

Karla Estrella 0:09

Welcome listeners to the NYU Langone nursing station podcast. This series will highlight nurses coming together to share information about daily professional practice and initiatives to improve patient outcomes. My name is Karla Estrella and I am a nursing quality specialist from NYU Langone health Long Island. I will be your co host in today's episode.

Michele Rasmussen 0:33

And my name is Michelle Rasmussen, nursing quality specialist from NYU Langone health at Tisch/Kimmel campus.

Karla Estrella 0:35

In today's episode, we are going to talk to nurses who have worked at NYU for over 25 plus years. So we'll start off with some introductions.

Valerie Terzano 0:54

My name is Valerie Terzano. I'm presently the vice president for nursing and patient care services at NYU Langone on Long Island. I have been a nurse for 50 years. And at this organization for 42 years. I started out as a nursing supervisor here and I am now as I said the vice president for nursing. I've gone through four different names of the hospital throughout my career. So that's very interesting. And I'm happy to be here. Thank you.

Kathy La Spina 1:26

My name is Kathleen La Spina, and currently I'm a nurse in the surgical admissions unit for the main operating room on the Long Island campus. I became a nurse in 1984. So it's for my 40 year anniversary this year. I came to NYU in 1990. And I initially started out there in the PACU where I worked until I actually transitioned to the pre op area.

Maryellen Rooney 1:53

Hi my name is Mary Ellen Rooney. I'm a nurse at the Kimmel campus of NYU. I've been with NYU actually 27 years. My first job was at NYU Winthrop, which is now NYU Long Island in an intensive care unit. Then I transitioned to the Tisch campus. I was in the NICU for four years then I did PACU and then CVICU where I am currently on the clinical resource nurse at night on Kimmel 13, which is a transplant SICU/ICU, and I'm happy to be here today. Thank you.

Melissa Weber 2:30

My name is Melissa Weber. I have a just 25 years. This is my 25th year. I started with when it was Lutheran Medical Center in 1999. And I stayed throughout the transition to NYU. So we are now at NYU Brooklyn. Basically I have worked in telemetry step-down. Then I went to PAC you for five years. And then I ended up in surgical ICU I was there for 13 years. Seven of those years I was the day shift ANCC and then a year ago I transferred down to the nursing quality department. So I have been in nursing quality specialist since September of 2003.

Winsome Johnson-Berry 3:11

Hi I am Winsome. I've been a nurse for 34 years. 32 of the years have been at NYU Langone orthopedic hospital. I did 19 years in the operating room and the last 13 years, I've been working as a surgical nurse liaison.

Michele Rasmussen 3:27

Wow! thank you so much for those introductions. We certainly have a lot of experience on this call. So this is very exciting. I'm excited to speak to all of you. So let's kick off with our first question which I am going to ask Val to answer this first. Can you share with us why you chose nursing as your career?

Valerie Terzano 3:45

Sure! So I've always loved biology, anatomy and physiology. I spent much time with my father in the yard. He instilled in me the love of nurturing things, gardening flowers, birds and taking care of other animals. So I had an affinity to that. I served as a candy striper. Actually here at that time, it was called Nassau Hospital. So I served as a candy striper here. And that piqued my interest as well. My grandmother had arthritis and so I had a little rolling pin, and I rolled it on her hands. And she said that really helped. Obviously, it didn't. But just that encouragement, really pushed me forward to say, Gee, I can make a difference. So that as well helped me along my path. I really wanted an opportunity to positively impact patients' lives to really make a difference. I felt I had the qualities to be a good nurse of having compassion and empathy. And I always wanted to learn so I thought it was a great profession to go into to my friends from high school. We're also becoming nurses. So I decided let's go together and learn alongside each other in this profession.

Michele Rasmussen 4:57

What a great story. I'm going to open to the group to see if anybody else wants to share why they chose to become a nurse,

Maryellen Rooney 5:04

I can go, I'm a twin. So my mom had a baby nurse come and help her with us when we were born, Linda Varley. And I just always looked up to her, she was a pediatric nurse that my mom days in Brooklyn, and ever since I was little, I never wanted to do peds ever. But she just sparked an interest in me, and literally through primary school, high school, that's all I wanted to be.

