THE EVOLUTION OF THE AREA-WIDE CORONARY CARE COURSE OF THE TULSA CHAPTER OF THE AMERICAN HEART ASSOCIATION

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TABLE OF CONTENTS

LIST OF FIGURES

CHAPTER I

INTRODUCTION

In today's Intensive Coronary Care Units (CCU), where lives frequently hang in the balance, the CCU nurse must be highly knowledgeable and skilled. The quality of the specialized educational programs that enable a nurse to work in this critical care area is of grave importance, not only to the nurse, but to the patients she serves and their families (Torrez, 1982).

It is generally acknowledged, however, that nurses do not get this type of training in their undergraduate programs (Treloar, 1982). One of the pioneer educators of CCU nurses, Meltzer (1977, p. 49), clearly states: "A nurse cannot function in CCU solely on the basis of undergraduate education; specialized training is required."

With this in mind, this report will examine the roots of the Tulsa Area-Wide CCU Course, from its first inception to its present stage of growth. In the recounting of this history, it is possible to see the gradual change in philosophy regarding the physician-nurse role and how this change impacted the education of the CCU nurse.

Statement of the Problem

Nurse educators in the Tulsa area who help design the American Heart Association Area-Wide Coronary Care Course have had no single document to refer to when assessing changes that are needed in the

course. To evaluate and improve any program, one must know what has been done in the past. In Tulsa, there has been no attempt to organize and record those events in regard to this course.

Purpose of the Study

The purpose of the study was to trace the history and evolution of the Area-Wide Coronary Care Course of the Tulsa Chapter of the American Heart Association from its beginning in 1971 to the present.

Assumptions

As noted earlier (Torrez, 1982), one of the assumptions made before undertaking this study was that the health consumer was a vested interest in seeing that programs which educate CCU nurses are current and of the highest quality. Another assumption made was that to remain current and of high quality, a program must be periodically evaluated and revised.

Need and Significance of the Study

A record of the content and methodology of past courses forms the basis for making changes to update future courses. Since there has been no other attempt to organize and record the history of this course, this study did so to meet that need.

Method of Inquiry

For background material on other related CCU courses across the country, articles were obtained from the libraries of the University of Oklahoma School of Medicine at Tulsa, the Hillcrest Medical Center

and Saint Francis Hospital. A MEDLINE search using "post-graduate education" and "coronary care units" produced only two usable articles. Additional relevant articles were discovered in the researcher's own library of professional journals and books. However, the bulk of the material came from the files and archives of the Tulsa Chapter of the American Heart Association in the form of minutes of committee meetings that dealt with the establishment of the course and the original course outlines themselves. Every effort was made to interview some of the key people who were involved in the formation and presentation of the original course. The recollections of these principles, for the most part, were in agreement with the minutes recorded at the time of the actual meetings and planning sessions.

Limitations

Since there was not much information in the literature regarding CCU courses, the researcher had to rely upon telephone interviews with some of the key people involved in the organization of early CCU courses in the United States. This was primarily for background information. However, for purposes of this study, only the Area-Wide Coronary Care Course of the Tulsa Chapter of the American Heart Association was investigated in detail, as this study was intended to trace the history of that course. This, along with the accepted limitation of possible error in recall of events, inherent in all historical research, was the primary limitation of this study.

Definition of Terms

The following is a list of terms as they are used in this study:

Arrhythmia - Any change in rate, rhythm and or conduction of the normal heart pattern.

Coronary Care Unit (CCU) - A special area in the hospital where patients who have acute heart disease are continuously monitored with cardiac monitors and emergency equipment and specially trained nurses are available at all times.

Coronary Care Unit (CCU) Nurse - A registered nurse who has had special education in the care of patients who suffer acute heart disease. This includes the ability to recognize and act independently to treat serious problems to minimize their impact.

Defibrillation - A means of terminating choatic heart action by discharging a current of electricity through the chest with a special machine.

Intensive Coronary Care Unit - Synonymous with CCU.

Myocardial Infarction - The local death of heart muscle tissue due to lack of oxygen, frequently called a "heart attack" by the public.

Tulsa Area-Wide CCU Course - A special two week course, sponsored by the American Heart Association, designed to educate nurses in the Tulsa, Oklahoma area to care for patients with acute heart disease.

Ventricular Fibrillation - A catastrophic cardiac event in which the heart's internal electrical regulatory system becomes so choatic that the heart muscle can only respond by quivering and is unable to contract properly and circulate blood through the body.

Organization of the Study

In the introductory chapter, Chapter I, the study was described as well as the statement of the problem, the purpose, need and significance of the study. The method of inquiry and limitations were given and definitions pertinent to the study were also discussed. Chapter II describes the discoveries that made CCUs possible and how some of the early CCU courses were organized and conducted. Chapter III details the events that led to the development of the area-wide CCU course in Tulsa, Oklahoma. Chapter IV compares the original course with today's course and discusses the gradually changing philosophy of critical care that is evidenced in the course outlines. Chapter V includes a summary of the history of Tulsa's CCU course and suggestions for ways to improve it.

CHAPTER II

THE ORIGIN OF CORONARY CARE UNITS AND EARLY CCU COURSES

A history of events that led to the development of Coronary Care Units should include a chronology detailing discoveries that made the institution of these units possible. In this chapter, these events were described, as well as background information on two CCU courses that were among the earliest in the United States. One was started with public funds and one was privately financed.

The management of patients suffering from an acute heart attack has always been a major concern of the medical community. In the United States where deaths from cardiovascular related disease are "more than two and one-half times the number of deaths attributable to cancer and nearly ten times the number of caused by trauma" (McIntyre and Lewis, 1981, p. I-1), the problem is of special interest. The concept of today's CCU as a way of managing and caring for these patients is now two decades old and has resulted in a 45 percent reduction of in-hospital mortality rates (Meltzer, 1977). However, several problems needed to be solved before the establishment of special units could make any real contribution to the reduction of the high mortality rate in these cases.

Important Discoveries

One of the first breakthroughs came in 1956 when Zoll demonstrated that external electric shock through the chest wall could stop ventricular fibrillation. It was previously thought that this would work only if the shock was delivered internally, directly on the heart (Meltzer, 1977).

Next came the development of the technique of external chest compressions combined with mouth-to-mouth resuscitation known as Cardiopulmonary Resuscitation (CPR) by Kouwenhoven, Jude and Knickerbocker in 1960 at John Hopkins Hospital (Shapter, 1974). It was known earlier that life could be sustained by manually massaging or squeezing the heart with the hands, if the heart stopped while the chest was open in surgery, but the application of this technique was obviously limited. It took the experiments at John Hopkins to demonstrate that this could be done externally (Meltzer, 1977).

Around the same time, at Peter Bent Brigham Hosptial in Boston, Lown (1975) was the first to use alternating electric current to end an episode of ventricular tachycardia. Although alternating current had been used before during cardiac arrest or ventricular fibrillation, it had not been previously employed for ventricular tachycardia. However, it was noted that alternating current could provoke ventricular fibrillation and could even damage heart tissue (Lown, 1975). Therefore, experiments began that eventually produced today's direct current defibrillators. Machines that could continuously monitor a single lead electrocardiogram (EKG) or rhythm strip were also developed for the continuous protective observation of a patient's heart rate and rhythm.

These scientific developments were to lead to the formation of the first CCU. But, although techniques of CPR and defibrillation were known and available, the critical time needed to reach patients in such crisis was prohibitive in most cases, since the patients could be anywhere in the hospital and the optimal time for defibrillation is two minutes or less (Meltzer, 1977).

Then in May, 1962, the transition from the theoretical to the practical took place at Bethany Hospital in Kansas City, Kansas. Hughes Day opened the first CCU in the United States (Marriott, 1982). With these high risk patients grouped together in special units where resuscitation equipment was available and constant monitoring by nurses could quickly detect any potentially lethal arrhythmias, the mortality rate of myocardial infarction patients could be significantly reduced (Meltzer, 1977). But the important question of how to train the nurses who would staff these areas remained unanswered. Since the physicians were not always in the unit when emergencies arose, the nurse frequently had to assume the responsibility of initiating action.

> It is readily apparent that the nurse is the key to the success of the entire system of coronary care. This is not to say that nursing practice alone determines the effectiveness of CCUs, but it does mean that without specially trained, highly skilled nurses the system can never achieve full effectiveness (Meltzer, 1977, p 29).

At first the nurses learned almost individually at the doctor's shoulder; then more formalized courses were developed. They were short courses to begin with, and dealt mostly with how to respond to cardiac emergencies, although learning to recognize some of the more lethal arrhythmias was also stressed (Hayes, 1982).

The Kansas City Experience

In 1965, Lyndon Johnson, who himself, had a heart condition, urged allocation of government funds to attack the major killers in the United States - Heart Disease, Cancer, and Strokes. At that time, three program sites for training nurses who staffed CCUs were established. One of these was the Kansas Regional Medical Program and was housed at Kansas University Medical Center (Leeper, 1982). Originally conceived as an eight-week course with four weeks of theory and four weeks of clinical, when the government funding was withdrawn in 1971, it changed to a six-week course, two and one-half weeks theory and three and one-half weeks clinical. When the government withdrew its funds, four local hospitals stepped in to pick up the program; KU Medical Center, Bethany, Research, and St. Luke's Hospitals. KU Medical Center then dropped out in 1973 (Leeper, 1982).

