



# Nursing News

Department of Nursing Newsletter • Volume 16 Number 1

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## Department of nursing celebrates its 20th anniversary

The Department of Nursing celebrated its 20th anniversary during Homecoming Weekend on Oct 15, 2005. Over 81 alumni and faculty attended the festivities. Dr. Elaine Hagenbuch, the first chairperson of the nursing program, addressed the attendees and reminisced about how the nursing program evolved, how her faith in God helped her to develop the nursing curriculum, and how faith in God has sustained her in her nursing career as well as in her new career. Elaine graduated in May 2005 from seminary and is the pastor of Floral First United Methodist Church, Hopewell United Methodist Church and Christian Home United Methodist Church in Alabama.

Other past chairpersons in attendance were Sandra Jamison and Ruth Stoll. The first graduating class, 1985, was represented by Nancy Peterman Payne. Everyone in attendance had fun reminiscing about the “old” times as well as catching up on what has happened in each other’s lives since graduation. Nursing faculty had fun trying to remember the alumni’s names; however, they did remember the faces. It was a pleasure having Fran Bittle, Donna Havens, Ruth Zook, and Arlene Miller, former nursing faculty, at the luncheon and celebration.

Alumni were encouraged to visit the Nursing Skills Labs to view the current state of the art facilities and to reminisce about the fun times practicing skills in the nursing labs. Paula Landry, a Messiah College grad, prepared a presentation about Emily Krauss Dudeck’s (class of 1995) ministry among the Fulani in Guinea, West Africa.



*Grads of 2004, Hilary Ader, Michael James, and Kelly Sensenig Jahnke.*



*The nursing department's first chair, Elaine Hagenbuch*



*Suzanne (VanHorne) Hamilton '90 and Kathy (Cochrane) Coward '90.*



*Nursing faculty enjoying the festivities.*

## VIEW FROM THE CHAIR

# Looking to the future in nursing education

Carolyn L. Kreamer, Ph.D., RN

These are exciting, challenging, and confusing times in nursing education. It is difficult to discern whether we are poised at the threshold of momentous change in our profession and its educational model or, as some have suggested, simply witnessing the frustrated efforts of a few of the elite advocating their own agenda. Whatever the reality, initiatives for advancing professional nursing education in the 21st century have certainly stimulated considerable discussion and anxiety among some educators and practicing nurses. Many of you may have heard about pilot projects sponsored by the American Association of Colleges of Nursing (AACN) to prepare an entry-level nurse generalist at the master's degree level called a "clinical nurse leader," and its further efforts to move forward an agenda advocating the Doctor of Nursing Practice, or "DNP," as the minimum credential for advance practice nurses, such as nurse practitioners, clinical specialists, nurse anesthetists, and certified nurse midwives. If these initiatives are a surprise to you, you will want to visit the AACN website to familiarize yourself with these important projects: [www.aacn.nche.edu](http://www.aacn.nche.edu).

In the midst of this vortex, some have asked, "What about the baccalaureate degree and its importance to nursing practice? Where does it fit in these new plans?" The AACN continues to affirm its position that the baccalaureate degree in nursing is the minimum preparation necessary for professional nursing practice as a registered nurse. Nevertheless, after more than 40 years of nurses trying to advance their minimum academic credentials for professional practice to the baccalaureate degree without success and with the increasingly complex healthcare delivery systems failing to adequately meet the needs of its clients, an argument may be made that it is time for bold, new directions. The most recent data reported by the United States Department of Health and Human Services indicated that nationally 42.2 percent of nurses received their initial preparation in associate degree programs, while 30.5 percent received their initial preparation in baccalaureate degree programs. All educational levels experienced an increase with those reporting their highest preparation as a baccalaureate degree increasing by 170 percent, but those reporting their highest preparation as an associate degree increasing by 232 percent.<sup>1</sup> These are sobering figures that point to continuing, unparalleled growth of associate degree education in this country and while these new AACN visions for the future of nursing education have stirred considerable controversy, they have forced us

to face the dilemma of trying to overcome the juggernaut of associate degree education. Many have criticized these efforts as inappropriate or ill conceived at a time of critical nursing shortages across the world. Many feel threatened, confused, or blindsided by these suggested changes.

There is no reason for panic.

First, it is likely that any changes in expected credentials for professional nursing will take many years to implement. But it will be important for all practicing nurses to inform themselves of these trends in education so that they might be positioned to take best advantage of the opportunities for their own, continued professional growth and development. Second, nurses with baccalaureate degrees will always be needed and welcomed in any model for care delivery. Indeed, landmark research documenting that hospitals with higher proportions of baccalaureate or higher degree nurses had reduced patient mortality was one of the driving forces behind some of these initiatives. Higher educational levels of nurses have been directly linked to positive patient outcomes. Finally, the important knowledge and skills obtained in a liberal education such as critical thinking, problem solving, communication, ethical advocacy, cultural sensitivity, leadership, and the ability to work with interdisciplinary teams are the most crucial components of any profession — regardless of academic credential. Because of their excellent skills in all of these areas, nurses who have had the privilege of graduating from Messiah College will be well-prepared for any changes that the future may hold.

We have no reason to fear change in nursing education — whatever that change may be. If increased levels of education are required in the future, Messiah nurses have the academic skills and gifts to rise to those expectations; I have absolutely no doubt. But, so long as complex healthcare systems continue to need sensitive, compassionate, intelligent, well-educated nurses, the baccalaureate-prepared nurse will continue to make critical contributions to the health of the nation.

<sup>1</sup>US Department of Health & Human Services, Health Resources & Services Administration. *The Registered Nurse population: National sample survey of Registered Nurses, March 2004*. Washington, D.C.



## Curriculum redesign project

Over the past 20 years, Messiah College has developed a reputation for offering quality baccalaureate nursing education to undergraduate students. The strength of the nursing program has been grounded in a variety of factors, not the least of which has been its nursing curriculum. Originally designed and conceived in the

early 1980s, the nursing curriculum was innovative for its time, focusing on the wellness-illness continuum, levels of health, family development, and grand nursing theory. Additionally, clinical courses were designed with the prevailing philosophy of integrating content areas that incorporated several clinical disci-

plines in large, team-taught courses delivered in a lock-stepped sequence. Prerequisite support courses were heavily focused on natural sciences and some behavioral sciences. Since its inception, the nursing curriculum has undergone some revision, prerequisite support courses have changed somewhat, and individual

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course content has been adapted or added to include changes in healthcare trends and nursing practice. However, the foundational design of the nursing curriculum has had few major changes.

Since the 1980s, the role of the nurse in the increasingly complex healthcare system has changed dramatically, with increased emphasis on core competencies such as critical thinking, communication, assessment skills, and technical competence; core knowledge, including health promotion, risk reduction, disease prevention, illness and disease management, ethics, human diversity, global healthcare, and healthcare systems and policy; and emphasis on professional values of altruism, autonomy, human dignity, integrity, and social justice. Additionally, distinct practice functions have been identified as essential for the beginning nurse, including being a provider of care; a designer,

manager, or coordinator of care; and being an advocate for the profession of nursing (American Association of Colleges of Nursing, 1998). Given these changes in expectations for professional nursing education coupled with nursing program assessment data retrieved over the last few years from exit interviews of senior nursing students, surveys of alumni and employers, nursing faculty assessments, and suggestions from the department's external Advisory Council, a comprehensive revision of the current nursing curriculum at Messiah College was deemed warranted.

