

3 DR. SIMMER: Okay. I think we're ready to
4 reconvene the Patient Safety Coalition, and we are
5 happy to welcome participant number 13, Jonathan Reed.

6 MR. REED: Good afternoon. My name is
7 Jonathan Reed, and I am a registered nurse, and I'd
8 like to address the issue of patient safety, with the
9 issue of supportive healthcare environments for new
10 nurses.

11 As we all know, we have a nursing shortage
12 nationwide, and part of the problem that we have in
13 nursing is retaining new nurses. They have a tendency
14 to leave the field fairly early.

15 And part of what I see as a problem with the
16 system is that when us new nurses are coming out of
17 nursing school, we've completed our basic nursing
18 education but so much of nursing training takes place
19 on the job, and I feel that the environment is
20 oftentimes not supportive of the new grads learning
21 environment.

22 Oftentimes I feel that physicians and staff
23 do not take advantage of educational opportunities.
24 Specific example of that would be with regards to when
25 nurses have to call a physician over something. If
1 the physician and the nurse do not necessarily agree
2 on things, oftentimes it's brought across as the
3 doctor says what's going to happen and it's left at
4 that, and the nurse may not get answers to their
5 questions, may not understand the physician's point of
6 view or may not understand why their views, you know,
7 from their point of view maybe were ignored and the
8 doctor might have had a perfectly legitimate reason
9 for making their choice.

10 And I believe then when you do not offer
11 those educational opportunities, those new nurses walk
12 away without gaining the knowledge that they had the
13 opportunity to gain and also sometimes may doubt their
14 own abilities, not knowing why their suggestions or
15 their ideas were not followed, and cause them to
16 question and doubt themselves.

17 I believe that that impairs the healthcare
18 collaboration that can provide an optimal safe
19 environment for patients. When all healthcare
20 providers work together and have a comfort level with
21 each other, can ask each other questions, can discuss
22 patient care issues, that facilitates quality care.

23 Part of the big problem I feel is not lack of

24 willingness to educate but I feel that staff do not
25 always have the time to educate. Doctors especially
1 in the hospital situation might have a lot of patients
2 that they're seeing and many issues that they're
3 dealing with and cannot always sit down and answer
4 questions for every nurse that comes along.

5 So I believe that the solution to this
6 problem should involve taking steps to offer
7 mentorship for new grad nurses, something that's often
8 being done right now with other nurses, but maybe
9 start involving physicians and other healthcare team
10 members in that process to mentor to those new grads
11 and help establish more of a peer relationship and
12 help these new grads feel comfortable talking to
13 physicians, which can often be an intimidating
14 experience when you're a new nurse.

15 Another part would be to educate healthcare
16 workers that part of our job is peer education. There
17 are some other healthcare team members that feel like
18 they're there to do their job and education is not
19 part of that job and they don't need to sit there and
20 take the time to explain these things.

21 So I believe that should be incorporated in
22 our education for nurses and doctors and other
23 healthcare team members that part of what we do is
24 educate and help train those new people in our
25 profession and in the healthcare industry so that we
1 can be supportive of new people and help retain those
2 new people when they come in and keep them there.

3 DR. SIMMER: Thank you very much. Do we have
4 any questions?

5 MR. WAGENKNECHT: I have one. John, a
6 question to you as far as the program that you're in.

7 MR. REED: Yes.

8 MR. WAGENKNECHT: I guess I would be
9 interested in from your perspective what is working
10 well with the program that you're currently -- you
11 highlighted a couple, you know, kind of bouncing
12 across the highlights.

13 MR. REED: Sure.

14 MR. WAGENKNECHT: But can you provide us some
15 specifics as far as in a little more detail on the
16 program that you're in and why you think that some of
17 the things that you're doing attracted you to the
18 program and keeps you in it.

19 MR. REED: Okay. What attracted me to the

20 program -- first off, I'm in the University of
21 Michigan's RN to BSN completion program, which is
22 offered through the University Center here in Traverse
23 City.

24 And what attracted me to the program was that
25 I knew that I wanted to continue my nursing education
1 to have opportunities to possibly teach in a clinical
2 setting and other opportunities that would require
3 higher level of training, and I also wanted to advance
4 my education coming out of school.

5 I felt that I received a quality basic
6 nursing education but there was also aspects that you
7 don't get to cover as much in the basic RN program,
8 that I wanted to continue my education.

9 And what I found being in this program is
10 it's very supportive, very buoyant. Being a
11 relatively new nurse, that being with other
12 professional nurses, other people that are going back
13 to school, really kind of supports you. You know, if
14 I've had a hard week at work or I'm feeling kind of
15 down about my job, you know, things aren't going well,
16 I come to class and I'm with my peer group, and we're
17 all working together to further education and further
18 the profession, and it kind of lifts you and gives you
19 hope and makes you want to work to enact change.

20 Does that answer your question or...?

21 MR. WAGENKNECHT: I think so.

22 MR. REED: Okay. Thank you.

23 DR. SIMMER: Thank you very much