In this course, during the first two weeks, the instructors were mostly physicians with only an occasional other speaker. The three and one-half weeks that followed were a form of clinical preceptorship. This was an opportunity for students to apply their newly-learned theory to situations involving real patients. Nursing instructors from each of the hospitals involved divided up the students, who were limited to 18 in number and each took approximately six apiece to their hospital for clinical experience in their respective CCUs. On the last day of the course, the students worked in a laboratory using live dogs as patients. They artifically stopped the dogs heart and breathing, then would insert a special tube into the dog's airway to aid breathing while they worked to restore the heart beat (Hayes, 1982).

When the clinical part of the curriculum was dropped in the early seventies, the focus of the course shifted slightly to include the subject of pulmonary nursing. Two years later, the nursing care of renal patients was also added. The instructors were then both physicians and nurses, with the physicians speaking mostly on anatomy, physiology and pathophysiology, while the nurses taught the sections on arrhythmia recognition, 12 lead EKG interpretation, nursing care and CPR. The CPR section has now been replaced with the Advanced Cardiac Life Support Course.

Today, according to Hayes (1982), the course is no longer just a CCU course. The subjects of neurology and endrocrinology have been added and the course has become a Critical Care Nursing Course. It is taught mostly by nurses, repeated five times a year and the cost is $500.00 per student. The students are limited to 20 per session and the sessions are always full. The course includes many small workshop practice sessions of five students each and runs eight hours a day, five days a week for six full weeks.

All three hospitals send representatives to a meeting every year where they discuss the course, and sign a contract agreeing to participate in the course the following year. In the contract the exact duties of each party is spelled out. One hospital agrees to provide all the printing, books and learning materials. Another agrees to draft the program outline and arrange for all the speakers. The third hospital is the administrator of the course, responsible for the publicity, the brochure, all correspondence except to the speakers, the selection of students and the collection of all fees and payment of all bills. These assignments rotate among all three hospitals

and change every two years. Currently the Critical Care Education Coordinator of each hospital is the representative of their respective hospitals and in charge of the course. Coincidently, each coordinator is from a different educational background. One has a Bachelor of Science Degree in Nursing, another, who has been involved in the course the longest, almost from its inception, is just finishing her Bachelor's degree and the one remaining is Master's prepared. Nevertheless, they all respect each other's expertise and have little political problems between themselves. Most of the political problems that have arisen, occurred when middle-management administrators tried to use the course to better their own positions or to increase competition between the hospitals. The situation was much improved when a decision was made to keep the various hospitals' administrators out of it and leave the decision-making responsibilities to the three nurse-educators who actually taught the course (Leeper, 1982).

The Oklahoma City Course

The following information was obtained from the minutes of the Tulsa Chapter of the American Heart Associations's (TCHA) Professional Education Committee of September 8, 1971 (TCHA Minutes, 1970-1972). Additional information was from a phone interview with Vicky Terry, Program Director of the TCHA, on March 2, 1982.

In 1966, the Oklahoma Heart Association initiated a city-wide CCU course with the cooperation of all the hospitals in the area. The first such course was one week long and paid for by the Heart Association's own funds. No government funds were used in this course. The course was expanded the next year to two weeks. It remained a two

week course as long as it was under Heart Association control. It was last presented by the Heart Association in 1978. That year it was taken over by Presbyterian Hospital and presented by the hospital's education staff.

As in the Kansas City Course, the physicians initially gave most of the lectures. But gradually, the nurses expertise grew and, by 1978, there were more nurses lecturing than physicians. While under the direction of the Heart Association, from 1966 to 1978, over 1600 nurses attended the course. In 1971, the Heart Association sent Teresa Nagle, RN. to Tulsa to act as consultant in the formation of Tulsa's Area-Wide CCU Course.

Chronology of Events Leading to CCUs: 1956 - 1971

A summary of the events, including the scientific discoveries, that influenced the formation of the first CCU and the development of early CCU courses in the United States is given in the following chronology:

1956 - Zoll demonstrated that external electric shock through the chest could stop ventricular fibrillation (Meltzer, 1977).

1960 - Kouwenhoven, Jude, and Knickerbocker developed the technique of external cardiopulmonary resusciation known as CPR (Shapter, 1974).

1960 - Lown first to use alternating electric current to stop ventricular tachycardia (Lown, 1975).

1962 - Day opened first CCU in United States at Bethany Hospital in Kansas City, Kansas (Marriott, 1982).

1965 - President Johnson urged allocation of government funds to establish training programs for CCU nurses (Leeper, 1982).

1966 - CCU Course began with government funds in Kansas City (Leeper, 1982).

1966 - Oklahoma Heart Association began CCU course with their own private funds (Terry, 1982).

1971 - Government funds were withdrawn from training programs for CCU nurses and programs reverted to control of private institutions (Leeper, 1982).

1971 - Nagle sent by Oklahoma Heart Association to Tulsa to help set up the Tulsa Area-Wide CCU Course (Terry, 1982).

CHAPTER III

THE BEGINNINGS OF THE TULSA AREA-WIDE CCU COURSE

According to the Public Information Departments of the major Tulsa hospitals, the year 1967 was the year CCUs were first opened in Tulsa. The same problem as how to teach the nurses in these special units was present here as elsewhere. To solve the problem, most hospitals began conducting their own courses. The following information was obtained from an interview with Mary Ann Connors, who was Head Nurse while the CCU was in its infancy at Saint Francis Hospital.

According to Connors (1982), plans were being made in 1966 at Saint Francis to open a CCU. The last four beds on the third floor medical unit were to be used for this purpose. The Head Nurse of this unit was a nun named Sister Kathleen Krof. She was sent to Kansas City to one of the early CCU Courses funded by President Johnson. When she returned, she organized and taught a short CCU course on arrhythmia recognition to a few selected nurses. Connors was one of these nurses. This course was taught before the CCU was opened. When Sister Kathleen left the hospital a short time later, Connors was named Head Nurse of the CCU. It became her job to help teach the course to any additional nurses who wished to work in CCU. She recruited the help of the cardiologists who practiced at Saint Francis, and by listening to their

lectures and taking notes, she was able to compile the criteria used for arrhythmia recognition. She then had each of the cardiologists review this for accuracy and to obtain their consensus (Connors, 1982).

Due to the early state of the art, much of the burden of instruction fell on the shoulders of the physicians. And, due to the limited number of cardiologists in town, the same doctors were repeatedly in demand to give lectures over and over at the different hospital courses. Gradually, the physicians decided to investigate the possibility of finding a way to consolidate their efforts. They began looking for a "neutral" site where they could present just one course for all the hospitals, and thus avoid the duplication of time and effort that was prevalent then. At this point, they turned to the Tulsa Chapter of the American Heart Association (Cooper, 1982). A letter was found in the archives of the Heart Association which demonstrates the accuracy of Cooper's recollection. See Appendix A for a copy of this letter. In addition, the following information was obtained from the minutes of the various Heart Association Committees involved in the formation and evolution of the course; the Board of Directors, the Executive Committee, the Coronary Care Committee, the Professional Education Committee, and the Nursing Education Committee.

The first mention of the special training needed for nurses working in CCUs was made at the May 3, 1966 Board of Directors Meeting. James Moore, MD was President of the TCHA at the time. The main discussion at the meeting concerned President Johnson's Regional Medical Program and the "nurses training needs for the ICCUs being established in the three major hospitals here" (TCHA Minutes, 1964-1969 n.p.). At a later meeting that same year, Moore reported that two

nurses had already been sent out of the city for special training. For the next several years, the need to educate the CCU nurses and the possibility of a city-wide or area-wide course was mentioned sporadically in the minutes of the TCHA's various committees on June 6, 1967, November 7, 1969, January 6, 1970, and February 3, 1970 (TCHA Minutes, 1964-1969) (TCHA Minutes, 1970-1972).

Finally, at the Professional Education Committee meeting, June 3, 1971, Leehan (1982) who was Chair of the committee, presented a needs assessment for a city-wide Coronary Care Course, commenting on the previous duplication of effort of both the physicians and the hospitals. It was noted that both Saint John's and Saint Francis were conducting such courses, the last courses being conducted at the same time. It was further noted that since many of the doctors were frequently asked to speak at both courses, combining them in a city-wide effort would make things easier for all concerned. She also declared that the city-wide status could help increase the quality of such a course. The committee agreed with her assessment of the problem and a meeting was set up which included participants from all the city hospitals, which were now five in number, to obtain their commitment to support such a course. Then, at the September 8, 1971, Professional Education Committee meeting (TCHA Minutes, 1970-1972), Leehan reported that a decision had been made by all the city hospitals to present an area-wide CCU course. A list of pertinent materials needed to be included in such a course had been devised by Gettle, Connors, and Leehan, the nurses who coordinated the courses that were being taught at each hospital at that time. The committee agreed that the course should be taught daily for two weeks, seven hours a day. Other points made

were that the course should be taught twice yearly and limited to 40 nurses. Teresa Nagle, a nurse representing the Oklahoma Heart Association was present at the meeting, listed in the minutes as an invited guest. She gave a description of the city-wide CCU course being offered in Oklahoma City, sponsored by the Heart Association and presented with the cooperation of all the area hospitals. She also stressed the need of continuity among instructors and endorsed the idea of community standards. The cost of the Oklahoma City course was $50.00 but Leehan suggested that the Tulsa course could be presented for $25.00 per student with pooling of hospital resources. At the Board of Directors meeting on September 14, 1971 (TCHA Minutes, 1970-1972), the TCHA gave its official stamp of approval on the finalized plans for the course, and the first area-wide CCU course offered in Tulsa, Oklahoma, began October 25, 1971 at Doctor's Hospital.