The new nursing curriculum design is currently in its final phases of development. The highlights of the redesigned curriculum include clinical nursing courses that are either four or five credit courses instead of eight credit courses. These redesigned clinical courses also are struc-

tured to allow for clinical experiences to coincide with theoretical content being presented in class. The framework of the redesigned curriculum reflects Betty Neuman's key concepts of nursing (Reed, 1993) and has three levels. The organizing concept of the first level is "Nursing within a Christian Worldview." The organizing concept of the second level is "Nursing throughout the Lifespan," and the organizing concept of the third level is focused on "Healthcare Delivery Environments." The date of implementation of the redesigned curriculum is currently projected for fall 2007.

### References

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## Scholarship evolving from research roundtable collaboration

The collaboration with PinnacleHealth System in Research Roundtable has afforded nursing faculty the opportunity to engage in scholarly activities with their advance-practice nurse colleagues. Research that evolved from this collaboration was accepted for poster presentation at the 18th Annual Scientific Session of the Eastern Nursing Research Society in Cherry Hill, New Jersey, April 20–22. Dr. Carolyn Kreamer and Sarah Harne-Britner presented a poster on "Improving Medication Skills of Nurses and Nursing Students," and Dr. Kreamer, Sarah Harne-Britner, Marianne Allen, Mary Ann Clement, and Kimberly Fowler presented a poster on "Improving Hand Hygiene Adherence among Healthcare

Providers." Additionally, Dr. Kreamer and Dr. Louann Zinsmeister, along with PinnacleHealth colleagues Sarah Harne-Britner, Marianne Allen, and Deborah Schafer, had an abstract accepted for a symposium presentation on the entire Research Roundtable collaboration for the Fourth International Evidence-Based Nursing Preconference at the 17th International Nursing Research Congress sponsored by Sigma Theta Tau International in Montreal, Quebec, July 19–22, 2006. The symposium presentation will be "The Development and Implementation of a Collaborative Partnership between Practice and Education for Research and Evidence-Based Practice."



Ruth Stoll and Kathy Bolden '95.



Kay Huber and Michael James '04

## An international nursing possibility

Wanda Thuma-McDermond, MS, RN

Global health issues are a stated part of nursing content per the American Association of Colleges of Nursing (AACN) and the Committee on Collegiate Nursing Education (CCNE), as are cultural diversity and transcultural nursing. As a new initiative and to meet these content needs, a nursing department proposal for a discipline-specific cross-cultural course has been put into process so as to address such issues at Macha Mission Hospital in Zambia, Africa. Macha Mission Hospital is situated in rural Zambia, where the implications of the Sub-Saharan AIDS pandemic are visible daily, along with the two other diseases of poverty targeted by the Global Fund: malaria and tuberculosis.

At this point in time, in order to accommodate the facilities at Macha and take fewer students, the proposal builds on the course objectives for NSG 495 as a Senior Practicum. NSG 495 encompasses 90 hours in the clinical setting with weekly classes during the three weeks of January term. In other words, it is a Senior Practicum in an international, rather than a local, setting, which is not to be confused with “fun in the sun” in a tropical climate for J-term. The target date is January 2007, with Wanda Thuma-McDermond leading the course, hopefully accompanied by Christy Stark Smith. Coincidentally enough, Wanda was born and raised at Macha, and has since lived and worked internationally in Kenya, England, and Scotland.

Future proposals may be able to expand the global health and transcultural nursing aspects as the whole Macha community encompasses schools (elementary and secondary), businesses, church services, plus rural development. Macha is also a center for AIDS treatment focusing on a multidisciplinary approach with ART (antiretroviral treatment) and counseling. There would be possibilities for interactions with Zambian staff at Macha, including other nursing students. Maternal-child health issues are important in rural community health and dear to the heart of Christy, who might be able to build on those aspects. Additionally, there may be the possibility of research projects since Macha is associated with Johns Hopkins University in malaria research (Malaria Institute at Macha/MIAM). MIAM is expanding and in due time may have dormitory space for larger groups of students. Of course, the local flora, fauna, and topography would be assessed and evaluated through travel to Victoria Falls and Chobe Game Park!

## The Pocket PC Initiative in the Department of Nursing

Pamela Linstedt, MSN, RN

*“In technology, the only constant is change.”*

The Pocket PC Project was initiated in 2002 as a result of recognition of the growing use of handheld technology in the healthcare setting. It was the faculty's belief that preparation of future professional nurses needed to include education regarding the use of handheld technology and its practical application. Students and practitioners alike must have easy access to current information at the point of care in order to enhance patient outcomes.

A pilot project using 13 pocket PCs with faculty and several different groups of students was conducted from summer 2002 to spring 2004. Faculty and students were asked to evaluate both hardware and software. Based on the positive feedback during the pilot project, the decision was made to move forward with the integration of pocket PCs into the curriculum.

Students who used the pocket PCs in the clinical setting recognized the value of accessing information easily:

“I could look up information on meds that I had to give in no time at all and also could look up information on my patients' diagnoses in order to provide the best care for them. Once a patient asked a question that I didn't know the answer to and I pulled out my pocket PC, looked it up and answered his or her question on the spot.”

“I frequently, during the clinical experience, needed to look up diseases and drug references that applied to the patient I was caring for at the time. In the past, I would have walked around the unit looking for a textbook that was difficult to find and also may not have had what I was looking for. With the pocket PC, I was able to look up diseases much more quickly and was able to have a better understanding of my patient's condition and therefore able to provide better teaching and a greater depth of patient care.”

As of spring 2006, a technology fee was added to N202 that allowed for all sophomore nursing students to receive a pocket PC (IPAQ 2490), foldable keyboard, 256 MB storage card, three-year warranty and two software programs: Taber's Medical Dictionary and RNotes. As students progress in the major, additional software will be added. Anticipated software for the junior year includes: Diseases and Disorders, Nurse's Manual of Laboratory and Diagnostic Tests, and Davis Drug Guide. All of the eBooks are downloaded through an Internet-based vendor, Skyscape ([www.skyscape.com](http://www.skyscape.com)), at a group discount rate. The IPAQs use a Windows operating system and come with various programs such as Word, Excel, and PowerPoint, as well as a calendar and contacts program. The IPAQ 2490 is also equipped with wireless capabilities providing the students with classroom access to the Internet using the new wireless network on campus. Debbie Loop and Pam Linstedt provided orientation sessions to familiarize the students with their devices as well as the process of down-loading software.

Students are excited about the new technology and the possible applications. The application in the clinical setting for clinical references is the most obvious, but we will also explore other applications — taking classroom notes, looking up information for case study application, accessing the library databases and web literature, and downloading classroom materials from Blackboard. Eventually, we hope that we will be able to adapt some of our forms to the pocket PC format. The benefit of pocket PCs for student learning and increasing student confidence in patient care is obvious, and as students are better prepared, the benefit to patients is great. As healthcare systems move forward with computerized documentation systems, handheld computers are likely to be one of the tools used at the patient's bedside. Our graduates will be ready to be leaders in the use of handheld technology.

# Behind locked doors: a look at prison nursing

Debbie Loop, MSN, RN

Nursing is nursing, no matter where it is practiced. The bright therapeutic milieu the nurse has been so accustomed to in today's healthcare setting is replaced with cold cement-block walls, cement floors, metal bars, thick heavy locked doors, and uniformed security officers. No longer does the nurse work under the concept that the patient and his or her health status are first priorities. Safety is now the guiding concept. Security regulations prevent one from bringing glass containers/bottles, cell phones, PDAs, sharp objects, chewing gum, etc. into the workplace. Everyone is subject to a random search and all patient contact requires the accompaniment of a security officer.

