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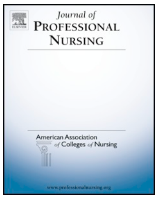

2019 Hope Babette Tang Humanism in Healthcare Essay Contest

The Arnold P. Gold Foundation holds an annual essay contest to encourage medical and nursing students to reflect on their experiences and engage in narrative writing. The contest began in 1999 focused on medical students and expanded to include nursing students in 2018. Students are asked to respond to a specific prompt in a 1,000-word essay.

For the 2019 contest, students were asked to reflect on the following quote and share an experience in which they or their healthcare team engaged compassionately and respectfully with a patient to help them feel accepted and seen:

“I long, as does every human being, to be at home wherever I find myself.” — Maya Angelou

More than 300 essays were submitted. A distinguished panel of judges, ranging from esteemed medical professionals to notable authors, reviewed the submissions. Three winning essays from medical students and three winning essays from nursing students were selected, along with 10 honorable mentions. The winning essays will be published in consecutive issues of the *Journal of Professional Nursing* and *Academic Medicine.* (For this journal, the third-place winning essays were published in the September-October 2019 issue, the second-place winning essays appear in this issue, and the first-place winning essays will appear in the January-February 2020 issue.)

The contest is named for Hope Babette Tang-Goodwin, MD, who was an assistant professor of pediatrics. Her approach to medicine combined a boundless enthusiasm for her work, intellectual rigor, and deep compassion for her patients. She was an exemplar of humanism in medicine.

The Arnold P. Gold Foundation infuses the human connection into healthcare. The nonprofit organization engages schools, health systems, companies, and individual clinicians in the joy and meaning of humanistic healthcare, so that they have the strength and knowledge to ensure patients and families are partners in collaborative, compassionate, and scientifically excellent care.

Here are the essays from the second-place winners:

NURSING STUDENT ESSAY

“Knowing Noah”

Jessica Corcoran, graduate student, University of Alabama at Birmingham School of Nursing

e-mail: jlp1992@uab.edu

It was in the early morning hours in the Newborn Intensive Care Unit (NICU) where I was completing my practicum hours during my final semester of nursing school when the nurses got a call that a mother would be delivering a baby with a rare, fatal brain defect. This particular defect is characterized by underdeveloped brain tissue, absence of the corpus callosum, and a single brain ventricle instead of the four ventricles typically formed during fetal development. Babies with this diagnosis usually do not live for very long and need extensive help with basic bodily functions. The nurses were all in agreement that this baby should not receive medical intervention because it would only cause unnecessary pain and not change the ultimate outcome. The parents were counseled about the disease and its prognosis; however, they chose for their baby boy to receive every medical intervention possible.

When Noah entered the world, he did not have a spontaneous cry. He required an immense amount of support to breathe and maintain his blood pressure. As he was being admitted into the NICU, his father sat nervously in the corner and remarked that he had never been in a NICU and had no idea what to expect. I secretly felt the same way as I had no idea what to expect as a nursing student in this situation. Nevertheless, I sat and spoke with him, to try and alleviate his fears – and mine. I explained the procedures (intubation, central line placement, catheters) that were occurring and why they were all necessary to keep his baby alive. Noah’s parents were unwavering in their decision to save him.

The first few hours of Noah’s life were terrifying for the family, and for me as a nursing student with no experience in this type of situation. In those early moments, I felt angry at Noah’s parents for putting him through many medical procedures even though they knew that the outcome would be the same – inevitable death. He did not have enough brain tissue to sustain the basic functions of human life. I understood the science of it and could not understand the parents’ decision to ignore that. However, the parents did not see science; they only saw their much-anticipated, well-loved son.

As the days progressed and Noah’s critical condition stabilized, I continued to talk with the family, and I slowly began to understand their steadfast decision to try every medical intervention for their son. They longed for him to come home and discussed their dreams for his future and the zoo animal-themed nursery they hoped he would one day enjoy. This tiny baby was perfect to them, and they needed to know that every measure was being taken to assure he had a chance at coming home. They were not stubborn or insensible; they were scared and clinging to the idea of “normal” that they had envisioned since finding out they were pregnant.

As the days in the NICU turned to weeks, they began celebrating small victories such as days without a code blue being called and the weaning of his blood pressure medications. Slowly, their idea of a “normal” life with Noah was morphing into the NICU life they never expected. They made the NICU their home complete with pictures of extended family and stuffed animals from Noah’s nursery.

A few weeks later, Noah’s condition deteriorated as I feared it inevitably would. I was fortunate enough and honored to be able to participate in a meeting with Noah’s parents, neonatologists,

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neurologists, and palliative care specialists as they discussed end-of-life care. The health care team pleaded with the family to see Noah's pain and allow him to pass peacefully. While the parents listened to the compassionate medical professionals discuss the option of withdrawing care so Noah could pass peacefully in no pain, they remained unwavering in their decision to continue aggressive medical intervention.

A few days later, it became obvious that Noah was going to die soon. He had maximum ventilator and blood pressure support, but all the medical interventions could not sustain life. The palliative care specialist was called once again, and I was able to witness and learn from this skillful and compassionate human whose daily job may be the hardest to do in health care. I watched how he acknowledged the parents' love for their son and how they were being asked to bury their family's hopes and dreams along with their son. He validated the parents' fears that losing their son meant not just losing their past but losing their hopes for the future. The palliative care specialist was able to help the parents see that their baby's home was no longer on this earth, but the memories they had of Noah would always be with them. He was able to be a voice and an advocate for Noah. This time, the parents listened carefully and thought about their precious boy in pain and finally made the impossibly heart-breaking decision to let Noah go. Their idea of "home" for their baby had to change, and for the first time they accepted the painful reality of their situation.

