



**2009 Creative Writing Competition  
Winners**

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**First Place Poem**

*Leaving Free* by Amy Nylund

**First Place Essay**

*Growing Pains* by Kristi Glakas

**Second Place Essay**

*A Warm Hand to Hold* by Eleanor Bergland

**Third Place Essay**

*As Simple As a Bath* by Amy Nylund

*Enjoy reading the winners below!*



**2009 Creative Writing Competition**  
**First Place Poem**

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**Leaving Free**

Amy Nylund

This feeling is bigger than dark chocolate  
It's bigger than long drives  
I can't contain it on my clipboard  
Nor can i throw blankets on thick enough to suffocate it  
Borders discrete and undefinable  
Unpalpable beats of some distant heart  
So outside my own body and my own mind  
Yet still as tiny explosions and a hovering cloud  
This feeling is bigger than chamomile tea  
It is bigger than (me).

each new person  
an entire world crashing down  
and here i take care  
leaving scot-free  
in white shoes and white linens



## 2009 Creative Writing Competition First Place Essay

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### Growing Pains Kristi Glakas

My deepest relationship is with my coffeemaker.

It is the first thing I think of when my alarm makes that FIRE!FIRE!FIRE! sound and I startle, dehydrated and panicked, in a pile of Patient Treatment Plans on the floor with all the lights still on.

I do not even mind the hissing, beeping, the ear-splitting grinding of the beans. The smell is intoxicating, and it reminds me of “getting things done,” a mission accomplished. And, because I know the smell of it is most closely linked to my pituitary gland and my memory, it reminds me of Dr. Brashers. She is serene and confident, with seemingly every one of the world’s useful facts tucked neatly away in her head. I watch this phenomenon with a deep sense of wonder every Monday and Wednesday morning, as I guzzle my bio-fuel and give up taking notes at this break-wrist speed because I know I will never, ever be able to make angioplasty and tropism sound this reasonable and controllable. She is soothing, despite this. She makes me think that if I just keep reading, I might actually sound *something* like this - one day.

What I think of the most these mornings, when I have both elbows on my kitchen counter and my nose in the empty cup in front of me (waiting, because I’m incapable of doing another thing until that cup is full) is the tiny, calamitous world of people and problems and beeping I will walk into in one hour. I have spent the night fretting over IV compatibility and migs-per-kig-get-me-a-calculator, with a deep sense of dread over the fact that I might not know an answer and all trust will be blown. All of this catastrophe is balled into one acronym in my head. It varies every semester. “7W, 3W, The Fourth Floor.”

I dress slowly in the dark, one leg and then two into the Dickie’s flared scrub pants that make me feel a little bit less like a dorky marshmallow. As I do every clinical day, I take my time putting on that navy scrub top. I remember staring at myself in the mirror when I wore it for the first time, no less than a half an hour after I purchased it. It was starched and geometrically wrinkled in its newness, and my scrubbed-up reflection seemed not to be my own. There was a real-live *nurse* in the mirror, complete with all of the grandeur and nobility my naiveté had assigned her.

The nurse in the mirror that day was awake, excited, hopeful, looked a little younger, stood a little taller, and was likely holding a Coke instead of a Venti Triple Shot Extra Hot No Foam.

This morning, I don't bother to look in the mirror because I haven't touched my Chanel foundation in three months, and Burt's Bees is the most glamorous weapon I now have in my arsenal. I am wrinkled slightly around the eyes, my dark circles would scare a small animal, and I am... still asleep. But I still love that navy blue v-neck, every orange and white stitch confirming that I-Have-What-It-Takes-I'm-A-U.Va.-Nurse. I am slightly bolstered, until I remember that I didn't research why my patient's BUN is elevated.

The caffeine buzz carries me only so far as the door to my patient's room, where every single day, the same thing happens, and it is the reason I know I should – I can – keep going. The room is full of that blue-colored light that is so much like the surface of skim milk in a glass, and the only sound is the bubbling and whirring of the O2, at a soft 3L, that reminds me of making a pot of tea. I begin to feel warmer and feel myself unhinge. I tiptoe gently into the room, not able to bear the thought of waking her up, and in just that moment, I am ready. The hand clenching the doorside chart loosens a little. The dissonance of the unit's background noises suddenly merge into a symphonic rhythm that I will soon use to time my steps as I rush through the day, at a pace my best friend has always said gives me away as a city-girl. I let out a breath, and begin the day I am suddenly very much enjoying.

We are smiling and laughing as we talk about grandkids...

