Nursing Department Newsletters 2001-2009

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Messiah College

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Sharpening Intellect | Deepening Christian Faith | Inspiring Action

Messiah University is a Christian university of the liberal and applied arts and sciences. Our mission is to educate
men and women toward maturity of intellect, character and Christian faith in preparation for lives of service,
leadership and reconciliation in church and society.
A New Home . . . Same Neighborhood
Carolyn L. Kreamer, Ph.D., R.N., Chairperson, Department of Nursing

Those of you who have experienced the privilege of moving into a new home can probably appreciate the excitement and anticipation we in the Department of Nursing are sensing as we prepare for the beginning of our new Department home: the School of Health and Natural Sciences. We anticipate this new school to begin functioning when our new Dean arrives this summer. Our new school will be one of five new schools in the College’s new academic structure, and it will house three related departments: Health and Human Performance, formerly the Department of Health, Physical Education and Recreation; Natural Science; and Nursing.

This new affiliation of departments will present new challenges and opportunities to all of us. The faculty of the new school will seek ways to establish our new identity. We will ask such questions as: “How do we relate to one another?” “How are we alike?” “How are we different?” “What cross-departmental initiatives might we foster?” “How can we strive toward excellence and leadership within the College and within our respective disciplines?” “How can we encourage relationships among our respective students?”

Undoubtedly, the new Dean of our School will have many valuable ideas about how we can build on our strengths and improve our programs. I am pleased to announce that Dr. Jeffrey A. Moshier has been appointed as the Dean of the School of Health and Natural Sciences. Dr. Moshier is currently Professor of Biology, Chair of the Division of Natural Sciences and Mathematics, and Director of the Center for the Natural and the Environmental Sciences at William Tyndale College. He will assume his duties as dean on July 1, 2001. We will give you an occasion to meet him when we provide an opportunity for him to share his personal vision in our next issue of Nursing news.

Although this is an exciting time for the College and the Department of Nursing, we are reassured that we still live in the same neighborhood. Messiah College maintains its philosophy and foundational values upon which we have built these new schools and from which the Department of Nursing has fashioned its own philosophy and values. While we forge new relationships, we will continue to nurture the familiar ones. While we conceive of new initiatives within the School, we will continue to foster partnerships with the rest of the College community. Some things will change; some things will remain the same.

As we move into our new home we covet your prayers and your support. As in all things, we rely on His wisdom and direction for the future.

Trust in the Lord with all your heart, and do not rely on your own insight. In all your ways acknowledge him, and he will make straight your paths.

— Proverbs 3:5–6 NRSV

Accreditation

The Department of Nursing has begun the preliminary work to prepare for the accreditation of our program. Our last accreditation, conducted by the National League for Nursing (NLN), was in 1994, when we received full accreditation for eight years.

Starting in 2000, a second organization began accrediting nursing education programs, thus providing a choice. While NLN continues to accredit schools of nursing of all levels, the Commission on Collegiate Nursing Education (CCNE) accredits only programs offering a B.S. or graduate degrees. Like many baccalaureate programs, Messiah College chose to pursue accreditation with CCNE because of its emphasis on higher education. As a preliminary step and vote of confidence in this new accrediting organization, Messiah applied for and received Preliminary Approval by CCNE in February 1998. The next step is the actual site visit for review which is scheduled for fall 2002.

Even though the site visit by evaluators is over a year away, faculty groups are already collecting information for the Self-Study Report which must be submitted in the summer of 2002. Professional accreditation is a voluntary activity to confirm the quality of a program — and Messiah has quality. Look for more information in upcoming issues of Nursing news.
Faculty News

NSG 494 Seventeen senior students worked with preceptors in this popular elective J-term course. All the local hospitals provided preceptors, and for the first time there were students (7) in general units at York Hospital. There was an increased interest in maternity this year with five students on in-patient maternity units and two students with nurse midwives. Two of the seniors were precepted by Messiah grads: Carla Eshbaugh ’98 at Philhaven and Ann Marie Herr Seibert ’98 in the SICU at Hershey. This course required that each student spend 88 hours in one clinical area of nursing, which helped to confirm his or her perceived clinical interest. The course was coordinated by Carolyn Kreamer and also taught by Sandra Jamison and Martha Solomon. Seniors have long suggested that this course is valuable enough that it be required for all students, and currently there are discussions under way to make that change which, if approved, would begin with the next in-coming class.

NSG 201 Also in J-term, Sandra Jamison taught a section of NSG 201 for nine students who were an interesting mixture of first-year students who are either planning a semester of study abroad, internal or external transfer students, or traditional sophomores. Two of the students, a junior and a senior, were considering changing their major to nursing.

NSG 202 There were 30 sophomores in the first clinical course taught by Dawn Blanchard (course coordinator) and Pam Linstedt. Deb Loop and Terri Diez (part-time faculty) helped to teach the clinical component, and Louann Zinsmeister worked with students on their Health Education Projects for the Health Fair in the Commons in early April and on their Reminiscence Papers. The clinical sites were Messiah Village, Bethany Village, and the Jewish Home of Greater Harrisburg, and observational prenatal sites included prenatal clinics, WIC, and childbirth education classes. The faculty decided to make few changes in the course this year because a major revision is planned for 2002 (see related article).

NSG 302 The 50 students in this class challenged the faculty to find enough learning experiences to accommodate the large numbers. One section of psych was at Philhaven with former Messiah professor and interim department chair Ruth Stoll. All other inpatient acute care was at Hershey Medical Center with pediatrics in two sections four nights a week. Med-surg faculty were Deb Loop and Louann Zinsmeister, pediatrics were Julie Lundblad ’93 (part time) and Martha Solomon (course coordinator), and the second psychology faculty was Marti Byers. Carolyn Kreamer lectured but did not do clinical. Additional observational experiences included two days in the OR at either Hershey, Harrisburg Hospital, or Community General Osteopathic; special care units providing care for patients with Alzheimer’s Disease at the Jewish Home of Greater Harrisburg, the Masonic Home in Elizabethtown, and Claremont Nursing and Rehabilitation Center in Carlisle; and a choice of interventional cardiology, adult hematology/oncology, or pediatrics. The faculty developed a new clinical simulation lab—a child with CF—requiring care for a pneumothorax, central line, chest tube, and g-tube.

NSG 400 Louann Zinsmeister taught the one-credit Nursing Pharmacology to 23 seniors. This course is designed to be a self-directed class to help the students prepare for the NCLEX. The class periods were built around case studies, quizzes, and games to make the learning fun. Take-home tests measured the students’ mastery.

NSG 402 There were a very manageable 24 students in this class. Clinical included half the semester in home health (Pinnacle Home Health with Wanda Thuma-McDermont and the VNA of Central PA with Sandra Goodling) and the other half of the semester in another community setting: half of the students were with Kay Huber (course coordinator) at the Wellness Center and the other half of the class was divided among the PA Department of Health, the State Correctional Institute at Camp Hill (SCI), Downtown Daily Bread (providing meals and other services for the poor and homeless in downtown Harrisburg), Harrisburg High School and two elementary schools in the Carlisle Area School District, and PinnacleHealth Hospice. In addition, the students had a community psych observation either at SCI or the Maternal Assistance Program of Holy Spirit Hospital.

NSG 496 Sandra Jamison taught Senior Seminar, in which there were three major foci: Once again the students prepared a personal plan for taking the NCLEX. Secondly, they continued to examine national issues and their effects on nursing and health care. The third focus was new this year—the students did an assessment of their personal growth in their critical-thinking skills. For a number of years the students have completed the Clinical Narratives, detailing their decision-making in a specific nursing care incident. At the end of the semesters, faculty have reviewed the narratives and rated the students’ critical-thinking abilities using our own scale. However, for the first time this year, the students were given their clinical narratives and faculty evaluations from NSG 202 and 302. In addition, the students evaluated themselves using their Clinical Narrative from NSG 401. This self-assessment was further documented in the written assignment: Synthesis of Development in Critical Thinking Skills.

NSG Changes for 202 For many years, the nursing faculty who teach in NSG 202 have been eager to change the course content which is heavy in three areas: physical assessment, well health, and the individual and family development stages. After much negotiation, the faculty received approval from the College Curriculum Committee to make the change. Thus, beginning in 2002, NSG 202 will no longer include the developmental theory. In fact, current first-year students took Psych 209 Life Span Development in preparation for that change; in addition, the students now have a choice of taking either Psych or Sociology, so the credit requirements remain the same. This summer as part of a Messiah grant, Dawn Blanchard (course coordinator of NSG 202), Pam Linstedt, and Deb Loop plan to rewrite the course to more adequately include content in well health and physical assessment.
Wellness Center Activities

Contacts between the residents who live in the apartments of the Housing Authority of the County of Dauphin and the Wellness Center continue to increase. During the time period from July 1, 2000, to December 31, 2000, over 50 new residents were seen who had never had contact before with Wellness Center activities. Dr. Kay Huber, under the auspices of the Wellness Center, continues to see approximately 20–30 residents every Tuesday and Thursday either at the Center or in their apartments. PinnacleHealth Home Care provided influenza vaccine for residents, and Dr. Huber and Wanda Thuma-McDermond administered free injections to residents on several occasions during January.

Many residents have benefitted from the money donated to the Wellness Center by graduates of the Messiah College nursing program and their families. Two cordless telephones, for residents at risk for falling, and one regular telephone were purchased for persons who could not afford them. Nursing students were reimbursed for prizes they purchased to use in group educational programs. Hearing aid batteries, alcohol wipes, and dressing supplies were purchased for several residents. The largest expenditure was for adaptive equipment for a new resident with no health insurance who has use of only one side. She needed items to help her be self-sufficient in meal preparation and personal hygiene. Her beaming face and expressions of gratitude for the equipment cannot adequately be portrayed. All residents are told that the items provided to them come from monies donated by graduates of Messiah’s nursing program.

For the first time, the Wellness Center also received a private monetary donation in December from a local family, Mr. and Mrs. Rick Smith and their children. That money was added to the existing fund to directly benefit the residents.

This spring, seniors returned to the Wellness Center. Interestingly, many who were there as juniors initially saw no educational value for themselves as seniors in providing care to residents. After all, that was easy nursing! But each group of students quickly realized that as seniors they approached the care of residents very differently from the way they did as juniors, with much more knowledge and independence.

Dr. Huber observes a dramatic difference between juniors and seniors in what they can do and how they do it. Seniors also remembered certain residents from the year before and resumed old relationships.

PinnacleHealth System

PinnacleHealth System, the largest provider of patient care services in the Greater Harrisburg area, continues consolidation and modernization of facilities and services following the merger of Harrisburg Hospital, Polyclinic Hospital, Community General Osteopathic Hospital, and Seidle Hospital.

Polyclinic Hospital will become an outpatient and specialty care center, with services concentrated in the Landis and Memorial buildings by year-end 2002. Extensive renovations will accompany the transition. Harrisburg Hospital will become the city’s major acute care facility by March 2001. The only areas at Harrisburg without telemetry will be M–11, M–6, M–5, and the Women’s and Children’s Services units. Another major change involving these two facilities is the closing of the emergency room at Polyclinic Hospital and the opening of a new and expanded emergency department at Harrisburg Hospital. The Polyclinic location will have a FirstPlace Health Care center for urgent care.

Community General Osteopathic Hospital will be expanded and will offer a full array of services as an acute care facility. The emergency department will be expanded, an urgent care center will be added, additional inpatient beds for medical/surgical services will be available, and numerous other changes will occur to better serve persons living in the East Shore suburbs. Seidle Hospital will continue serving the West Shore with an urgent care center, a skilled nursing unit, and various diagnostic and rehabilitation services.

