

SICP: PROFESSIONALS OUT IN FRONT

The 10 Minute Interview



with... Jill Price, RN

*Head Nurse Cardiovascular Lab/Cardiology,
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St. Croix, United States Virgin Islands*



I moved to St. Croix, United States Virgin Islands, from Chicago, Illinois in 1995, after Hurricane Marilyn devastated the islands. I started out as a traveling nurse in the intensive care unit. Within the last nine years of living on a beautiful tropical island, I got married, had two children, built a house in the rainforest, opened a cardiovascular lab performing both diagnostic and interventional procedures without on-site open heart back up, and just within the last year, I have been attending the University of Phoenix online in pursuit of my MSN/MBA/HCM.

Why did you choose to work in the CV field?

I actually chose to work in invasive cardiology by default. I had always been an intensive care nurse, and did not really have much interest in cardiology. In 1998, while living in St. Croix, I wanted a change in career paths, so I went to work for a private cardiologist, Dante Galiber MD, FACC, FACP. While working in his private office, I got introduced to the real world of cardiology, mainly non-invasive. In June 2000, a cath lab was opened at the local hospital, and they

needed someone to run it, so I applied. I got the job, and now, 5 years later, we are expanding by building a new center, which will be inclusive of open heart.

Can you describe your role in the CV lab?

Currently, I am the head nurse of the cardiovascular lab and the cardiology department. I oversee the day-to-day operations of one diagnostic/interventional lab, prep/recovery area, and non-invasive testing including, echocardiograms, electrocardiograms, treadmill

exercise testing, and pacemaker/ICD interrogation clinics. I also am responsible for gathering the monthly statistics, reports, performance improvement, policy and procedures, billing, inventory management, payroll, scheduling, and assisting with the development of a 15,000 square foot cardiovascular center.

What is the biggest challenge you see regarding your role in the CV lab?

The biggest challenge is when we are overloaded with cases and short on staffing. Trying to oversee the flow of the operations, as well as insuring that there are adequate supplies, while trying to circulate, monitor, or recover can be quite challenging. Those are the days that I wish I had a clone to help with the workload. Then the worst is after a long day of standing on your feet in lead, only to go home and get called back in after a couple of hours.

What motivates you to continue working in the CV lab?

Working in invasive cardiology is very exciting. The world of cardiology is changing every day with the invention of new products and devices. The population of people experiencing heart disease is getting younger. I think the best motivation that anyone can have within any job is instant gratification. When you bring someone back from the brink of death and he or she thanks you the next day, that experience in itself keeps me motivated to continue doing a good job. The role as a cath lab professional is very rewarding in that way. Also, having a very motivated team of individuals to

work with, inclusive of the physicians, nurses, and technologists, helps as well.

What is the most bizarre case you have ever been involved with?

The most bizarre case that I have ever been involved in was during a routine diagnostic case which turned bad. The patient started to experience acute thrombosis within all three of his coronary arteries. When one artery was fixed, then more thrombosis was noted in the others. It would have been a perfect case for AngioJet® (Possis Medical Inc., Minneapolis, MN); however, at the time, we did not have the machine in the lab. After multiple stents, PTCA, balloon pump, and defibrillations, the patient walked out of the hospital after a two-week stay. It was quite amazing that he survived. These are the cases when you love your job.

When work gets stressful and you experience low moments (as we all do), what do you do to help keep your morale high?

Living on a tropical island helps with low morale. When my morale gets low and I am extremely stressed out I take a few days off. During that time I rest (a lot) and relax at the beach. With the combination of the beauty of the island, and the natural calming effect of the ocean, I usually recuperate after a few days off.

Are you involved with SICP or other cardiovascular societies?


I am a member of the SICP, American Association of Critical Care Nurses (AACN), and a Cardiac Care Associate (CCA) with the American College of Cardiology. I try to attend at least two cardiovascular conferences within the States yearly. This not only keeps me abreast to the new and latest technologies, but it also helps me to network with different cardiovascular professionals.

Are there websites or texts that you would recommend to other CV labs?

The first website of recommendation would be that of www.cathlabdigest.com. I have learned a lot from the site and from the other professionals that post messages there. In addition, I find www.tctmd.com, www.acc.org, and www.aacn.org all very informative and helpful. I use Dr. Morton Kern's *The Cardiac Catheterization Handbook and the Interventional Cardiac Catheterization Handbook*. The cath lab staff and I, including the physicians, find these particular two books very resourceful and informative.