I am nodding and murmuring "mm-hmm" as she describes the night she's been through...

I am biting my lower lip in concentration as numbers and choppy sentences transfer from my brain to her flowsheet...

I am furrowing my brow as I untangle the spaghetti of IVs that I have simplified into something I can handle, just for the day... two ports, two pumps, two bags, Change Saturday, now vitals...

There is a language going on in my head that only belongs to these hours, that I can only understand when my hands are on a patient's arm, as I widen my eyes to concentrate as I move her from her bed-base to the chair. I cannot speak this language to my boyfriend or he looks at the person next to us and says, "Don't worry; I never understand what she's talking about, either." I can only speak it to myself when I am counting mcgs or dividing by 60 minutes or listing PRQRST and where-is-my-P-wave. I understand it the most when I am doubled over the dressing on a pressure sore, or when I am massaging cream onto an open facial rash, annoyed at my gloves because I can't warm the stuff up. I understand it best when she cries because she wants to go home and I am the one she cries to. I understand it the most when I am leaning over her chest, all noise shut out completely, and I hear the entrancing lub-lub, swishing, humming that I love so much. When my patient looks up she sees my mouth slightly parted in concentration, the nursing-student rendition of that open-mouthed thing girls do when they put on mascara. I hear Kathy Haugh counting, "Kentucky, Kentucky, Kentucky..."

There is a time during the day, when all of her meds are given, all of her IVs are hung, she is assessed to the gills, she is clean and exercised, her family has let her fall asleep, and her room returns to that milky-blue light of sleep, when I know she feels better. She is smiling a little, she has eaten for the first time in two days, she is no longer on isolation, she has been out of bed for the first time since she got here. I have been at her back, diligent, patient, emulating that part of Kristi Gott that is only soft and gentle when she is around tired children.

There are parts of me that have felt her tiredness, her confusion, her pain, and an even bigger part of me that just pours out of my palms when I am at her bedside or holding her knee while I wrap the gauze around her staples. I stand in the doorway and hear Kathryn Reid say, “The patients with these problems are the neediest, and as a nurse those are the ones that need me the most, they’re the ones I want to help the most.” No matter how hard her exam will be next week I will always remember her saying this, and will always feel a self-reassurance in the fact that I feel that, too.

The dread from the night before is forgotten, I am drinking water instead of coffee, and I will enjoy writing my log to recount how my instructor told me I did “great work” giving meds. It makes me reach up and gingerly touch the little logo on my scrub top, look at my sleeping patient, and say to myself in the private nursing language that is made up of incomplete sentences and abbreviations and womb-like sounds, “I’m here, I’ll do whatever it takes.” That makes me feel fulfilled, and it is all, very suddenly, worth it.



## 2009 Creative Writing Competition Second Place Essay

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### **A Warm Hand to Hold** Eleanor Bergland

I did not know the age of the first patient that died as I looked on. I didn't know his medical history, his current illness, or even his name. I did know, however, that he had one small black cat that slept in the crook of his arm every night without fail. I knew that his marriage was entering its 62<sup>nd</sup> year of existence. I also knew that all three of his children lived close by and checked in daily to deliver the paper and to make sure that the fresh coffee was hot and strong. In fact, I did not even see this patient until the ventilator had already been turned off and the endotracheal tube had been removed.

This elderly gentleman was not my assigned patient. And yet I kept an eye on the doorway to his room as I sped around throughout the day, administering medications and documenting assessments. Family streamed in and out constantly and the door was often closed, signaling a family meeting was occurring. His primary nurse confirmed that the patient was nearing the end of life and that support was going to be withdrawn within the next few hours. I told the nurse to let me know if he needed any help and I continued with my day.

I was exiting the locker room, purse and jacket in hand at 1500, thinking of the errands and paperwork I had to do when I got home. I glanced over and set my purse down immediately. I went up to the huddle that I saw outside of the patient's room and overheard from the nurse that the respiratory therapist was taking the breathing tube out and that they could go back in whenever they wished. The door opened and the three children rushed in. His wife, a frail-looking, modestly dressed woman who barely came up to my chin was left outside of the room, hand in hand with the nursing aide. I wheeled over a chair and the woman sat down. "Where will the cat sleep now?" was the first question out of her mouth. For the next half an hour, she told me how her husband had always cut down the biggest Christmas tree he could find, even if it never fit into the living room. She talked of how he always had a spare dime or quarter to spare for his children to buy penny candy with, even when funds were scarce. She said that he never smiled in pictures and when she asked why, he answered that he always wanted her to look better in pictures than he did. No remarks were made about his disease, or about how his health had been before this hospital admission. Tears streamed down her face throughout our entire conversation, and yet it felt like I was not even in a hospital anymore. It was as if I was sitting at their kitchen table, having a cup of the hot coffee.