Events Leading to Formation of Tulsa's Course: 1966 - 1971

A summary of this chapter, which shows the events that led to the formation of the Area-Wide Coronary Care Course of the Tulsa Chapter of the American Heart Association, is found in the following chronology taken from the bound volumes of the TCHA Minutes, 1964-1969 and TCHA Minutes, 1970-1972:

May 3, 1966: Moore discussed President Johnson's Regional Medical Programs and the need to train CCU nurses for the soon-to-be-opened CCUs in the three major hospitals in Tulsa.

September 6, 1966: Moore reported that two nurses in the area had been sent out of town for CCU training.

June 6, 1967: As new president of TCHA, Jenkins vows to continue programs started by Moore, "namely, teaching of nurses for the CCUs".

November 6, 1967: Discussion at the Coronary Care Committee meeting that need for CCU nurse education was more than a city need; it included all of N.E. Oklahoma.

November 7, 1967: At Board of Directors meeting, Jenkins asked lawyer Follansbee to investigate laws governing nurses responsibilities in CCUs.

November 13, 1967: Jenkins asks Leehan to format needs of nurses in CCUs.

At Board of Directors meeting, Dr. Neal, new president, discusses new commercially available CCU training films. Recommendation was made to investigate cost.

January 6, 1970: At Coronary Care Committee meeting, Leehan pointed out high turnover of CCU staff would require constant training classes to be available.

February 3, 1970: At Education Meeting, Leehan reported that Coronary Care Committee had met and expressed desire to set up a city-wide CCU course.

June 3, 1971: Leehan presented needs assessment for city-wide CCU course to prevent duplication of effort by both physicians and hospitals. A meeting was arranged for representatives of all hospitals in the area to discuss this need.

September 8, 1971: Leehan reported that the commitment had been made by all hospitals in the area to present a city-wide CCU course. An outline had been prepared by the three hospital-course coordinators.

The course was planned as a two week course, held twice a year and limited to 40 students. Nagle, a representative of Oklahoma Heart Association explained the Oklahoma City Course and stressed the need for community standards.

September 14, 1971: Board of Directors of TCHA gave official approval to an Area-Wide CCU Course.

October 25, 1971: First Area-Wide CCU Course in Tulsa began.

November 23, 1971: Neal reported to Board of Directors that the first Area-Wide CCU Course had been completed and was a "huge success".

CHAPTER IV

THE TULSA AREA-WIDE CCU COURSE: YESTERDAY AND TODAY

In this chapter, the original programs were contrasted with more recent ones with regard to 1) the number and types of speakers, 2) the use of practical, hands-on teaching methodologies, 3) the number of films and filmstrips used, 4) the structure of the course, 5) the amount of the registration fees, and 6) the number of students that attended. Other miscellaneous information regarding comparisons of the different courses relate to the textbook selection and the facilities for housing the course. The change in the philosophy regarding the physician-nurse role and how this impacted the education of the CCU nurse was also explored. The following information was obtained from the records of the TCHA and from the original outlines of the various courses.

Types of Speakers

From the standpoint of the number of nurse lectures compared to physician lectures, the early courses were much more physician dominated. Figure I shows the comparison of the number of nurse speakers and the number of physician speakers in the first courses with the later courses. It can be noted that in the first courses, for example, out

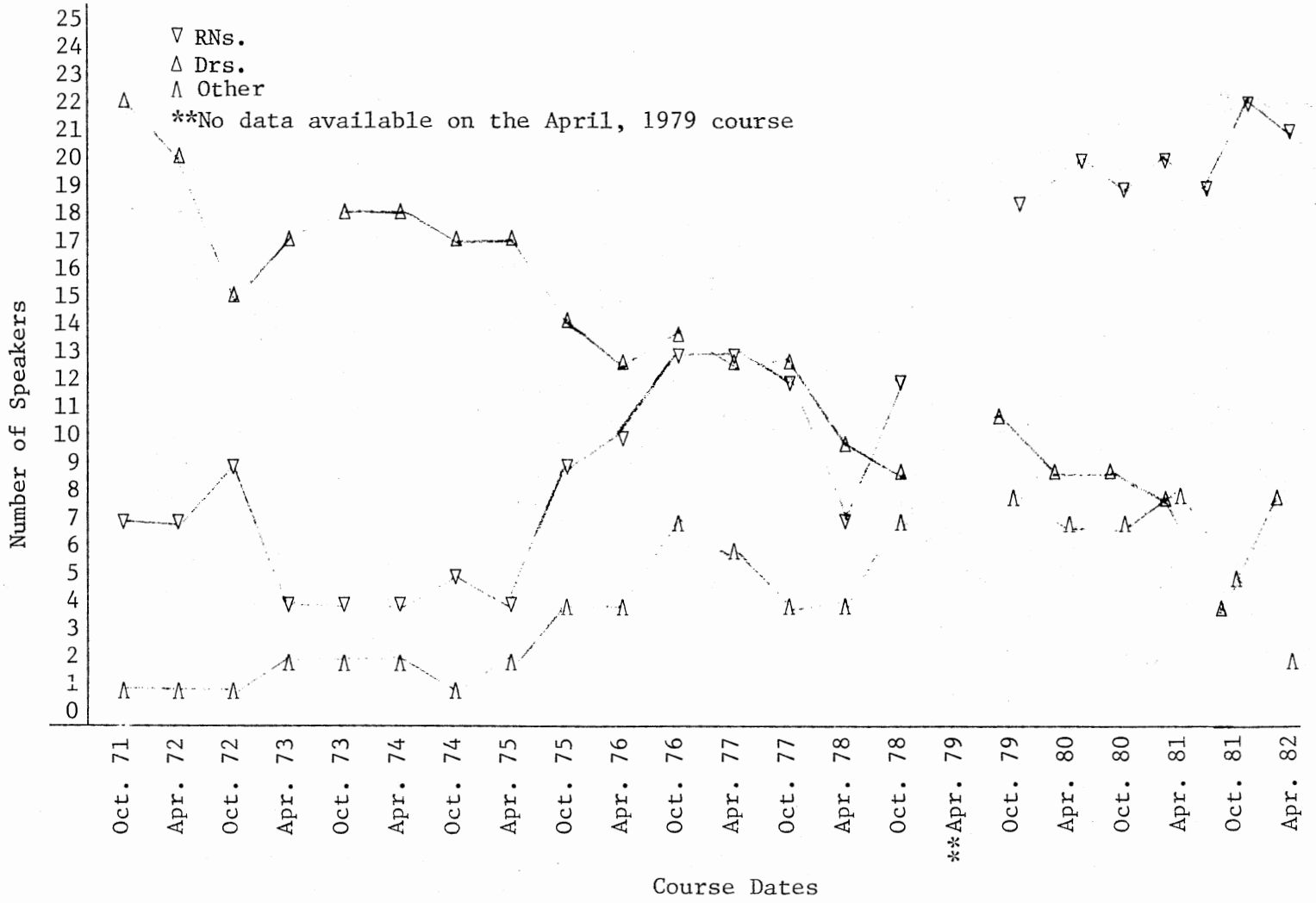

Figure 1. Comparison of number of RN, Physician and Other speakers by course dates

of thirty lectures, twenty-two of them were given by physicians and only seven of them were given by nurses. By contrast, in one of the more recent courses, out of thirty-two lectures, twenty-one were given by nurses and only eight were given by physicians. The few other speakers were allied health professionals like respiratory therapists.

Appendix B is a sample page of one of the early course outlines. This outline demonstrates that the lectures given by the nurses were repeated again by the physicians. In more recent courses, none of the lectures were completely repeated by title and content as they were in the first course. Appendix C contains the original course outline and the course outline of one of the most recent courses.

Daily Quizzes and Practicals

Some features of the course have changed, then reverted back to the way they were originally. A case in point is the use of daily quizzes throughout the course, and performance as well as cognitive testing during the final session. Daily quizzes were used for the first five courses from October, 1971 to October, 1973. They then fell into disuse from April, 1974 until October, 1981 when they were reinstituted. A practical performance testing in CPR was always a part of the course, except the courses held from Ocotber, 1976 to October, 1977. However, beginning in October, 1981, a hands-on defibrillation practical as well as traditional CPR was introduced and has remained as a part of the course, thus far.

Films and Filmstrips

The number of films and film-strips used in the various courses are shown in Figure 2. In early courses the use of this type of audiovisual material was relied upon, when, in October, 1975, over 25 different films and film-strips were used during a single course. From that point on, their use has decreased until in the most recent course only two films were used. Appendix D contains a sample list of the types of films used in some of the courses.