Surrounded by loving family and the healthcare team who cared for him for many months, Noah finally went home. Although this situation may not be considered a "success" story in the traditional sense, I consider it the best outcome for the little boy in the center of it all. We were able to advocate for a most vulnerable patient who likely would have passed cruelly during a resuscitation event. Instead, he was able to pass compassionately in the arms of his mother from his earthly home to the next. It was an honor to be in the midst of, and learn from, a healing team who cared immensely for both the patient and the family.

MEDICAL STUDENT ESSAY

Neha Verma, 2019 graduate, University of North Carolina School of Medicine, resident physician at Johns Hopkins

email: neha_verma@med.unc.edu

"Ms. Scott? Could you tell me what season it is?" I ask, gently placing my hand on the thin, shaky arm of the patient in front of me. She looks at me and makes eye contact for a moment before turning away. She stares at a point on the wall, fidgeting with her hospital gown.

I wait, then try again: "Ms. Scott?"

"Oh! Yes?" She appears startled, as though I have just shaken her out of a deep sleep.

"What season is it?"

"I believe it's summer," she says. Snowflakes swirl past the window beside us.

"Okay," I say. "It's actually winter, but that's okay. Could you tell me where you are right now?"

She looks around the hospital room, the creases in her forehead deepening. "I… I don't know."

"That's okay," I say. "You're at the hosp–"

"I want to go home," she interrupts me, suddenly agitated. "I want to go home. Can you take me home?"

Ms. Scott was 89 years old. She lived alone and was fiercely independent. She enjoyed book club meetings and evening strolls around her neighborhood, and she went to church every Sunday. She had never married and did not have any children, but she was close with her neighbor, who checked on her every few days. According to the neighbor, last week, Ms. Scott had mentioned that she was having some burning with urination. A couple days later, she seemed very confused, and the neighbor decided to bring her to the hospital. Upon admission, Ms. Scott was found to have a urinary tract infection. She was treated with antibiotics, but now five days later, she remained – more often than not – lost, restless, and scared.

As I walked out of Ms. Scott's room, I circled through the causes of delirium in my head for what felt like the hundredth time, trying to visualize the PowerPoint slide I had so diligently memorized during my first year of medical school. Ms. Scott's electrolytes were within normal limits. Her medication list didn't seem to have any potential culprits. Her urinary tract infection had been treated, and she had no other signs of infection. Why wasn't she getting any better?

On rounds later that morning, our team – attending, resident, nurse, pharmacist, social worker, and me – gathered outside of Ms. Scott's room, and I launched into my presentation. As I attempted to outline a plan for the day, I felt my voice becoming more and more unsteady.

"I guess we could do brain imaging to rule out a stroke, although I don't know if that really makes sense since she doesn't have any focal neurologic deficits, but maybe as a last resort…" I mumbled before trailing off.

The attending nodded slowly, looking to the rest of the team for other ideas.

"I was just thinking," the nurse chimed in. "It sounds like Ms. Scott is fairly social when she's at home. But she's been all alone in that room ever since she got here. I wonder if that could be playing a role, causing her to remain delirious even after treatment of her urinary tract infection."

"Yes, I've been calling her neighbor with updates, but I think it's just a tough time of year for people to come visit – with the holidays coming up, they're so busy with their own families," the attending said. "I agree that her being all alone certainly isn't helping things, but I'm not sure if there's too much we can do about it."

"Well…" the nurse continued. "What if we rolled her bedside chair out to the nurses station?"

The team looked on, a bit puzzled, as she explained.

"We could have her sit there for a few hours each day. The nurses could talk with her, and she would be right near a window, getting some sunlight. As of right now, it's not a very busy week on the floor. I can check with the other nurses and make sure it's okay with them, but I think it should be fine."

The attending thought for a moment, shrugged, and then smiled. "Sure. Let's give it a try."

After rounds, Ms. Scott's bedside chair was rolled out of her room and over to the nurses station, and it stayed there throughout the afternoon. It was a bit of a strange sight – a tiny eighty-nine-year-old woman in a giant chair, sitting at the nurses station with her hands folded across her lap – but the nurses tried to make it feel as normal as possible. They found time to sit with her despite their long to-do lists. Given her intermittent confusion, it wasn't always easy to carry on a conversation; however, they remained patient and calm, telling her jokes and stories and simply listening to what she had to say.

By the end of the day, Ms. Scott's delirium had improved. She was conversing more easily, smiling and laughing with only slight lapses in attention. We had made no additional medical interventions, and yet, it seemed that she was finally getting better.

"Good morning, Ms. Scott! I'm sorry, but I have to ask you those silly questions again," I say, sitting down beside her hospital bed. She has now spent the past two afternoons at the nurses station, and she likely will be ready for discharge today or tomorrow.

"Ask away, honey," she answers, sitting up a bit straighter.

"Can you tell me what season it is?"

"It's winter," she replies, calm and confident.

I nod. "And can you tell me where you are right now?"

Ms. Scott pauses. She looks around the hospital room, her eyes lingering on the cracked door leading out to the hallway. "Well, my dear, I suppose I'm at the hospital. But wouldn't you know – it's begun to feel like a second home."