This is not the ideal therapeutic milieu, but the incarcerated population still needs patient-centered, goal-oriented healthcare.

Many detainees are in poor physical health. They have exposed their bodies to substance abuse and communicable diseases. For the majority of inmates, preexisting mental health issues contribute to the lack of coping skills, an increase in high-risk behaviors, and noncompliance with medial regimen. Whether the illness is acute or chronic, accidental or intentional, the nurse must be able to critically evaluate and respond to each demand. Flexibility, crisis intervention, emergency care, and assessment skills become the foundation for prison nursing. Perhaps a glimpse of prison nursing will assist in developing an appreciation for the challenges it offers.

A typical day for a prison nurse begins with shift report. Report consists of reviewing the health status of those inmates with diabetes, as well as all of the inmates who are on psychiatric and medical observation. Medication administration is a priority for the 7–8 a.m. hour. Medication carts are prepared and cellblocks are notified of the nurse's arrival. Security accompanies the nurse as he or she distributes medications to each cellblock. Inmates are expected to be at the cellblock door in prison attire, cup of water in hand, and ready to display their armband identification. Upon completion of medication administration, the medication administration records

(MARS) of the noncompliant inmates are reviewed and if life-threatening medications have not been taken, the nurse must follow-up with the inmate and document accordingly. Every action results in a consequence, either positive or negative.

Throughout the day, the nurses in the admission area are busy screening incoming inmates for any immediate life-threatening health problems. Once the individual is admitted to the prison system, the nurse obtains a health history, confirms prescription medications and orders them, makes referrals, and initiates a plan of care. Mid-morning becomes a juggling act as many clinics are in session. Males and females are separated at all times. Separate clinics run simultaneously in different areas of the institution throughout the morning and afternoon, depending on the number of clients to be seen. The registered nurse operates the history and physical clinic, as every inmate must be screened within 14 days of incarceration, according to Pennsylvania state law. Nurses implement daily plans of care for the inmates that range from blood pressure checks and ear flushes to wound care. The nursing staff triages inmates who have requested to be seen for medical, dental, or mental reasons during the sick call clinic. Typical ailments include colds, flu, earaches, skin rashes, dental decay or abscesses, cuts and abrasions, GI complaints, GU complaints, GYN complaints, and musculoskeletal pain or impairment. Standard protocols are implemented as appropriate. If needed, inmates are referred to the physician or physician assistant for further medical intervention. The charge nurse assists the physician with visits, takes off orders, and places medication orders to the pharmacy. Inmates are not immune to acute health problems such as appendicitis, strokes, heart attacks, congestive heart failure, etc. The astute nurse assesses these situations and facilitates transfer of the inmate to the local emergency department. If at any time a medical emergency occurs within the institution, the charge nurse is responsible to ensure that all needed personnel responded and appropriate care was given. Medical emergencies could entail

anything from a syncopal episode to a full cardiac arrest.

As the evening shift nurses arrive, diabetic patients are called to the medical area for blood glucose readings. Insulin is administered as ordered and blood sugar readings are recorded. As soon as diabetic care has been given, the afternoon medication administration begins. Frequently, inmates are moved to different cellblocks throughout their imprisonment. Therefore, during the dinner hour, the nurse updates the medication carts to reflect these changes. Evening clinics are held as treatments and sick calls continue. The last medication administration occurs between the hours of 8 p.m. and 10 p.m. At 11 p.m., all prisoners are locked in their cells and the nurses are no longer permitted in the cellblock areas.

The night shift staff begins by checking the pharmacy orders that arrived during the evening hours. Medication carts are restocked for the morning medication pass. All orders must be double-noted and clinical areas restocked with supplies. The nurse reviews the list of inmates that are scheduled for court, deportation, or discharge, and prepares their medications accordingly. As early morning approaches, inmates who have been scheduled to have blood drawn for lab studies are called to the medical area. Following the completion of the blood draws, the diabetic patients are called once again to the medical area to check blood glucose levels and to receive insulin. The shift report is completed and the next day shift arrives to face the challenges of the new day.

As you can see, nursing is nursing, no matter where it is practiced. The environment and context of healthcare delivery may vary, but the core of nursing remains unchanged. Nursing requires highly educated professionals devoted to providing patient-centered, goal-oriented healthcare, even behind locked doors.

[NURSING NEWS GOES ONLINE  
SPRING 2007! DETAILS TO  
FOLLOW . . .](#)

# A three-piece chicken dinner, lumps, and breast milk: the life of a parish nurse

Christy Stark Smith, MSN, RN, CRNP

“I need you to go to Kentucky Fried Chicken and bring me back a three-piece chicken dinner, extra crispy.” It was 3:00 p.m. on a Sunday afternoon.

“Where are you going?” my husband asked. “What exactly is this job?”

The job he was referring to was the new position that I had accepted at my church—parish nurse. The chicken dinner request came from an elderly woman who had just returned to her home after a hospitalization. This was the first week of my new job as director of health ministries, parish nurse.

The job description centered on ministering to our congregational family and friends regarding their health and wellness needs. Our congregation was about 500 members at that time and I believe that, at the beginning, each person had his or her own concept of what this position was.

One of the new health-related ministries we created was the James Ministry, a ministry of visitation to the hospitalized. We created this ministry as a way to keep connected with our church family who are separated from the church by hospitalization or illness. We named it the James Ministry after the passage in James 5:14-15:

*Is any one of you sick? He should call on the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise him up.*  
—James 5:14–15, NIV

Over the past five years, the James Ministry has grown into a ministry that is a blessing. Volunteer visitors are trained and mentored to make hospital visits to connect with the hospitalized, to offer prayer, and to see how we as a church family can help meet their needs at this vulnerable time. From this ministry, other ministries have grown, including the Prepared Meal Ministry, where volunteers make meals and take them into homes until they are no longer needed. The Heavenly Hands Ministry was developed to assist those with needs at their homes, such as shoveling snow, raking leaves, running the vacuum, whatever is needed.

The Bereavement Ministry has grown as well. The Bereavement Ministry consists of a follow-up program for families that have suffered losses. Whether the loss is of someone young, old, or by accident, natural causes, trauma, or suicide, we are there with help, support, and resources as they are needed. The Bereavement Ministry also hosts a program at the end of the year for those who have suffered loss as they face the holidays.

Health Education has always been a strong priority. To accomplish this, we use bulletin boards, articles in newsletters, guest speakers, and seminars. We have offered health fairs where there was screening for various illnesses as well as some information about other options to maintain health, like massage. One of my fondest memories is chasing my mother-in-law out of the massage chair. Every time it was empty, she jumped in. I was thrilled that she was enjoying herself, but others needed a turn.

Our approach to health education this past year was one that encouraged greater participation than reading an article. We offered a series of “beginner’s” activities. We had a beginner’s hike,

beginners bicycling riding, hiking the four seasons, and bird watching walks. We also offered volleyball and softball and bowling teams at the church. Another program was the “5,000 Steps a Day Program” where participants wore pedometers and tracked the number of steps they took on any given day. They turned their steps in, and, as a group, we tracked how long it would have taken us to walk to the West Coast and back. A recent participant thanked us for the walking program as she identified that it had been the start of her increasing her physical activity.