Course Structure

The structure of the course is another feature which changed but recently has returned to the original format. Originally, most of the first week contained lectures on arrhythmia recognition, while the lectures during the second week were on different aspects of caring for a CCU patient. At the August 14, 1973 Coronary Care Committee meeting, Jan Talbott, the course coordinator at that time, recommended that the study of arrhythmias be spread throughout the entire course and the lectures regarding how to care for a CCU patient be mixed in with them. Thus, the course was no longer separated into two weeks by content or subject matter (TCHA Minutes, 1973-1982). Figure 3 shows how by April, 1980, seventeen lectures were given during the first week that did not address specific arrhythmias. However, a recent evaluation of the course, during a meeting of the Nursing Education meeting in June, 1982 (TCHA Minutes, 1973-1982), proposals for the next course included the suggestion that all the arrhythmias be taught as "Module 1" during the first week and other subjects on how to care for CCU patients be covered as "Module II" during the second week.

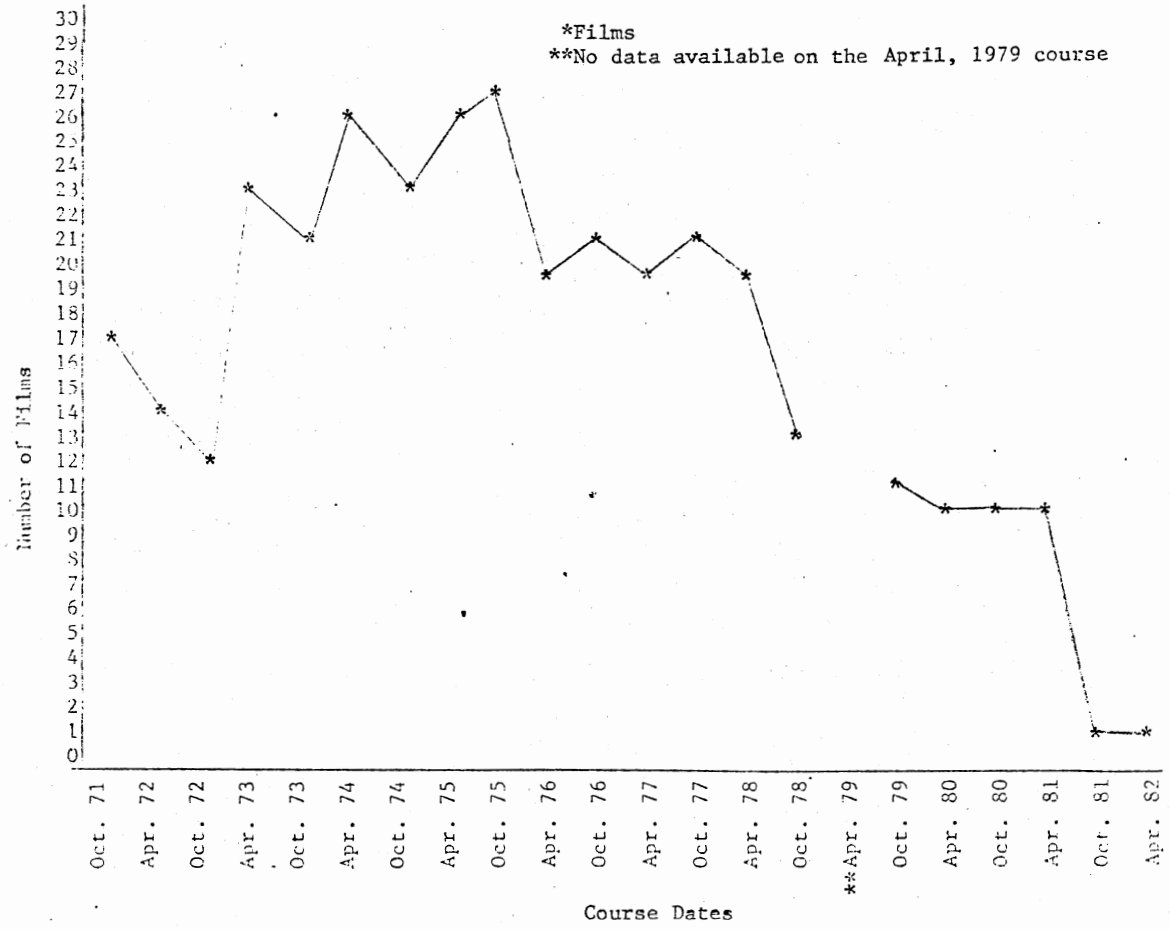

Figure 2. Number of Films used in each Course

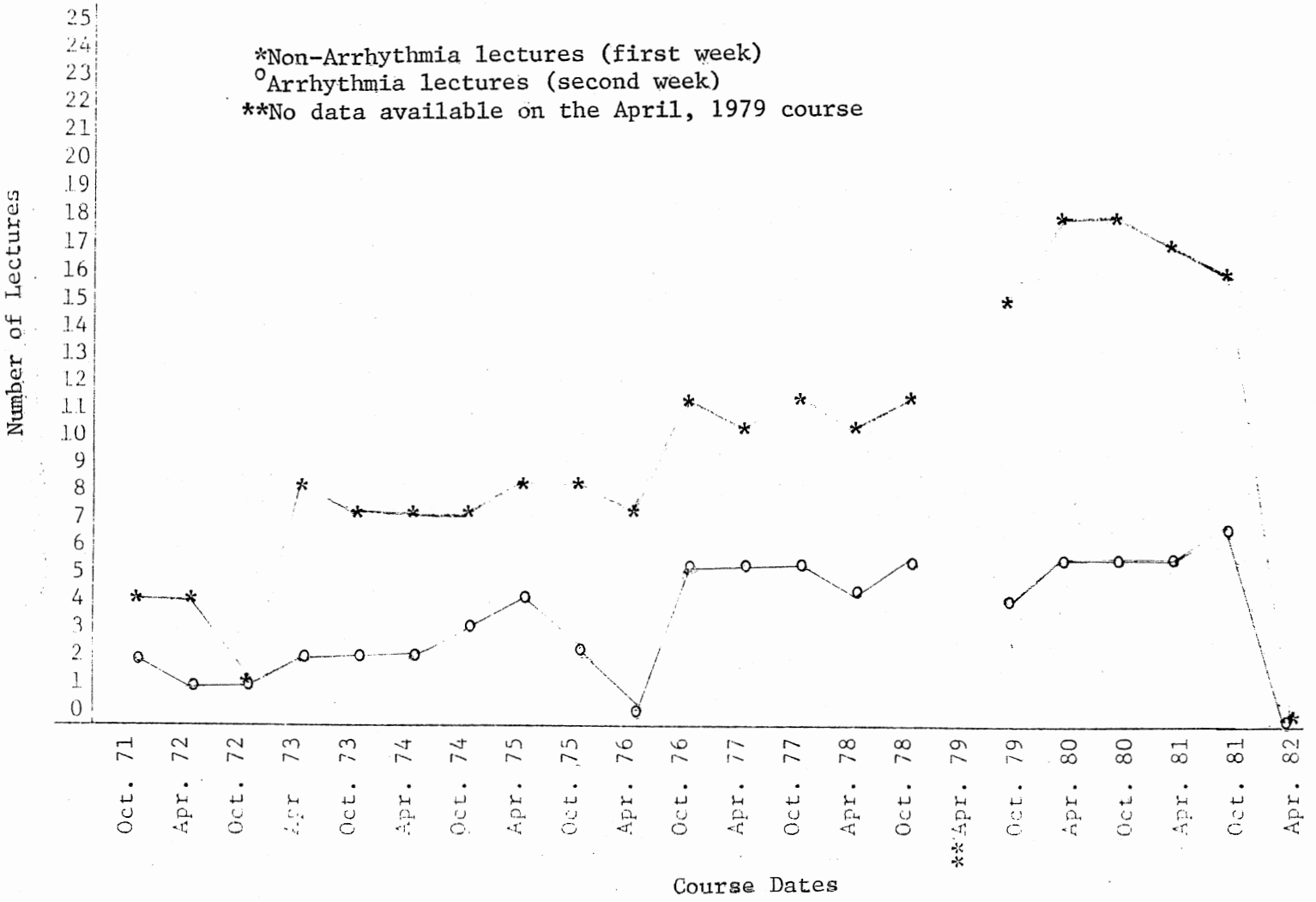

Figure 3. Comparison of the Number of Non-Arrhythmia Lectures (first week) and Arrhythmia Lectures (second week) for the Course Dates

Registration Fees

The registration fee varied only slightly during most of the years. Figure 4 shows how the fee gradually rose form $25 to $40 for the first nine courses when a luncheon was included. The luncheon was then dropped and the TCHA was able to reduce the fee to $30.00. Then the fee rose slowly to $50.00 by April, 1981, ten sessions later. However, during the last two sessions, the fee doubled. In the minutes of the July 27, 1981 Nursing Education Committee Meeting, the need for this price raise was described as, due to increased competition from other state courses, there was a need to advertise and market the course. To help cover the additional cost of marketing the course, the fee was doubled.

Students

The number of students attending the course also varied. However, the fact that the course was truly an area-wide course and not just a city-wide one was shown in the minutes of the July 30, 1974 Coronary Care Committee meeting which stated that:

> The staff report on the past Coronary Care Course indicates that 29 of the 42 members attending the last course were from Tulsa County. The rest of the members being from outside Tulsa County, some as far as Enid (TCHA Minutes, 1973-1982, n.p.).

