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UPDATE

AUGUST 2009

THE NEWSLETTER FOR **WATERBURY HOSPITAL EMPLOYEES & NETWORK AFFILIATES**



RESIDENCY PROGRAMS: PERCEPTION vs. REALITY

As the latest class of medical and surgical residents enters Waterbury Hospital this summer, we asked the three physicians who oversee the hospital's two residency programs to address the common misperceptions that many people have about residents and their qualifications. The hospital has two residency programs, one in primary care/internal medicine sponsored by the Yale School of Medicine and the other in surgery, sponsored by Waterbury Hospital in association with the Yale School of Medicine and the University of Connecticut School of Medicine. The supervising physicians – **Scott H. Kurtzman, MD**, Chairman of the Waterbury Hospital Department of Surgery; **Stephen Huot, MD**, Director of the Yale Primary Care Internal Medicine Program and Associate Chair for Education at the Yale Department of Medicine; and **Jock Lawrason, MD**, Chairman of the Waterbury Hospital Department of Medicine – agreed to set the record straight on residency programs and teaching hospitals, and the benefits they bring to patients.

Clockwise from top left, third-year medical resident **Barry Fields, MD**, examines a patient; **Nicholas Verdura, MD**, a Chief Resident in the surgical program, performs a procedure under the supervision of Attending Surgeon **Jay Shetty, MD**; a team of medical residents with the Yale Primary Care Program examine a patient's infected ankle. The residents are supervised by **Daniel Tobin, MD**, who is asking the patient questions.

MYTH #1: A teaching hospital is a place where you get taken care of by medical students.

Dr. Huot: False. Whether at a teaching or non-teaching hospital, you will be taken care of by a licensed physician. At a teaching hospital, there might also be residents and medical students helping to take care of you. But they are under the supervision of your doctor. If you don't have your own doctor or surgeon then a doctor will be assigned to you. At Waterbury Hospital, only board-certified doctors are allowed to take care of you.

MYTH #2: Residents are not doctors.

Dr. Kurtzman: False. Residents have finished medical school and have earned the degree of doctor and are entitled to be called doctor. They get paid to work in the hospital while they are learning. Unlike medical students, they are allowed to prescribe medications and tests and to perform some basic procedures on patients after they have demonstrated that they can do those things. A surgical residency typically lasts five years while a medical residency typically lasts three years.

MYTH #3: All doctors have the same qualifications.

Dr. Lawrason: False. Most doctors cannot get a license from the State to practice medicine just by finishing medical school. Most must be residents first and then pass additional tests. If they finish their residency, they can apply for a license and also become board-certified in their specialty (Family Practice, Surgery, Internal Medicine etc.). In order to be board-certified the doctor has to take additional tests.

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RESIDENCY PROGRAMS

PERCEPTION vs. REALITY

Continued from page 1

MYTH #4: After residency there is no more training.

Dr. Huot: False. Even after residency, some doctors choose to go on to even more specialized training. Some doctors spend as much as 10 years of training after medical school!

MYTH #5: My doctor can't take care of me at a teaching hospital.

Dr. Kurtzman: False. Hospitals grant privileges to doctors to practice there. If your doctor has applied for and been granted privileges he or she can take care of you at Waterbury Hospital or other teaching hospitals. Waterbury Hospital has a very high standard for awarding privileges. Your doctor might or might not allow residents and students to participate in your care. That is a choice for you and your doctors.

MYTH #6: I am better off if I tell my doctor not to let residents or students work on me.

Dr. Lawrason: Really false! Remember that residents can't make major decisions about your care unless your doctor says it is okay. The major advantage of having residents care for you in a hospital is that they are there every day, night, weekend and holiday, 24 hours a day, seven days a week. At a non-teaching hospital, if something goes wrong or something needs to be done, your doctor has to leave the office and come to the hospital or find someone else who might not know you as well to take care of you.

MYTH #7: Teaching hospitals are research hospitals.

Dr. Huot: This is only partly true. Teaching hospitals are places where the most advanced care is available. Having teaching faculty who are experts in their field makes these hospitals the right place for the most modern and cutting edge care. Research that involves patients is very carefully monitored. No experiments are done on people without their knowledge and permission. Participating in research sometimes can provide access to care that is not available anywhere else.

MYTH #8: If I have an operation at a teaching hospital, a resident or student will do it.