If you want a sense of this position, walk with me through the church on any Sunday morning. “Would you look at this lump on my arm?” or “I just found out the biopsy is malignant.” This position allows me to love, support, and care for my brothers and sisters of my congregational family. One of my favorite requests was shouted to me across about 12 pews one Sunday morning before the services started: “Hey, Christy, Sue is having trouble with her breast milk, will you call her?” Heads really turned on that one.

The ministry of parish nursing is different every Sunday, every week—from three-piece chicken dinners to breastfeeding to lumps on arms. It is, however, a privilege and an honor to serve the Lord by serving my congregational family.



Heather (Paulhamus) Hottenstein '98 and Wanda Thuma McDermond catch up during the Homecoming festivities.

## Faculty news

**Louann Zinsmeister** is teaching a section of the core course, *Created and Called for Community*. All first-year students are required to take this course. The course was first taught during the spring 2005. Now that Louann is a veteran, she is one of the team leaders for the course faculty.

**Marti Byers** is teaching *Ethics of Caring* for the first time this spring. This is the course that Arlene Miller taught when she was on faculty. There are 24 students in the course, one of which is Marti's daughter, Megan.

**Christy Stark Smith** has implemented a new teaching simulation into NSG 301. Nursing students are able to provide nursing care to "Noelle," the birthing mother, and her newborn child. This simulation



*Terry Middlekauff, Eileen Gardner, Debbie Loop, and Marti Byers at the Service Awards Recognition Celebration.*

allows students an opportunity to provide care in a realistic but non-threatening environment.

**Marti Byers** and **Debbie Loop** celebrated 10 years of service at Messiah College and **Eileen Gardner** and **Terry Middlekauff**

celebrated 20 years of service at Messiah College. These four people were recognized in May at the Messiah College 2005 Service Awards Reception.

Congratulations and thanks for all of your hard work!

## Home care nursing

*Natalie Sieber Benner '94*

It has been over 10 years since I became a home care nurse and I find myself questioning my career choice. Why did I choose home care? Am I following God's plan? What do I really want from my nursing career? What is my next step?

In 1994, when I was a senior nursing student at Messiah, I knew after my very first day in the home care rotation that this was where I wanted to be. I was drawn to the autonomy of seeing patients independently and having the opportunity to focus on each patient individually in the home environment, and to be able to give each one my undivided attention. My biggest questions were, "Am I ready? Can I do this with so little experience?"

There was not a nursing shortage in 1994 and the standard was to have at least one year of med-surg practice before entering any specialty. But an opportunity was presented and that home care agency believed enough in me, my skills, and the Messiah College nursing program that three months following graduation, I became a home care nurse.

Visiting patients in their homes was a dream come true! Each case was unique, every day was different. I managed a caseload of about 20 patients—doing wound care, administering IV meds and chemotherapy through central lines, inserting catheters, and performing

venipuncture along with countless other nursing tasks. I taught patients and families about disease processes and medications. I showed them how to manage their symptoms at home in hopes of keeping them out of the hospital. In short, watching wounds heal and patients recover reaffirmed that I had made the right career choice.

In 2000, home care changed forever. Insurance regulations increased and agencies were no longer reimbursed per visit. Medicare implemented the Prospective Pay System, with payment dictated per lump sum based on acuity. Most other insurances required authorization before each visit could be made. Home care nurses now had to consider finances and become aware of payment as they planned the patients' care. Documentation doubled and the approach to patient care now focused on teaching patients and caregivers how to independently provide care at home. The end result has been that "teaching" is now the focus of home care nursing. Patients must learn to do their own wound care and IV therapy, while the nurse focuses on making the patient independent with care and improving the patient's healthcare status.

At the same time home care was becoming more highly regulated with a greater focus on finance versus clinical

expertise, it was also becoming more technologically advanced. Today, home care staff document on laptops in the home to help decrease documentation time and show interdisciplinary progress. Telemedicine monitors allow staff to monitor vital signs and body weight remotely from home, enabling the agency to alert attending physicians of condition changes and to make visits as soon as the patient shows signs of instability. These monitors even include glucometers and ECG devices that immediately upload information to the agency via phone lines. Fingerstick Protimed meters provide instant results for immediate regulation of anticoagulant therapy. Wound care has advanced through the use of Wound VAC (Vacuum Assisted Closure) devices through which certified wound and ostomy continence nurses promote care and provide recommendations for treatment.

Other nursing specialties like mental health, maternal child health, and palliative care have also emerged to assist with specific patient and family needs. Now, more than ever before, home care nurses coordinate patient care not only with each other, but with other home care disciplines such as social work and physical, occupational, and speech therapy. As home care has adapted to current medical and reimbursement regulations, my role,

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too, has changed. Now, instead of providing hands-on care, I am engaged in staff development — teaching new clinicians how to case manage and provide patient care in the home. And with each new nurse I educate, I am amazed at how much home care has become its own critical care specialty with so much to learn, both clinically and financially.

However, I am proud to say that in the midst of all this change, the quality of care has not been affected! Despite insurance stipulations, environmental barriers, or lack of a responsible caregiver, home care nurses still do their best to focus on their patients as individuals and to help the patients become independent at home. We may not always get to see our patients' wounds completely heal, but we can still take pride in the knowledge that we have helped each patient resume a normal lifestyle.

Looking back over these past 12 years, the answers to my initial questions are much clearer. I know that home care was the best career choice for me and it remains my passion. I thank Messiah and my home care agency for giving me the tools, opportunity, and technical skills, and for helping me to develop my critical thinking and the faith I need to face each patient situation and every new regulation that comes my way.

## A personal reflection: what it means to be a nurse

*Laura Eppler Bitterman '04*

The emotional toll of caring for someone who is, frankly, a vague resemblance of the person they once were is indescribable. I have to almost completely disregard any emotional understanding that this person was once truly living due to having to repeatedly stick the person with needles, turn and bathe him or her, and do assessments, procedures, and tests. At these times, I wish I could see home videos, laugh at this person's humor, and cry over how loving he or she was towards a spouse — just to know the person I am caring for and whose life I am fighting for.

In these situations, one has to remember how devastating the impact is of seeing someone you love wither into someone hardly recognizable by sight. Families fall apart during these times. They argue with one another over decisions, refuse to speak, or completely deny and avoid the issues of life and death altogether. Family members even make ridiculous comments about how good their loved one looks and how they cannot wait to get him or her home. They blame the hospital for the condition of their family member, and you bite your tongue. You wish you could make the family see how bleak the situation is, but you know you cannot rob them of the grief process.

This week, I was told that “nursing and healthcare has become more about making money than saving lives.” I experienced a surge of boiling fury and needed to recover my emotions before going back into the room to care for a lost and suffering family. I then realized that nursing really has less to do with factual knowledge, getting air bubbles out of IV tubing, and sterile technique than I had ever realized before. Sure, all the above are clearly important, but that is not all that defines a good nurse.

Nurses have the unique gift of being present in the most difficult and paralyzing moments of a family's history. A nurse has the opportunity to choose to be invested in the family's process of grief or to focus solely on medication administration and ventilator settings. Nurses have an advantage over physicians in that nurses are at the bedside giving hands-on care. Having invested all of our energy and knowledge into providing thorough, skilled, and gentle care for our patients, families have entrusted their loved ones into our hands. For me, being a nurse who follows Christ has to be about being truly available to my patients and their families to listen, to talk, to teach, to hug, to cry, and to sit silently with them. True, sometimes meds are a little late and sometimes charting is completed in

*continued on page 9 . . .*

## Nursing alum honored as a nurse hero



*Laurie Clifford Fox '93 received the Nurse Hero Award from the American Red Cross and the journal Nursing Spectrum on December 3, 2004.*

On December 3, 2004, Laurie Clifford Fox '93 was honored as a Nurse Hero. This honor is bestowed by the American Red Cross and the journal *Nursing Spectrum* to only 10 nurses each year from across the United States. Laurie was nominated for this award by her co-workers at Dartmouth-Hitchcock Medical Center who believed her bravery in helping to save the life of Dimitri Lurie should not go unrecognized. Dimitri, who was riding a motorcycle, was struck by an SUV and Laurie provided emergency care until the ambulance arrived to transport him to the hospital.

