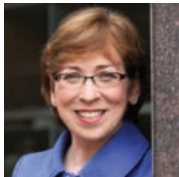


NURSING

VANDERBILT UNIVERSITY
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Transforming patient care through professional practice

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A newsletter
from the office
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Marilyn Dubree,
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TRAINING IN GUYANA CARRIES ON

Just weeks before the COVID-19 pandemic suspended international travel, Vanderbilt University Medical Center nurses completed two new educational initiatives in the South American country of Guyana, and a strong collaboration continues virtually in response to the coronavirus.

A nursing team from Monroe Carell Jr. Children's Hospital at Vanderbilt and Emergency Medicine educated the nation's entire EMS staff, about 100, about responding to obstetrical and neonatal emergencies and implemented a Pediatric Advanced Life Support (PALS) program by training 10 Guyanese PALS instructors.

It's all part of an ongoing collaboration between Vanderbilt and the Georgetown Public Hospital Corp. (GPHC), a free public hospital in the capital and largest city in Guyana. Bordering Venezuela on the Atlantic Ocean, Guyana is roughly two times the size of Tennessee with a population comparable to Davidson County. Most patients receive care from government-run medical facilities in the capital, with some taking days to

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Trauma-informed yoga therapy program

Vanderbilt nurses are making a difference locally, nationally and around the world. This issue has several examples.

First, please read about how our nurses completed two new educational initiatives in a hospital in Guyana just before the pandemic and have continued the relationship virtually. This incredible international relationship allows us to share our evidence-based practices with the world. Kudos to all involved.

Also in this issue, we spotlight the "evidence-based" wedding of two of our research nurses, Elizabeth Weddle and Christopher Gray. They modified their cere-

mony in many ways to keep their guests safe and have a fun and memorable occasion. Congratulations!

Lastly, you will read about Julie Stavas, a nurse at Vanderbilt Psychiatric Hospital who recently began offering trauma-informed yoga therapy to patients. This was Julie's initiative and has had a very positive impact.

These stories warm my heart. Vanderbilt nurses truly achieve the remarkable every day.

Enjoy this issue,

Marilyn Dubree

reach the city on unpaved roads from homes nestled in thick rainforest.

The focus on obstetric and neonatal emergencies is especially important, said program director Jessica Van Meter, DNP, RN. A disproportionate number of home births occur there, and ambulances and rural doctors are few. Emergencies often must be addressed en route to the hospital.

Guyana's neonatal mortality rate is about 35 per 1,000 live births and is among the highest in South America, according to 2018 statistics from the World Health Organization.

Children's Hospital's education and outreach team, in Guyana for the first time, volunteered its time. They brought a similar educational model that they use for outreach in rural Tennessee, Van Meter said.

"They literally trained every EMT in that country in three days," Van Meter said.

"I went to Guyana with no expectations and left Guyana with an overwhelming urge to come back and figure out what future skills need to be taught or reviewed with this wonderful group of medical professionals," said Katie Judd, RN, Neonatal Outreach senior program manager at Children's

Hospital.

Added Mary Lee Lemley, MSN, RN, Neonatal Outreach senior program manager at Children's Hospital, "I have provided education in 12 different international locations, but I believe the Guyana EMS staff were most appreciative, professional and eager to learn that I have ever taught. I hope there is a day we can return and add another chapter to their education and skills."

Nurses Lee Blair, RN; Jennifer Dindo, RN; and Lacey Noffsinger, BSN, RN, were also part of the initiative in Guyana.

Vanderbilt has had a relationship with GPHC since 2009, when John Paul Rohde, MD, assistant professor of Emergency Medicine, started an emergency medicine residency program in Guyana. Rohde, whose parents were missionaries, spent his childhood in the country and wanted to give back.

"We are finally realizing our objective of fully establishing emergency medicine in Guyana," Rohde said, "as Vanderbilt's collaboration with the Georgetown Public Hospital and the University of Guyana to train emergency medicine specialists has resulted in the creation of an independent Department of Emergency Medicine at the

nation's largest hospital, which is now staffed 24/7 by fully trained EM experts."

Since then, Vanderbilt nurse educators have also become active in the country, said Van Meter, who spent part of her time each month in Guyana prior to the pandemic and continues to interface virtually. She works closely with Sally Dye, RN, assistant program director.

VUMC nurses developed and are administering a bachelor's degree in emergency nursing program for nurses at Georgetown Public Hospital Corp. (GPHC) in the South American country of Guyana, the first of its kind in the region. The program was developed in collaboration with GPHC and the University of Guyana.

In mid-March, not long after completing the pediatric educational initiatives, VUMC's nurses and doctors had to convert activities on the fly to a virtual platform on Zoom as the pandemic descended on the country.

The doctor and nurse residency programs continued virtually, with an emphasis educating residents on protecting the community from COVID-19 and sourcing personal protective equipment. Vanderbilt's faculty members interface with the students virtually at least once a week.

COVID-ALTERED WEDDING DIFFERENT, BUT STILL FUN

Liz Weddle, BSN, RN, CEN, experienced what so many couples getting married this year have — planning and re-planning a wedding to ensure her guests are safe amid the COVID-19 pandemic.