Many of the changes will have an impact on the placement of nursing students for clinical experience. The Department of Nursing will continue to be involved with the PinnacleHealth System in new and challenging ways in the next several years.

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

Name ____________________________

Address ____________________________

City ____________ State ________ Zip ________

Phone (_______) ______________ Please make check payable to: MESSIAH COLLEGE.

Please clip this form and return to College Development, Messiah College, One College Avenue, Grantham, PA 17027.
Feed the Souls
Lea Campbell ’01

It was January 26th, and I was on the 7p to 7a shift at Hershey Medical Center in the Medical ICU. We had received a report from the day nurse about this 53-year-old woman who had a C3 compression fracture and was now unable to move her arms and legs. She was trached and on a ventilator. In addition to all this, she had a stage four ulcer on her sacrum. My heart just ached for this lady. The nurse went on to tell us that her husband came in every day to see her and just sat at her bedside and cried. The nurse explained that she was not responding to anything and didn’t think she ever would. There was not much we could do for this lady. The nurse joked, “I would just want to be shot if this ever happened to me.”

As we started her assessment, I went right up to the head of the bed and asked her questions, but her only response was a simple stare. I began my care and continued to talk to her throughout the night. She was a beautiful lady with the bluest eyes, and I told her all of this to lift her spirits. I found that there were times when I would talk to her and she would fix her eyes on me, eyes filled with so much sadness. She was a mother of three and a grandmother of eight, and she was going to be in this condition for life. How much is there for us to do? She will never walk or touch again. But while I was looking into her eyes, I saw so much more than just her body that could not walk and was covered with ulcers. I saw a woman with emotion, and I saw hope. She needed hope, and it is our job as nurses to give our patients the hope and care that they deserve. My concern for her was that she needed to know someone cared and that it was going to be OK.

It was toward the end of the night on my last assessment at about 4 a.m., and I was talking to her about her family when I saw her eyebrow raise in response to me. She was in there, I thought. I asked her if she had any pain, and she shook her head no. Then I told her that she was so beautiful and that her husband must be so proud, and she smiled at me. “I cannot believe it!” was my first thought; and then I thought, “There is hope.” Almost in tears, I said, “Karen, I am here for you, and you are going to get out of this hospital.” While I was driving home that night, I thought how sad it was to see such a young woman suffer, but I also thought about her smile and how she still had her emotions even though she had lost her body. I learned that night that I tend to get so caught up in learning all the tasks and medical information that I forget why I went into nursing in the first place.

This incident is so “critical” to me because I really feel that it captures what nursing is all about. This is the reason why all of us go into nursing: we care about other people, and we want to see them have hope in their lives. I realized through this situation that nursing is more than assessments and giving people medication; it is about caring for the lives of others and giving them hope and warmth when they are in the most vulnerable position. We as nurses must never get too caught up in the tasks that we forget to feed the souls of the sick.

Faculty attend national conference
Carolyn Kreamer, Martha Solomon, and Eileen Gardner attended the American Association of Colleges of Nursing (AACN) Baccalaureate Education Conference entitled “Building a Framework for Assessment of Baccalaureate Competencies: Challenges and Opportunities for a Brighter Future” from December 7–10, 2000, in Chicago. They also had a poster presentation, which received a lot of attention, about the use of simulation labs in clinical nursing education. Also pictured, second from left, is Jennifer Butlin, executive director of CCNE.
Greece
Heidi Furst ’03

The land of ancient mythology, beautiful sun-bleached ruins, hospitable islands, optional stop signs, crazy traffic, and delicious food. We, Heidi Furst and Laura Ickes, sophomore nursing majors, went abroad to this beautiful land during our fall semester 2000.

From September 4th to December 2nd we lived in an upper-class section of Athens, called Kifissia. A total of 30 students, 14 of them being from Messiah, traveled along with us and helped to make the trip a lot more fun and interesting. Aphrodite Vaviouyos (yes, that’s her real name!) was our fearless trip leader, and she helped us to love her homeland almost as much as she did. We studied four days a week at the American University of LaVerne, Athens. The three-day weekends allowed us to travel and have some fun.

According to the geography books, half of the land area in Greece is made up of islands, and we visited many of them! Ferries took us from Athens to Mykonos, Santorini, Spetses, and Poros just to name a few. They were fascinating in their history and beauty.

Aphrodite showed us around the Acropolis and ancient Agora, Mars Hill (where Paul spoke in Acts 17:19), Corinth, Delphi, Cape Sounion (where the temple of Poseidon is located), ancient Myceanae, Naflion, Meteora, and the still-functioning Theatre of Epidaurus. We also were able to go on a four-day trip to fascinating Istanbul, Turkey. There we learned more of the rich Christian history, experienced the Muslim culture, shopped at the Grand Bazaar, and took warm Turkish baths.

My personal favorite thing about Greece is the food. Everything is cooked in olive oil, and I especially miss the “koutopulou” (chicken) gyros with “tzatziki” sauce. Lottie’s Greek dinners just aren’t the same. Laura misses the laid-back and relaxed attitude of the Mediterranean the most. For example, every day shops and restaurants closed from 2:30–5:30 in the afternoon so the owners could rest. She would go back to Greece in a second if given the chance, she says.

Unfortunately, it is impossible to condense such a rich experience into a few short paragraphs. But, if you are thinking of traveling to the Mediterranean in the future, we both strongly recommend taking the opportunity.

Kalimera sas! (Have a good day!)
Donor Gifts

On behalf of the Messiah students, the Department of Nursing wishes to recognize the following contributors for 2000 to the various funds and scholarships which benefit programming and enable future nurses to pursue their education.

Many thanks to alumni, families of students, community friends, and corporations for their continued support.

Nursing Education Scholarship
Mrs. Chrystelle H. Anderson ’98
Mrs. Kim Marie Falk ’90

Janelle Joy Nisly
Memorial Scholarship
Mr. Kirby Beshore
Dr. & Mrs. Paul W. Nisly
Miss Vera Mae Nisly

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Chatlos Foundation

Chatlos Foundation

We are pleased to announce that the Chatlos Foundation has provided funding for a new scholarship in nursing at Messiah College. The $10,000 gift will be awarded to five students, who will receive $2,000 each.

Mr. William F. Chatlos, a native of Bridgeport, Connecticut, was a successful and accomplished builder of homes, apartment buildings, and office buildings in the Northeast and in Florida. Mr. Chatlos established the Foundation in 1953. Since his death in 1977, the Foundation has continued the work that he started.

Last August, we had the privilege of hosting Mrs. Joy D’Arata, granddaughter of Mr. Chatlos and Vice President of the Foundation, on the campus of Messiah College. According to Mrs. D’Arata, the family feels that God has richly blessed them, and the Foundation provides an opportunity to share with others. After discussions with President Sawatsky and Barry Goodling, Mrs. D’Arata suggested that we apply for a nursing scholarship grant, and in November we received word that the Foundation approved our request. The scholarships will be awarded in time for use in the 2001–2002 academic year.
Demonstrate Faith Through Good Works
Brenda Goedhart ‘01

As nurses we are taught to be empathetic, not sympathetic, to our patients. We are told not to become attached to our patients. But even though we are told this so often, I think that there are always going to be a few who touch us in special ways. During my preceptorship, I was in the ED at York Hospital. One day, Melissa and I worked in critical care, where we met John and Celeste, who came into the ED at 1:00 a.m. when John, who had an extensive cardiac history, came in with chest pain. An EKG showed no new changes (normally he had a junctional rhythm), and his first two cardiac enzymes showed nothing abnormal. When Melissa and I came in at 7:00 a.m., he was on a nitro drip going at a very low rate, and he was pain free (we managed to titrate and d/c that by 1:00 p.m.).

Throughout our day, Melissa and I both had a chance to sit and talk with Celeste and John. They were the most wonderful people, the kind that you wish were your grandparents. John was 69 and Celeste was 70, and they had been married almost 50 years. We sat and talked about everything under the sun—golf, World War II, cars, traveling, their children, you name it. At 3:00, Melissa and I went out to triage, and everything seemed fine—Celeste had gone home to rest (she had been up all night and was going home to cook dinner for her grandson!), and John was just waiting for a bed to open upstairs.

But at four, Melissa and I were called back to critical care. As I walked back, I had a knot in my stomach, fearing the worst for my newfound friends. What was going on? John’s chest pain had started again, and it was pretty bad this time. He had all the classic signs of an MI—he was gray, diaphoretic, nauseous, SOB, and his EKG showed ST segment elevation. We turned the nitro drip back on and tried to turn it up as much as his blood pressure allowed us (we had to give him a bolus of NS). We turned his oxygen up to 4L NC, began the heparin drip, and started an integrilin drip. We gave IV morphine 2mg at a time for the pain. It seemed to be a balancing act, trying to alleviate his chest pain as much as we could while still maintaining John’s blood pressure. Celeste came back in (she still hadn’t slept), and my heart broke when I saw her. She had showered and changed and still looked beautiful, but her eyes were red although she didn’t cry at all when she came in. She sat with John and gently held his hand, saying lovingly, “You’re going to be alright Johnny.”

Gradually, John became more stable as his chest pain was somewhat alleviated. Melissa and I took him up to the CCU around 6:00 p.m. It was so hard to leave them there! I just wanted to stay there and take care of them and be sure that they were doing everything right. Celeste got our addresses and promised to write to let us know what was going on. Well, the next day, guess who happened to accidentally walk through triage on her way upstairs—Celeste! She gave us big hugs and told us that John was going to be going to the cath lab and that she would call and let us know what happened. Later that day, she came back down again. This time she gave each of us a card and a box containing two things—a cute pad of paper that said “Thank You” on it and an angel atop a gold box that played “Amazing Grace.” I couldn’t believe that Celeste had done that—while her husband was in the intensive care unit, she thought of us. I was so touched by what she did that I wanted to cry. She called us later that day and told us about the cath results. John’s grafts from previous surgeries had almost all closed coming off the left main coronary artery. There was nothing they could do surgically, so they were trying to manage it medically. I couldn’t believe it. They were so young and such wonderful people.

I often struggle with how to show my faith in this world and in my work. And although I didn’t witness to John and Celeste, maybe I did. Maybe, just maybe, they could see something different in me. And though I don’t know if they are Christians or not, I know that we all have different roles to play. Maybe my role was to make it possible for someone else to share Christ with them. I don’t know. I guess for now I just have to have faith that God has some reason for me to be a nurse and that He has a plan for me.

New Sophomore Semester in Belize

Messiah College Department of Nursing in collaboration with Global Stewardship Study Program’s (GSSP) Target Earth and the Jaguar Creek environmental field station in Belize, Central America, are offering a semester of study abroad for first semester sophomore nursing students. The first group of students will leave for Belize this fall. At this writing, the number of students going and the exact framework of the studies they will pursue are still solid, but the department has a dozen or so excited students buzzing about whether this possibility may not just be for them.

Nursing students have spent a semester abroad in the past. What makes the Belize semester unusual is that it is a semester that has been crafted especially for Messiah College’s nursing students. GSSP will offer Microbiology, NSG 201 Conceptual Basis of Nursing, a Christian Beliefs elective, and give cross-cultural credit to all nursing students who go. This has never been done before. Previously, students going abroad usually had to take courses that did not count toward their major while abroad and, consequently, fell behind in getting what they needed to graduate in nursing. In order to stay with their class, they had to take courses near their homes in the summer following their semester abroad to catch up. With the Belize semester, students have no “catching up” to do.