To read the entire story on Laurie's life-saving bravery, see the fall 2005 issue of Messiah College's *The Bridge*, or on the College website by visiting [www.messiah.edu/the\\_bridge](http://www.messiah.edu/the_bridge) and selecting “Past Issues.”

Congratulations to Laurie for receiving this prestigious honor.



continued from page 8 . . .

a rush. However, I would rather be available than punctual. After all, nursing affects the most private and most intimate areas of people's lives, something too sacred to be overlooked.

Never being a star nursing student, or being involved in nursing associations, or claiming that all I ever wanted was to be a nurse, I am baffled at the fact that as I sit here, I am so overwhelmed with emotion about my job that I am crying as I write. I felt embarrassed when asked to write an article for

*Nursing News* because I thought I would have nothing impressive to write. I am not taking graduate courses and I do not have super ambitions about moving up in the world of nursing. All I have is an absolute love for bedside nursing. It is true that nurses play a role that cannot be compensated with any monetary reward. We are invited, sometimes unwillingly, to be Christ to people who have been crippled by the reality of human frailty.

*Laura works in the MICU at Hershey Medical Center.*

## What do you want to do when you grow up?

*Suzanne Mulvey '00*

How many times have we been asked or asked someone else that question? I know I was asked many times as a child. I always had fun and exciting answers. For example, there was a time when I wanted to be an Olympic gymnast! That clearly was not in the cards for me, so I decided to be a nurse. I wish I could say I have always known that this is how I wanted to spend my life, but I cannot honestly say that.

I started my nursing career at Messiah and was fairly sure I wanted to be a pediatric nurse. I knew for sure that there was no way that I wanted to work in the emergency room or intensive care unit. Sick people are in those areas; I may hurt someone! But as time went on, I realized that I really enjoyed the critical care environment and that I preferred the adult population.

My first job was in an intermediate care unit. This was perfect, right between intensive care and general med/surg. I worked there for a year and decided to go back to graduate school to become a nurse practitioner. I looked at multiple graduate programs and decided I wanted to attend Widener University because they had a specialty program in emergency and critical care. (Ironic, isn't it?) This would require me to transfer to another university to finish my graduate education as an acute care nurse practitioner. Originally, I planned to transfer after the first year of general classes. I also transitioned at this time to the intensive care unit. (I had overcome my fear of hurting someone.) I enjoyed my job as a staff nurse, but I found that I kept pointing out how things could be working differently. I began to get frustrated with some of the systems that were in my work environment. At the same time, I was ready to

enter my clinical courses, but I had decided not to transfer but to finish the program I had started and become a clinical nurse specialist. The problem was that I had no idea what a clinical nurse specialist (CNS) was.

After I had finished two semesters of clinical with unit-based CNSs, I realized that this is what I want to do. This role was all about solving system problems and improving patient outcomes. Then came a real challenge: I liked the hospital I worked in, but they did not have any unit-based clinical nurse specialists. "Oh well," I thought, "I guess I will look for another place to work." But God opened a door for me. I asked my boss to create the job, she sent me to her boss, and he said "O.K., just show me some literature to prove its worth." How hard could that be? I thought I was golden, but there was very little literature and evidence to support the role from a patient perspective. I provided him a business plan and a few articles that spoke to how CNSs improved the work environment. That was enough.

I started working as a critical care CNS in both the intermediate and intensive care units where I had previously worked. I loved my new role, but it was difficult to navigate given that no one knew what I should be doing. At this time, I have been working in the role of a critical care CNS for over two years and I have been able to be involved in changing systems and making them safer for patients and staff. It is a very rewarding job most of the time. Just like any other job, there are days that are frustrating for one reason or another, but the Lord gives me the grace I need to get through the rough times. I have also been able to become an adjunct faculty member at Messiah College and teach nursing

students which is a wonderful experience. I feel blessed to be able to help shape the nurses of the future.

As for me, what do I want to do when I grow up? I do not know. I know it involves nursing, but my options are limitless. I am back in graduate school pursuing a post-master's certificate as a family nurse practitioner and will be beginning a doctoral program in the fall. I just keep praying, and am confident, that the Lord will continue to open doors for me as I traverse this wonderful profession.

*Suzanne works at Hershey Medical Center.*

### Nursing alumni news

Let your classmates and friends hear about your activities. Clip this form and mail to *Nursing News*, Messiah College, P.O. Box 3031 One College Avenue, Grantham, PA 17027, or e-mail: [nursing@messiah.edu](mailto:nursing@messiah.edu).

LAST NAME	ATTEND NAME	
FIRST NAME	CLASS YEAR	
HOME PHONE		
STREET ADDRESS		
CITY	STATE	ZIP
SPOUSE	CLASS YEAR	
NEWS		

# Nurses Christian Fellowship

Katie Pennay '06

Imagine you're a first-year pre-nursing student — new to Messiah College and new to the nursing department. It is 4:50 p.m. and you just got out of the first session of your very first nursing course: NSG 101. The opportunities in nursing are exciting, but you are still overwhelmed with living away from home and learning in a new environment. You met some people from Nurses Christian Fellowship (NCF) at the Opportunities Fair last week. They said they meet at 5 p.m. just down the hall from where you have NSG 101, so you decide to check it out.

Now imagine it is a Saturday night in mid-October. You have been attending NCF every week and have been enjoying the fellowship and Bible study. The group has been working through a booklet, *Called To Care*, which has Bible studies specifically for nurses! Tonight you are meeting a bunch of your new NCF friends to go to a harvest party at one of the member's home. There is going to be a hayride, pumpkin carving, and even hot

dogs and s'mores cooked over a bonfire. Later that evening as you sing worship songs around the fire, you look up in wonder at the beautiful sky full of stars.

Wow! Time has flown! Your first semester as a college student is almost finished. Only exams stand in the way of going home to enjoy Christmas break . . . only exams and the NCF Christmas party, that is! You have grown closer to the other members — and more importantly to the Lord — as you have studied His word each week, had a prayer partner, and even had the opportunity to lead the group in devotions. You have been challenged and encouraged in your Christian walk through Nurses Christian Fellowship and now you cannot wait to spend one more fun evening celebrating Christmas with your NCF friends before taking your exams and heading home. This is just a sample of what NCF has to offer, so consider joining us on Wednesday evenings at 5 p.m.

## Nursing Student Association

Katy Moore '06



Katy Moore, Laura Badarocco, and Nancy Schaeffer won gift baskets at the SNAP Connection.



From left to right: back row, Katy Moore, Laura Badarocco, Evie Nicklas, Nancy Schaeffer; middle row, Lynette Sollenberger, Ashleigh Smith, Merrylee Grosso, Martha Solomon; front row, Erica Kissell, at the SNAP Connection.

