



LIBRARIES

UNIVERSITY OF WISCONSIN-MADISON

Cue. Vol. VI, Issue 18 [Issue 17] October 8, 1971

[s.l.]: [s.n.], October 8, 1971

<https://digital.library.wisc.edu/1711.dl/SMA5A7P2GJMTA8O>

This material may be protected by copyright law (Title 17, US Code).

For information on re-use see:

<http://digital.library.wisc.edu/1711.dl/Copyright>

The libraries provide public access to a wide range of material, including online exhibits, digitized collections, archival finding aids, our catalog, online articles, and a growing range of materials in many media.

When possible, we provide rights information in catalog records, finding aids, and other metadata that accompanies collections or items. However, it is always the user's obligation to evaluate copyright and rights issues in light of their own use.

C

U

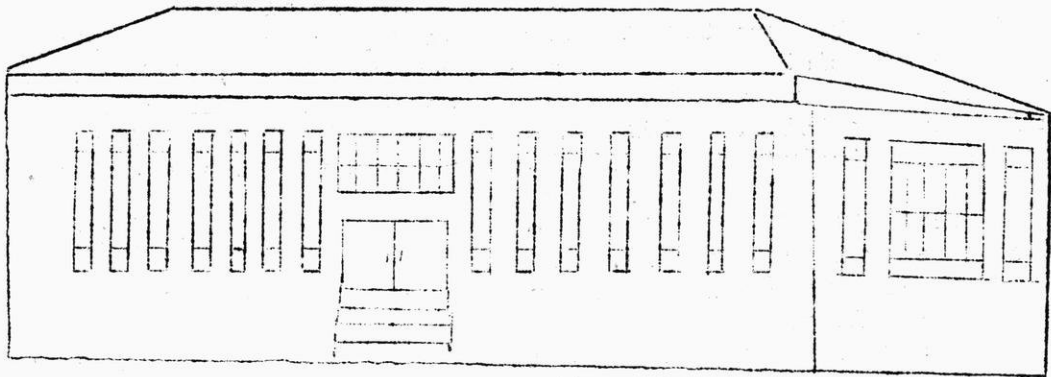
E

Vol. VI

Issue 18

October 8, 1971

W. S. H.



WELCOME?

EDITORIAL

Were you welcomed upon your admission to Minnabago State Hospital? By welcomed, we mean orientated to the routine of the place. This issue of the CUE focuses on the orientation of new patients--is it deficient or not?

Upon your arrival at the hospital, there is a general orientation plan that is initiated. First of all, you are interviewed by an attending psychiatrist; this is to determine your state of mind upon arrival--whether you will be put in a tight security or loose security ward. The admissions clerk in the individual building then gives to you and your relatives a brochure which tells you the scheme of the hospital on the whole. This folder includes information on general services; medical, dental, and nursing services; a brief history of the hospital; an introduction to the hospital program--how they plan to help your recovery; volunteer services; your legal rights; visiting rules; activity therapy; vocational rehabilitation services; and spiritual ministry.

The admissions clerk will then advise you about your valuables--watches, rings, money, etc. This is to determine whether you wish to keep them or have them stored in a safer place. Your clothes will be taken to be sent to marking; this will also be explained to you.

This initial orientation will be given in such a way as to make you feel more at ease.

You will then be escorted to your ward. From that point the ward personnel will orientate you as to the individual ward policies. This ward orientation will include a tour of the ward to show you where everything is. Then the rules will be explained to you, such as smoking regulations. The ward staff will understand that you won't remember all of this at first. If any questions arise you should feel free to question the aides at the weekly ward orientation meetings (or in some wards, the ward meeting.)

The above outline is the ideal situation for a new patient. It has been brought to the attention of the CUE staff that this procedure is not being executed to its full extent. We feel that correct orientation is of great importance to a new patient. The person feels uncertain of what his situation actually is, which tends to make him somewhat apprehensive.

This lack of orientation has been evident for the past few years. The CUE staff deems it necessary to find out why this situation has been allowed to exist for so long.

Note: Why weren't the orientation folders given out to the new patients that were capable of understanding it? This folder is one of the more important factors in making a patient aware of his new environment. The CUE staff was informed that these brochures were not available for the past two months because the prison print shop, where the hospital has these things printed up, was lax in filling the order. We feel that this explanation is a bit flimsy; they should have made some attempt to either print some up on their own or else apply pressure to the print shop to fill the order.

Why aren't the weekly orientation meetings being held? This is another important factor in ward orientation for the new patient. This meeting should be held in order to re-inform patients of rules they may have forgotten from the first day. It's hard for the new patient to differentiate between actual rules and interpretations by fellow patients. Also, a patient should be able to attend future meetings as a refresher.

The CUE staff realizes that in some cases a new patient will be too confused to comprehend any orientation material given to him at first. In such a case, the material should be given at the first opportune time.