The nursing department is thankful to both Mary Ann Hollinger, Dean of External Programs at Messiah College, and Cindy Blount, former head of Summer Missions at Messiah College and now employed by GSSP and in charge of internships for Target Earth, for bringing the vision of a Belize semester to reality. Mary Ann and Cindy spent hours negotiating the infrastructure to support this venture.

Dr. Dawn Blanchard will travel to Belize for one week during the fall semester to teach NSG 201, and the rest of the course will be handled through email and Blackboard (a new software package for course delivery).
A Natural Gift
Mandy Livingstone ’01

I was working my last day of steady day shift on the Child/Latency Unit at Philhaven Psychiatric Hospital. I had been shadowing the RN on the unit for a period of three weeks, which gave me the opportunity to witness improper and/or poor implementation of the behavioral modification system used by the institution — something that caused tension among the staff members.

We had just finished giving report during change of shift, and the evening staff was on hand as well as the day shift staff, about seven or eight people total. A verbal argument erupted in the activity room between two patients playing Nintendo at privilege time, and one stormed out of the room in tears. Although a staff person was in the room, she did not see the events that transpired and, therefore, felt she could not properly intervene without knowing who was at fault.

One of the patients involved was a resident of Philhaven’s Residential Unit and frequently was admitted to inpatient due to assaultive behavior directed toward staff. The patient was very attention-seeking, often lying and manipulating for attention, was invasive, and had limited respect for others’ personal boundaries. The current situation had directed all attention to her — the undesirable behavior trait which needed redirection and use of the 1–2–3 Magic system quickly and without explanation.

As I watched the situation unfold before my eyes, there were suddenly five or six staff persons surrounding this patient, arguing over which color she was on the Nintendo to begin with. Back and forth they went a few times, trying to reason and argue as the situation escalated. I was standing there watching and hoping that someone would give her a 1 and proceed from there. I started thinking, “If this continues, she is going to begin digressing until she becomes assaultive.” But at the same time I was apprehensive about stepping in because I was the “new kid on the block” and the staff involved were all “seasoned.”

This was a critical situation which required immediate intervention. Two of my personal goals during the internship were to properly implement the 1–2–3 Magic system to redirect the patients and also to increase my knowledge of monitoring/managing staff working under the RN and to provide effective leadership.

So without thinking any further, I stepped through the line of staff that had formed in front of me and said flatly, “This is a one.” And the patient immediately stopped arguing, returning to her room to await further instruction. The staff fell silent, and one of the staff members who had become a mentor to me said aloud, “That’s why it is called 1-2-3 Magic! When used properly, it works like magic! You have a natural gift, Mandy. Thank you and well done.”

I walked away from the situation feeling as though I had conquered the world... if only for a few minutes.

Portfolios

About two years ago, the faculty in the Department of Nursing asked the students to create their own portfolios: collecting papers, samples of care plans, letters of recommendation, evidence of extra-clinical experiences — anything that would help the graduates with securing jobs or admission to graduate schools. Over the last year, the faculty has more clearly defined the shape of these portfolios. Beginning with the sophomore class this spring, the students received a large folder divided into spaces for each clinical course, a checklist for nursing skills and observational experiences in each course, and a list of required documentation. At the end of each semester, students will meet with their advisors to review their portfolios and discuss their progress toward becoming professional nurses.

In NSG 496 the students will perform a self-assessment, looking at their learning experiences and growth in critical thinking throughout the curriculum. These materials and self-assessment will provide a basis for job interviews, and the goal is that the students will keep the portfolios, adding to them throughout their nursing careers in anticipation of career changes or graduate school enrollment.

NSA
Tammy Hurst ’03

NSA began the semester with a lineup of exciting activities. A business meeting took care of the first items on the agenda, including an update of the by-laws, a head start on next year’s fundraiser, and a web site for NSA. In addition to Tammy Hurst, president, and Rachel Bell, treasurer, Heidi Furst and Jennifer Oehme were inducted as vice-president and secretary for the remainder of the semester. The Career Center prepared a presentation for the students on jobs, summer internships, and résumé writing tips. Lauren Spittle, a Messiah graduate, and Ellen Black brought George Washington Hospital to Messiah to interview any interested seniors and to recruit prospective juniors and sophomores. Marti Byers talked about dealing with depression, and Ruth Stoll spoke about parish nursing. NSA also participated in another successful service project. The semester concluded with a business meeting and the annual “end of year” picnic at Grantham Park.

Award Winner
Karen Miller ’90

Karen Miller received the Legacy Award from University of Pennsylvania’s Center for the Study of the History of Nursing for her contribution to clinical nursing at Phoenixville Hospital. Karen was one of the few individuals who were honored; most of the honorees were groups or organizations. According to Judy Miller, RN, from Phoenixville Hospital, Karen’s nomination was based on her clinical expertise and high personal standards. “Karen sets very high personal and professional standards for herself, and it shows in everything she does. She is an excellent care provider, well informed about current nursing practices, prudent in her decision making — a very dedicated nurse who loves caring for people.” Karen credits her Messiah education for giving her a strong foundation. Interestingly, Karen loves the night shift which she has worked since graduation: part time on a med-surg oncology unit and one to two nights a week as a supervisor.
Name that Tune
Stephanie Bicksler '01

During J-term, I worked an 11p–7a shift in the MICU with my preceptor, Ruthann. We had one patient, a 77-year-old man whom I will call Sam, who had bilateral pneumonia and CHF. He had been in and out of the hospital several times in the last couple of months with respiratory problems. In August he received a trach, and he was currently hooked up to the ventilator. After receiving report, Ruthann and I always went into the patient's room to check drip calculations, assess lines, and to quickly introduce ourselves to the patient. I went into the room first, and Sam was just staring straight ahead at the TV. He nodded at us, as Ruthann introduced us. We had been told that Sam mouthed words and wrote things down when he needed to communicate, so I figured I would try to talk to him later. I began calculating the drip factors of the three different IV drips that were hanging. After we left the room, I made my little time map of the shift so I could stay organized. Ruthann said she was going to read through some things in Sam’s chart, and she told me to go ahead and do my assessment, trach care, suctioning, and whatever else I needed to do, and to let her know when I was ready for help turning the patient. I thought, “Yikes! Trach care on my own?” I had only done it twice before, and that was on a different patient. I had never had Sam before, and until now, Ruthann only had me take charge of the care of patients whom I knew.

I took a deep breath and grabbed the flow sheet. I figured that I could do a good job, and so I headed into Sam’s room to record the I & O’s, do vital signs, and start my assessment. As I gathered my supplies at the counter in the patient’s room, I was focused on the care I needed to give and on the skills I would use. Then, I noticed two cassette tapes. Looking closer, I saw that both cassettes had Sam’s name on them, and the one had a printed cover with his picture, the other, a picture of him sitting at a piano. I turned around to meet Sam’s eyes, and I asked him if he would mind if I played one of his tapes. Sam’s eyes brightened as he nodded his head, and wonderful piano music filled the room. Recognizing many of the songs as show tunes from the ‘40s and ‘50s, I played “name that tune,” and Sam would nod his head and smile if I was right. As I changed his trach dressing, Sam thumped his stomach to the beat of the songs, totally absorbed in this music.

For the first time since I had entered the patient’s room at the beginning of the shift, I realized that Sam had not always been as he was now—confined to bed rest and hooked up to a ventilator and IV drips. Others knew him as a great piano player. I was embarrassed that I had only seen Sam as my assignment and as an opportunity to meet some more of my objectives for the course. We have spent so much time in class over the years discussing care of the whole person, and I had just focused on the skills and not on Sam as a person. I was so eager to become independent and to prove to myself that I could handle the care, that I could have easily missed learning about Sam and his talents. What a difference it made to play the tapes. We had a great time; I was enjoying the music and naming the tunes while Sam kept the beat. After Ruthann came in and helped me to turn Sam, I suctioned him once more and adjusted his pillow. I asked him if he wanted me to turn the music off so that he could sleep, and he shook his head and mouthed that it was “just right.” I told him the music was beautiful and that I had enjoyed it very much. He mouthed “thank you” and went back to keeping the beat as I left the room and dimmed his lights.

My experience with Sam showed me what I believe nursing is really all about—not just providing physical care but caring for the patient’s psychological and spiritual well-being, also. I was able to brighten Sam’s night and to provide the rest of his care on my own, too. I learned that it is so important never to forget the person when I’m learning and practicing my new skills as I prepare to enter the work force as a professional nurse.
Nursing Alumni News

'85
Becky (Alderink) and Bill Wessel live in Bradford, Mass. After 12 years of L & D, Becky has temporarily left work to home school Carey, 10, and Gretchen, 7.
Heidi (Josenhans) and Brent Prairie announce the arrival of Greta in October 1999. Heidi works in L & D in a hospital near Chicago.

'86
Diane (Niguidula) and Chuck '86 Hoober welcomed their third child, a daughter, in March 2000. They live in Elkton, Md.
Janice (Groff) Wade is a mother of four and a per diem critical care nurse in Winchester, Va.
Kathryn Harrison is a neonatal nurse in Charlotte, N.C.

'88
Tena (Wheeler) and Dan Cohaugh announce the addition of their third child, their first boy, in January 2000. Tena works part time in the MICU at Holy Spirit Hospital.
Michelle (Rice) and Marcio '90 Spieker of Cary, N.C., welcomed their third child, Logan, in June 2000. Michelle works part time in the pediatric oncology clinic at the Duke University Medical Center.

'89
Sherry (Rye) and Dr. Ralph Ellenberger welcomed a daughter on Easter Sunday 2000; they also have a son. Sherry works part time for Hospice of Lancaster (Pa.) County.
Judie (Young) and David Steinbacker of Selinsgrove, Pa., delivered their first child, Collin, in November 2000.

'90
Kim (Ellis) Gray of Orlando, Fla., is a stay-at-home mom with three children.
Lynne (Heck) and Marlin '89 Mast of Morgantown, Pa., delivered twins, Jesse and Micah, in November. They also have another son, Jacob, 3.
Karen (Krause) and Brian '91 Mast have two children, Timothy, 5, and Lauren, 3.
Karen Miller works part-time nights on a Med-Surg oncology unit and one to two nights a week as a supervisor at Phoenixville (Pa.) Hospital (see related story on page 8).

'91
Anita (Evans) married Glen Holz in 1997. She has three children: a daughter 8 and sons, 7 and 1. Anita is a cardiovascular nurse practitioner at Lankenau Hospital in Wynnewood, Pa. Her family lives in nearby Claymont, Del.
Kathryn (Garrison) and Steve Schmidt welcomed son Matthew in October 1999.

'93
Betsy (Myers) and Gordon Miller, who live in Mechanicsburg, Pa., welcomed their first baby, Abigail, in May 2000.
Karen (Hunt) and Richard DeGirolomo of Trumbull, Conn., announce the arrival of Matthew in September 2000. Karen is the assistant nurse manager on a trauma/general surgery unit at Yale New Haven Hospital.
Pam (Johnson) and Dave '92 Cassel delivered a daughter, Allison, in October 2000. Before the birth, Pam worked on the cardiac monitoring unit at Polyclinic. Because of the hospital merger she will be working at Harrisburg Hospital on the cardiac interventional unit two nights a week when she returns.

If you have never shared your family or work information before, or if something has changed, your classmates would love to read about you!

'94
Jennifer (Bain) and Jay '93 Weaver welcomed their second child, Evan, in March 2000.