Winsome Johnson-Berry 5:28

I was adopted by elderly parents. So at an early age, I experienced sickness. So that drove me into wanting to take I was taking action and taking care of them in small ways, as a child, so that drove me actually into nursing.

Kathy La Spina 5:47

So actually, when I was in high school, I was very interested in the sciences. But I also was very involved in the music theater program. So I decided to go to Hofstra for music and theater when I graduated high school, which even though I love that after one semester, I was thinking, my crazy, I'm never going to be able to make a career doing this. So I realized that my other love was no biology and learn, you know, I figured I would go into nursing. But because of that, I actually had to transfer and change my major and then transfer over to Malloy. And I actually got a job working as a nursing assistant in an infirmary for the

elderly nuns on Long Island, and found out that I really love that. And, you know, love nursing, passion for my whole life.

Karla Estrella 6:36

Thank you everyone for sharing that story. I know. For me since I was a kid, my mother always wanted me to become a nurse. So when I started applying for college, I wasn't sure what I wanted to do. So I ended up pursuing nursing. And fortunately, I was lucky to really pursue a career that I love so much. So thank you, everyone for sharing that as well. We'll now turn into our second question. Kathy, what keeps you here at NYU Langone health?

Kathy La Spina 7:10

Believe it or not, when I graduated Malloy in 1984, I went to the hospitals prior to coming to NYU, I originally worked at Long Island Jewish, and I did really love it there. However, the unit that I was on was like a chronic vent unit. And it was just a very, very hard unit to work on. And in order to transfer, you had to wait for somebody to take your position. So I said, There's no way I have to get out of here. So I went to work at a very small community hospital on Long Island. And I worked there for four years in the ICU. But what I was disappointed of is that anytime we had anybody that was critical or something needed to be, like done for the patient, we had to transfer them to a university hospital. So at that point, I said, You know what, let me go back to university and that's when I ended up coming to Winthrop in 1990. And my coworkers were more like friends and I just really enjoyed the camaraderie with everybody there. Nursing leadership has always been very supportive and encouraging in terms of continuing education. So I figured once I came here, I said, this is where I'm going to stay till I retire.

Karla Estrella 8:17

Thank you for sharing that. Kathy, what about others? Anyone wants to share what keeps you here at NYU Langone Health.

Maryellen Rooney 8:26

I'm still friends with nurses that I started like in the NICU within 1998. And I just think that it speaks volumes about how many nurses I know that have been at NYU 10, 20, and 30 plus years. And I also think a big part is management. My first interview at NYU was with Ron Keller, who's my director now, and just blow my managers around like Anne Fulton, Martha Kent and currently Mary Maloney. They always were very supportive of, you know, even if people decided, you know, like dicey or PACU weren't for them to go on somewhere else at NYU, they were always very supportive of, you know, just helping people move along in their nursing practice. And you don't see myself going anywhere else. I still have quite a few years I have my daughter going to college next year. So I'll be at NYU quite a few years, and I can't imagine working somewhere else.

Winsome Johnson-Berry 9:21

For me we originally we were hospital for joint diseases, and it was a smaller hospital. And at that time, it was when you knew everyone because it was a small hospital. So there was this sense of community. And then because I'm actually a pastor, so I was doing baby dedications during marriage ceremonies, and I even did a few people who passed on. So it was like seeing people doing full course. And then when we became at NYU, I thought maybe because it's not a big a large institution, you will get lost. But

no, that's felt valued even as I got older, and then there was a push for education. So even though When I had my master's, I was still able to stay hands on and not feel like I'm not valued because I didn't go into leadership. So that's what really helped me staying here all these years.