Figure 5 shows the total number of students, both in and out of town, that attended the course each year.

Textbooks

According to the minutes of the Nursing Education Committee

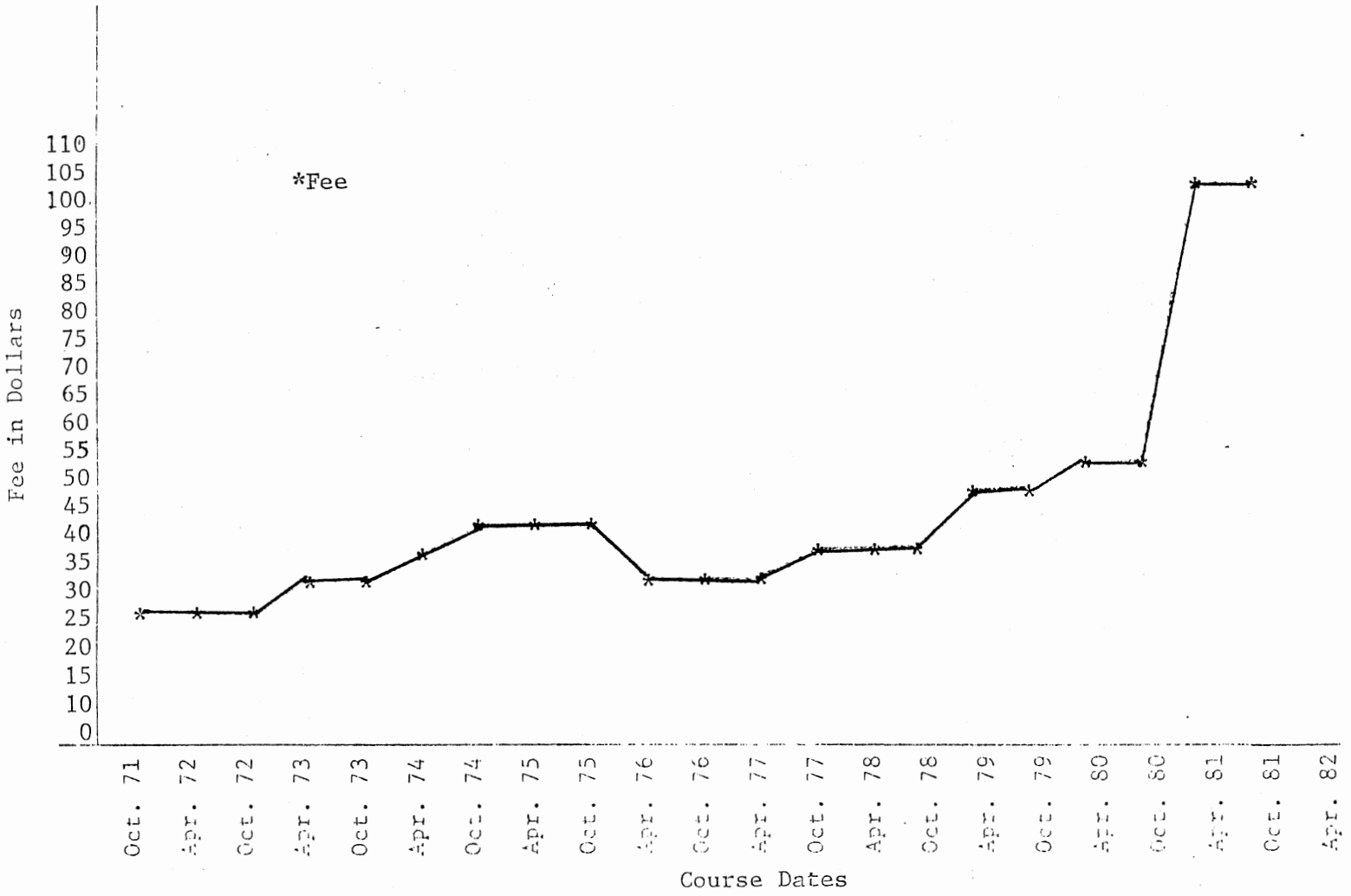

Figure 4. Registration Fee for each Course

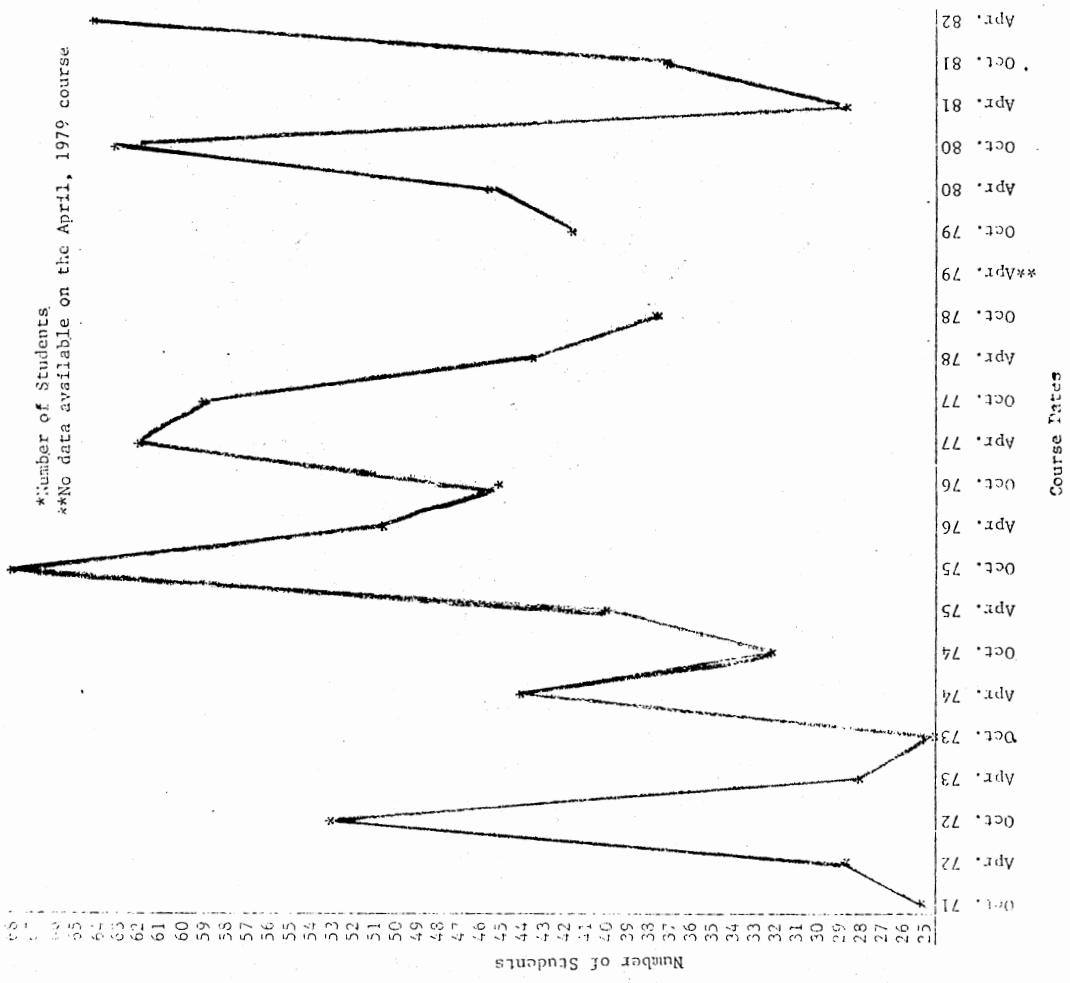

Figure 5. Number of Students by Course Date

(TCHA Minutes, 1970-1972) (TCHA Minutes, 1973-1982), six textbooks have been used in the different courses, and they are listed as follows:

1. Meltzer's Intensive Coronary Care, A Manual For Nurses.
2. Andreoli's Comprehensive Cardiac Care.
3. Visant's Common Sense Approach to Coronary Care.
4. Nursing Skillbook's Reading EKGs Correctly.
5. RoCom's Intensive Coronary Care Multimedia Learning System ECG Excerises.
6. Dubin's Rapid Interpretation of EKGS.

Of the books, Meltzer's book was used for the first three courses then was exchanged for Andreoli's textbook. This text was then used for many years before changing to Visant's text. However, it is unclear from the minutes or the course outlines just when this occurred. After Visant's text, the Nursing Skillbook was tried, but it also is unclear just how long the text was used. However, it is documented that a change back to Meltzer was made for the October, 1981 and April, 1982 courses. Dubin's text was the one proposed for use in the October, 1982 course. Although the first four books listed were used at various different courses, the fifth one listed, RoCom's Intensive Coronary Care Multimedia Learning System ECG Exercises, was the workbook used to suppliment the other textbooks and was used in every course since the beginning.

Facilities

As for the facilities used, the records show that after the first course was presented at Doctor's Hospital, the course moved to Tulsa

University (TU) for the next 11 sessions, until 1977. TU was considered to be a "neutral" site by the various hospital representatives (TCHA Minutes, 1970-72). When TU's enrollment grew, they could no longer house the course. The next two courses were held at different church halls, while the TCHA looked for a permenant home. For reasons other than just solving the housing problem, in 1978, Saint Francis Hospital offered to conduct the course at the Kelly Building next to the hospital. Appendix E contains a copy of the letter that explains Saint Francis' position and reasons for wanting to permanently sponsor the course. The Heart Association did permit this for one session, but the Kelly Building proved unsuitable and the next course, and all of the following up to the present time, have been held at the Tulsa County Vocational-Technical School's Adult Education Building, with the responsibility of presenting the course rotated on a yearly basis between hospitals.