Eventually, the three children emerged from the room and told their mother that he had passed. The nursing aide and I helped her to her feet as she entered the room and sat down next to his bed, laying her head down onto his hand. Sensing the need for privacy, I left the room. A few minutes later, I saw her close the door behind her as she began to walk in my direction. She told me that one of her husband's favorite phrases to say was that "all anyone needed in life was a warm hand to hold, a listening ear, and a pretty face to look at". She smiled, took my hand, and said that I had been that person for her today. And then I hugged the woman whose name I did not know, nor she mine.

That day, I had my first death experience. And I was there. Just there. I learned the power that presence has and how lasting bonds can be formed with not only the patient, but with the family as well. Later, I asked the nurse what the patient's last name was and I looked him up in the obituary section of the daily paper a few days later. It didn't mention that he was survived, not only by his family members, but by a loving black cat as well. I however, knew the truth.



## 2009 Creative Writing Competition Third Place Essay

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### As Simple As a Bath

Amy Nylund

Her vital signs were stable and her antibiotics infusing at a 200mL/H rate. She had barely touched her neon yellow eggs and biscuit (which would not have been surprising had I not known this was her favorite breakfast). Crumpled tissues scattered her bed side tray and there was an undeniable odor coming from her hospital sheets and gown. Her family wouldn't be visiting until late in the evening. She looked completely stripped of hope.

As I moved about charting her assessment and checking for updated orders from doctors after rounds, my clinical instructor approached me. "Ms. C. is not looking good today," she said. My patient had been here for at least two weeks now—after being evaluated for a possible stroke, she had developed nosocomial pneumonia and sepsis—and everyone in my clinical group had somehow encountered her. As if her current complications coupled with hypertension, right hemiparesis and dysarthria (related to a previous stroke), urinary incontinence, obstructive sleep apnea, hyperparathyroidism, and anemia were not enough, my 57 year-old patient was battling extreme depression as she tried to struggle through both her chronic and acute diseases. No longer able to be the care-provider, the effect her health had had on both her family and her own life was devastating.

Her extensive medication regimen and consistent care plan changes could have certainly kept me busy throughout the entire morning. Yet while knowing that her physical stability may be my first nursing priority, I tried to focus on her as a whole person. How could I possibly make a difference for this woman today?

I asked her if she might like to wash up soon. Her reply nearly broke my heart.

"I don't really see the point," she said. "I'll just have to get cleaned up again tomorrow. And the next day. And who knows—I might be dead in an hour." I could see that her despair was mounting. It was as if she could no longer find anything to look forward to.

“Well, you know, Ms. C, you’re right,” I said. “You might die in an hour. You might die in a week. You might die in ten years! Who knows if *I’ll* even be alive in an hour! But the way I see it...if I die today or tomorrow or in 2085, I might as well be clean when I go.”

Ms. C. laughed. She said, “I suppose you’re right. I think I’d be due for a bath today.” As I gathered my supplies and started to wash her with soap and water, I noticed that it had probably been days since she had last been clean. I imagined I could find “refused bath” neatly written each day in her bedside chart. I started to ask her about her family, about her life before the stroke and how it had been affected since then. I asked her about her spiritual life and about her grandchildren, two topics which brought her much joy. Once I’d finished shampooing her hair I asked her if there was anything else I could do.

“Well, my family is coming today..my little grandson too. And this hair of mine is just a mess. Do you think you might be able to comb and braid it for me?”

Knowing I was no braiding connoisseur, I could at least try. Even if there were some stray pieces and fly-aways, I knew that the act itself would mean more than the final result. When we couldn’t find hair ties, I cut a piece of ribbon from some *Get Well* balloons and fastened two small red bows in her hair.

I handed her a mirror and the small smile on her face said more than words could even begin to. She was shiny and clean, but more importantly, she was loved. She was important enough for someone to take the time to talk to, to make sure she was taking care of herself. My clinical instructor found me at the end of the day and said, “Wow! Ms. C really looked like a different person at the end of the day! What did you do?” And I knew that it wasn’t the newly ordered Vancomycin or the deep cough and breathing that had made Ms. C. feel better. It was as simple as a bath.