It is also noted that the ward staff, by regarding orientation as a routine matter, will occasionally miss something. This can be remedied if the staff will remember that it isn't routine to the new patient.

--by

CONTEST WINNERS!!

The CUE staff wishes to extend a hardy congratulations to (Kempster Zwest) the winner of "How High is the Hospital Watertower?" Her guess of 175 feet was the closest to the watertower's actual height of 169 feet; only 6 feet off.

Running a close second to was with a guess of 155 feet; only 20 feet off. Coming in a strong third place was Herman Dorner with a guess of 151 feet 6 inches.

ISSUES AND ANSWERS

DID YOU RECEIVE ANY ORIENTATION UPON ADMISSION TO THE HOSPITAL IF SO, WAS THIS ORIENTATION ADEQUATE?

Yes. I asked questions if I didn't know what to do.

No. I was here five weeks before I received any orientation. We met in a small day room. I was given an introductory brochure. About half of the information was not up to date.

No. But I was too confused. About a week after my admission I received an introductory brochure.

No. Although I don't find it very complicated. I just eat, sleep, and get up. I found it best not to ask too many questions. The aides did an adequate job of orientation. I did not receive an orientation folder. Let it ride and play it by ear.

No. I was first orientated about eight days after my admission. I did not receive any orientation pamphlet. I learned most of the rules by reading them at the nurses station and I understood them by asking other patients. Being here 16 days I still don't know all the rules.

Yes. I read a list of rules that is posted by the nurses station. Everything else I played by ear. I had to learn the hard way, by experience. I did not receive any orientation folder when I came.

Yes, although this orientation wasn't given until a week after my admission. I did not receive any orientation folder. I didn't know about letters or phone calls. I had to learn the rules by asking other patients. By the time I got formal orientation I had learned everything either the hard way or by asking fellow patients. Orientation was adequate but I got it late.

Yes. I did not receive an orientation folder although one was shown me and I was told there was one on the ward. I read the rules posted by the nurses station. I learned the rules also by breaking them and then getting punished. There are lots of things that I still would like to know.

Yes and No. My sister and I were given an introductory brochure upon my admission to the hospital. An aide from "my" ward made comments about the hospital as she accompanied me. I was introduced to each staff member on duty. We reached the ward about 5:00 P.M. I ate in the day room with several other new patients. It gave me an opportunity to become somewhat adjusted to this institution. My aide gave me more information that evening. She stressed cleanliness of self and surroundings. She suggested I participate in the ward choir, hospital dances, card games, a sing-a-long, and church. I received some outdated information from a sheet near the nurses station. Several weeks after admission those of us who were new had some rules and regulations read to us. I would like to have had a copy of the rules. The rest of the information I received from fellow patients. Lately our ward has been trying to improve communication between staff and patients.

No. I watched fellow patients and did what they did.

No. I was told only about the location of the toilet, the location of the dining room, and time of meals. Then I was left to roam in the enclosed ward with locked bedrooms during the day.

Yes, by another patient. I got a general run down by the aides. The rest I learned by experience. My orientation was adequate. I was aware of all the rules. I read the rules posted by the nurses station.

No. Although I receive an introductory pamphlet I found I still had many unanswered questions.

Editors note: About 50 other patients were asked this question. A large percentage answered No but declined to elaborate. The orientation program is adequate on some wards but still leaves a great deal to be desired on others. Let's be consistent. A great deal of time and expense has gone into developing an attractive and informative information packet titled, "An Introduction to Winnebago State Hospital." Let's use it!

FROM OUR GRAVEYARD

The following article appeared in the May 5, 1967 issue of the CUE.

STUDENT NURSES

Recently when I introduced a new student nurse to one of her assigned patients, the patient asked, "Now, am I suppose to learn something from her or is she supposed to learn something from me?" From that incident comes the subject matter of this article. Most of you are no doubt aware of what student nurses offer you in the nurse/patient situation. I want now to tell you about the nature and extent of your contribution to a student's personal and professional growth.

What exactly are student nurses and what are they expected to learn here? Our students, a group, come to us as people who have not lived very long or had a very wide range of experience. Certainly a person whose life is to be devoted to working with and helping others needs to be a mature and unbiased person. A student nurse is a person who is "growing up". By growing up, I mean waking a sense of responsibility -- growing up to be a human being to whatever he or she is confronted with. To be a student nurse then is to struggle with self-discovery -- a struggle to find what is real in oneself and what is real in others -- a struggle to enlarge one's sensitivity and to see where one is blind.

While all students have acquired a great many ideas, beliefs and attitudes about themselves and others -- about how they should act and feel and think -- to a large extent these may yet be a matter of theory and discussion for them. All of them can write down certainly things they believe about human worth and dignity for example, but often it's largely a matter of "lip-service" until they have had an opportunity to decide and act for this belief to a test. Only then will they know what they really are and what they believe.