New Policies

In April 1982, the TCHA's Nursing Education Committee that controls and critiques the Area-Wide CCU Course content, underwent a re-examination of its structure and policies. Recommendations were made for changes in the type of institutions eligible for membership on the committee. Also included in these recommendations were limits placed on the number of representatives allowed per institution. These changes were made to ensure continued commitment to the presentation of the Area-Wide CCU Course by the various hospitals and institutions. It also was meant to provide equality of representation regardless of size or wealth. Further, it was acknowledged that since the

institution actually donated their representatives' time to help with the two-week course, they should have the right to select the members who would represent them. These recommendations were then voted on at the May 5, 1982 meeting and these changes were effected. Therefore, a letter was drafted explaining the new policies and sent to the administrators of each institution invited to participate, requesting that they send representatives to the next meeting. A copy of these policy changes regarding membership on the committee can be found in Appendix F.

The Physician-Nurse Role

This chapter would not be complete without examining the changes in the physician-nurse role and how this affected the education of the CCU nurse. In the past, the physician was dominate.

> In the era prior to the establishment of CCUs, it was physician who was held almost entirely accountable for the care provided to patients. His assessment solely guided the therapeutic regimen (Cantor, 1982, p. 17).

With this regard, Meltzer (1977), in describing the problems to be overcome before the first CCU could be established, spoke of who could possibly fill such a demanding role necessary to the operation of a CCU. Never before had nurses been able to:

> . . . assess the patient's clinical course, to identify and interpret arrhythmias and above all, to act on their own if necessary to terminate lethal arrhythmias . . . It seemed, at first, that only physicians could possibly undertake this responsibility (p. 28).

But it was also known that it would be economically impossible for physicians to be available at all hours, therefore "nursing functions in these units were expanded to include many of those

previously the sole domain of the physician" (Cantor, 1982, p. 17).

This same information is repeated throughout the literature. In an appraisal of a "decade of nurse-physician cooperation", Spence, Vinsant and Lemberg (1982) noted:

> The coronary care unit was the setting in which the physician first recognized and supported the nurse's potential for diagnosis and independent judgement. Educational programs in coronary care were promoted and established by physicians to provide the nurse with the theoretical basis for independent problem-solving (p. 8).

The treatment modalities available in CCUs have undergone major changes in the last few years. Torrez (1982) points out that although resuscitation was once a priority for the nurse, that today the new advances in therapy means the nurse is able to intervene early with sophisticated devices and drugs so that actual resuscitation is rare. She also alludes to the changing physician-nurse role.

> There is no question that there is more collaboration between physician and nurses . . . the physician can no longer function in a solo role. Decision-making is shared . . . these decision-making responsibilities of the 'expert' nurse have increased the demands placed on her as a practitioner (p. 24).

Despite the historical evidence that the physician has been instrumental in assisting to educate and support the advancement of nurses, some resent what they call an imbalance in power, stating that "nurses have been socialized into a submissive role both as students and practioners" (Allen, Jackson and Younger, 1980, p. 836). But when examining the problem and possible solutions, perhaps the following says it best:

> current legal and professional issues have polarized the nursing and medical professions and projected a public image of conflict at many levels . . . If we are to resolve the current trend toward polarization of our professions, we must recognize our interdependent as well as independent

strengths . . . This nurse-physician combination united for optimal care of the critically ill patient, was and still is the best of both professions (Spence, Visant and Lemberg, 1982, p. 8).

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to trace the history of the Area-Wide CCU Course of the Tulsa Chapter of the American Heart Association from its beginning in 1971 to the present. This was done with the hope that a clear understanding of the past will assist in identifying ways for improvement in the future.

The study discussed how the CCU came into being and how the need to educate the CCU nurse manifested itself simultaneously. With support from the President, government funds were made available to start the first CCU courses. These were very successful, in fact so much so, that, occasionally friction arose between the hospitals presenting the courses as who should get the most credit for the program's success. In some areas like Kansas City the political problems were solved by "contracting". In the Tulsa area, "contracting" has not yet been tried. So far, a "gentleman's agreement" approach seems to have worked.

In the area of nurse-physician relationships, the statistics show that nurses are becoming more competent and confident. They are now presenting most of the courses themselves with physicians lecturing less on the routine and more on the advanced or difficult concepts. Here, too, a spirit of cooperation may help avoid problems that have beset others.

In the area of methodology, it was interesting to notice a return to the philosophy of emphasing practical application of knowledge gained and performance as well as cognitive testing. Films and filmstrips also are part of the methodology and have become less necessary as the nurse's confidence as a practitioner and a teacher have increased. The Module One and Module Two approach may also be helpful in improving this course.

As knowledge of the past can help change the future, this study examined the history of the Tulsa Area-Wide CCU Course. It is hoped that this history will become a useful tool in finding ways to improve the course in the future.

Conclusions

The following conclusions have been reached as a result of the information gathered on this report:

1. In early CCU courses, because of the nurses lack of knowledge in this new field, they were dependent upon the physician to act as the principal instructors of these courses.

2. Gradually, nurses have become more knowledgeable and confident and now present most of the CCU courses themselves.

3. Practical application of the knowledge gained as assessed through performance testing is considered the norm for current CCU courses.

4. Because of this increased body of knowledge and experience, nurses now routinely function in roles that were previously reserved for physicians only.

Recommendations for Practice and Future Research

Since the Tulsa Area-Wide CCU courses are rotated yearly between hospitals, a task-force of previous Course Coordinators should meet to draw up a "job description" of the responsibilities of the Coordinator. This after confirmation by the Nursing Education Committee, could be given to each new coordinator to help avoid confusion and questions about the role. This would add a measure of continuity and smoothness to the course as a whole.

Further research could be conducted by comparing such courses across the country as they proliferate in the next few years. New methodologies or course structures may be found that are more workable. Comparisons of grades achieved on quizzes and final exams could be made and correlated to the methodology used. This information could be used to evaluate and improve these types of courses, whether in Tulsa or elsewhere.

A SELECTED BIBLIOGRAPHY

Allen, M., D. Jackson and S. Younger. "Closing the Communication Gap Between Physician and Nurses in the ICU Setting." Heart and Lung, Vol. 9, No. 6 (Nov./Dec., 1980), p. 836.

Cantor, Patricia. "A Mandate for Clinical Proficiency." Focus on AACN, Vol. 8, No. 6, (Dec. 1981/Jan.,1982) pp. 16-19.

Connors, Mary Ann, R.N. Personal Interview, Tulsa, Oklahoma, March 9, 1982.

Cooper, Charles, M.D. Personal Interview, Tulsa, Oklahoma, March 1, 1982.

Hayes, Sharon, R.N. Personal Interview, Tulsa, Oklahoma, March 10, 1982.

Leehan, Maxine, R.N. Personal Interview, Tulsa, Oklahoma, February 4, 1982.

Leeper, Barbara, R.N. Personal Interview, Tulsa, Oklahoma, March 8, 1982.

Lown, Bernard. Clinician. New York: Searl Laboratories, 1975, pp. 6-9.

Marriott, Henry and C. Gozensky. "Arrhythmias in Coronary Care: A Renewed Plea." Heart and Lung, Vol. II, No. 1 (Jan./Feb., 1982) pp. 33-39.

McIntyre, Kevin and James Lewis. Textbook of Advanced Cardiac Life Support. Dallas, Texas: American Heart Association, 1981.

Meltzer, Lawrence, Rose Pinneo, and J. Roderick Kilchell. Intensive Coronary Care. 3rd Ed. Bowie, Maryland: The Charles Press Publishers, 1977.

Shapter, Robert. "Cardio-Pulmonary Resuscitation: Basic Life Support." CIBA-Clinical Symposia, Vol. 26, No. 5 (March, 1974), n.p.

Spence, Martha, Mariella Visant, Louis Lemberg. "Vignettes in Coronary Care - A Nurse-Physician Collaborative Effort Appraises A Decade of Nurse-Physician Cooperation." Heart and Lung, Vol. 11, No. 1 (Jan./Feb., 1982), p. 8.

Terry, Vicky. Personal Interview, Tulsa, Oklahoma, March 2, 1982.

Torrez, Sister M. Rachel. "The Educational Needs of Coronary Care Nurses 10 Years Later." Heat and Lung, Vol. 11, No. 1 (Jan./Feb., 1982). pp. 24-25.

Treloar, Donna. "Strategies for Bridging the Knowledge/Practice Gap." Focus on AACN, Vol. 9, No. 1 (Feb./Mar., 1982), pp. 12-14.

Tulsa County Heart Association. Area-Wide CCU Course Outlines, 1971-1982. Tulsa, Oklahoma, 1981.

Tulsa County Heart Association. Minutes - 1964 to 1969. Tulsa, Oklahoma, 1969.

Tulsa County Heart Association. Minutes - 1970 to 1972. Tulsa, Oklahoma, 1972.

Tulsa County Heart Association. Minutes - 1973 to 1982. Tulsa, Oklahoma, 1982.