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Breakthroughs in Medical Technologies for the Assessment and Treatment of Cardiovascular Disease

Evening Symposium, Reception & Dinner

March 6, 2005, 7:00 p.m. - 10:00 p.m.
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Topics

- Magnetic Navigation: Facilitating Examinations and Improving Precision
 - Cardiac 3D in Invasive Cardiology
 - IT and Its Role in Cardiovascular Disease Management
- 64-Slice Cardiac CT and Integration into a Cardiology Group Practice
 - Clinical Applications of 3D Echocardiography
- Hybrid Imaging and Its Role in Evaluating the Patient With Acute Chest Pain
 - Panel Q&A

To register for this Symposium, go to www.hmpcommunications.com and visit upcoming events. For questions, please call Lucinda Beska at 800-237-7285, ext. 235

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10-MINUTE INTERVIEW

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Do you remember participating in your first invasive procedure?

Yes, I will never forget my first case. It was June 1, 2000, the opening day of the diagnostic lab; I was hired on May 30, 2000, for the head nurse position. I did not have any cath lab experience, and a visiting nurse and physician were present for our first case. Armed with only my intensive care unit experience, I was completely lost. I did not have a clue as to what was going on; I remember right when we got artery the nurse said to me, "Where is your crash cart?" Then at the last minute I was scrambling to get the room equipped while the procedures were going on. That day we did four cases within 12 hours. We had so many problems with equipment, but luckily, no problems or complications with the patients.

If you could send a message back to yourself at the beginning of your CV lab career, what advice would you give?

I would have given myself the advice of read, read, and read. I wish I would have had the time and the books necessary to prepare me for what to expect within a cath lab. Having had that opportunity prior to actually going into a case would have helped ease my anxiety

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tremendously. I have applied this advice to all new incoming staff members, which has allowed them to be better prepared for their first case than I was.

Where do you hope to be in your career when it is time to retire?

I hope to have had a very successful career in the cath lab. I hope to be sharing the knowledge that was shared with me, with others, either through teaching seminars at the hospital, or through the university. I am sure though with my personality that when it comes time to retire, I will probably never fully retire. If I am still healthy I will always love to contribute to the cardiovascular field in some way.

Has anyone in particular been helpful to you in your growth as a cardiovascular professional?

There have been several individuals that have helped me in particular. One is

my good friend Kendall Griffith MD, FACC, FSCAI. Dr. Dante Galiber and Dr. Michael Potts helped me to get my career in invasive cardiology started, and Dr. Griffith has been there pushing me to pursue more. He has encouraged me to reach for goals that otherwise I would have thought were impossible to attain. He has encouraged me to further my education and training in cardiovascular medicine.

Lastly, I cannot forget about my husband, Harold Price. He has been the most patient man in supporting me with my career decisions and my continued education. Without his support, it would have been extremely difficult to get where I am today.

Where do you think the invasive cardiology field is headed in the future?

I think the future of invasive cardiology will be more specifically oriented towards cardiovascular genetic therapy and perfection of drug-eluting stents, with double-sided drug releasing capability. While we don't have a cure for heart disease now, in the future, through these incredible discoveries, I can see us being closer to one.

Jill Price can be contacted at JPrice@jflusvi.org

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Do you know of a high-caliber professional whose career, philosophical outlook, and experience should be shared with our readers? Please contact Todd Chitwood at: tchitwood@oregoncardiology.com

Q&A FOR CCL STUDENTS

Ask the Clinical Instructor

A Q&A column for those new to the cath lab

*Questions are answered by
Jason Wilson RCIS, Ellis Hospital Clinical Instructor
Schenectady, New York*

My instructor tells me to keep my x-ray exposure as low as possible. What can I do to minimize my exposure?

We use the acronym ALARA: As Low As Reasonably Achievable. To do this you must stay as far away as possible while still being able to do your job, reduce the amount of time you are

around the radiation and shield yourself as much as possible. This includes wearing your lead properly, wearing lead glasses if available and wearing your thyroid. Please remember to keep track of your dosimeter and the readings that should be coming back to you on a monthly basis from the person who collects and distributes the dosimeters.

Are situs inversus and dextrocardia the same thing?

Dextrocardia is a congenital abnormality where the primitive heart bulb forms to the right side rather than the left as it does in most people. The apex points to the right rather than the left and it is completely functional. Situs inversus is where other organs are on the opposite side than they normally are. This can include the heart, but other organs such as the liver and stomach are on the opposite side than they normally are and this again is functional. These conditions are usually discovered when a physician does a physical exam and finds the organs and/or sounds he/she listens for are not where they should be. Further investigation can be done using x-ray, CT scan and MRI to confirm the position of the organs.

*Contact Jason Wilson with your questions at:
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**Students:
Your questions
answered here!**

*Submit your question to:
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