Now it is entirely possible that in the two years of training prior to their experience here they have been

so immersed in the task of gaining technical skills and mastering fundamentals of a variety of academic disciplines, there has been little time for "soul searching" and self discovery.

It is also possible they have by passed any necessity for it by forcing themselves into a pretense of altruistic attitudes and actions whenever the recipe for a particular nurse/patient situation called for it. I once read, "The only people who face reality are the ones who are too dumb to duck when they see it coming." One's first impulse is to protest to the validity of that statement but perhaps it has something more than satirical humor going for it. There may need to be a marriage between time, place and opportunity before any of us can afford to seriously get down to business of facing up to the reality of ourselves and others.

In psychiatric nursing, such a marriage of circumstances presents itself. Here, if students are to learn anything at all about human behavior, they have very little choice of whether or not they will face the reality of their own humanness. However much they may desire it, they will find it difficult to "duck" testing beliefs and attitudes about human behavior. Stripped of the old familiar props used in offering nursing care to a patient in a general hospital, they find themselves facing a patient with other tools than what they are as a person.

Nevertheless, it is with this then, their humanness, that our students come to you. Their beliefs, ideas, and attitudes -- both sensible and nonsensical -- you know as well or better than I. You also see them grow from fear and prejudice to varying degrees of understanding, respect and acceptance of the realities of human behavior. And it is you who most clearly sees their attitudes toward you and other patients evolve from initial fear to pity, to empathy, to a real caring and concern.

(Continued on Page 5)

STUDENT NURSES
(Continued from Page 4)

If and when you have seen this, you will know it is you who contribute to a student's learning. As a patient, you help them to understand something about mental illness. But in every case, the contribution you make as a human being toward the understanding of their own humanness is greater by far. This cannot be taught in a classroom, and indeed any instructor who believes it can be is herself ducking the realities she proposes to guide others in facing.

To conclude, I shall quote from a paper written by a student nurse describing what she had learned: "I find it very difficult to put into words what I have gained from my experience here... It may sound funny but what I have learned most about from working with patients is myself! I have learned more about what it is to be human. I'm not afraid of my feelings anymore and I have more respect for the feelings of others. I don't know how much I've learned about therapeutic talking but I do know alot more about how to listen and really hear what people say. I always thought I cared about my patients before -- but now I think I may have been just kidding myself. We have always been taught to see the patient as a person -- now I think I know for the first time what this really means. I have gained more knowledge about mental illness but I can't pretend that I know a great deal about it. One thing for certain, my whole attitude about mental illness has changed. In fact, my attitude about life and people has changed. Even though I still may not understand all about it, for now, it's enough for me!"

Scribbled on her paper in the instructor's tattle-tale red ink is: "And for now, it's enough for me, too."

Mary Bartosic
Dir. of Nursing Education

(FOR SALE)

l-black & white, male Chihuahua pup.

12 weeks old-weighs 1/2 pound

small type

Phone 685-2803 Omro

A LAUGH + A HALF

A Texas lad rushed home from kindergarten and insisted his mother buy him a set of pistols, holsters, and gun belt.

"Why, what ever for, dear?" his mother asked. "You're not going to tell me you need them for school?"

"Yes, I do," he asserted. "Teacher said tomorrow she's going to teach us to draw."

"Darling," scolded the mother, "you shouldn't always keep everything for yourself. I have told you before that you should let your brother play with your toys half the time."

"I've been doing it," Darling said. "I take the sled going downhill and he takes it going up."

A young mother paying a visit to a doctor friend and his wife, made no attempt to restrain her 5-year old son who was ransacking an adjoining room. But finally an extra-loud clatter of bottles did prompt her to say: "I hope you don't mind Brian being in there."

"No," said the doctor calmly. "He will be quiet when he gets to the poisons."

The family had overslept, and the lady of the house awoke with a start to the clanking of cans down the way. She remembered that the garbage had not been put out, so she raced down to the front door, struggled into her robe, hair in curlers and sleepy-eyed and yelled, "Yoo-hee! Am I too late for the garbage?"

"Ho, na'am, jump right in," Replied the accommodating collector.

HANGOVER: When the dawn comes up like thunder.

Happiness is one thing that multiplies by division.

POETIC EXPERIENCES

TO BE...

Life is for living.
Life is for sharing.
Sharing means caring.
Caring means giving.
Thank God for life.

Anonymous

ODE TO A DICTIONARY

The dictionary is a melting pot of letters
From apple's blossoms to nature's zephyrs.
Webster must've been a wise old fellow
For who else could describe a musician's cello?
Within this book are the etymologies
Of many words and their philologies.
From time to time we open this classic
To improve our minds; become scholastic.
What is rather confusing
Is why its use is considered amusing?
All educated persons will use it
While fools will continue to abuse it.
Why must we be so defiant
Of a thing which is so very reliant?
The time has come to see its worth
For knowledge, it does indeed give birth.
Learning the value of this fine prize
Will stay with us until all dies.
I think that I shall never see
A text as timely as a dictionary.