It has been a great year for the Nursing Student Association (NSA) at Messiah College. Our officers for this year were Katy Moore, President; Nancy Schaeffer, Vice President; Jamie Madson, Secretary; Evie Nicklas, Treasurer and Senior Class Representative; Gillian Laughlin, Junior Class Representative; Laura Badarocco, Sophomore Class Representative; and Allie Heermance, First-Year Class Representative.

The fall semester was a flurry of activity. To begin the year, we had an opportunity to present the organization at the Opportunities Fair at the Larson Student Union. This was a great way for us to get to meet the pre-nursing first-year students. Our meetings are held bi-weekly and we had several great speakers. Lynn DeMartyn, a Messiah nursing graduate, talked to us about enterostomal therapy; Amal Jubran, a surgical nurse, spoke about her work with Palestine Children's Relief; and Mark Cobb updated us about nursing in the United States Air Force. In addition to these speakers, Tanya Comstock '06 discussed nursing care in Bolivia where her family serves as missionaries and Nancy Schaeffer '06 talked about the benefits and great experiences in doing a nurse externship.

Another exciting event during the fall was the Student Nurses' Association of Pennsylvania (SNAP) Convention in Camp Hill, just a few miles away from our campus! There were nine attendees this year: Katy Moore, Laura Badarocco, Evie Nicklas, Nancy Schaeffer, Lynette Sollenberger, Ashleigh Smith, Merrylee Grosso, Erica Kissell, and Martha Solomon, Faculty Advisor. It was a great experience to learn how we can be advocates for our patients and their families. One of the highlights every year is going to the exhibit hall and getting all the "free stuff," plus entering to win gift baskets.

The spring semester brought many more great opportunities to learn about the nursing field. We had a speaker from Medical Missions who focused on the delivery of nursing care from a global perspective. We even had an amazing "ER" party with all of our members.

*continued on page 11 . . .*

# Student Achievements

## Graduating Seniors Earn Top Awards

**Erin Strauss** was selected to receive the Academic Excellence in Nursing Award. She graduated with a GPA of 3.953.

**Sarah Horvath** was chosen by the nursing faculty to receive the Faculty Award for Excellence in Nursing, based on her outstanding care of patients in the hospital and in the community.

**Heidi Cooper** was one of the student recipients of the Messiah College Women in Leadership Award.

**Kerri Leary** received the Leadership Award from District 15 of the Pennsylvania State Nurses Association.

## Student Accomplishments

**Ashleigh Smith '06** and **Merrylee Grosso '06** were chosen to serve as Boyer Scholars for their senior year. This is an honorary award in memory of Ernest Boyer, a nationally known educator and graduate of Messiah College.

## Department of Nursing College Honors Program participants

Fourteen nursing students are participants in the College Honors Program:

Laura Badaracco '08  
Lydia Bryant '06  
James Cagliostro '07  
Joseph Cagliostro '07  
Susanna Damgaard '07

Linda Deddo '07  
Merrylee Grosso '06  
Meredith MacKenzie '07  
Emily McMillen '07  
Allison Pra '07  
Katherine Schiraldi '08  
Ashleigh Smith '06  
Erin Weaner '06  
Ashley Worden '07

## Congratulations to the following alumni, who graduated in May 2005:

### Summa cum laude, 3.90 GPA or above:

Heidi Cooper  
Erin Strauss

### Magna cum laude, 3.60-3.89 GPA:

Debbie Camlin  
Joseph Campbell  
Morgan Embleton  
Sarah Horvath  
Maria Morales  
Karene Turner  
Alison Wilks

### Cum laude, 3.30-3.59 GPA:

Stephanie Black  
Kayla Burcker  
Heidi Cober  
Sara Cosey  
Danielle Coyle  
Corinne Holcomb  
Kristen Jewell  
Jennifer Kerr  
Holly MacNeil  
Laura Miller  
Peter Sunden  
Andrea Watkins

*continued from page 10 . . .*

In April, we had the exciting opportunity to attend the National Student Nurses' Association (NSNA) Convention in Baltimore, Md. It was a great experience to learn about the latest trends and issues in nursing, to get to know other "surviving" nursing students, as well as to enjoy the sights of a great city.

As president, it was an amazing year for me to strengthen my leadership skills, to get to know other nursing students, and to take advantage of the opportunity to go to both the state and the national conventions. I really enjoyed being a part of an outstanding team of officers that worked together to promote nursing as a profession within our own Messiah College community.



*Hannah taking a man's blood pressure.*

## A chance to study abroad

*Hannah Serafini '08*

Do you long for adventure? Do you love traveling and experiencing new cultures? Are you interested in the world around you and how to care for it? Are you afraid you will never be able to fit in a study abroad program with your busy academic schedule as a nursing major? Are you worried you will never be able to come up with the extra money? Well, read on. This information is for you!

Creation Care Study Programs (CCSP) Belize has partnered with Messiah College with nursing majors in mind! First, CCSP is the only program you can study abroad with and still take microbiology. While in Belize, you will also have the opportunity to meet your Christian beliefs and literature requirements, as well as earn extra credits in areas such as forest ecology and sustainable development. The program size is generally on the small side, ranging between 10 and 20 students. The campus is small and there is a wonderful opportunity for the development of community.

The academic schedule is quite a bit different from the normal college setting. Classes are structured to last a week at a time, with a different professor each week. Courses are very interactive, and there is always the chance for creative and hands-on learning. Additionally, a benefit unique to CCSP is a two-week internship where you will be

*continued on page 12 . . .*

## A taste of 'real' nursing

Tanya Comstock '06

Five-thirty a.m. and the end of a 12-hour shift is within reach when a Hispanic woman rushes through the doors of the labor and delivery unit. The secretary turned to my preceptor and stated in frustration, "This couple is extremely agitated and doesn't speak English." After informing them that I speak Spanish, I was sent to ask her name and the name of her physician so the secretary could locate her prenatal information. I walked into the exam room to find her squatting next to the exam table crying in Spanish, "I've got to push!!!" I leaned out the door and called to my preceptor, "Her name is Mrs. G., she's pushing, and I need some help in here." A resident came running, as did my preceptor, and we held Mrs. G. on a gurney as we ran down the hall to a delivery room.

As the designated translator and nurse, I participated in a precipitous delivery with a shoulder dystocia. In those six minutes from the front door to the end of the delivery, I made many new friends, including the patient, her husband, the residents, and the nursing staff. But more importantly, I received a "taste of real nursing."

Welcome to Nursing 495: Senior Practicum, the course designed to give senior nursing students a sample of working as a registered nurse. This invaluable three weeks is designed to assist nursing students as they complete the transition from student to registered nurse. As a result of this experience, I am convinced that flexibility is one of the most important qualities a nurse must develop. There are no guarantees that your patients will follow textbook patterns. The work hours are not always convenient and occasionally you may be required to stay late to finish up paperwork or other details from the shift. You may be called upon to use skills other than nursing skills and you will be required to come up with creative methods to provide the needed care. In addition, one learns to rely on fellow care providers, to work as a unit, and to provide the most efficient care possible.

My practicum in labor and delivery enabled me to put the nursing process into practice: critically compiling assessment information, making a plan of care, implementing the plan, and evaluating the outcome. I was encouraged to take critical thinking one step further and to think outside the box because in nursing there are few, if any, textbook patients. Nursing is an ever-changing vocation. Nurses must mold and shape acquired skills to meet each patient's unique needs.

