Riverbend City: Group Formation and Communication Mission

**Introduction: Welcome to Riverbend City**

**Expository Text:** A Southern Inlet Metropolitan freight train has derailed, spilling chemicals that have created a hazardous plume. The effects of this spill on Riverbend City Medical Center are swift and sweeping. As the first victims begin to arrive at the hospital, nurse managers have to assemble impromptu teams based on available personnel.

**Instructional Text:** Nurses work in teams and groups every day. These can be either interdisciplinary care teams or nurses assigned to a unit on a given day. As you watch the nurses of the PICU respond to their assignments and the events of the day, consider how well each nurse adapts to the groups she or he enters.

**Characters in this Mission:**

Samantha Carter, RN - Surgical Nurse, RCMC  
Candace Hong, RN - Pediatric Nurse, RCMC  
Stephen Lightfoot, RN - RCMC  
Jill Lindner, RN - Pediatric Nurse, RCMC  
Patricia Olsen, RN - L&D Nurse, RCMC  
Christine Sassman, RN - Pediatric Intensive Care Specialist, RCMC  
Alan Warnack, RN - Intensive Care Unit, RCMC

**Scene 1: Pediatric ICU Nurse's Station**

**Expository Text:** Christine Sassman, the nurse manager for the RCMC PICU, is short staffed by several nurses because of the derailment. Nurses have been pulled from other units to alleviate the problem and now Christine must build a cohesive team from those nurses.

**Conversation 1: Christine makes assignments and introduces new members to the rest of the PICU team.**

CHRISTINE:  
Okay, heads up everyone. I know you're all aware that we've activated the emergency operations plan, and I'm assuming that you've all taken the time to familiarize yourselves with the specifics of how this is going to affect you. If there are issues, grab me after this briefing and we can talk privately. Not for long, but we can talk.

We're short-staffed, but Beatriz is pulling nurses from other units to help us out. We are going to be hit hard—we already know this—because of chemical exposures at the elementary school. I'm working with the docs to clear any beds possible, but I don't see that amounting to more than one, maybe two beds.

We’re pulling in some floats from other units – Samantha here from Med Surg, Alan from the ICU, and Pat Olsen from L&D. I need everyone pulling together today. If you’re working with someone who isn’t usually assigned to this unit—help them out.

Samantha, you're really the new kid on the block. The PICU is intense on a good day and today is ***not*** going to be a good day. We use a team approach in this unit, so I'm going to pair you with Stephen. If you have any questions, ask him.

SAMANTHA:  
I hope you’re ready for a lot of questions, Steve!

STEPHEN:  
No problem.

CHRISTINE:  
Candace, I'm going to have you and Pat Olson on our little girl with the hypoplastic left heart surgery.

CANDACE:  
Maud?

CHRISTINE:  
Yes. She's just out of surgery and has been back on the floor for about 10 hours.

CANDACE:   
Good deal! I love that kid; she has the sweetest smile.

CHRISTINE:  
Yeah, she’s a cutie. Pat’s on her way over here—have you worked with her before?

CANDACE:  
Yes. She floats here often. I think she’s probably going to put in for a transfer if something opens up here.

STEPHEN:  
There are a lot of us who’d like a full time gig here. Funny how the toughest unit in the hospital attracts the best people, right?

CHRISTINE:  
The best like to work with the best. Anyhow… if I’ve given you your assignments, go get reports from the night shift. For the rest of you, let’s get you squared away and on the floor.

**Conversation 2: Stephen seeks clarification of Christine's expectations.**

STEPHEN:  
Christine—any specifics before Samantha and I go get our reports and do rounds?

CHRISTINE:  
Any minute now we’re going to be getting some kids who were exposed to chemicals from the derailment. The faster you can get through reports and rounds, the better. The two kids I’ve given you are low acuity, so expect at least one of the chemical exposure kids when we get ‘em up here.

STEPHEN:  
Sounds good. Okay, Sam, try to keep up.

SAMANTHA:  
Ah … sure. That’s not usually a problem.

STEPHEN:  
Yeah, well, nothing personal, but med-surg isn’t exactly a high-wire act.

SAMANTHA:  
It isn’t exactly kindergarten, either. I’ll try not to slow you down too much.

**Conversation 3: Pat, who has just arrived, greets her coworkers before going to receive report.**

PAT:  
Good morning everyone.

CANDACE:  
Hi, Pat. You’re working with me, today.