APPENDIXES

APPENDIX A

LETTER REQUESTING PHYSICIAN SUPPORT OF AREA-WIDE CCU COURSE

July 30, 1971

John Kalbfleisch, M.D.
Warren Professional Building
6465 South Yale
Tulsa, Oklahoma

Dear John,

It has become apparent that there is much duplication of effort in conducting Coronary Care Unit courses for nurses in the Tulsa Area. The Professional Education Committee of the Tulsa County Heart Association is attempting to coordinate these courses to less frequent but more highly organized courses representing a combined effort of the five major Tulsa hospitals. This will save physicians time where they may have previously been teaching in a course in more than one hospital.

So that these plans can be discussed in detail, I would appreciate you or an appointed representative attending a meeting in the Saint John's Hospital Conference Room the evening of Tuesday, August 17th, 1971, at 6:30 p.m.

Sincerely,

R. WAYNE NEAL, M.D., F.A.C.C.
PRESIDENT
TULSA COUNTY HEART ASSOCIATION

RWN:ab

APPENDIX B

SAMPLE PAGE FROM EARLY COURSE OUTLINE

FRIDAY, OCTOBER 6, 1972

8:00 am	Introduction to Ventricular Arrhythmias - Treatment - Nursing Role
	A. Premature ventricular contractions B. Ventricular tachycardia C. Ventricular fibrillation D. Ventricular standstill — Janice Talbott, R.N.
	Coffee
10:00 am	Workship and Homework Review
	Quiz #4 (SA, Atrial, AV or Junctional)
12:00 noon	Lunch
1:00 pm	Ventricular Arrhythmias
	Etiology, Clincal Features, Bedside Detection, Treatment, Danger, Nursing Role
	A. PVC's B. Ventricular tachycardia C. Ventricular fibrillation D. Ventricular standstill — J. Kalbfleisch, M.D.
2:45 pm	Coffee
3:00	"The Warning Arrhythmias" - Film
	Homework Assignment #5

APPENDIX C

TWO COURSE OUTLINES: OCTOBER, 1971 AND APRIL, 1982

TULSA HEART ASSOCIATION
CARDIAC CARE COURSE I

October 25, 1971

7:30 - 8:15 Registration & Workshop
8:15 - 8:30 Film
8:30 - 9:30 Pre-Test
9:30 - 9:45 Break
9:45 - 11:00 A&P of the Heart
11:00 - 12:00 Lunch
12:00 - 1:00 Basic Electrocardiography
1:00 - 1:30 Film
1:30 - 1:45 Film
1:45 - 2:00 Break
2:00 - 3:30 Sinus Rhythms
3:30 - 3:45 Film
3:45 - 4:00 Homework

October 26, 1971

8:00 - 8:45 Daily Quiz
8:45 - 9:00 Film
9:00 - 10:00 Review of Homework
10:00 - 11:00 Coronary Artery Disease
11:00 - 12:00 Lunch
12:00 - 1:00 Myocardial Infarction
1:00 - 2:00 Complications of M.I.
2:00 - 3:50 Atrial Arrhythmias
3:50 - 4:10 Homework

October 27, 1971

8:00 - 8:45 Daily Quiz
8:45 - 9:00 Film
9:00 - 10:30 Sinus and Atrial Arrhythmias
10:30 - 11:00 Film
11:00 - 12:00 Lunch
12:00 - 12:45 Junctional Arrhythmias
12:45 - 1:00 Break
1:00 - 2:00 Conduction Disturbances
2:00 - 2:30 Film
2:30 - 4:00 Workshops

October 28, 1971

8:00 - 8:45 Daily Quiz
8:45 - 9:00 Film
9:00 - 10:30 Junctional Arrhythmias and Conduction Disturbances
10:30 - 11:30 Pacemakers
11:30 - 12:30 Lunch
12:30 - 12:45 Film
12:45 - 2:15 Ventricular Arrhythmias
2:15 - 2:30 Film
2:30 - 4:00 Workshop

October 29, 1971

8:00 - 9:00 Daily Quiz
9:00 - 11:00 Ventricular Arrhythmias
11:00 - 12:00 Lunch
12:00 - 1:30 Anti-Arrhythmic Drugs
1:30 - 1:45 Break
1:45 - 2:00 Film
2:00 - 4:00 Workshop

November 1, 1971

8:00 - 9:00 Daily Quiz
9:00 - 10:00 Congestive Heart Failure
10:00 - 10:15 Break
10:15 - 11:00 Digitalis
11:00 - 12:00 Lunch
12:00 - 1:00 Other Cardiac Drugs
1:00 - 2:00 Psychological Support of the Patient
2:00 - 4:00 Workshop

November 2, 1971

8:00 - 9:00 Daily Quiz
9:00 - 10:00 12-Lead EKG Interpretation
10:00 - 10:15 Break
10:15 - 11:15 Electrolytes and Drugs Effects of the EKG
11:15 - 12:15 Lunch
12:15 - 1:15 Lab Studies in Cardiac Disease
1:15 - 2:00 Cardiogenic Shock
2:00 - 4:00 Workshop

November 3, 1971

8:00 - 9:00 Daily Quiz
9:00 - 9:45 Films
9:45 - 10:00 Break
10:00 - 11:00 Films
11:00 - 12:00 Lunch
12:00 - 1:00 Electrical Safety in CCU
1:00 - 2:00 Patient and Family Teaching
2:00 - 4:00 Workshop

November 4, 1971

8:00 - 9:00 Daily Quiz
9:00 - 10:30 Pulmonary Physiology
10:30 - 11:00 Film
11:00 - 12:00 Lunch
12:00 - 1:30 CPR
1:30 - 2:00 Film
2:00 - 4:00 CPR Practice

November 5, 1971

8:00 - 9:00 Final Exam
9:00 - 10:00 Emotional Reaction and Adjustment to M.I.
10:00 - 11:00 Extraordinary Means of Prolonging Life
11:00 - 12:00 Rehabilitation of Cardiac Patients
12:00 - 1:30 Graduation Luncheon
1:30 - 2:30 Review of Exam
2:30 - 3:00 Panel Discussion on Cardiac Care Nursing

FACULTY

Maxine Leehan, R.N.
Robert Tompkins, M.D.
J. Legler, M.D.
Janice Talbot, R.N.
C. S. Lewis, M.D.
William O'Melia, M.D.
S. Levit, M.D.
H. Ruprecht, M.D.
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C. Jones, M.D.
W. Osher, M.D.
David Copple, M.D.
R. W. Goen, M.D.
R. J. Bottomley, M.D.
R. A. Searcy, M.D.
Wayne Neal, M.D.

CORONARY CARE COURSE XXII

April 19, 1982

0800-0830 Registration and Welcome
0830-0845 Announcements and Introduction
0845-0915 Pre-Test
0915-0930 Break
0930-1130 Anatomy and Physiology of the Cardiovascular System
1130-1230 Lunch
1230-1330 Coronary Artery Disease
1330-1430 Concepts of Electrocardiography
1430-1445 Break
1445-1630 Basic Measurements (workshop)

April 20, 1982

0800-0845 Review of Homework
0845-0900 Daily Quiz
0900-1045 Events of the Cardiac Cycle
1045-1100 Break
1100-1200 Assessment of the Cardiac Patient
1200-1300 Lunch
1300-1415 Diagnostic Evaluation of the Cardiac Patient
1415-1430 Break
1430-1515 Sinus Rhythms
1515-1630 Sinus Rhythms (workshop)

April 21, 1982

0800-0845 Review of Homework
0845-0900 Daily Quiz
0900-1030 Medical Management of Acute Myocardial Infarction
1030-1045 Break
1045-1200 Nursing Process for the Patient with Myocardial Infarction
1200-1300 Lunch
1300-1400 Cardiac Drugs I: General Theory—Drug Mechanisms
1400-1415 Break
1415-1530 Atrial Arrhythmias
1530-1630 Atrial Arrhythmias

April 22, 1982

0800-0915 Review of Homework
0915-0930 Daily Quiz
0930-0945 Break
0945-1045 Blood Goes Round and Round
1045-1200 Medical Management of "Pump Failure"
1200-1300 Lunch
1300-1500 Nursing Management of the Cardiac Patient on the Respirator
1500-1530 Junctional Dysrhythmias
1530-1630 Junctional Dysrhythmias(workshop)

April 23, 1982

0800-0845 Review of Homework
0845-0900 Daily Quiz
0900-1000 Case Studies in Supraventricular Arrhythmias
1000-1015 Break
1015-1200 Mid-Course Examination
1200-1300 Lunch
1300-1430 Swan Ganz Pressure Monitoring
1430-1445 Break
1445-1530 Alternate Modes of Monitoring
1530-1630 Stress Management for the Critical Care Nurse

April 26, 1982

0800-0845 Review of Mid-Course Examination
0845-1015 Pacemakers
1015-1030 Break
1030-1200 Nursing Care of the Surgical Cardiac Patient
1200-1300 Lunch
1300-1400 Ventricular Dysrhythmias
1400-1415 Break
1415-1515 Surgical Management of Coronoary Insufficiency
1515-1630 Ventricular and Pacemakers (Workshop)

April 27, 1982

0800-0845 Review of Homework
0845-0900 Daily Quiz
0900-1000 Medical Management of Coronary Insufficiency
1000-1015 Break
1015-1100 Nursing Management Post-Streptokinase
1100-1200 Cardiac Drugs II - Specific Cardiac Dru
1200-1300 Lunch
1300-1430 Cardiac Rehabilitati
1430-1445 Break
1445-1545 Conduction Disturbances
1545-1630 Conduction Disturbances (Workshop)

April 28, 1982

0800-0845 Review of Homework
0845-0900 Daily Quiz
0900-1000 Arrhythmias to Expect with Particular Cardiac Problems
1000-1015 Break
1015-1145 Cardiac Arrest
1145-1230 Film: "Disorders of the Heart Beat"
1230-1330 Lunch
1330-1630 Practicums
- a. Cardioversion and Defibrillation
- b. Pacemakers
- c. Emergency Drugs
- d. Arrhythmia Interpretation (static)
- e. Arrhythmia Interpretation (dynamic)
- f. Selected Case Studies

April 29, 1982.