Karla Estrella 10:12

Thank you for that, I love that I agree the word system can be intimidating sometimes. But to be honest, I love it. I love networking with my other colleagues from other campuses. I mean, Michele can attest to this, Michele and I like she's from Tisch, I'm from Long Island, Michele, and I talk like once a week, just like sharing ideas and like, asking like questions about policies, we're just always networking and like talking to one another.

Valerie Terzano 10:39

For me, it's an organization that values nursing. And that's why I think it's important to stay here. It's really great. The organization focuses on exceptionalism, being the number one hospital in the United States for quality, that's a big thing. And it's thanks to all the individuals in the organization who are moving towards one goal, the organization focuses on the value of each staff member on employee wellness. And it really is a great opportunity for growth here at the organization, so many, many things to keep us here and to feel that we're well supported. And it's the right place to be.

Michele Rasmussen 11:19

I think so many of you have touched upon so many important things. And I just feel like I have to share my own story. You know, I've been a nurse here for 26 years as well. And really, so many of the different points that you touched upon, I feel so passionate about it's the teamwork, it's this family, but it's also the quality and the care that we provide to our patients. I wanted to work at NYU, since I was growing up in high school when I wanted to be a nurse and I observed how my mom took care of my grandmother and my mom was not a nurse. But I just thought that compassion and that empathy and how she just wanted to do the right thing for my grandmother. And then I started my career at NYU, and I stayed on the same unit for 20 years, really, because I just had such a passion for the quality that we had on that unit. It is all of those things that really have kept me here as well. And it's great to have all of you on the call that we have so much experience yet and that so many of you have stayed here for so long. So thank you for sharing.

Melissa Weber 12:21

Basically it was funny, because Winsome said a lot what I wanted to say I started when it was Lutheran Medical Center. So it was a very small community hospital, very, you know, family atmosphere. So when, you know, NYU came in, it was you know, everyone was a little scared. But you know, it only just increased our opportunities as nurses and opened up more and more positions. So I mean, that's part of the reason why I stayed. It's also you know, I live very close. But I always heard that, you know, when I was growing up when you know, when I was growing up in nursing, I should say that NYU seemed like the place to be. And I knew that Mary Ellen had worked there. I had another couple of friends that work there. So I always felt like I at some point, I wanted to end up working for NYU. So they just stay ended up coming to me. So I stayed.

Michele Rasmussen 13:06

That's great. So we'll move on to our next question. What advice would you give a novice nurse today? Why don't we start off with you, Mary Ellen.

Maryellen Rooney 13:15

The first thing I would say is to breathe. Because I feel every day when we have new nurses come to my unit, I could just sense just that anxiety. And I always make it a point just introduce myself even though my nights and like eventually, you know, we'll work together. But if you need anything in the meantime, just let me know. And I just feel like they feel like they can ask questions, they can ask for help. But that's part of learning. If you're asking questions. And you need help. It's not a sign of weakness. You know, when that way when you ask questions to the nurses or other providers, you get to learn them you get to learn to be part of a team, the dynamics of everything and you know, in ICU where we are we have transplants, we have so many different things. And I just encourage them always ask questions, you might get an eye roll or something for asking too many questions. But in the end, taking care of the patients and giving the best care that we do at NYU is what's important.

Michele Rasmussen 14:12

Excellent.

Valerie Terzano 14:13

So I echo first of all that comment about always asking questions, there's no stupid questions. But the other thing is never guess. It's not a profession that you have the ability to guess that could be severe consequences. So always ask questions. I think finding a mentor for support is very important, especially for new nurse to pass things by and to really help you and to guide you and support you learn from experienced nurses this you know a lot of people are retiring now I for one will be but there's a lot of thirst lost knowledge and so please learn from them. Be a sponge and learn as much as you can. And always be willing to keep that learning as you go along in your career. Your career path may change over time. So just go with the flow and see what your passion is. And it may change in your, with your experiences, as the years go by. And confidence is something that will take some time, it'll come with time and experience, just have patience. And trust your gut, if something doesn't feel right, stop, ask questions and get advice of what you need to do. I think also just expansion knowledge, learning never stops. So whatever opportunities you have to expand knowledge, whether it be formal education, or continuing education, or whatever opportunities, go for it.

