

REGISTRATION:

The series is open to both registered and licensed practical nurses. The registration fee for the Telelecture Series on Emergency Care is \$20.00. Enrollment will be limited to 50 participants at each location. All applications accompanied by a remittance covering the full fee, should be received not later than September 6, 1972. Registration is personal, nontransferable, and is made for the entire series. A full refund of the fee will be made if the registration is cancelled prior to the beginning of the series, not accepted, or if the series is not held. The University reserves the right to cancel the series if occasion arises.

The series carries 1 (one) certificate credit. Registrants who wish to attend the series for credit must: (1) be sure to complete the necessary forms at the first lecture of the series; (2) attend four of the five lectures presented; and (3) take an examination following the last lecture of the series.

University
of
Minnesota
memo

date January 16 19 73

to Jane Thornsley

from M. Elstad - Inservice Education

FIRST AID CERTIFICATE

It is a pleasure to be able to send you your Standard
First Aid certificate.

Your final questionnaire is enclosed.

Congratulations on completion of this course of
instruction.

THE AMERICAN NATIONAL RED CROSS



This certifies that
Jane Thornsley

has completed the STANDARD course
of instruction in

FIRST AID TO THE INJURED

at Minneapolis Area Chapter

11-1-72

R. M. Oswald
National Director
Safety Programs