0800-0900 Review of Homework
0900-0915 Break
0915-1200 Final Examination
1200-1300 Lunch
1300-1415 Introduction to 12 Lead ECG Interpretation

program for April 29 and 30 continued on back

1415-1445 Electrolyte Disturbances Reflected in the ECG
1445-1500 Break
1500-1545 Review of the Final Exam
1545-1630 Evaluation and Presentation of Certificates

April 30, 1982
Basic CPR Certification (optional)

0800-0830 Registration and Welcome
Course Requirements
0830-0900 Lecture "The Principles of Cardiopulmonary Resuscitation"
0900-0930 Film "The New Pulse of Life"
0930-0945 Break
0945-1030 Demonstration of Techniques
Questions and Answers
1030-1130 Supervised Practice Session
1130-1230 Lunch
1230-1330 Written Examination
1330-1400 Review of Written Exam
1400-1415 Break
1415-1630 Supervised Practice and Return Demonstration Resuscitation Techniques

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St. John Medical Center

CORONARY CARE COURSE XXII

Name _____ _____ RN/LPN

Home Address _____ Phone _____

City _____ State _____ Zip _____

Social Security Number _____

Hospital Affiliation _____

I will be attending the Basic CPR Certification Course April 30, 1982.

_____ yes _____ no

Make checks payable to Saint Francis Hospital and mail with registration form to: Saint Francis Hospital, Nursing Education, 6161

APPENDIX D

SAMPLE LIST OF FILMS USED

SAMPLE LIST OF FILMS USED

1. Concepts of CCU
2. Disorders of the Heartbeat
3. Format for Arrhythmia Interpretation
4. S.A. Node
5. The Heart - Acute Myocardial Infarction
6. Atrial Arrhythmias
7. Digitalis and Quinidine
8. Junctional Arrhythmias
9. Electrocardiographic Montoring
10. A-V Arrhythmias
11. Ventricular Arrhythmias
12. Types of PVC's - Their Treatment
13. Warning Arrhythmias
14. Lethal Arrhythmias
15. Spark of Life
16. Pulse of Life
17. CPR

APPENDIX E

LETTER FROM SAINT FRANCIS HOSPITAL

Saint Francis Hospital

INTER-OFFICE MEMO

Date July 10, 1978

To Richard D. Raines, M.D., Chairman, Professional Education Committee, Tulsa Chapter, American Heart Association

From Janice E. Talbott

Subject Tulsa Area Cardiac Care Course

As you know, the Tulsa Heart Association has coordinated the Area-Wide Cardiac Care Course, held twice annually, since October, 1971. Saint Francis Hospital heartily endorses the community concept of basic cardiac care nursing education.

During the past seven years Saint Francis Hospital has consistently provided two full time group leaders plus one to four additional nurse instructors for specific topics. In addition to the personnel, we have provided the bulk of the audiovisual and handout material. Obtaining adequate full time nursing support from other Tulsa hospitals has become an increasing problem. Other problems inherent in the present course organization are:

1. Finding a suitable location for the course.
2. Application for Continuing Education Units (turnover of Heart Association office staff contributes to this difficulty as well as to other clerical aspects of course planning and presentation).
3. Scheduling meetings between nursing representatives from all hospitals for planning.
4. Transporting audiovisual software and hardware to various course locations.
5. Contacting and verifying course speakers.

In light of the above, Saint Francis Hospital would like to offer to assume full sponsorship of and responsibility for organization and presentation of the area wide course with endorsement by the Tulsa Chapter, American Heart Association. We would plan to continue the course as presently structured, with support and cooperation of the Professional Education Committee and the Nursing Education Sub-committee. We would continue to solicit physician and nurse lecturers and instructors from all Tulsa hospitals and would also continue to include all of the present area coverage for potential students.

Present plans are to accept 40 students at the established $35 fee and to hold the course at the Kelly Building. The months of April and October are projected as course dates (as presently offered).

This change in primary course sponsorship represents a reduction in time and energy for all concerned by:

1. Eliminating Heart Association office staff involvement in preparation.
2. Reducing travel time and transportation problems for equipment, meetings, etc. for Saint Francis Hospital nursing instructors.
3. Centralizing responsibility for clerical work, printing, requesting CEU's, etc. in one office where these activities are an everyday responsibility.
4. Eliminating the repeated searches for a place to hold the courses.
5. Reducing communication problems often resulting from multi-agency involvement.

We are anticipating offering the next two week course October 2-13, 1978, with the cooperation of the Tulsa area medical and nursing community. The continued support of the Heart Association through the Professional Education Committee will be greatly appreciated.

Jan Yakes

APPENDIX F

REVISED POLICY ON NURSING EDUCATION

COMMITTEE MEMBERSHIP

May 5, 1982 REPORT OF NURSING COMMITTEE ON COMMITTEE MEMBERSHIP

THE FOLLOWING RECOMMENDATIONS HAVE BEEN MADE BY THE TASK FORCE:

1. TYPES OF INSTITUTIONS: ELIGIBLE INSTITUTIONS ARE:

   UNIVERSITY OF TULSA
   TULSA JUNIOR COLLEGE
   ORAL ROBERTS UNIVERSITY
   LANGSTON
   COLLINSVILLE HOSPITAL
   CHILDRENS MEDICAL CENTER
   ST. JOHN MEDICAL CENTER
   ST. FRANCIS HOSPITAL
   DOCTORS HOSPITAL
   OKLAHOMA OSTEOPATHIC HOSPITAL
   HILLCREST MEDICAL CENTER
   CITY OF FAITH
   FRANKLIN MEMORIAL HOSPITAL

2. NO. OF REPRESENTATIVES PER INSTITUTION: THERE WILL BE AN OPTION OF TWO (2) MEMBERS MAXIMUM PER INSTITUTION AND ONE DESIGNATED ALTERNATE WITH THE DECISION RESTING WITH THE INSTITUTION.

3. QUALIFICATIONS FOR REPRESENTATIVES: MUST BE AN R.N. EMPLOYED AND SELECTED BY THE INSTITUTIONS LISTED UNDER NO. 1. ABOVE.

4. SCHEDULING MEETINGS: THE TASK FORCE ALSO RECOMMENDED HAVING MEETINGS THE 4th MONDAY OF ODD MONTHS AT 3:30 P.M. WITH THE OPTION OF CALLING "EMERGENCY MEETINGS" AS NEED ARISES.

5. PROCESS FOR NEW MEMBERS: IN JULY OF EACH YEAR, ON RECEIPT OF NOTIFICATION FROM THE HEART ASSOCIATION, EACH INSTITUTION WILL SUBMIT MEMBERSHIP FORMS AND VITAES OF THEIR DESIGNATED REPRESENTATIVES. IN ADDITION, EACH INSTITUTION WILL BE GIVEN AN ANNUAL ATTENDANCE REPORT ON THEIR DESIGNATED REPRESENTATIVES AND A REPORT ON ACTIVITIES OF THE NURSING EDUCATION COMMITTEE FOR THE TULSA COMMUNITY.

VITA

Theresa Lucille Becker

Candidate for the Degree of

Master of Science

Thesis: THE EVOLUTION OF THE AREA-WIDE CORONARY CARE COURSE OF THE TULSA CHAPTER OF THE AMERICAN HEART ASSOCIATION

Major Field: Occupational and Adult Education

Biographical:

Personal Data: Born in Kansas City, Missouri, July 15, 1939. Married on October 29, 1960 to Thomas A. Becker. Children: Bryan Thomas - 21, Judith Roseann - 20, Maria Theresa - 18, Michelle Eileen - 16, and Victoria Joanne - 15.

Educational: Graduated from Cardinal Glennon High School, Kansas City, Missouri, 1956; received a Bachelor of Science in Nursing degree from Avila College in May, 1960; completed requirements for the Master of Science degree in Occupational and Adult Education, with an emphasis in Human Resources Development at Oklahoma State University, Stillwater, Oklahoma in December, 1982.

Professional Experience: Staff Nurse on Medical-Surgical Unit and CCU, 1960-63. Staff Nurse on Orthopedics Unit, 1968-1970; Staff Nurse in ICU and CCU, 1970-1976; Critical Care Instructor, 1976-1980; Community Health Education, 1980-March, 1982; Director of Education, March, 1982 to present.

Professional Organizations: American Critical Care Nurses Association; American Lung Association; American Red Cross; American Heart Association.