'95
Emily (Krauss) Dueck and her husband, JD, did not leave for Africa as last reported because of the November arrival of healthy twins, Ethan and Josephine (Josay), both over 6 pounds. Another blessing is that the African city where they would have been (if only one baby!) was the scene of riots over elections; the hospital and roads were closed and 600 were murdered. Vermilion, Ohio, looks like home for now!
Kim (Benke) and Todd Guerin welcomed baby Daniel in March 2000.
Lavonne Stutzman and Ronald Miller were married in June 2000. They live in Landisville, Pa.
Marti (Land) and Keith Franchois have returned to the U.S. from three years in Jordan, working in a hospital for chest diseases. They are living in Houston, where Marti works in the large outpatient Kelsey-Seybold Clinic, in the pulmonary specialty department.
Katrina Birkelien and her family are now stationed in Columbia, S.C., where she is the head nurse of a busy, 22-provider Family Practice Clinic. Two more years to go until she can retire from the Army.
Ann Bucci continues as a CHN at Lutheran Home Care Services in Chambersburg, Pa. In 1997 she was certified as a home health nurse and in 2000 as a wound, ostomy, continence nurse.
Melissa (Allard) and Jeffrey Lee of Memphis, Tenn., now have their second daughter, Meredith, born in October 2000.

Nursing Alumni News

Let your classmates and friends hear about your activities. Clip this form and mail to Nursing news, Messiah College, One College Avenue, Grantham, PA 17027 or email: nursing@messiah.edu

Last Name Maidren Name First Name

Class Year Home Phone

Street Address

City State Zip

Spouse Class Year

News
’96

Deb (Dymond) and Jeremy Nelson of York, Pa., welcomed their second daughter in April 2000.

Liz (Rutter) Hassan completed her MSN from Widener University in August and was certified as an FNP. She is living in Pittsburgh while her husband completes his surgical critical care fellowship, after which they hope to return to Harrisburg.

’97

Nancy (Brubaker) and Brian ’96 Frank welcomed a daughter, Emily, in February 2000. Nancy works in women’s health at Harrisburg Hospital; they live in Elizabethtown, Pa.

Terri Felichia works in the cardiac surgery ICU at Brigham and Women’s Hospital in Boston.

Rachel Keith, still in Denton, Texas, is a full-time pediatric nurse and also what sounds like full time as an outreach minister in Bible study, College Life, and one-on-one support sessions. In February she returned to her former home in Kenya with World Medical Missions for two weeks of pediatric surgery.

Gene and Buffie Weiand of Camp Hill, Pa., welcomed their fourth child, Jacob, in October 2000.

’98

Cheri Pinkham of Clifton, N.J., works as Center director and nurse manager for First Choice Women’s Resource Centers, a Christian ministry.

Sarah Hershey continues her work with Adventures in Missions (AIM@www.adventures.org) in Philadelphia. She is working at Esperanza, a clinic in northern Philly serving a mainly Spanish population. She also started an outreach ministry for mothers and children in her neighborhood. To improve her Spanish, she traveled to Guatemala for a month to attend the Christian Spanish Academy and immerse herself in the culture by living with a local family.

’99

Hannah Phillips of Wilmington, Del., works nights at Rockford Center, an acute psychiatric hospital. Next fall she hopes to attend New St. Andrews College in Moscow, Idaho, to study the classics and continue in nursing part time.

Andrea Bean works in the Birthplace at Holy Spirit Hospital.

’00

Jennifer Kuhns is working in the transitional nursery at Thomas Jefferson Hospital in Philadelphia.

Meagan Barbour is working on a surgical unit at the Hospital of the University of Pennsylvania and living in Ardmore, Pa.
The Lambda Kappa Chapter of STTI has been very busy this past year. In October, a special task force was formed to explore the idea of creating a chapter website. This task force, comprised of Debra Loop, Chris Leahy, and Tanis Phanhthy, worked closely with John Schwartz from Affordable Web Sites, to create the now LIVE Lambda Kappa website. You can visit our site at www.messiahnursingssociety.org.

Chapter members as well as this year’s inductees participated in a service project on Thursday, March 29, 2001. Personal hygiene kits were assembled for the medical clinic at St. Francis, Harrisburg. Everyone enjoyed the fellowship, the pizza, and the spirit of working together in order to help our local community.

Each year Lambda Kappa admits new members to its chapter during the annual spring banquet. This year the spring induction ceremony was held at Harding’s Restaurant on Saturday, April 21, 2001. Dr. Linda Pugh, professor at Johns Hopkins School of Nursing, delivered the address entitled “Called to Excellence.”

The new officers for the 2001–2002 term were installed, and eight undergraduate students and three community leaders were inducted. Students and community leaders must be nominated to become members of Sigma Theta Tau. Undergraduates must have a minimum 3.0 GPA, be in the top 35% of their graduating class, and be recommended by two faculty members after having completed their junior year.

On Thursday, May 10, 2001, the Lambda Kappa Chapter, along with Pinnacle Health Systems, will co-sponsor a research day. Participants will receive CEUs for attending the program.

As we end the 2001–2002 academic calendar, the Lambda Kappa Chapter of Sigma Theta Tau International would like to extend a thank-you to all of those individuals who have participated in making this year a success. The Chapter looks forward to next year as the members of Lambda Kappa continue to contribute to the advancement of the nursing profession.
Are we ready?

Carolyn L. Kreamer, Ph.D., R.N., Chairperson, Department of Nursing

The office phone rings. Terry Middlekauff, department secretary, answers, “Hello, Department of Nursing, this is Terry, may I help you?” Since our offices are adjacent to one another and my door is usually open, I can overhear her response: “We have a four-year program that leads to a BSN degree. There are a number of courses you must take during the first three semesters of the program. Clinical courses usually begin in the sophomore year of the program when the prerequisite courses are completed. It would probably be best for you to send or fax a transcript of your previous college work and make an appointment with Dr. Kreamer to discuss transferring to our program.” On average, our office is receiving two to three calls a day requesting information regarding transferring into our nursing program. Additionally, I am receiving e-mail inquiries and increased interest in Collegewide Open House Days from high school students. Admissions counselors tell me that the nursing brochures are disappearing from their tables at their off-campus events. Is this an unusual phenomenon? What is prompting this interest? Does this signal a reversal of the trend in declining enrollments? Are we ready for this increased interest in studying nursing at Messiah College?

The American Association of Colleges of Nursing (AACN) recently reported a modest 3.7% increase in enrollments in baccalaureate nursing programs nationwide, but some schools experienced as much as an 18% increase in enrollment.1 While this increase is heartening, it is insufficient to offset the 26% overall enrollment decline in the last six years, and more dramatic enrollment increases will be needed in the next ten years to meet the nation’s need for nurses.

Nevertheless, enrollment trends are reversing in some schools. What is driving this increased interest in studying nursing? Some of this increased interest is attributed to an effective national recruitment campaign for nursing careers. Some is in response to the changing economy resulting in loss of jobs in technology, business, and other sectors, while nursing jobs are abundant. Some increases may be due to improved nursing salaries and well-advertised “sign-on bonuses,” and some may be due to hospitals and other healthcare employers using tuition incentive benefits to encourage their current employees to study professional nursing. Also, and more importantly perhaps, some persons are attracted to the appeal of the varied and meaningful opportunities a nursing career provides in these uncertain times for our nation.

Are educational institutions ready for this current increased interest in studying nursing? No, not completely. The most crucial and critical resource to a viable and thriving nursing program is its faculty. Presently, there is a very acute national shortage of well-qualified, well-credentialed nursing faculty. Reporting on the critical faculty shortage, a recent AACN survey revealed that 38.8% of the 220 schools of nursing that responded were not admitting qualified students due to lack of faculty.2 Coupled with the aging of nursing professors who will retire in the next ten years (mean age 50.5 years)3 and the declining interest in doctorally prepared faculty in the teaching role (in 1998 only 43% of nurses graduating from

continued on page 2...
nursing class of 2001 indicated that nearly 70% of the graduating seniors were seriously considering graduate school, most were only interested in advanced nursing practice roles. Very few were considering nursing education as their choice of careers. These data echo national figures that indicate a declining interest in academic careers among nurses in graduate programs. Curiously, however, many seniors identified their interaction and relationships with nursing faculty as one of the outstanding strengths of their educational experience. Nursing faculty were described as “knowledgeable,” “supportive,” “approachable,” and “one of the biggest strengths” of the nursing program. Clearly, students respect and value the individual faculty and the faculty role, but do not see themselves as choosing that career path.

At Messiah College, we are blessed with many well-qualified full-time and part-time adjunct faculty, but each semester it becomes increasingly difficult to recruit clinical adjunct faculty to accommodate increased numbers of students. Currently, we are seeking a well-qualified person with credentials and clinical competencies in community and adult health nursing for a full-time, tenure track position. This special person must be someone who values the opportunity to educate men and women in nursing “toward maturity of intellect, character and Christian faith in preparation for lives of service, leadership and reconciliation in church and society.” Additionally, this person must reflect versatility and clinical expertise that are common among our current faculty. For persons who lack the doctoral degree but who have the appropriate master’s degree credentials, the College can provide some financial assistance for pursuit of doctoral education. Further, acknowledgement of clinical expertise and experience can be considered for appointment and compensation. The Department of Nursing can be flexible in its assistance in scheduling and other support for interested candidates to assist them in their graduate education.

You, as our alumni, friends, and colleagues, are our most valuable network for locating this important faculty member. If you are aware of a qualified candidate for our current position, or if you, yourself, are interested in teaching at Messiah College please contact us. We must be ready for the many qualified student applicants who want to study nursing at Messiah College.

In the meantime, all nurses and friends of nursing must actively promote short- and long-term strategies to increase the number and quality of nursing faculty nationwide. Some of these strategies include:

- Increasing funding to nursing schools
- Increasing access to graduate programs including distance opportunities
- Ensuring advanced practice nurses the opportunity to practice while teaching
- Building partnerships with clinical agencies for using advanced practice nurses as adjunct faculty
- Recognizing clinical practice in promotions and tenure of nursing faculty
- Balancing nursing faculty responsibilities between practice and teaching
- Educating lawmakers and other public policy persons on supporting development and education of nursing faculty
- Mentoring students and other nurses as potential future nursing faculty

Additionally, we at Messiah College are committed to seeking creative strategies within our own school to assure the continued high-quality education our students and our other communities of interest have come to expect. Together with the support and prayers of our alumni, friends, and colleagues, I am confident that we will be ready for the future students who choose our program for their nursing education.


NSG 494 Twenty-three senior nursing students worked with preceptors in this popular elective J-term course. Many of the local hospitals provided preceptors. There was an increased interest in critical care this year, with 10 students in intensive care unit settings. Seven students were precepted by Messiah grads: at Holy Spirit Hospital, Sandra King '92; at Hershey Medical Center, Ann Marie Herr Seibert '98 in the SICU, Maggie Strasbaugh '00 in the PICU, Christina Thurston Webster '98 on 4th floor telemetry, and Julie Pleines McNair '97 in the emergency department; at Harrisburg Hospital, Melissa Kwama-kweenda '90 on Main 6 post-op; and at Community General Hospital, Jack Rudick '97 in med-surg. This course required that each student spend 88 hours in one clinical area of nursing, which helped to confirm students’ perceived clinical interests. The course was coordinated by Carolyn Kreamer and also taught by Sandra Jamison and Martha Solomon. Seniors have long suggested that this course is valuable enough to be required for all students. Starting with the Class of 2004, this course will be a required course for all nursing majors.

NSG 201 Also in J-term, Sandra Jamison taught a section of NSG 201 for 9 students who were primarily internal and external transfer students as well as traditional sophomores.