Michele Rasmussen 15:32

Wow, that was great. I love "be a sponge", I'm gonna take that one with me. That was great, Melissa

Melissa Weber 15:38

what I want to always say to the newer nurses, I always do say to them is so just take care of your bodies and take care of yourself. I think, throughout the years, we often you know, you don't take breaks, you miss going to the bathroom, you don't think about using proper body mechanics. And I think it's important as I sit here, someone in physical therapy for my neck and back. I think that a lot of that was just related to me not caring enough about myself about my body and just doing what I felt I needed to do. So I always tell the newer nurses to think about what they're doing to get that extra person for help. If they're having a bad day, please make sure they go on their break, and just do things for themselves

that makes himself happy, you know, just don't let work become your whole life. And I think the newer generation has a better grasp on that, then I can say that I personally did. Great.

Michele Rasmussen 16:30

Winston, do you want to share?

Winsome Johnson-Berry 16:33

Yes, always remember what your primary goal was in becoming a nurse. It's taking care of others, taking care for our patients and their families, and in the process, taking care of yourself. So when the going gets rough, you go back to why am I a nurse again, and then also to reach out to all available resources? You know, I tell the nurses, you know, sometimes the PCTs they've been around a long time, they do have knowledge as well. So reach out to all available resources. And yes, I agree with Melissa self care is important.

Michele Rasmussen 17:05

Absolutely! and Kathleen?

Kathy La Spina 17:07

definitely reach out to more experienced staff nurses on your floor. Definitely reach out to your nursing professional development specialist is if something you're not sure about how to do it. And also, like Val had said about, you know, your career path may change. If it's a first unit that you're working on doesn't seem to be the right fit. You know, you stay there for a while. And then there's always so many opportunities in nursing. If you started out in med surg, maybe you decide you want to go to a labor and delivery if that's something that you always liked. There's so many things you can do as a nurse, you're not like pigeon holed into one type of nursing. It's just such a great career and with so many areas where you can advance yourself.

Karla Estrella 17:48

I hear a lot of commonalities from everyone's response, just like what everyone said, self care is very important. And always staying curious. And always asking questions is always very important. So we'll jump into our next question, which is for Melissa, can you share something that has changed in nursing from when you started?

Melissa Weber 18:09

Definitely technology, the fact that we have phones now to communicate that you can use the phone to give medication, the CMC devices that we have here, you know, you can take pictures of pressure injuries, you can communicate with your doctors. I just think that that's one of the things that I noticed is just makes things so much easier for just getting your work done.

Karla Estrella 18:32

What about others anyone wants to share as well? What changed in nursing from when you started?

Winsome Johnson-Berry 18:39

Well, when I started all our documentations were handwritten and paper records. Now everything is electronic, you know, so that's a big thing. You know, where you can, all your medical records can be accessed from all over the world. And that's amazing.

Valerie Terzano 18:58

So, in prehistoric times, only kidding. It's a long time ago, but 50 years when I started when I was a nurse, many, many things were challenging. We gave our medications from trays, handheld trays that usually held about 12 different cups for 12 different patients at the same time, just put them in a cup and then we delivered them. There was no checking of no barcoding, no checking of IDs, etc. There was smoking at the nurse's station, no digital so there were no pumps, no IVs, no feedings, nothing was digital then. So it was all hand done counting the drops for the IVs and savings as well had to be done by gravity. We had a wonderful thing called a Cortex. It was a metal flip folder that had pages in it two per patient that we had everything that was going on with the patient, all the histories, all the medications, any changes and treatments and And it was done in pencil. So the information was erased and updated almost every shift. So there was no history and background of what went on with the patient from day to day. patients were admitted the night before for surgery. That wasn't so long ago, but they were admitted the night before, I would assume to get used to the hospital food more than anything else. And pre op training. It was different cataract surgery. In this lesson, I'll say for cataract surgery, for example, patients used to come in and they stayed for two weeks, with cataract surgery laying flat in the bed with sandbags on either side of the head so they could not move at all. Now it's changed to an outpatient procedure, same day going home. So a lot has changed. For the better, I have to say that really helps with patient safety, and quality of care. Nursing, we used to mix all the antibiotics on units, we didn't have pharmacy doing that. And we used to receive huge jars or containers of medications that we just it was like candy store actually. So obviously nowadays, it's a little more careful and dispensing only what's needed. And the blister packs. So they're really identified by each medication, tablet or capsule.

