

## Donald Kampf



Ever since I finished High School I have wanted to become a nurse. After a long series of twists and turns through life, this ambition is only one semester away from being accomplished. After starting Nursing School, I realized that there are many directions that a nurse can follow. These include pediatrics, surgical, intensive care, and emergency to name only a few. I am the type of person who likes to build a relationship with a person that is in my care. I believe that a respectful, kind, therapeutic relationship is one of the best ways to help a person in the process of healing, and maintain a good quality of life. Because of this philosophy, gerontology was a natural fit for me.

Being that I have been married for 21 years, and our daughter is 19 years old, I have a practical vision for my future. Through many experiences, I have found that I derive the most satisfaction from helping other people, particularly those that are in the most need of help and understanding. I have been working as a C.N.A. for 4 years, and in that time the most prevailing constant that I have observed is the lack of time spent with residents of a facility by the staff. When I am a nurse, I will continue to find the time to have conversations with the persons in my care, provide treatments in a timely manner, make sure that they are comfortable, and get to know people as they truly are. This is what I do now, and I encourage other employees to do the same. Over time many have followed my example, and have been rewarded with a new appreciation for their job, and a new understanding of the residents of our facility. I believe that a nurse should lead by example. The majority of nursing home residents do not want to be in our care, and we must make sure that their stay is as pleasant as possible.

The positive impact on a resident that I will tell you about is how one of our residents of our sub-acute unit recently had an exceptionally long recovery period from surgery and eventually was discharged. This person came to us with a total hip replacement. She was an older woman who was unsure of herself, and very tentative about her recovery. Every day I would bring her the ice packs that helped to keep the swelling down, made sure that she was moved gently, and generally provided the help and encouragement that she needed. Because of a number of setbacks, it was about 4 months before she was able to start walking with assistance. I asked physical therapy how often and how far she could walk. Every day that I worked I started walking her, even if I was extremely busy, or had to stay late as a result. Eventually, we built up to twice a day, and after a week, we added walking to meals also. Within a month she was no longer using a wheel chair, and 2 weeks after that she was released home. Afterwards physical therapy told me that this resident had told them that she always looked forward to me working because I was the only one that took the time to make sure that she walked. Physical therapy told me that this contributed to her release home quicker than was expected.

Though I have been in my present employment less than 3 years, I am the person who trains new hires for the building in general, as well as present employees who are transferred from other units of the building to work on the sub-acute unit. I have suggested several safety practices that have been incorporated into policy to be used. Recently, our staffing coordinator came to me and asked my opinion of who should be transferred to work on my unit. The person that I recommended is working out very well for us. Also when a person that I have formerly worked with at another facility applies at my present employment, the staffing coordinator relies on the recommendation that I give her, based on my experience with the applicant.