Entering my last semester as a nursing student, I began to recognize the huge, impending responsibility of being an RN. There were only four more months of instructors in the background, reaffirming my work or making suggestions. To be honest, I was terrified. However, January's intense experience gave me confidence to look to the future knowing that I have been given a solid foundation on which to build a successful nursing career. Rather than fearing the new responsibility, I can leave Messiah College in May, confidently embracing the opportunity of my future.

## The benefits of NSG 495

Lydia Bryant '06

"This is stupid." Peter, a young boy, was refusing to work on a packet about feelings that he had been asked to do as an assignment. I was working on the children's inpatient behavioral health unit. Along with my nursing major, I have chosen to minor in psychology. Combine this with my passion for children and I could not have been assigned to a better unit for the month of January as a part of the Nursing 495 course, otherwise known as Senior Practicum.

During this course, each senior nursing student is assigned to work with an RN as a preceptor in a specific area of nursing, putting in at least 90 hours of work during the three weeks. Students are expected to make personalized goals and objectives for the experience, keep a reflective journal, and have weekly discussions in which they meet with a small group of peers to "debrief" on the activities of the past week.

Peter was admitted for severe anger management issues and self-destructive behaviors that had escalated to a point that placed peers in danger. He had a sad history, having been through tough times in the last 18 months of his life that left him without a mother and with an uninvolved father, forcing him to move and live with relatives.

*continued on page 13 . . .*

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*Study abroad continued from page 11 . . .*

placed in a local hospital or clinic. You will be able to interact with the people of Belize, to gain an understanding of the differences between healthcare in Central and North America, and to be involved in many hands-on opportunities.

CCSP places a strong emphasis on environmental care and social justice, and provides many opportunities for learning about related issues, as well as the chance to put into practice what you are learning. You will be immersed in a very diverse and dynamic culture and have numerous chances to travel all throughout the tiny country of Belize. You may even feel brave enough to venture into the surrounding countries of Guatemala and Mexico.

Hopefully you are excited and ready to go to Belize. But wait. You look over the program information and realize that on top of tuition there are a few extra fees. Where are you going to come up with that money? Fortunately, there is the Benjamin A. Gilman Scholarship. This scholarship was established by the International Academic Opportunity Act and encourages students to take the opportunity to study abroad. The scholarships are available to undergraduate students who are receiving federal Pell Grant funding and who have been accepted (or are applying) to an overseas program that is at least four weeks in duration. If that sounds like you, you could receive a scholarship of up to \$5,000.

Of course, there is some work involved: paperwork, a few essays, and if you receive the scholarship, you will have to raise awareness of the existence of the scholarship to other students. But 10 years from now when you are looking through your pictures of Belize, reminiscing over the good times with friends, you will not remember the time you put into getting there, but you will remember some of the most amazing experiences of your entire life.

*For more information:*

CREATION CARE STUDY PROGRAMS: [creationcsp.org](http://creationcsp.org)  
 BENJAMIN A. GILMAN INTERNATIONAL SCHOLARSHIP:  
[www.ieu.org/programs/gilman/index.html](http://www.ieu.org/programs/gilman/index.html)

continued from page 12 . . .

Being aware of this history, our goal for Peter was to facilitate an understanding of the likely connection between his anger and these events. He had been asked to complete a packet on feelings, as are all children admitted to the unit.

I took him to a quiet corner where he would not be distracted, and we worked slowly through one page at a time. We came to a page asking him to “write or draw about a time when you felt sad.” He proceeded to describe one of the traumatic events he had experienced. I listened. Without prompting, he continued, telling me the remainder of his story. I then told him that some children might feel angry after everything that had happened, as well as sad. I asked him if this was his case. “Yeah, I’m angry,” he said. “I’m mad because now we can’t be a family anymore.”

It was a simple statement, but a connection had been made. These are the times that draw me to this field of nursing, the moments that make days of heartache worthwhile. I can understand why nurses in the area of child psychiatry burn out, finding it difficult to separate emotions at work from their lives at home.

Yet during January, I was able to see the rewards of being able to intervene with children when they are young. Peter continued to have bad days following his realization, lashing out at staff and peers. While some might see that as disheartening, I know that a connection has been made, one that he might not process fully right now but may play a part in healing as he grows older.

Nursing 495 gave me an opportunity to see this side of psychiatric nursing, a field that I have considered for a career path. Coming into the course, my main goal was to discern whether I could enjoy such work day in and day out. Leaving the course, I am confident that mental health is indeed an area of nursing that I could pursue. Although I may not have been learning “technical” skills in nursing care, I was able to practice both therapeutic communication and active listening each day. These skills, regardless of which area of nursing I may choose to enter following graduation, will serve me well both in my career and in my daily interactions outside of nursing.

## Sigma Theta Tau Lambda Kappa Chapter



Nursing Honor Society induction ceremony 2005.

The Lambda Kappa Chapter of Sigma Theta Tau continues to be active in the promotion and recognition of leadership and scholarship in nursing practice, education, and research. On April 9, 2005, one nurse leader and 15 undergraduate nurses from the senior class of 2005 were

inducted into the Lambda Kappa Chapter of Sigma Theta Tau. The undergraduate inductees were Debbie Camlin, Joseph Campbell, Heidi Cooper, Danielle Coyle, Morgan Embleton, Corrine Holcomb, Sarah Horvath, Kristin Jewell, Jennifer Kerr, Holly MacNeil, Maria Morales,

Erin Strauss, Peter Sunden, Karene Turner, and Alison Wilks. The nurse leader inductee was Cheryl Key.

In October 2005, the chapter held a general meeting and program featuring a panel discussion on end of life care and the varying roles of the nurse. Events for spring 2006 included the 2006 Lambda Kappa Induction Ceremony on April 1; Deborah von Zinkernagel was the speaker. Also, the chapter co-sponsored a research day with PinnacleHealth System in April.

The 2005–2006 Lambda Kappa officers include: Kim Fowler, President; Michele Campbell, Vice-President; Cathy Druckenmiller, Corresponding Secretary; Leisa McAlicher, Recording Secretary; Martha Solomon, Treasurer; and Louann Zinsmeister, Faculty Advisor.

## Nurse externships

Nancy Baker Schaeffer '06

This past summer I had the privilege of embarking on a different kind of learning, whereby I left the classroom and the comfort of clinical instructors, and learned from within the hospital walls. The type of learning that I am talking about is an externship. An externship is a summer job where a nursing student, generally between the third and fourth years, is able to be employed by the hospital and gain valuable experience by working closely with a nurse in performing some of the duties of an RN. Though the

experience is similar to that of the clinical experiences in school, the student is unable to give medications or perform invasive procedures. The focus of an externship is to refine assessment skills, improve critical thinking, and build rapport with other people in the healthcare profession.

I did my externship at Holy Spirit Hospital in Camp Hill, Pa., and worked with many different nurses on an orthopedic unit. I became very familiar with the care of post-operative patients, the

continued on page 15 . . .

# The nursing life of C. Gladys (Kraybill) Kaltreider '37

In memoriam 1916–2005  
Age 89 years



Gladys doing rural nursing on horseback.

As granddaughters of S.R. Smith, Gladys Kaltreider and her older sister Elizabeth, enjoyed ties to Messiah College all of their lives. Both went to high school there, then on to Lankenau Hospital Training School for Nurses from whence they both graduated. Gladys became an RN in 1940. She also did post-graduate obstetrical training at the Philadelphia Lying-In Hospital and graduated from the Frontier Nursing Service in Hyden, Kentucky, as a nurse midwife. She then served as a missionary nurse in Adair County, Kentucky, under Brethren in Christ Home Missions.