NSG 202 There were 38 sophomores in the initial clinical course taught by Dawn Blanchard (course coordinator), Pam Linstedt, and Debbie Loop, with Karen Miller and MLiss Halsey helping on a part-time basis to teach the clinical component of the course. For many years, the nursing faculty who teach NSG 202 have been eager to change the course content to focus primarily on physical assessment and well health. This year, NSG 202 was taught in its new format. Dawn Blanchard, Pam Linstedt, and Debbie Loop received a Messiah grant to rewrite the course last summer and have now experienced the fruits of their labors. With the changes in NSG 202, nursing students are required to take Psych 209, a life span development course in lieu of either a foundational psych or sociology course. The core assignments of NSG 202 included the development of a Health Education Project for the Health Fair that occurred in early April and the writing of a Reminiscence paper which included visits to older adults. In addition, course content on medical terminology and test-taking strategies have been added to the new NSG 202. Clinical sites in NSG 202 continue to include long-term care facilities and observational prenatal sites.

NSG 302 This course continues to be a challenging one for junior students. This year there were 27 students in NSG 302, which enabled the students to have four, three-week rotations in pediatrics, psych, medical, and surgical areas of acute care. Students spent time observing in the operating room, as well as in the pediatric clinic at Hershey Medical Center, and in interventional cardiology at Hershey and Harrisburg Hospital. Some students had the opportunity to work with enterostomal therapist Lynn DeMartyn, a '96 Messiah grad. The faculty continued to use newly developed clinical simulations to prepare students more fully for actual patient care in acute care areas.

NSG 400 Kay Huber taught the one-credit Nursing Pharmacology course to 44 seniors. This course is designed to be a self-directed class to help students prepare for the NCLEX. Class periods were built around case studies and discussions to make learning interesting. Take-home exams measured students’ mastery of course concepts.

NSG 402 The 44 students in this class once again challenged faculty to find ample learning opportunities. Clinical sites included home health at Pinnacle Home Health, VNA of Central PA, Comfort Care of Holy Spirit, and Carlisle Home Health. Also, all students had the opportunity to select a six-day intensive observation experience in one of the following areas: the Wellness Center, which was developed by and continues to be managed by Kay Huber, hospice, palliative care team, public health, office nursing, working with a diabetic educator, or working with a nurse practitioner. Faculty for NSG 402 included Kay Huber (course coordinator), Betsey Miller, and Marti Byers. Part-time faculty included Mary Rock, Leona Mlynek, and Connie Kishbaugh.
was offered on Monday evenings from 6–9 p.m. instead of Friday mornings. A new textbook was used that has a website for student learning activities and student support. The traditional core assignments of this course continued to be the development of an NCLEX preparation plan, a personal assessment of critical-thinking skills through evaluation of student clinical narratives completed during the sophomore, junior, and senior years, and the writing of a global issues paper. In addition, this year the students prepared an abstract on a community health topic that was submitted for presentation at the National Student Nurses’ Association Convention in April. All students in NSG 496 attended this convention in Philadelphia. NSG 496 continued to be a course that helped seniors to make their last leaps of learning before graduation.

**Classes of 2002, 1997, 1992**

Alumni from these classes will be receiving Alumni Questionnaires during the summer of 2002. Please return the completed questionnaire at your earliest convenience. For those alumni who have not updated address information within the last year, please call the Department of Nursing office at (717) 691-6029, or send e-mail to nursing@messiah.edu.

**NCLEX Excel Course**

The MCP Hahnemann University facilitates review courses for the NCLEX exam. The Department of Nursing will be a host site for a review course May 20–23, 2002. For more information, please contact MCP Hahnemann at (800) 666-PREP.

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**Nursing Student Association**

*Tammy Hurst ‘03*

The Nursing Student Association (NSA) had an excellent semester exploring the professional opportunities and responsibilities of nurses today. NSA was able to plan for a wide variety of speakers to meet the needs and requests of the students. In March, Linda Appolonia discussed the issues of nursing in a prison setting. Three area hospitals, Memorial, Lancaster General, and Good Samaritan, showed their interest in Messiah’s students by sharing important tips on resumes, interviews, and expectations of hospitals, while offering literature about their respective institutions. During April, Janet Shields focused on important regulation and legislation issues in nursing, and Rena Shelly spoke on trauma case management. Also, this year Pennsylvania had the honor of hosting the annual National Student Nurses’ Association convention in Philadelphia. Several nursing students were able to represent Messiah at the convention, spending the night at Messiah’s Philly campus. NSA rounded off the year with a picnic at Grantham Park. Overall, it has been a great semester, and all nursing and pre-nursing majors are invited to get involved in the fall.

**Third Party Comment for CCNE Accreditation Visit**

Alumni feedback is being solicited for the accreditation visit scheduled for November 4–6, 2002. Written comments and reflections about the quality of the Nursing program at Messiah College and its qualifications for accreditation status will be received by CCNE after August 1, 2002, and until October 3, 2002. “Only signed comments will be accepted by CCNE. CCNE shares third-party comments with members of the evaluation team prior to the visit, but at no time during the review process are these comments shared with the program. During its review of the program, the evaluation team considers third-party comments, if any, that relate to the accreditation standards.”

Please send your signed, written comments to:

Commission on Collegiate Nursing Education
One Dupont Circle, NW, Suite 530
Washington, DC 20036
Phone: (202) 887-6791 Fax (202) 887-8476


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**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

Name ______________________________________________________________________________________
Address ____________________________________________________________________________________________________
City ____________________________ State ________ Zip ______________________
Phone ( _______ ) ______________________________  Please make check payable to: MESSIAH COLLEGE.

Please clip this form and return to College Development, Messiah College, One College Avenue, Grantham, PA 17027.
**End of Semester Portfolio Reflections**

**Megan Brooks ’03**

All I have to say is: it’s really not that bad! While many nights this semester were spent in total panic and chaos, I have found the Messiah nursing student stigma of business and social isolation to be very inaccurate. I absolutely loved the way this semester fell into place—despite the pebbles, rocks, and boulders that occasionally got in the way. I just reread my NSG 202 evaluation and found that one of my goals for this semester was to be able to balance the academic and social aspects of life in NSG 301. I am very happy to announce that I feel very confident that I was able to make that happen. I had heard so many horror stories that it wouldn’t be possible to still have friends or to be involved in anything else once NSG 301 rolled around. While it was difficult, I feel that my time management skills were adequate enough to foster both the academic and the social aspects of the semester.

As far as strengths are concerned, I believe that the educational and experiential opportunities of this semester have begun forming me into what I have been called to do in life. It is an incredible feeling to know that the little factual tidbits, the moments of sincere patient–care giver interaction, and even the stress of vulnerability are all working together to make me into a future nurse. I guess my main strength of the semester would have to be that I have recognized God’s call on my life and have jumped into it with both feet regardless of the responsibility and the work that it demands. But even beyond that, I have learned that today is also God’s will for my life, that living as a nursing student, a roommate, a sister, a friend, and a child of God are all part of God’s call and can only be maximized if balanced.

The weaknesses I see in myself continue to be in the areas of communication and nervousness. While I strive to make every conversation therapeutic, I know that I still have a long way to go. While slowly improving, my open/closed-ended questions leave a fair amount to be desired. I also still feel a great deal of nervousness before almost every patient interaction. However, as my factual and skillful knowledge and performance improve, I am sure that my nervousness will decrease.

Next semester I hope to continue in appropriate time management and to master the art of balancing each aspect of my life. I also hope that with subsequent interactions with patients, my therapeutic communication will become truly therapeutic. I also hope that as I am presented with additional nursing opportunities, I will be able to get a tighter hold on where in nursing I am called to work.

**Carolyn Krise ’03**

Throughout this past semester I have learned so much about myself and about nursing. NSG 301 has provided me with a wealth of information and it has taught me how to connect information I learned in NSG 202 with things I have learned this semester. In different clinical settings this semester I feel that I have applied my knowledge to the patients for whom I am caring.

Clinical has been a new experience for me: NSG 202 required me to care for and assess the patient and NSG 301 required learning drugs, disease processes, and teaching. Each of these new areas was both exciting and challenging, and required me to think about how the disease can affect the care I provide for the patient. Also, this semester has given me the opportunity to do more hands-on nursing care, such as dressing changes, injections, and administering medications. This has given me a sense of what nursing responsibilities are and it has also given me a sense of accomplishment knowing that I have worked hard to get to this point in my life. Many of the primary nurses I have worked with have given me a positive view of nursing and have provided me with every learning opportunity available; I am grateful for this. Each new clinical setting has also given me a better sense about the different types of healthcare systems that are available and how they run. I have enjoyed each healthcare setting, but have particularly enjoyed the smaller hospital atmosphere.

One of the most memorable experiences from NSG 301 was giving my first injection to a mother in my maternity rotation. Although I was a bit nervous about my first injection, it went smoothly and it made me less nervous for the second, third, and fourth injections I administered. Also, I packed a rather deep wound that required several feet of Nuguaze. This was a challenging experience that I will probably never forget. It required the help of several of my classmates and a very gentle touch, as it was a very painful experience for the patient.

Throughout the past two clinical semesters, I have found that the most rewarding part of nursing, even as a student, occurs when the patient thanks you for the care you have given them. On at least two occasions I have had patients hug me as I was leaving for the day. This makes all the preparation and hard work worthwhile. While in my maternity rotation, I spent two days helping a first-time mother with her new baby. At the end of the second day she took my picture with her baby and thanked me for the care I had given her and her little girl. Recently on television there has been a commercial airing with patients thanking nurses for doing what they do. I think that it really makes your job, whether it is as a student or as a floor nurse, worthwhile if the patient appreciates your care and your concern.

Although there have been positive things I have done in NSG 301, there are also things that I need to improve in NSG 302. The first of these is charting. Although I feel I have gotten progressively better over the semester, I would like to work on making my charting more objective rather than subjective. I would also like to work on including only the more important aspects, rather than writing a lengthy nursing note. I would also like to continue to refine my assessment skills, as this is an integral part of nursing care. There are so many drugs to learn, but I would like to work on remembering those that I have already given and to continue to learn new drugs and their actions and uses. One of my goals for next semester is to continue to build upon the knowledge base that I currently have. Although I know that the semesters ahead hold many challenging experiences, I feel I am prepared for these times and look forward to another year and a half of learning as much as possible about nursing.
As a member of Nurses Christian Fellowship (NCF), I have experienced tremendous growth. However, the growth I am referring to is not necessarily my own. Over the past three years I have seen many students grow in their faith, in their interpersonal relationships, and, most of all, in their identity as nurses. Through our weekly fun, food (both spiritual and organic), and fellowship in NCF, many, including myself, have come to identify themselves not only as nurses, but as Christian nurses. We have come to realize there is something different about nursing students at Messiah College, something special, . . . and that something is Jesus. If anyone were to ask me four years ago what I was going to be when I graduated from Messiah College, I would have said a nurse, and thought nothing of it. I know now that while that is true, there is so much more to it. Being a part of NCF for most of my college career has taught me the importance of prayer and fellowship with those who share my dreams and desires for life, and the importance of showing God’s love in all forms in all persons through my vocation. Building relationships and studying the Word of God with other nursing students has enabled me to explore how and why to blend my faith and my job into an everyday witness of God’s love. NCF has played an important part in helping me, and many others, form an identity not only as a nurse, but as a Christian nurse.
Reflections on the Semester in Belize

Sophomores Emily Hornish, Caroline Simmons, Miranda Voorhees

Fall semester 2001: eight Messiah College pre-nursing students spent a semester in Belize, Central America. One week during the semester, the students spent 8–10 hours every day visiting Western and native healthcare systems throughout the country with their professor, Dr. Dawn Blanchard. Following are some impressions of those visits as seen through the eyes of three of the students who participated in the Belize healthcare experience that semester. These are excerpts from their journals:

Seeing the Belizean educational system in action opened my eyes to how much I take availability of adequate teachers, facilities, and learning materials for granted. Seeing the practical room was sobering because it contained old and moldy manikins and posters. Also, the library seemed so small compared to Messiah’s; however, it was organized, full of appropriate texts, and the computer lab was impressive. Despite their limited assets, the students still seem to be challenged by the curriculum, and the knowledge that they accumulate will be sufficient to work in the clinical setting. Compared to Messiah, however, their resources were scarce.

