

Setting the Tone with Your Nurse

Powerful Patient Event

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Lorie Wild, R.N.

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Andrew Schorr:

So you heard whether you're in critical care or whether you went in for to have your gallbladder removed or maybe you were even at the clinic, nurses play a key role. Lorie Wild is the director of nursing for...?

Ms. Wild:

The Chief Nursing Officer at University of Washington Medical Center.

Andrew Schorr:

Okay, come on up to that microphone. So Lorie, a lot of people don't understand, well maybe tips I would ask is how can the nurse be your best friend as you navigate the system, and maybe you could talk about the inpatient setting and not too, but like inpatient often the family; I can remember my dad saying, 'Where's the nurse.' And you know he was kind of a grumpy guy just having his hernia surgery; but how can we as family members and as patients maybe make the best use of nurses to help us?

Ms. Wild:

That's a good question, and I'll echo and add to what Dr. Benditt said about the nurse at the bedside or in the clinic can certainly be your best friend. You want to engage with that person as your partner. Whether or not your friends or not is probably a whole other story, but to engage with them in partnership and there are a lot of ways to be able to do that. One of the things I would recommend is if you're hospitalized, and anywhere you're in the hospital a nurse is going to come in when they come on shift, and most of the nurses now most often are working 12-hour shifts, so often it's a 7:00 a.m. to a 7:00 p.m. kind of thing so you don't see quite as much transition, but everybody does something a little different.

When they come in at the beginning of their shift they're going to come and say, 'Hi.' I'm going to say, 'Hi, I'm Lorie Wild. I'm going to be your nurse for today.' One great way to engage with them is to say something along the lines of, 'I like to really be able to work with you in my healthcare and my care today. What's the plan for today?' It automatically sets the tone for you and your nurse to be able to have the conversation about what's in store for the day, 'What kinds of things can I anticipate,' and we know from lots of studies that to have anticipatory planning helps you do better with whatever you do. So it's an easy way for just you to extend the hand to say, 'I want to be your partner today.' Don't wait to be asked.

The call light that's there by the side of the bed, I like to think of that as the closest alarm system that we have for any kind of patient care because that's your connection to the outside world. Don't be surprised, if you've never been in the hospital before this may sound weird, but don't be surprised if a voice comes out of the wall saying, 'May I help you?' You're not hearing things. But we do want to make sure that there's something that we can take care of very quickly we can make that connection so you know someone's out there.

But then you do need to get the nurse to come back in, and it's okay to ring it again. It's okay to ring it another time if you need to. If you're a family member I have been there myself. I have no reservation to go out to the desk and say, 'I'm Mrs. Wild, and I need something for my father-in-law. Could you please send somebody back to help?' Or to say, 'Here's what I need.' And they can pass that message along.

Just as what you've heard with Dr. Van Gelder and Dr. Benditt, is as much as you can come with information come with your plan, that really helps whether you're in the inpatient setting or the outpatient setting.

I'd just like to share a real quick story. I was thinking of what Dr. Van Gelder was saying about asking for second opinions and being somewhat directive in your care. About 15 years ago my husband had his shirt off one day, and I said, 'Wow, look at that spot on your chest. That wasn't there before.' And he said, 'Oh that's been there forever. You just didn't notice it.' And I said, 'Well if it's been there it's different, and you need to go get that checked out.' I never thought two things about it again, and he would say he learned early in life to listen to his wife, so he actually did call, and he made an appointment, and he saw his primary care physician who said, 'No you know, I don't really think that's much of anything.' He told his physician, 'You know my wife's a nurse, and if come home with this thing on she's going to be really upset.' So being a good physician he took it off, and it turned out it was a malignant melanoma. Very happily being directive in his care; that was 15 years ago he had a wide excision, and he is fine today; but he needed to take that extra step to say, 'No,' and not just because his wife's a nurse, 'I think that this is something that needs to be addressed,' and fortunately he had a practitioner who was responsive to that.

So probably many of the people in this room, you've already taken on that powerful, that empowered stance, but I think it's important that we be able to share that with others how to do that effectively.

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