Karla Estrella 21:14

Thank you Val I love that story with the antibiotics. Now we just have these little vials that allows us to mix the right amount and the right dose. Definitely improving patient safety. What about others, anything you can share about what changed in nursing?

Maryellen Rooney 21:30

I agree with everyone. But one thing that I think is amazing just the advances in medicine, where I work on transplant unit now, you know, a few years ago, many patients their only option like for transplants, they didn't even have that option. It was an LVAD. And now so many more patients are able to get better and go home to their families. And just even the advances in like we have the Xeno transplant, you know, like two years ago, three years ago, that wasn't even an option for patients. And I think it's just amazing. You know that NYU is really leading the charge of many of the transplants and stuff.

Kathleen La Spina 22:11

Basically, I wanted to reiterate what Val had said about the antibiotics. So we used to mix all our antibiotics. And, you know, we used to mix all our potassium runs, which you know, basically it's kind of scary if you think about it, you know, giving potassium. But also when we would do peritoneal dialysis, we still do additives to that we would put heparin in the bags. I don't think they're doing that. I

remember us doing that. Also, when I first was working, the day shifts used to ride in different color ink. You know, the day shift would ride in a certain color. The nightshift would write in red, I think the day shift was blue evenings was green and nightshift was red. And then you could tell by looking at the chart who wrote the note and what shift they were on. Also, of course, now with the computers we had everything was paper charting. The doctor's orders were you'd have to try and learn how to read their hieroglyphics to figure out what actually the medication was that they were ordering. I also remember dipping urine for glucose before we had the Accu checks. And then when we did use blood, it kinda was arranged there wasn't really a machine. So you have to say, well, the blood sugar could be under 250 Based on what it's showing up on my little, my little dipstick, and you would give insulin accordingly. I mean, so it was kind of like that's a big area where there could be a margin of error. But that's how we did it. I remember doing CVPs with the manometer at the bedside, as opposed to now how we do it with the monitor. And when I'm my first job, when I was at LIJ, we used to actually spin H and H is with a centrifuge, which I can't even imagine that we were doing that, but that's one of the things that we did do. So I think definitely nursing has come a long way. I'm glad of the changes. And also when I worked in the ICU if we were doing cardiac outputs, setting up a tubing for a swan ganz catheter. It was like this whole big production. And now everything comes set up and it's so much easier, but so there have been a lot of advancements for the better and I think there's less chance of error or less chances safer for the patients.

Karla Estrella 24:18

Thank you, Kathy. I also heard back then with peritoneal dialysis, you used to warm those bags with you know, warm water from the sink because we didn't have any warmers at that time. So very cool, and very interesting to hear everyone's stories about what had changed in nursing.

Valerie Terzano 24:38

Karla had one other thing to add, if you don't mind. I Kathy you piqued my memory. The MARs, the medication administration records, we have to rewrite them every seven days. You went through the MARs You have to rewrite them on another full sheet of paper for the next following seven days. And can you imagine transcription errors In rewriting those so that was and it took a long time. And the other thing we had last a moment or so what you did was you used to put glass thermometers and make them down the line you give each of your patients a glass thermometers Wait a while, and then go back down the line again after a minute of the thermometer in the patient's mouth and then do the readings.