JILL:  
Poor thing!

CANDACE:  
Very funny. Don’t you have work to do, Jill?

JILL:  
(lowers voice a little) Oh, no … not with Alan the wonder nurse here. I’ll just sit at the nurses’ station, eat bonbons and do my nails.

CANDACE:  
Well, have a bonbon for me. Pat and I actually have work to do.

Pat, I can’t remember – do you guys use a team system or primary nursing in the peds unit?

PAT:  
Primary. That’s actually one of the reasons I love coming down here. I really like the team approach. I always feel like someone’s got my back when I am working here.

JILL:  
That’s nice to hear. Not everyone likes it, but I agree with you. I think it really helps us get the newbies up to speed in a good way. Their skills get used, but they aren’t being thrown into the deep end.

CANDACE:  
Not too much, at least. Ready to go get report, then, Pat?

PAT:  
Let’s go!

**Scene 2: Pediatric ICU Patient Rooms**

**Expository Text:** As the day progresses, the nurses in the PICU are working hard and fast. For some, the pace is energizing and the sort of thing that drew them to emergency nursing. For others, it feels overwhelming.

**Conversation 1: Candace tells Pat about their pediatric heart patient.**

CANDACE:  
You’re going to love Maud… she’s such a sweet little thing. Big, big brown eyes and a 1,000 watt smile.

PAT:  
Hey—what was the deal with Jill’s crack about Alan?

CANDACE:  
Have you ever worked with him?

PAT:  
No.

CANDACE:  
Well, he’s a great nurse. Really smart … fast… decisive. If you ever need anyone to help with complicated med calculations, he’s your guy.

PAT:  
But..?

CANDACE:  
But he can be abrasive. He comes across as cocky and condescending when things get intense. And, for whatever reason, he can’t stand Jill. They’ve worked together before and he questions every little thing she does. I’m pretty sure she’s reported him to HR, but he hasn’t really done anything inappropriate … like I said, he’s just questioning what she does.

PAT:  
Sounds like she’s in for a fun day.

CANDACE:  
Well, the other part of it is that they’re both totally Type A personalities. You have to be in any ICU. I think his skills bring out her competitive side. She likes to be the best—not to be better than anyone else; it’s more a personal thing with her. She just pushes herself to be the most organized, to write the best reports, to notice the things someone else might miss. I think it drives her nuts that his skills are so good.

Of course, her people skills are 10 times better than his, but she kind of buys into the idea that the bottom line is all about technical skills.

Okay… let’s see what we’ve got here with Maud.

**Conversation 2: Stephen briefs Samantha on one of their patients.**

STEPHEN:   
Okay, Samantha … this good looking dude is Michael Adams. He came to us two days ago after the car he was riding in was broadsided by a drunk driver. Broke his jaw, pelvis, and his pinky as well as abdominal injuries.

SAMANTHA:   
Pinky, huh? You know your friends are going to have fun with that one. Okay, I’m going to check you over, see how you’re healing. I know you can’t answer with your jaw all wired up like that, but how about you hold up one finger for no and two for yes. I’m going to check your incisions, now. Is that alright?

STEPHEN:   
Two fingers. You’ve got the system down.

SAMANTHA:  
Okay, looking good.

STEPHEN:  
Heart rate is spiking a little…

SAMANTHA:  
Stephen—call for a doc NOW.

STEPHEN:  
What..? He’s just got a little excited.

SAMANTHA:  
No… call for the attending. Look at his respirations. I think he’s thrown an embolism. CALL NOW. Michael … are you having chest pain? One finger for no … two—that’s a yes.

STEPHEN:  
The attending is on her way.

**Scene 3: Pediatric ICU Hallway**

**Expository Text:** While Samantha's response was fast enough to get Michael the care he needed, she and Stephen face another crisis a short time later when one of the children exposed to the chemical cloud goes into respiratory arrest. While the two nurses assist the crash team, the other PICU nurses watch in disbelief.

**Conversation 1: Jill reacts to the code alert that has just occurred.**

JILL:  
Oh my gosh… one of those kids is coding.

ALAN:  
We’ve got our own patients, Jill. Let’s focus on them, okay?

JILL:  
Alan, shut up. I think it’s the Peavey boy. He’s been in here a lot and I happen to care about him.

CANDACE:  
We’re not helping anyone by sniping, guys. Let’s check the board and see who else Sam and Stephen are assigned to. They’re going to need to be covered while Sam and Stephen are busy here.