Being an RN would serve her well as a career, especially since she was widowed early in her first marriage. Over many years, she would work as one of the first RNs at Messiah Home (the original Messiah Village), do mountain and rural nursing on horseback, practice clinical missionary nursing, be in charge of a hospital recovery room, and do visiting nursing, general duty, and private duty. She even ran a small nursing home in her home in Grantham for a time.

After she retired and until she died, she remained interested in nursing-related news from the different institutions she had attended and the field at large. She was particularly interested in what was happening at Messiah. She was excited when Messiah's "new" nursing program got established, and she loved to hear about individuals going into the field. The spring edition of Nursing News was on top of her magazines when she died.

*Thank you to Carmy Hess, Gladys's daughter, for writing this lovely recap of her mother's nursing career and for providing the pictures of her mother.*

## Donor gifts

Giving to Nursing during July 1, 2004 through June 30, 2005

### Lynda Gochnauer Nursing Endowed Scholarship

Lynda J. Snyder '92

### Janelle Joy Nisly Memorial Scholarship

Vera Mae Nisly

### Nursing Department—Annual Fund

Michael and Karen L. '92 Adams  
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Nursing Class of '04  
Nursing Class of '05  
Rick A. and Diane L. Smith

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The Wells Foundation

## Support nursing through scholarships

**YES!** I want to support nursing education at Messiah College through an endowed scholarship.

- The Nursing Education Endowed Scholarship is given to nursing students who demonstrate financial need.
- The Janelle Joy Nisly Memorial Scholarship is available to students in nursing or pre-med who are affiliated with either the Mennonite Church, Church of the Brethren, or Brethren in Christ Church.

My tax-exempt donation is enclosed for:

\$1,000  \$500  \$100  \$50  other

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Please make check payable to: MESSIAH COLLEGE.

Please clip this form and return to the  
Office of Development, Box 3013,  
Messiah College, One College Avenue,  
Grantham, PA 17027.



# Alumni news

'85

**Laura (Dutweiler) Adams** is currently caring for and homeschooling her five children who range in age from 4 to 16.

**Linda (Frank) Kuhns** is working at Duke University Medical Center in the pediatric unit and the PICU.

'90

**Janel Roseberry** graduated from Richard Stockton College in New Jersey with a Master of Science in Nursing in May 2005. She took her certification exam during the summer and planned to work as an APN with a GI practice.

'93

**Karen (Lake)** and Mark **Fake** welcomed their third child, Wyatt Andrew, on July 1, 2003. He joins sister Amber, 8, and brother Kyle, 5. Karen graduated from Penn State University in May 2005. She received a master's degree in health education. She and her family live in Mechanicsburg, Pa.

**Laurie (Clifford)** and Dana **Fox** have two children, Jacob, 7, and Julia, 4. Laurie and her family live in New Hampshire. (See article in this issue about Laurie.)

'94

**Kelly Zimmerman** works for Pinnacle-Health Home Care. In September 2005, she deployed with the American Red Cross to care for victims of the natural disasters Hurricane Katrina and Hurricane Rita. Kelly worked in Texas for three weeks at a Red Cross Service Center in Houston and then helped open a shelter in Huntsville, Ala., because the service center in Houston closed due to the impending arrival of Hurricane Rita.

'95

**Amy Snyder** says hello to everyone. She was back at Messiah College for her 10th reunion. Amy has worked in various areas of nursing since graduation. An outside interest is riding her Harley Davidson motorcycle. She went on a Harley Davidson cruise with the Carnival Cruise Line in October 2005.

'96

**Jaime (Drabble) White** is pursuing a master's degree in nursing with a specialization in education from Walden University. She currently works as a clinical education specialist at Frederick Memorial Healthcare System.

'99

**Valerie (Lucas) Cookley** works as a clinical supervisor on a med/surg and orthopedic unit at Mount Nittany Medical Center in

State College, Pa. She represented her hospital at the Career Fair held at Messiah College in November 2005.

**Jill (Leitzel)** and Curt **Dressler** have been married for three years. On April 13, 2005, they welcomed their first child, Owen Anthony. Jill works three days a week with Pinnacle Health in the Outcomes Management Department and does flex on the weekends on a cardiac-telemetry unit.

**Melissa (Billington)** and David **Hamilton** were married September 6, 2003. They welcomed their first child, Joshua David, on January 21, 2005. Melissa works in the NICU at Holy Spirit Hospital in Camp Hill, Pa.

'00

**Alysa (Furniss)** and Michael **Gelpke** were married on April 9, 2005. She works in the NICU at Monmouth Medical Center in Long Branch, N.J.

'02

**Jennifer (Oehme) Knepper** completed her Master of Science in Nursing in emergency/critical care nursing at Weidner University in spring 2005. She works in the MICU at Hershey Medical Center and is currently a clinical instructor in NSG 302.

'03

**Jessica Heagy** spent two and one-half months in Monterrey, Mexico with TIME ministries during the summer. She helped with construction, was exposed to the Mexican culture and provided street ministry. This aspect of her life has led her to apply to be an intern with TIME Ministries, to take classes at Lancaster Bible College, and to consider pursuing a bachelor's degree in Bible.

'04

**Michael James** is working in emergency nursing in N.J. He is a member of the hospital emergency response team (HAZMAT, WMD response team). In addition, Michael is volunteering with the local EMS department and has started a part-time job doing critical care transport.

**Debbie (Kowalick) Allen** started graduate school in March 2006 at DeSales University. Debbie works at Lehigh Valley Medical Center.

**Cyndi Brewer** is working in the E.D. at UCLA Medical Center and is in the process of completing a Mobile Intensive Care Nurse (MICN) certification in order to function as a radio nurse in the E.D. She lives with **Grace Nehiley '04** and two other nurses from the medical center. She

and Grace attend Mosaic Church, a Southern Baptist church, and are commissioned as missionaries to Los Angeles. Cyndi volunteers at a rescue mission near skid row in downtown Los Angeles and also with the Red Cross. In fall 2006, Cyndi hopes to start graduate school in San Francisco at UCSF. She plans to pursue a dual masters degree—Public Health; Advanced Community Health and International Nursing—in order to achieve her dream of working with underserved women in Latin America.

*Nurse externships continued from page 13 . . .*

usual treatment of hip fractures, assessments, and documentation. I worked closely with my assigned RN and was able to ask her questions and assume some of her responsibilities, and was given an idea of the "real" work world. In addition, I was allowed to observe on other units where I learned about different areas of nursing, some familiar from clinical experiences and some not, for example, surgical intensive care, maternity, operating room, and behavioral health. From each of these observations I was able to take away more knowledge than I came into them with, experience nursing that was both new and old, and decide what area of nursing best suited me, which, in case you are wondering, was Surgical Intensive Care.

By participating in this experience, I was able to attend informational classes and practice skills that I had learned in school and apply them in a setting where I was able to work at my own pace and develop them more fully. I was able to refine my assessment skills and increase my patient load from one or two to seven, as well as take control of my learning while being paid. I was also able to apply the skills that I learned in school and found myself well-prepared and ready to meet most any challenge. A lesson I learned as a result of this nursing externship was that you only receive what you put into a learning experience. I would recommend this type of experience to any student going through our nursing program.

## More Nursing 20th anniversary reunion photos



Arlene Miller, Elaine Hagenbuch, and Sandy Jamison.



Fran Bittle and Arlene Miller.



Graduates from 2005, pictured left to right: Sara Cosey, Laura Miller, Sarah Horvath, and Meg Randall

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