Dr. Kurtzman: Extremely false. Your surgeon, who is board-certified, will do your operation. Residents may participate. As they learn more and become skilled, they are allowed to do more and more of the operations. That is how they become surgeons ready to practice when they are done training. In modern times, residents are never left to operate on anyone by themselves.

MYTH #9: Residents are required to work extremely long shifts that leave them so fatigued that they cannot properly focus on providing efficient care for their patients.

Dr. Lawrason: False. In training residents, the teaching programs have to balance continuity of care with issues of fatigue. Studies have shown that having one team of doctors care for a patient over 24 hours is safer than "handing off" the care to a new team several times. In order to make sure this is safe, the care is always provided by a team of residents who can cross-check any decisions. Again, no major decisions or procedures are performed by the residents without the attending physician who will be rested. Further, after a night shift, residents are not allowed to take on any new patients. They finish up their work and the fresh team takes over. 🤝



Hospital Affiliate Wins Patient Satisfaction Award

VNA Health at Home, an affiliate of Waterbury Hospital which provides home care services for patients throughout the Greater Waterbury Region, recently received the Fazzi Associates Best Practice Award of Distinction for its high ranking in patient satisfaction.

The honor went to VNA Health at Home for the second straight year. The award is given to home care agencies across the country that finish among the top 25 percent in patient satisfaction surveys. The most recent survey was conducted in 2008 by Fazzi Associates, a national consulting and benchmarking firm that gauges the quality of care provided by home care agencies.

"This is the second consecutive year VNA Health at Home has been awarded with this distinction and we are extremely proud of its significance," said **AnnMarie Garrison, RN**, Executive Director of VNA Health at Home. "Patient satisfaction is truly one of the most important measures of our care delivery. This achievement is a result of a team effort of our entire professional and paraprofessional staffs who continually deliver the highest in quality home care services to our patients."

VNA Health at Home provides home care and hospice services to adults of all ages in need of skilled nursing; physical, occupational and speech therapies; medical social worker services; and home health aide services. Specialty services are offered for hospice, cardiac care, wound care, infusion therapy including chemotherapy administration, maternal child health care, Telehealth and the Lifeline emergency response system. The agency provides services to patients in Bethlehem, Middlebury, Naugatuck, Oakville, Prospect, Southbury, Thomaston, Waterbury, Watertown, Wolcott and Woodbury. 🤝



Auxiliary Celebrates More Than a Century of Service

The Waterbury Hospital Auxiliary, Inc. marked nearly 120 years of service to Waterbury Hospital and the Greater Waterbury Region at a celebration at The Poli Club of the Palace Theater last month. Among those who turned out to applaud the Auxiliary's long history of accomplishments – including more than \$2 million in donated medical equipment and other hospital needs – were, from left, **John Tobin**, Waterbury Hospital President and CEO; **Linda Hamid**, Auxiliary President; and Waterbury Mayor **Michael Jarjura**. The Waterbury Hospital Auxiliary, Inc. is the oldest hospital auxiliary in Connecticut. 🤝



Let's **CLEAR** the Air!
START Now.
STOP Smoking!

Smoking Prohibited in Areas Clearly Marked by NO-SMOKING SIGNS



With three months to go before Waterbury Hospital becomes smoke-free and tobacco-free, employees and visitors are consistently violating hospital policy by smoking in areas where no-smoking signs are clearly marked and prominently displayed.

Please remember that smoking in the following areas on hospital property is strictly prohibited:

- Rear employee entrance on first floor near cafeteria and ramp to Behavioral Health Services building.
- Walkway near entrance to Imaging Center near Emergency Department.
- All areas directly outside Emergency Department entrances.
- Stone picnic table area in front of hospital North Entrance.

There are currently only two designated smoking areas where employees may smoke until the hospital becomes smoke-free on November 20:

- The covered shelter outside the tunnel on the 4th floor (Note: in preparation for becoming a smoke-free campus, this shelter will be dismantled the first week in October).
- The picnic area on the back side of the Imaging Center, near the ED parking lot.