JILL:  
You’re right. Alan, I’m sorry for snapping at you.

ALAN:  
It's hard to be professional all the time.

JILL:  
(sarcastically) And we’re back to normal.

PAT:  
Okay… here’s the list of their patients. They have two others besides this boy. Candace and I will take the boy in 14, that’s right next to one of ours. There’s another patient of theirs in room 7. Jill, Alan, can you cover that patient ‘til Sam and Stephen are back on the floor?

ALAN:  
Sure, why not?

PAT:  
Let’s go, then.

**Scene 4: RCMC Cafeteria**

**Expository Text:** Having lost the young patient who suffered respiratory and cardiac arrest, several members of the PICU team try to process their feelings.

**Conversation 1: Concerned about Samantha's feelings after the loss of the Peavey child, Jill tries to help her friend process her feelings.**

JILL:  
Hey … how are you doing?

SAMANTHA:  
(shaky) I’ll be okay.

JILL:  
It’s hard. You’re in there taking care of a kid and the next thing you know, he’s crashing on you.

SAMANTHA:  
He looked so little and so fragile. I just don’t know if we could have done anything more.

STEPHEN:  
Samantha—I’m heading back up. You ready?

SAMANTHA:  
Sure. I’ll be right there.

STEPHEN:  
We’ve still got four other patients. We can’t spend the whole day crying on each other’s shoulders.

JILL:  
Geez, Stephen, give it a rest.

STEPHEN:  
Why don’t you focus on your own patients and let me and Samantha focus on ours?

SAMANTHA:  
No, Jill… Stephen’s right. We do have other patients who need our attention. I just needed to get my head straight again.

**Conversation 2: Stephen and Samantha discuss their working styles and temperaments.**

STEPHEN:  
Let’s go, Sam. And by the way … thank you for calling me Stephen just then. I hate being called Steve.

SAMANTHA:  
Oh my gosh … I’ve been calling you that all day. Why didn’t you say anything?

STEPHEN:  
It’s no big deal.

SAMANTHA:  
Well, it is if you hate the name Steve. It’s just as easy for me to call you what you want, but I didn’t know.

STEPHEN:  
Whatever. Don’t worry about it.

SAMANTHA:  
I’m not worried. I get that you’re kind of a loner in the way you like to work and I am trying to respect that while still pulling my weight. But it needs to go both ways. I can’t read your mind. Tell me what needs to be done and let me do it. If you can’t tell me something as simple as the fact that you don’t like to be called Steve, then how are we supposed to work as a team?

STEPHEN:  
I’m not all that good at explaining stuff or delegating. It’s usually just easier for me to do it myself. But you’re right – it’s not fair of me to expect you to read my mind. I’ll try to work on it. By the way, that was an amazing response with Mike Adams. I’d like to think I’d have picked up on what was happening, but it was you. You were right on with what was happening.

SAMANTHA:  
Thanks. It’s the kind of thing we see in med-surg. I’ve been scrambling to keep up with all the demands of this unit – it’s was good to have a chance to be the nurse I know I am.

**Scene 5: Pediatric ICU Hallway**

**Expository Text:** The demand for beds in the PICU grows as more children who were exposed to the chemical cloud at the school are stabilized in the emergency department. The recent death of a child opens one bed up, but the room has not yet been cleaned by housekeeping.

**Conversation 1: Alan Warnock, an ICU nurse who has been pulled into the PICU, takes out his frustrations of the day on Lupe, a housekeeper who he sees in the hall.**

ALAN:  
Hey … are you from housekeeping?

LUPE:  
Yeah.

ALAN:  
We called for you over half an hour ago. You need to get going on that room.

LUPE:  
What room? What are you talking about?

ALAN:  
We had a kid who didn’t make it, but now we need the room cleaned so we can get another kid out of the ER and getting the treatment he or she needs.

LUPE:  
Oh. I didn’t know you called. I wasn’t sent up here to prep the room; I was just doing my normal pick-up of dirty linens on this floor.

ALAN:  
This is a little more important than picking up the laundry, don’t you think?

LUPE:  
That’s not the point. I have my own jobs to do. If my supervisor sends me up here to sanitize the room, that’s one thing, but you can’t just grab me in the hall to get a room prepped. That’s not how we do it.

