

Compassion, Caring, Courtesy, Comfort

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population in the program manual that has been supplied to each ward," Mrs. Peter said.

"All of the standards we wrote were reviewed by physicians who have cooperated with us on establishing the program," she added.

Asking the Patient

To measure "patient outcomes" — what the patient experiences as a result of his or her care — the nurses go first to the patients themselves.

Each week, trained interviewers who are also staff nurses from other wards visit every non-critical care ward in the hospital to talk with randomly selected patients. Urging complete candor, the interviewers ask such questions as:

"How would you describe the attitudes or feelings of the nursing staff toward you?"

"Is there anything that you have asked for that you were not able to get?"

"Do you have any questions about any procedures, treatment or the care you are receiving?"

"Do you have any pain or discomfort?"

"When you ask for something for your pain, how long do you wait before you receive it?"

"It's important to deal with a patient's perception of what has been done for him as well as what has actually been done," Mrs. Peter said.

Uneasy about Routine Procedures

The Duke nurses found, somewhat to their surprise, that patients generally felt they had been well-prepared for what to expect in surgery, but a number of them said they were uneasy about routine

diagnostic procedures.

"We found we had to explain studies like brain scans, barium enemas and kidney biopsies more carefully from the patient's point of view," she said.

"Patients want to know what sensations they can expect during a study — how much pain they will feel, what smells there will be and what noises are normal. Such information helps to allay the fears they have."

Loneliness, Chief Complaint

The nurses also found that loneliness was the patient's chief complaint, that noise needed to be reduced on some wards during shift changes and that patients want to know more about home care after their discharge from the hospital.

The interviewing nurses also check to make sure that patients' rooms are clean, that they are free from safety hazards, that all equipment is properly applied and functioning, that needed items are within reach and that all other nursing responsibilities to the patients have been met, she said.

At the end of 13 weeks, all of the results are tabulated, and nurses hold meetings on their wards to discuss them.

Time for Reflection

"The meeting is a time for reflection," Mrs. Peter explained. "It is a time for feeling proud of what they have been doing well and also a time to set goals for improvement."

The nurse said the entire program is designed to measure patterns of nursing care throughout the hospital rather than to measure the performances of individuals.

"What we are hoping to do is to raise the sensitivity and competence

of all our nurses," she added. "The emphasis is on what we call the 'Four C's' — compassion, caring, courtesy and comfort."

Debbie Humphreys, head nurse on the Reed Ward, has been involved in the Quality Assurance Program in Nursing almost from its beginning, and she served on the committee writing standards for general surgery patients.

What Makes It Unique

"I think what makes this program unique and gives it a good chance of succeeding in improving patient care is that a cross-section of nurses are represented in defining goals, from patient care assistants and licensed practical nurses right up to the supervisors," she said.

"You don't have to be a head nurse or even an RN to feel like you've contributed something to it."

Ms. Humphreys said the response from patients has generally been as good as that of the nurses who have been involved in the program.

Appreciate Nurses' Care

"I don't mean that all patients have been pleased with the nursing care they have received, but just about all of them have appreciated the fact that nurses as a group care enough about them to try to improve it," she explained.

"I think the program also has given people who really love nursing the way I do a reason to feel good about themselves," she added.

The Department of Nursing Services, which plans to publish its book of standards sometime next year, hopes the project will become a model for quality assurance at other hospitals in the United States, Mrs. Peters said.

Jet Vets Win Turkey Bowl, 14-9

(EDITOR'S NOTE: The following article was received from the VA Hospital and was allegedly written by Cindy Dix, secretary to the chief medical resident.)

Thursday, November 25, 1976, was indeed a memorable football afternoon.

Among the many spectacular rivalries, was the 4th Annual Duke Turkey Bowl — pitting the invincible Jet Vets of the VA Hospital, against the miniscule Duke Turkeys.

The Department of Medicine House Staff squared off on the Duke soccer field to settle the score once and for all. Previously, both teams shared a tie with a 1-1-1 record to date. The 4th Annual Turkey Bowl was the tie-breaker.

The game began promptly at 11 a.m. with the inspired Jet Vets with "blood" in their eyes, i.e., bloodshot. The Duke Turkeys elected to kick on the opening series of downs, and stopped the Jet Vets without a first down.

March Down the Field

Duke then took over the ball and marched down the field, aided by several penalties, to the Jet Vet ten-yard line.

Then, on fourth down and long yardage, the quarterback threw it in the air. The ball was tipped by the offensive player, missed, tipped by the defensive player then fell into the hands of the stumbling Duke offensive captain, Dr. Michael Hindman. Undoubtedly, the greatest fluke play in the traditional rivalry. Duke then took a commanding 7-0 lead.

Not to be denied, the Jet Vets marched 95 yards on the next series of downs in the able hands of Dr. Dave Hester, part-time Jet Vets quarterback. That tied the score at 7-7.



Defensive Stalemate

For the remainder of the first half there was a defensive stalemate, the Jet Vets never allowing the Duke Turkeys to cross into their territory.

Early in the second half, with Dr. Dave Hess at the helm, the Jet Vets scored another stunning touchdown to take the lead 14-7.

Once again, the Jet Vets' defense, captained by Dr. John Feussner, stifled the Duke offensive unit.

The final score of the game came on a safety when Dr. James Wilson, scratching, biting, and screaming allegedly tackled the Jet Vets' quarterback in the end-zone. The score was then 14-9.

Desperation Pass

With 4 seconds remaining, the Jet Vets called time-out in an effort to run up the score. However, a desperation pass was unsuccessful and the game ended at 14-9 with the Jet Vets predictably victorious.

This brought the series to 2-1-1 in favor of the superior Jet Vets' team.

The victorious Jet Vets were coached by that offensive stalwart, Dr. Harvey J. Cohen. The Duke Turkeys, in turn, were coached by Dr. James B. Wyngaarden, who incidentally doubled as field judge.

Both teams owe gratitude to the referee, Dr. Galen Wagner, also of the Duke staff.

Therefore, with their tremendous abilities, awesome power, and uncanny coordination, the Jet Vets once again defeated the Duke Turkeys — despite the clearly partial refereeing.

Author To Discuss Changing Roles

Author and social historian Elizabeth Janeway will speak on "Changing Roles in a Changing World" at the Duke Management Club's dinner meeting next Wednesday (Dec. 8).

The program begins in the Medical Center Board Room at 6 p.m.

Author of *Man's World, Woman's Place: A Study in Social Mythology*, Ms. Janeway has served as a lecturer and consultant for numerous business, education, social and political groups.

The Duke Management Club was formed in 1974 as a social

organization to encourage mutual education and communication among faculty and staff members. The current president is Richard L. Jackson, assistant vice president for personnel.

Anyone who wishes to join the Management Club and attend the meeting next week should contact Randi Woodson, 684-5804, or Mark Kuhn, 684-2926, today.

Minister To Speak On Older Persons

The Rev. Philip S. Brown, executive director of the Bishop Penick Memorial Home in Southern Pines, N.C., will speak on "The Religious Needs of Older Persons" at 4 p.m. on Tuesday, Dec. 7, in Room 1504 of the Gerontology Building.

Brown has had extensive experience with aging persons as a minister, chaplain, administrator of homes for the aged and lecturer on aging at colleges and workshops.

He is an advisor on government committees such as the Region H Area-Wide Aging Advisory Committee, the Nutrition Committee, the Special Task Force for the Nursing Home Ombudsman Program and the State Office for Aging.

His talk, which is open to the public without charge, is being sponsored by the Duke Council on Aging and Human Development.



ELIZABETH JANEWAY