A smile costs nothing but gives much.
It enriches those who receive without
making poorer those who give.
It takes but a moment, but the memory
of it sometimes lasts forever.
None is so rich or mighty that he can
got along without it. And none is
so poor but that he can be made rich
by it.
A smile creates happiness in the home,
fosters good will in business, and
is the countersign of friendship.
It brings rest to the weary, cheer to
the discouraged, sunshine to the
sad, and it is nature's best anti-
dote for trouble.
Yet it cannot be bought, begged, bor-
rowed, or stolen for it is of no
value to anyone until it is given
away.

Some people are too tired to give you
a smile. Give them one of yours,
as no one needs a smile so much as
he who has no more to give.

Submitted by:

PHYLLIS

A Pound of Phyllis, anytime
is worth a ton of gold.
She takes the stray sheep by the hand
and leads them to the fold.
She teaches us to point our lives
towards a worthwhile goal.
The words that cut like keen-edged knives
come from her very soul.
Where ever fate will take us
when we leave our friendly team,
Our lives must be much richer
because of Phyllis and her dream.
When ever these men meet again,
it will ever be retold
A pound of Phyllis, anytime,
is worth a ton of gold.

By: Jack M.

THE GIFT OUTRIGHT

The land was ours before we were the
land's.
She was our land more than a hundred
years
Before we were her people. She was
ours in Massachusetts, in Virginia,
But we were England's, still colonials,
Possessing what we still were unpos-
sessed by what we now more more
possessed.
Something we were withholding made us
weak
Until we found out that it was ourselves
We were withholding from our land of
living,
And forthwith found salvation in sur-
render.
Such as we were we gave ourselves
outright
(The deed of gift was many deeds of war)
To the land vaguely realizing west-
ward,
But still unstoried, artless, unen-
hanced,
Such as she was, such as she would
become.

Robert Frost

THE WEEK AHEAD

HOSPITAL ACTIVITIES FOR THE WEEK OF OCTOBER 11 - OCTOBER 17, 1971

Oct. 11 Monday	9:00 am - 4:15 pm	CANTEEN OPEN*
	1:15 pm SH 5-6	Menasha Red Cross
2:30 -	4:00 pm HH Music Rm.	RECORD LISTENING
	4:30 pm GH-AT Area	Canteen Social Chairmen Dinner Meeting
	6:30 pm Barracks	Woodworking - HH Boys
	7:00 pm SH 7-8	Outagamie Ree Cross
	7:00 pm GH-AT Area	CARD CLUB
Oct. 12 Tuesday	9:00 am - 4:15 pm	CANTEEN OPEN
2:30 -	4:00 pm HH Music Rm.	RECORD LISTENING
	3:45 pm SH 5-6-8	Book Cart
	7:00 pm KH	Choir
	7:00 pm SH 7-8	WSU-O Student Volunteers
	7:30 pm 1-W	Jaycettes of Oshkosh
Oct. 13 Wednesday	9:00 am - 8:00 pm	CANTEEN OPEN
	1:15 pm SH 1-2	Appleton Red Cross
	1:30 pm GHS	Lutheran Ward Service Rev. Winter
2:30 -	4:00 pm HH Music Rm.	RECORD LISTENING
	3:45 pm SH 1-3-4	Book Cart
Oct. 14 Thursday	9:00 am - 8:00 pm	CANTEEN OPEN
	10:00 am GHS	Protestant Ward Service Rev. Windle
2:30 -	4:00 pm HH Music Rm.	RECORD LISTENING
	7:00 pm Canteen	SING-A-LONG
Oct. 15 Friday	9:00 am - 8:00 pm	CANTEEN OPEN
2:30 -	4:00 pm HH Music Rm.	RECORD LISTENING
	3:45 pm 2-E	Book Cart
	6:45 pm Chapel	LUTHERAN COMMUNION Rev. Winter
Oct. 16 Saturday	10:00 am GHS	Favorite Hymn Recital Mr. Korn
	11:45 am - 8:00 pm	CANTEEN OPEN
Oct. 17 Sunday	8:45 am Chapel	PROTESTANT SERVICE Rev. Windle
	11:45 - 8:00 pm	CANTEEN OPEN
	7:00 pm Chapel	CATHOLIC MASS Fr. Barrett

*ALL activities in CAPITAL LETTERS are for all patients.

PATIENT LIBRARY, SH Basement: 9:00 - 4:00 M-T-W-F
9:00 - 2:00 Thurs.

Mrs. Julaine Farrow RN

Nursing