One of the few rooms we toured at the school of nursing in Belize City was the library. Not to be rude, but I didn’t expect much when entering—and it wasn’t much, to be honest. It was a pretty small room with a few tables for students to study at, and a small selection of books. We were introduced to the young man at the desk (the librarian) who was to give us a tour. We were trying to be polite and respectful, but in our heads we were really thinking, “Tour? Of what?” There really wasn’t anything at all that needed to be explained to us. We had all used libraries back home at least 25 times bigger, with loads more resources. So we actually felt kind of bad.

However, the attitude of the librarian was totally opposite. He was so proud of his job, appreciative of all that they had, and was excited to show us Americans around. The “library” of theirs, something totally small and practically insignificant to us Messiah College students, was something huge for the Belizeans. The old saying, “one man’s junk is another man’s treasure” more or less applies here.

Being a wealthy white American in a developing country is a difficult thing. I don’t want to carry a “stuck-up” attitude, or act in any way better than the natives here—because I am not. It’s kind of as if the USA was an older, wiser, more experienced man, and Belize was the young, poor, college student struggling to get by. The elder can afford luxuries and can donate old resources and furniture, which the young one gratefully accepts.

Listening to the head of the nursing program in Belize City, I was surprised how comparable the Belizean nursing program is to ours in the United States. I was impressed with their educational system, because I had severely underestimated it before. Then it seemed that their nursing students had the same learning opportunities and their program paralleled ours, so I dismissed my thinking that nursing school in Belize wouldn’t be as extensive as in the United States and envisioned them as being equal. As we walked into the skills lab, I realized that again I was way off, and realized that things are very different from Messiah. There was one bed, shelves with an assortment of random manikins all dirty and broken, and old charts that were torn and warped in the corner. While the Belizean students take equal classes, the access to equipment is not equal to what we have. My high school had more sophisticated equipment than this college did. My mind kept flashing back to our pristine, well-equipped skills lab in Kline basement. I felt really bad that this is what the students had to work with and that I had taken all of our fancy models for granted. . . .

My first thought was that Belizean nurses are not as educated as American nurses, but I learned that I was wrong. They go through tests and must deal with similar healthcare situations. They are even more challenged because they must learn the information with means which would be considered inadequate for an American education. I suppose my initial thought was triggered by my worldview, which is shaped by the American culture. To be honest, I’m ashamed of my egocentric...
observation. I don't want to automatically think that the American way is the better way. In order to change my line of thinking, I must somehow erase this intuition.

I started thinking about how we need a lot more technical knowledge in the States to become a nurse. I thought nursing would be harder in the US because of this and that the primitive methods the Belizeans use don't require as much skill. But then Professor Blanchard talked about how they didn't always have an infant respirator and how we Americans would be so lost without it. We may not even think to use our mouth to get a baby breathing, but that would be the Belizean's first move. That shows that while Belizean methods may be more primitive, a lot more creativity and improvising is required of them because of their circumstances. It made me appreciate the world without technology. Before I had thought that technology is the answer for everything and the best way to go. . . . [now I think] that maybe America doesn't have the best way of doing things. . . . Now I know that I need to constantly be searching to find the truth and not blindly accept what I am told. . . . I need to remember that there is more than one way of doing things, and one may not be better than the other.

Another situation that shocked me was the reasoning of [the nurse administrator at Karl Heusner Hospital] on why they did not purchase a dialysis machine for patients with kidney problems. They figure it's better not to have the availability of the lifesaving machine rather than have to make the decision of who receives the precious treatment and who does not. Apparently this machine would be in high demand . . . so rather than turn people away, they do not invest in the modality at all. In my opinion, I think that saving a few lives is better than none, but this is probably the logic of my American worldview. The Belizeans are short on funds, and I can see why they would be afraid of dealing with the mass of people who would flood their hospital begging for treatment. It's a harsh reality. . . . The Intensive Care Unit (ICU) is a similar issue. They don't have the funds to open and maintain the unit.

"There's no sense boiling bushes when you can just take a pill." Sister H is a college-educated nurse in Belize. She was taught that synthetic drugs were the answer, and is not comfortable with herbal medicine. She perceives pills as a shortcut from boiling plants. We spoke to herbalists in Belize who still use the whole plant for healing. It was explained to us that the whole plant is better for healing than isolating active healing ingredients from plants because the isomers are just as valuable. A disease might be able to resist one or two isomers, but it's not as likely to resist five. In my opinion, it makes sense to use the entire plant instead of selected parts because it was God's original intent. Maybe Sister H is not aware that when you synthesize only the active ingredient, you lose important healing properties.

PS was very interesting. He showed us around his garden and brought many healing plants to our attention. He is a granny healer (son of a snake doctor) who has learned how to use the jungle and its natural resources to cure. I learned so much about simple home remedies and hope to find plants to make teas in America that can be a substitute for drugs. He was so knowledgeable, and even admitted he didn't know half as much as the older generation before him. It was good to see that the traditions of herbal medicine are still being passed on, although such cases are getting more and more rare. He says that the younger generations don't want to bother boiling plants and having to drink unpleasant tasting teas to be healed. They would rather quickly pop a few pills and be on their way. It is sad that the art is being lost on a generation that looks to modern ways. They are afraid of being looked down upon for not being with the times if they bother with old-fashioned things like herbal remedies. I started thinking that it is horrible that Belizeans so willingly give up their culture to seek after Americanism. . . . I feel bad that all the young people are rejecting the way of their elders for what they think is a more glamorous lifestyle. . . . It has taken me a while to realize the value of my elders; I wish I could make my peers know what I do, because then surely our rich past would not be lost.

Wellness Center

The activity level in the Wellness Center continues to grow each month. Dr. Kay Huber sees approximately 10-15 residents every day the center is open, either at the site or in their apartments. A large part of the ongoing activity involves advocacy, often in the form of communciation with primary care providers or seeking services that will help residents safely age in place. Increasing numbers of residents are unable to afford the medication prescribed for them, and much time is spent either procuring samples from primary care providers or seeking assistance from specific pharmaceutical companies that provide free medications to persons who are financially eligible for their programs.

Residents continue to benefit from donations that have been made to the Wellness Center in the past. Some of the items purchased for residents who could not afford them included a scale for a resident with heart failure who needs to do daily weights; nutritional supplement for a man who has had radiation therapy to his neck; a variety of medications, both topical and oral; and glucometer strips for a resident who has no insurance.

The NSG 301 students conducted monofilament testing on the feet of a group of residents who have diabetes melitus, did an educational program on self-breast examination using a variety of models from the Department of Nursing and from KeyPro, and developed two different sets of health-risk education bulletin boards for the waiting room. The NSG 402 students will re-test the residents on whom the monofilament testing was done during the spring semester.

The newly formed Tenant Association for Hoy and Latsha Towers has started printing a newsletter every month. Dr. Huber has provided the editors with health education literature from the Wellness Center and has also written an initial article about dietary sodium levels. The intent is to publish information from the Wellness Center in every issue.
Trust Your Instincts
Andrea Quickel ’02

Wow, how can I sum up my time in the Trauma/ICU into just one experience? The truth is I cannot. My time there was a combination of so many intense situations and patients that I cannot do them all justice in just one story. So I will talk about my personal favorite patient. He was an Hispanic paraplegic. He was only 38 years old, but he had already been through rehabilitation once for a gunshot wound to the head. Now he was back in the hospital for brain edema after a drunken fall down a flight of stairs. He was on a ventilator and he had so many secretions I felt like I was suctioning him every five minutes on my 10-hour night shift. But I still tried to treat him with respect. Many of the respiratory therapists and nurses talked about patients in a derogatory fashion right in front of the patients. I had to make a conscious effort not to do that, especially with this particular patient. He looked like he was in there, but just like a bratty kid, he was refusing to talk. When I tried to do neuro checks on him, he would occasionally respond, but nothing consistent. He would continually bite on his endotube despite the respiratory therapist’s plea that he not bite on the tube.

I took him to CAT Scan about 5 a.m. that morning, and when I was helping to pull him back into bed I swear that he winked at me. I was so excited. I told my preceptor, Hank, and he laughed. Everyone thought that I was imagining things because I was so tired, and it became a running joke on the unit. Despite their teasing I felt that I was not imagining this and that this patient really was in there. I had off for three days; when I came back to work this patient was off the ventilator. I was thrilled; he had really made progress. Then one of the nurses came up to me and said that although he still was not talking they were discovering that more of his brain function was intact than they had originally thought. He was still paralyzed from the waist down, but he definitely was making expressions to indicate different needs. I felt good about my clinical judgment and myself at that point. Even though I am new, I was right to trust my instincts about this patient, despite the fact that no one else agreed with me. It is true that some of the improvement was a result of the decreased swelling in the brain, but most people were giving him no hope of recovery. He was transferred from the Trauma/ICU to the Medical-Transitional Unit. I wish him the best of luck.

The Right Place to Be
Toni Bittner ’02

The most memorable patient today was an 11-month-old boy who came into the ED by ambulance because his mother could not console him. He had a fracture of the epiphyseal plate in the right humerus, and on full-body x-ray other fractures in various stages of healing were also found, along with various bruises on his body, causing the ED staff to suspect abuse. The boy and his mother came up to the floor around 11 a.m. People from the DA's office arrived about half-an-hour later (the ED doctor had reported the case as possible abuse, especially considering the mother's extensive history of heroin use). Children and Youth arrived shortly after that, then a separate detective, and two doctors who had examined the child in the ED. They conferred together, and then made the decision to put the child (and his 3-year-old brother) into the custody of the state. During this time the mother had gone home to change, eat, rest (they had come into the ED at 3 a.m.), and find care for her 3-year-old son, so she was not available for them to talk to. All of the individuals making the decision left before she returned, so she was not aware of what was going on. When she returned, we called Children and Youth to come and let her know what had been decided. It was really hard to talk to her as if nothing in her life had changed, when I knew that something very difficult had happened. I felt like a traitor or sneak to not tell her, but I also knew that the information should come from official sources (and from people who knew all the details of the decision and were specially trained). I do not know how she took the news because she was still in with Children and Youth when we left.

However, I was able to assess and look after the child for awhile. He was developmentally appropriate, except that he was almost too accepting of new faces. He did not display any signs of separation anxiety and looked to be right at home in this new environment. Once we were able to secure his arm in a sling and give him some pain medication he was laughing and playing like nothing had happened. I hope that if this child is still here tomorrow I will be able to follow his case. I think that I was able to build a small foundation of trust with both the mother and the child.

The 11-month-old boy was not discharged, and I was assigned to him. It was, again, both difficult and good. He was discharged today to foster care. The mother was there when he left, and stayed for awhile after her son left the hospital. We were able to offer a little comfort (hug, Kleenex). Yesterday I felt helpless, as if there was nothing I could do in this situation. Later yesterday, and even more today, I realized that even though I could not make “everything okay” I could do something. I could care for the child with all the skill I possess, and smile and laugh with him to help him feel joy. I could give a hug to a hurting mother. I could offer juice and a toy to the neighbor child who was with them, as well as appropriate explanation to her questions of: “Why is she [the mom] crying?” “Why isn’t [the patient] coming with us?” “Who is that lady [the foster mom]?” I could pray for them through this time. I could offer teaching to the foster mom about how to wrap the patient’s arm to immobilize it. I could be a patient (and parent) advocate for safety. It amazed me how much I could do! It still bothers me that there is so much of their type of hurt in the world. It grieves me that children are hurt. It grieves me that parents are in a place that they hurt their children. I am saddened that there is not a “perfect” solution to where these children will live. But I need to remember that the whole world is not my problem. God is in control of the world. I can just be in one place at one time, and it is pretty cool that God has allowed me to be in this place today.