Employees and visitors will not be allowed to smoke or use tobacco anywhere on hospital property as of November 20, including the two areas listed above that are currently approved. The smoking/tobacco ban will also include all parking lot areas and satellite medical buildings. [🌐](#)



Employees Do Their Part to Bolster Blood Supply

Vanessa Mann, a phlebotomist for the American Red Cross, draws blood from **Sarah Bresson**, a Waterbury Hospital employee and blood donor, during the hospital's Blood Drive in the Bizzozero Conference Center on June 24. A total of 41 people, most of them hospital employees, donated 36 pints of blood during the day-long event (which went to support the Red Cross's blood bank supply, according to **Cathe Sherman**, a Red Cross supervisor.)

"Everything went very smoothly," said Sherman, who reminded donors that they should always drink plenty of fluids and eat a full meal before they show up to give blood.



Grandview Crosswalk Brings Relief to Pedestrians

Waterbury Hospital recently worked closely with City of Waterbury officials to create a new pedestrian walkway on Grandview Avenue to make sure hospital employees and other pedestrians can cross the busy road safely.

The painted walkway is near the entrance to the hospital's Behavioral Health Services facility, an intersection that is heavily traveled by both vehicular traffic and pedestrians. Many of the pedestrians are hospital staff who cross Grandview Avenue to get to other medical services buildings across the street. The crosswalk, which was installed by city workers in May, was greatly supported by **John Tobin**, the hospital's President and CEO, as well as **Oscar Herrera**, Director of Hospital Security, and former Waterbury Police Chief **Neil O'Leary**.

The intersection is also crowded at times because it is frequently used as a bus stop. Hospital officials have observed that, since it was created, the new crosswalk has greatly reduced the speed that drivers use when passing through the area, providing relief for pedestrians. A sign, alerting drivers to slow down and proceed with caution, has also been placed alongside the crosswalk. [🌐](#)

Waterbury Hospital Chosen to

Take Part in Select Nursing Program



Waterbury Hospital is one of two hospitals in Connecticut to be accepted into a national program that aims to improve the way nurses provide care for their patients. The program, called Transforming Care at the Bedside (TCAB), is overseen by the American Organization of Nursing Executives, which selected Waterbury Hospital and more than 30 other hospitals from across the nation to take part in the project.

Mary Prybylo, RN, the hospital's Chief Operating Officer, said she hopes the program will streamline the hospital's caregiving practices so nurses have more time to spend directly caring for patients.

"I am very proud that our hospital has been selected to take part in this project," Prybylo said. "We feel this is recognition of the outstanding job that our nursing staff does every day, as well as an opportunity to continue growing and improving in our mission to provide the best care to our patients."

A team of nurses from the Pomeroy 5 floor, which treats patients with a variety of complex medical issues, will join a hospital leadership team on a trip to Chicago on August 31 to learn more about how the TCAB program can benefit patients. The team will then develop a specific goal it wants to accomplish under the program, and communicate frequently with other participating hospital teams to share insights on their respective goals.

"We're really thrilled to be able to do this," said **Sandi Iadarola, RN**, Administrative Director of the Medical/Surgical, Critical Care and Telemetry Units. "We think it will go far in helping our nurses make the most of the resources we have in improving outcomes for our patients." 🌐

ON THE MOVE



**Judy
Hill**

Judy Hill, who has been a clinical instructor in the Family Birthing Center since 2006, has recently been appointed to be Assistant Director of the department as well. Hill, who will continue to be a clinical instructor, is now responsible for helping to run the department along with department director **Anne Hebner**. Hill joined Waterbury Hospital in 2006 after previously working at Bristol Hospital.



**Virginia
Potrepka,
RN**

Virginia Potrepka, RN, the hospital's Manager of Patient Relations and Advocacy, has become the new Director of Patient Relations, Volunteer Services and Pastoral Care. As Patient Advocate, Potrepka addresses patient concerns and complaints and, in her new role, helps coordinate assignments and activities for the hospital's staff of over 300 volunteers, while also offering administrative support for the Rev. Richard Bollea in the Pastoral Care Department.

Save The Date
SATURDAY, NOVEMBER 21, 2009
Let's Celebrate
WATERBURY HOSPITAL'S TENTH ANNUAL CHARITY GALA
BENEFITING WATERBURY HOSPITAL'S CRITICAL CARE UNIT
2009
VILLA ROSA WEDDING & BANQUET FACILITY (THE PONTE CLUB) • WATERBURY, CT
WATERBURY HOSPITAL

UPDATE

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