For Liz, though, wedding planning was similar to her day job. She is a research nurse specialist II in the Division of Allergy, Pulmonary, Critical Care Medicine and the Center for Lung Research; evidence-based decision-making — looking at evidence and deciding the best course of action is, well, kind of her forte. That’s also true for her groom, Christopher Gray, BSN, RN, CEN, research nurse specialist II in the Department of Emergency Medicine.

Liz began her evidence-based nuptial preparations in March 2019, and originally scheduled the big day for May 9, 2020.

By March 2020, plans changed. She shifted the wedding to Aug. 1. She reduced the guest list, already small, from 50 to 36 people, due to guests’ travel constraints.

Social distancing was the watchword on the big day. The ceremony was outdoors on a beach in Fort Myers, Florida, with chairs spaced out under the palm trees. The wedding party didn’t walk down the aisle together, and bridesmaids weren’t accompanied by groomsmen.

“It was different, but we still had fun,” Liz said.

The bride walked down the aisle by herself. The original plan to have her 88-year-old grandfather and Chris’ father walk her down the aisle was scuttled. The bubble-blowing portion of the ceremony was, too.

The indoor reception was also altered. In the “island room” in a hotel next to the beach, guests were required to wear masks except when eating and drinking. Tables and chairs were appropriately spaced. The dance floor was, well, different.



COVID-19 couldn't stop the wedding of Liz Weddle, BSN, RN, CEN, and Christopher Gray, BSN, RN, CEN.

But it was still fun.

The wedding party arrived wearing special masks — with mustaches for the guys and lips for the girls.

“They walked in holding signs of events that happened in 2020,” she said. “Kind of like a recap of the year, because it’s been a really long year. We had one on the Super Bowl ... and there was one about the impeachment and there was one about the tornado that happened. Then there was a funny one on the Tiger King. There was one on COVID, of course, and Black Lives Matter, and we were holding that last sign and we flipped it over and it was our wedding on the poster.”

Guests got a gift bag with toilet paper, hand sanitizer labeled with the couple’s names and wedding date and a mask.

Liz, who’s from Florida, and Chris, from Nashville, met in a Florida hospital about five years ago. By 2016, they were friends, and by 2017, they were a couple. Wedding bells weren’t originally on their minds.

“He had always planned to move back to Nashville after he finished school,” Liz said. “Originally when we started dating it was going to be a temporary thing. We were going to go our separate ways when he finished and moved back.”

NURSE CREATES TRAUMA-INFORMED YOGA PROGRAM

Julie Stavas, BSN, RN, has found a way to marry two of her passions — psychiatric nursing and yoga — at Vanderbilt Psychiatric Hospital (VPH). About once every week, she leads trauma-informed yoga therapy to a group of five to 10 patients for 30 to 45 minutes.

After two months of holding the yoga sessions at Vanderbilt Psychiatric Hospital, Julie Stavas, RN, is already seeing the benefit in her participants.

Stavas, a certified yoga instructor trained in trauma-informed yoga therapy, started the small group yoga in July. As a VPH float nurse, she brings the therapy to different units, including drug detox, mood disorder, acute psychosis, step-down, geriatric and adolescent populations.

In a strange way, COVID-19 was indirectly responsible for the therapy. Before the pandemic, Stavas taught yoga at various yoga studios around Nashville.

“They all closed down,” she said. “I wanted to keep teaching and I thought, why not teach at Vanderbilt to patients who need it?”

Stavas sought and received approval for the class from Avni Cirpili, DNP, RN, chief nursing officer of VPH. “I was very excited by the proposal because



Julie Stavas, BSN, RN

it brings a new evidence-based activity to VPH for patients who have experienced trauma,” he said.

Instead of wearing yoga pants, she wears scrubs. And instead of a yoga studio, it’s a group meeting room with the furniture pushed to the side.

This yoga therapy is a little different than a typical yoga class. It considers patients who have lived through certain traumatic experiences. For example, patients who have been human trafficked may be triggered by the word “relax,” which is often used by the abusers who trafficked them.

“Being mindful of the words that come out of my mouth is the base of trauma-informed yoga,” Stavas said.

“Certain poses, too, can be very triggering for patients because yoga is all about opening up the body and being present in the moment, and when somebody has gone through trauma, a lot of times they want

to escape the body. But trauma-informed yoga teaches you how to come back into your body, to be present in your body and know that it’s safe to be in your body.”

A typical class begins in Child’s Pose.

“I tell patients to bring their big toes to touch, knees out wide, forehead on the mat. This is called Child’s Pose and it’s a very grounding pose. I remind patients that they are safe on their mat and to leave all their external troubles off of the mat for the next to 30–45 minutes.”

Breathing exercises follow to slow down her patient’s thoughts as they get deeper into the class. The class ends with a 5-minute meditation.

After two months of holding the sessions, she’s already seeing the benefit in her participants.

“I see definitely more calmness in my patients,” she said. “I always call it the post-yoga glow. Just being able to feel more present, seem less anxious. Yoga is a lot about connection, so just being able to connect with another body in the room. Interpersonal relationships have definitely developed in the yoga room.”