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Moments of Death and Moments of Life
Kristine McGuire '02

I went to sit with Linda, who was caring for a baby with left ventricular hypoplasia. I was asking questions about David when he suddenly went into V-tach. I quickly put away my coffee, got a blank piece of paper and wrote down the time, and began to record what was happening. His heart rate kept climbing...210's...230's...240's. People began to gather around David's bedside. 270's...290's...

11:34 p.m. — David flatlined. No rhythm at all. I had never seen that before. I was terrified. I didn't know what to do. I just kept writing down everything that was happening. Maggie began compressions and Tammy began to bag. . . .

11:49 p.m. — Nothing. We all stood in silence...that flat, lifeless beeping filled every microspace in the room as Tammy gently released David's tiny body from her hands and he slipped quietly from this world. My eyes filled with tears and my heart was in my throat.

After David's code situation, I had to return to my two patients. Although I tried to hold back the tears, when I got to Brooke's bedside, all the emotion inside me just came pouring out. What I saw at her bedside just triggered something inside me and I began to cry. Brooke had finally fallen asleep, with her right hand on her heart and her left hand resting on top of her mother's hand. Mom had fallen asleep as well, with her head on Brooke's top of her mother's hand. Mom had finally fallen asleep, with her right hand inside me and I began to cry. Brooke had

Moments of death followed by a moment of life. I saw what I felt was the epitome of nursing. These are the moments no one else gets to see—the moments of death and the moments of life. The moments that some only see on TV or in the movies. The moments that never become Kodak pictures and get placed in an album. These are the moments that we all celebrate and mourn. And because I am a nurse, I get to see them all. This is incredible to me.

Although I was extremely grieved by David's death, I was thankful at the same time, for even having the opportunity to witness everything that night. I am so thankful to God that He has allowed me to be a nurse and experience these things.
Nursing Alumni News

'85
Lisa (McDonnell) and LTC Bill Gallagher are enjoying a one-year National Fellowship at Harvard. Lisa is working as a school nurse at the same school her three children attend (Kiera 12, Maggie 10, Joe 8).

'Suzanne (Brandt) and Roger Thomas announced the arrival of Liana Faith, their "long-awaited gift from God," in January 2002.

Debbie (Wardrop) Warner and husband are expecting their second child. Debbie is an FNP and works at a school-based health clinic.

'92
Julie (Leister) Bell and husband welcomed their third child, Rachel Christian, in October 2001. Julie is a stay-at-home mom.

Betsey (Laverty) Pierce and husband welcomed their first child, Morgan Elizabeth, in September 2001. Betsey has been a stay-at-home mom since Morgan’s birth.

'93
Karen (Hunt) and Richard DeGirolomo welcomed their second child, Carly Anne, in November 2001. Carly has an older brother, Matthew. Karen is working on a Trauma/General Surgical Stepdown Unit at Yale New Haven Hospital.

'Denise (Lefever) Redclay and husband welcomed their first child, Lily Jane, in November 2001.

'Marti (Lano) and Keith Francois welcomed Hannah Nicole in January. They reside in Houston and Marti is a stay-at-home mom.

'96
Laureen (Sauder) and John Gibbel welcomed Madison Joy in December 2001. This is their first child, and Laureen "loves being a mom."

Ann-Louise Claus is working as a certified nurse midwife (CNM) at Jennersville Regional Hospital in West Grove, Chester County. This is her first job as a CNM and “it’s been great.”

'97
Chryelle (Hamlett) Anderson and husband welcomed their first child, Brandon Michael, in November 2001. They are living in California, and Chryelle is a stay-at-home mom.

Jennifer (Toolan) Winter got married in May 2000 and moved to Hong Kong. However, she and her husband returned to New York City in January 2002. Jen plans to work again at Memorial Sloan-Kettering Cancer Center.

'98
Tracy (Landis) and Eric Landis were married in June 2001. Tracy works as a public health nurse for Montgomery County Health Department in Norristown, Pa. They reside in Telford, Pa.

'99
Kristi (Schaffstall) Eenrood “loves” her job in Labor and Delivery at Hershey Medical Center.

Sara (Hunsberger) and Michael Osgood were married September 8, 2001. Jill Leitzel ’99 was a bridesmaid. Sara works at Evangelical Community Hospital in Lewisburg, Pa. She is in the float pool that covers medical, surgical, and cardiac units.

Laura (Pomp) Baer lives in New York City and is working at Memorial Sloan-Kettering Cancer Center.

Alison (Kegerise) and Jake Rainwater are expecting their first child in September. They live in Lancaster, Pa.

'01
Heidi (Beiler) and Chris Roggie moved to Big Lake, Alaska, after honeymooning in Jamaica. Chris is a youth pastor at a church in Big Lake. Heidi is working in the OB department at Valley Hospital.

Amy Geissinger is working as a staff nurse on a transplant/vascular surgery floor at Johns Hopkins Hospital.

Do you recognize any of your friends who attended Homecoming 2001? Welcome back!
Messiah College School of Health and Natural Sciences
Department of Nursing

Full-Time, Tenure Track Position
Community Health/Adult Health Nursing
Opening in Fall 2002

Messiah College is a Christian college of the liberal and applied arts and sciences. Located in Grantham, Pennsylvania, 12 miles southwest of Harrisburg, the campus provides easy access to urban centers such as Philadelphia, Baltimore, and Washington, D.C. The nursing program is a well-respected undergraduate, baccalaureate program fully accredited by the NLNAC and preliminarily approved by CCNE. There are a wide variety of excellent clinical facilities within short commuting distance from the campus.

Master’s degree in nursing required, preferably in community health, or adult health with significant community health nursing experience. Evidence of recent clinical competence required. Doctorate in nursing or related field preferred. Evidence of commitment to pursue doctoral study, or doctoral study in progress required. Eligible for RN licensure in Pennsylvania. Clinical experience in community health nursing and teaching experience preferred.

Send letter, curriculum vitae, and three professional references to Carolyn L. Kreamer, PHD, RN, Chairperson, Messiah College, Box 3031, One College Avenue, Grantham, PA 17027, or phone: 717-691-6029, fax: 717-691-6046, e-mail: kreamer@messiah.edu.

Messiah College does not discriminate on the basis of gender, race, color, disability, or national or ethnic origin.
http://www.messiah.edu/nursing
In all work that we as Christian nurses undertake, we serve the Lord.

In 2001, The Lilly Endowment, Inc. awarded $2 million to Messiah College for a five-year project to integrate an understanding of Christian vocation in educational programs and among College constituencies. This exciting initiative challenges all of us to examine afresh the meaning of the College’s mission and identity in light of its religious heritage and its long-standing emphasis on “service, leadership, and reconciliation.” The term vocation invokes a variety of meanings and a host of synonyms such as “career,” “occupation,” “skill,” “calling,” “job,” and “profession.” In a deliberative effort to define Christian vocation for this important project, the College has offered a three-part understanding of its various aspects:

• Love of God and Neighbor: To understand all of one’s life and activities as a form of stewardship and cooperation with God in the ongoing work of creation and redemption.
• Distinctive Calling to Ministry: To understand God’s calling to women and men to accept special roles of leadership and service within the church.
• Gifts and Guidance in Preparation for Life’s Work: To be self-aware of one’s personal gifts and talents and to have a relatively focused sense of how God wants these to be used for the benefit and improvement of the world near and far.1

In nursing at Messiah College, I think, we have a unique opportunity to illustrate how we believe our profession may reflect some of these aspects of Christian vocation and how we might further expand our discipline to embrace these meaningful understandings.

For example, our systematic assessment of students and graduates offers insights into their understanding of nursing as an expression of “love of God and neighbor.” When recent senior nursing students poised to graduate were interviewed, at least three important themes emerged when they were asked, “How has the nursing major helped you integrate your Christian worldview into your professional life?” These themes were “treating all persons with dignity,” “respecting people with different beliefs or lifestyles other than one’s own,” and “integrating spiritual care into nursing practice.” 

Listen to the words of the seniors themselves as they describe their understanding of these important ideas:

... throughout the nursing program our professors have instilled in us the idea, or the belief, that everyone’s created in God’s image. And that really stood out for me. That’s... the big thing I learned from this program... to respect other people... [my experiences in the nursing program] helped to encourage me to look more at people through Christ’s eyes and try to love them in the midst of their struggles and their trials. Also, [to] evaluate situations and how I react... to situations according to what the Bible taught. A specific example would be this semester [at] Downtown Daily Bread. That really opened my eyes a...
lot and helped me to put directly into practice loving the 'least of these' the way God taught us. Just to be more open and [to] have a heart for people that have a very different lifestyle than I do . . . one thing I remember . . . is Dr. Miller talking about compassionate presence. And that's actually . . . come back to me a couple of times in clinical . . . just not being able to say anything to someone . . . to patients when they say "why?" Not having an answer but just being there.

It is also clear that employers of recent nursing graduates assess their respect for patients and families at high levels when compared to other beginning nursing graduates (see Employers’ Average Ratings in sidebar). Our nursing students and graduates demonstrate the linkage of the aspect of “love of God and neighbor” with their nursing vocation through their compassion, care, and love of their patients, and the protection of their patients’ rights through their ethical professional behavior. Regardless of a person’s lifestyle, values, or social position, Messiah nurses recognize their Christian charge to “love as self.”

With respect to “distinctive calling to ministry,” we know that some of our nursing graduates have entered seminars, and others have created or participated in special ministries aligned with the church or other religious organizations. I extend a special invitation for those who have undertaken this important work to write or e-mail us about those experiences, and especially to tell us how their lives and experiences at Messiah College helped them prepare for this decision.

Finally, in our most recent department convocation I have challenged faculty, students, and myself to reflect on our individual “gifts and talents” and to consider how each of us may use our God-given attributes for the benefit of creation. Each of us is unique—made in the image of the Creator. Accordingly, we have an obligation to use our gifts in ways that please God and contribute to the enrichment of this world. In all work that we as Christian nurses undertake, we serve the Lord. As this project on Christian vocation advances, I hope that nursing will embrace its initiatives and incorporate its ideals into our curriculum and our learning experiences. Special opportunities for faculty and student development will be forthcoming, and I look forward with excitement to new possibilities.

With whatever your task, put yourselves into it, as done for the Lord and not for your masters since you know that from the Lord you will receive the inheritance as your reward; you serve the Lord Christ. (Colossians 3:23–24 NRSV)


Employers’ average ratings of recent Messiah College nursing graduates

Compared to other new graduates you have employed or supervised, this graduate was able to:

- Use ethical behavior in protecting and maintaining patient/family rights (rating 4.4)
- Respect religious and cultural values of patients and families (rating 4.31)
- Work effectively with diverse people (rating 4.19)
- Demonstrate professional values (e.g., altruism, autonomy, human dignity, social justice) in nursing practice (rating 4.19).