ALAN:  
It may not be how you do things in San Serriffe, but here, the patient comes first, not whether or not you have time for your break.

SAMANTHA:  
Is everything okay here?

LUPE:  
No, it’s not okay. I’m up here collecting linens and this pendejo tells me I’m supposed to go prep a room for a new patient. Which is fine if it’s my supervisor who tells me to do it, but I can’t just drop what I’m supposed to be doing. You guys need to call housekeeping and have them send someone up.

SAMANTHA:  
Absolutely.  I understand.  (Lupe leaves).

ALAN:  
Glad you do, Mary Sunshine, but we still have kids down in the ER waiting for beds up here.

SAMANTHA:  
Okay … grab some sheets and you and I can prep the room.

ALAN:  
Sorry … I’m here to be a nurse, not a housekeeper. You can do what you want, but I’m not interested in doing housekeeping’s work for them.

SAMANTHA:  
It takes five minutes.  Oh whatever… I’ll do it.

**Scene 6: CNO Office**

**Expository Text:** It is now several days since the train derailment. As the chief nursing officer, Beatriz Garcia-Chavez, works through the various issues demanding her attention, one stands out. Lupe Padilla has filed a complaint about Alan Warnack's rudeness and now Beatriz will attempt to find out what happened.

**Conversation 1: Beatriz invites Lupe to explain the incident that occurred on the PICU the day of the derailment.**

BEATRIZ:  
Lupe, I’ve read your complaint, but could you give me a nutshell description of what happened?

LUPE:  
Sure. It was the day of the derailment and the whole hospital was short-handed. Everyone had to go above and beyond—and we all were. But this particular nurse … he treated me like I was his personal maid. I was up on the PICU collecting dirty linens and he starts all this “oh, housekeeping…” like I don’t even deserve a name.

BEATRIZ:  
Mmm hmmm. Okay … go on.

LUPE:  
Well, he tells me that they had a kid die and they needed the room prepped for the next kid. Which … I mean, that’s not my favorite job, particularly when it’s related to a death, but I know it’s part of what I’m supposed to do. The problem is—and I told this guy—we’re not supposed to take assignments off the floor. The nurses are supposed to call it in and then we get sent out to do whatever. And that’s what I told him, but he’s all, “I don’t care what they do where you’re from, here you have to do what I tell you.”  I’m not ashamed to be Mexican-American, but for his information, I was born right here in Riverbend City. I was really offended by his attitude.

CHRISTINE:  
Lupe, I am sorry you were spoken to that way. We were short-handed and Alan may have been stressed by all the things we were getting hit with.

LUPE:  
I get that. He just doesn’t have to treat me like I’m some lazy jerk who doesn’t know how to earn their paycheck. It was his attitude as much as anything else. The other nurse – she was fine. She understood what I was telling her about having to go through my supervisor.

CHRISTINE:  
Well, I would offer to speak to the nurse in question, but he’s not one of mine, Beatriz. He was pulled onto the floor because we were so short staffed, but he isn’t usually one of my nurses.

BEATRIZ:  
Understood. I’ll contact his supervisor and set up a time to talk. Lupe, you followed procedures. I know that when we’re working under stress, we sometimes forget common courtesy, but that’s no excuse.

LUPE:  
Thank you. The only reason I reported this was the disrespect. I probably would have helped Samantha—she was the one who actually prepped the room—if I hadn’t been so angry. The way it was, though, I just wanted to get out of there as fast as I could.

Thanks for listening, though. That means a lot.

**Conversation 2: Christine expresses her thoughts about the housekeeping situation as well as some broad observations about the team's functionality.**

CHRISTINE:  
I didn’t really want to say this while she was here, but Alan was pretty disrespectful.

BEATRIZ:  
Do you know why?

CHRISTINE:  
He’d been in a foul mood the whole time he was in my unit. He didn’t want to be there and he made sure everyone knew it. It almost felt like he was lashing out at Lupe because of his frustration at being assigned to the PICU at all.

BEATRIZ:  
I think I was actually the one who pulled him to help provide coverage for you. I don’t think I realized how inflexible he was going to be.

CHRISTINE:  
It happens. For the most part, though, everyone worked together very well. It was nice to see them actually working through some of the issues that came up earlier. Stephen and Samantha in particular. I wasn’t sure pairing them was a good idea, but by the end of the shift, they were actually really clicking.

BEATRIZ:  
Good! It’s nice to hear about the successes as well as the failures.