Michele Rasmussen 25:20

Wow we really have come a long way. I think I've heard of all of those except for the different color writing notes in for different shifts. I've never heard that one before. So that's a new one for me. Thank you all for sharing. So what's next for all of you, Mary Ellen?

Maryellen Rooney 25:37

Honestly, right now, I'm planning on staying in my position. It's the perfect thing for me nightshift, which I love and being a clinical resource nurse, I'm still you know, hands on on the unit, but more in an educating way and stuff. So right now I still like my chest, I don't know how much longer that's gonna be. But I plan on staying in my current position right now.

Michele Rasmussen 26:02

But I think that's great. We need this longevity on that night shift. So we appreciate that Winsome?

Winsome Johnson-Berry 26:10

I am considering retirement within the next two years. I'm originally from Jamaica, and, you know, actively considering retiring there, you have grandkids. You know, as a young nurse, I didn't spend as much time with my children working. So I want to dedicate some time to my grandkids, I want to hike the Himalayas, while, my knees and my hips are going to do some more hiking while my knees as my hips are still functioning, you know, the way I want them to I want to be do some missions, I want to do some farming. There's some things that I want to do while I can, you know, and I don't want the opportunity to be super spontaneous, where I'm not locked in two weeks vacation or three staycation or a month vacation. I want that opportunity to do that. While I'm you know, I still have the strength. And you know, at the same time, I still want to be available to pour into the next generation. And I'm not sure how that's gonna go. But that's in the works as well.

Michele Rasmussen 27:11

Sounds like a great plan. Melissa?

Melissa Weber 27:15

I think I'm definitely comfortable in the position that I'm in now. But I did complete my master's degree in education about a year ago. So I definitely in the future would want to do what Mary Ellen's ah, sounds perfect, something that I could, you know, be on the unit and provide education to the nurses or just you know, just any nursing education, you know, whether it's in the hospital or in a in a school, I definitely want to go down that road as I get older and headed closer to retirement, which is pretty far away. For me still at this point, even though I've already done 25 years. That's what happens when you start very young, right for all of us.

Michele Rasmussen 27:52

Well, congratulations. You've touched upon that lifelong learning, completing your degree after all those years. So kudos to you. And then Kathleen?

Kathleen La Spina 28:03

I'm basically very happy with the position that I currently have in the surgical admissions unit. I love admitting the patient is getting ready for the OR doing the preoperative teaching. So I'm basically going to stay there until I do retire. I have a couple of more years to go. I haven't really decided when but probably, I think I have at least another five years in me. I'm also on the nursing Professional Development Council. I plan on continuing with that. And I'm also very involved with NPAP, which I love. I love to see all the projects and all the new nurses coming forward with helping with the advancement of nursing.

Michele Rasmussen 28:43

And what about you Val?

Valerie Terzano 28:44

Yeah, so I'm actually after being a nurse for 50 years, I'm still a nurse, I decided to retire with mixed emotions, certainly because you know, it's your life. It's not a job. It's your identity, really. But what am I planning to do, I'm going to be actually retiring next Friday. So it's really soon. And my plans are to do a lot of traveling to Japan, the national parks, Spain, Ireland, Scotland, photography, I love photography. So I wanted to devote more time to that gardening as well and continue what my dad taught me as far as nurturing the flowers and animals. I want to learn sign language. I grew up with a deaf friend who did not know sign language then but I've always had an affinity that really sing sign language and it's, it's very emotive and very symbolic. And so I really would like to do that. We have an apartment in Greenwich Village, so planning to do a lot of Broadway shows and museums and enjoying New York City, and then maybe teach or do some consulting work as well. I finally got my PhD and proud of that because that was a journey. And so hopefully put that to good use as well.

Karla Estrella 29:56

Wow Val 50 years I'm not sure if I could do that. But, but certainly thank you for dedicating all those years in nursing. And also thank you for everyone for really sharing your stories with us today. sharing your expertise. We hope that our listeners found this discussion helpful and useful for their practice. For any questions or comments, please email at nursingpodcasts@nyulangone.org.