Rating scale: 5=strongly agree
1=strongly disagree

With appreciation

The Department of Nursing expresses deep appreciation for the years of service given by Sandra Jamison. Dr. Jamison was with the Department of Nursing for 10 years. She served as chairperson of the nursing department from 1992 to 1999. A collegewide farewell reception was held for Sandra in the private dining room. Faculty, students, staff, and former Messiah College employees were invited to stop by and wish Sandra well. She was also honored by the nursing faculty at a luncheon at Hardings restaurant (see picture). Sandra will continue to work in nursing as the faculty/graduate student ministry coordinator for Nurses Christian Fellowship.
**NSG 101** There were 57 students. Dr. Kreamer taught this class which was entirely web enhanced on Blackboard, the web-based software package that allows faculty to put all course materials on-line. Assignments for the course included a nursing history presentation, a class journal, a career focus paper, a book report, a nursing student interview, and a final exam. Dr. Kreamer noted that the class was made up of a diverse and interesting group of students who exhibited dynamic personalities and many talents. Dr. Kreamer also taught NSG 441.

**NSG 201** There were 31 students in two sections this year. One section met on Mondays and Wednesdays in the morning and the other section met for an extended class period on Thursdays. Both sections were taught by Debra Loop. Mrs. Loop also taught a first-year seminar and a clinical component of NSG 401. There was a third section of NSG 201, taught by Dawn Blanchard, comprised of students who were in Belize for the semester. Dr. Blanchard made a visit to the students in Belize during fall break.

**NSG 301** There were 43 students this fall. The community project was revised this year so that students assessed vulnerable populations in the context of the community using Neuman’s conceptual framework. The changes made in clinical last year were continued with med-surg and maternity — the inpatient hospital clinical rotations — having clinical from 6:30 a.m. to 3 p.m. on Tuesdays and 6:30 a.m. to 11 a.m. on Wednesdays. In addition, the students spent about one-third of the semester’s clinical time in community settings; those days remained Tuesdays and Thursdays. The course was coordinated this year by Pam Linstedt, who had clinical in med-surg at Pinnacle Health’s Harrisburg Hospital. Faculty members included Kay Huber at the Wellness Center and Dawn Blanchard in maternity at Pinnacle Health’s Harrisburg Hospital. A adjunct faculty for this course included Wanda Thuma M cDermond in med-surg at Carlisle Regional Medical Center, Natalie Troup in med-surg at Holy Spirit Hospital, M’Liss Halsey in maternity at Pinnacle Health’s Harrisburg Hospital, and Charlotte Wool in maternity at Holy Spirit Hospital. In addition to teaching in 301, Dr. Blanchard taught a First-Year Seminar and NSG 201 to students in Belize.

**NSG 401** For the 28 seniors in NSG 401, there were few changes from previous years. One change that did occur was the initiation of a mini ICU lab during the first week of the course. This mini lab included drawing arterial blood gases and working with mechanical ventilators. Continuing were the psych visits to Paxton Street Mission, the observations of open-heart surgery, ethical issues presentations, and the clinical simulation in the Learning Lab. Full-time faculty were Martha Solomon, course coordinator, in the PICU/PIMCU/NICU at Hershey; Louann Zinsmeister in the adult critical care areas at Hershey; Marti Byers in psych at Hershey; and Debra Loop in the ED at York Hospital. Mrs. Zinsmeister also taught NSG 441 this semester.

**NSG 441** There were 27 seniors in NSG 441 this fall. Carolyn Kreamer coordinated the course with Louann Zinsmeister as a team member. Dr. Kreamer focused upon her area of expertise in quantitative research methods and Mrs. Zinsmeister focused upon her area of expertise in qualitative research methods. The web-based software package Blackboard was again used to present course materials, and no paper was distributed. Guest speakers for NSG 441 included Dr. Carol Farran from Rush University and Dr. Jon Stuckey from the Messiah College Grants office. Both speakers helped to bring out the importance of discipline-specific research and the connections between research and the clinical practice of nursing.
Helen Quickel, R.N., second from right, receives a certificate of recognition from the Messiah College School of Nursing during National Nurses Week. Her daughter, Andrea, a student at the College, second from left, and Dawn Blanchard, a faculty member, present the certificate as Valerie Hardy, vice president, Patient Care Services, left, offers her congratulations.

Nurses honored
In celebration of National Nurses Week, the junior and senior Messiah College nursing students honored two nurses from local hospitals who contributed in a significant way to the students’ clinical experiences. The students chose the nurses based on their expert nursing knowledge, professionalism, compassion, and caring. Selected were Susan Spencer, R.N., from the Palliative Care Team at Hershey Medical Center, and Helen Quickel, R.N., a lactation specialist at York Hospital. Dr. Kreamer, chair of the Department of Nursing, presented a Certificate of Recognition to Susan Spencer, and Andrea Quickel ’02 presented the award to her mother at ceremonies that were part of the hospital’s week-long celebration of Nurses Week.

Kudos from graduate
Amy Geissinger ’01

I realize that it is the summer and that most of you are probably in and out, but I thought that I would drop you a quick note anyway. It was so good to see many of you in May at the Pinning Ceremony. You have been my instructors and mentors and cheerleaders. It was good to catch up with you and share a bit about my nursing experience. Congratulations on another nursing class that you helped through the college and nursing school experience. I know that they are prepared and will be an asset to whatever communities they go into. I hope that you are able to enjoy these summer months with no students, although I know that your work never really ends.

As for the next step in my life, I continue to seek the Lord’s guidance and direction. There are so many options, including further education and mission work. I would appreciate your prayers for wisdom and discernment, and I will keep you posted as to what I decide. Thank you for your continued support and encouragement. I am truly blessed by each of you.

Wellness Center
The Wellness Center continues to provide an opportunity for nursing students to directly interact with persons living in the community. Students and/or Dr. Huber generally see about 15–20 residents every clinical day either in the Wellness Center or in their apartments. Dr. Huber continues to use money previously donated to the Wellness Center to purchase medications, nutritional supplements, and other items for residents who cannot afford to do so themselves. The need for such help continues to increase as more residents without any health insurance or who cannot afford to purchase medications even if they have insurance come to the Wellness Center seeking assistance.

The students in NSG 402 re-tested the feet of residents with diabetes with monofilaments for an ongoing monitoring program to detect peripheral neuropathy. They also developed and implemented health education bulletin boards in the Wellness Center and at Downtown Daily Bread. The students continued assessments of residents with chronic health problems, did medication education, interacted with residents coming to the Wellness Center for hypertension monitoring, and performed numerous acts of advocacy.

This fall, for the first time, nursing students from NSG 301 provided health education information on a large bulletin board at the Steelton Senior Center. They also participated in screening for the risk of depression at the Senior Center and assessed residents in several of the high-rise apartment buildings for their ability to evacuate the buildings in case of an emergency. Evacuation lists for the local fire and ambulance crews have been developed by Dr. Huber and are maintained by the Wellness Center. The nursing students continued to go to Downtown Daily Bread to do blood glucose monitoring and to take blood pressures.

Dr. Huber contributed articles on heat exhaustion/stroke, dietary fat intake, and apartment safety assessment for the Hoy-Latsha Tenant Association Newsletter.
Two summers as an extern
Jessica H easy '03

I had the experience of working for the past two summers as an extern at the Good Samaritan Hospital. I worked on a general medical-surgical floor the summer after my sophomore year and on an intermediate care/telemetry-monitored floor this past summer. I found both experiences to be extremely beneficial and helpful for re-entering clinical in the fall. There were many things which were similar about the two summers — both gave me more experience in patient care; more interactions with patients, families, and other healthcare staff; and both helped me become more comfortable in the clinical setting. However, there was one major difference I noticed between the two summers — and that was in me, particularly my ability to critically think about patients and situations and to be able to put the pieces of the “puzzle” together.

Being able to do an externship after my sophomore year allowed me to learn a little bit — emphasis on little — about the “ins” and “outs” of inpatient care. It helped me to see physical assessment in practice and learn how to incorporate what we had learned in NSG 202 into an inpatient clinical setting, which I had not before experienced. I learned about assessment, drains and tubes, post-surgical care, effective ways to transfer and help patients get up and move after surgery, and about how to attempt not to go crazy trying to provide good, effective nursing care for seven or eight people at a time. And while all this was very enlightening, this past summer helped me become more comfortable in the clinical setting. However, there was one major difference I noticed between the two summers — and that was in me, particularly my ability to critically think about patients and situations and to be able to put the pieces of the “puzzle” together.

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Diary of a year abroad  
Cyndi Brewer ’04

I am seated on the cement roof of my house. I sit high above the world, overlooking a bustling city located just south of the equator. The wind ruffles my hair and a few fluffy clouds linger overhead.

Off in the distance, I catch a glimpse of a towering volcano, whose snow-capped peak glows pink and yellow in the light of the setting sun. My view stretches beyond the city limits, and I ponder the large world beyond. I ponder the variety of people groups, languages, countries, and needs. I ponder my tiny role in this ever-growing, always changing, multi-cultural population of the human race. Sitting on my roof, below the vast heavens and amongst the immense Andes Mountains, I feel especially small. Small, yet not insignificant.

I am a junior nursing major who had the rare opportunity to spend my entire sophomore year studying abroad in Quito, Ecuador. I spent no time working in a hospital, giving medications, or making home visits. I didn’t even take a single nursing class. Yet somehow, during the course of that year, the calling on my heart to pursue a lifetime of caring was deepened and confirmed.

Today as I was walking to the bus, the big brown eyes of a tiny girl seated on the curb made me pause. Seven-year-old Rita seemed shy at first, but after I bought a package of Trident gum from her and took a seat beside her on the street, she began to regard me curiously. I asked her where she lived and if she went to school. I wasn’t surprised that she lived in a small neighborhood in the north of the city that had no street names— it consisted mostly of small shacks separated into blocks by dirt paths. I also wasn’t surprised when she told me that she had never been to school. Soon we were surrounded by about five other children, all trying to sell me gum, candy bars, and stickers. I bought from all of them, smiled into their eyes, touched their grimy hands, and made them laugh. I later boarded the bus and gave my new hoard of candy to the first lonely child I saw. Perhaps she will eat it … but, most likely, she will sell it back to the next person who will care enough to take a moment out of his day, sit next to her on the street, and look into her big brown eyes.

During my year in Ecuador, I had the opportunity to travel extensively. I’ve ridden on buses, boats, airplanes, bicycles, cars; and in the bed of quite a few trucks— from the heart of the rain forest to the white sandy beaches of an uninhabited island, from the middle of the city to the peak of a 14,000 foot mountain, and everything in-between. But no matter where I ended up— whether I was ice-picking my way up a glacier in Ecuador, hiking the Inca Trail through Peru, or crossing the largest intersection in the world in Argentina— I realized something very important.

Everywhere I look, I see a soul. Each is disguised by a different body shape, religion, culture, and language; but when we are stripped, we are nothing but souls. Restless. Searching. Naked. The image we project, the faith that gives us hope, the culture that has shaped us, the language through which we express ourselves— all this is extra. The more people I meet, the more pairs of eyes that I look into, the more I realize that we are all the same. The indigenous man, the top executive, the newborn child, the busy mother, the lonely traveler— they are all different manifestations of the heart of humanity that is searching for meaning. I cannot save the world. I struggle with the suffering that I’ve seen. I struggle with the size of our globe and the enormity of issues that need to be addressed. One thing I know: no matter where I am, I can reach out and touch just one thirsty soul. Everywhere and anywhere that I go, there is a soul— surrounded by a distinct physical stature, culture, religion, and language— that is yearning to be touched. I can focus my energy into the responsibility I have been given; I can look into the eyes of just one child. As a Christian nurse, called to care for the souls of the human race, I can offer meaning to a few.

And so here I sit, on the roof of my house, observing the immense world that lies beneath my feet. I am overcome by the grandeur of it all, overwhelmed by how tiny I am. Sitting on my roof, below the vast heavens and amongst the immense Andes Mountains, I feel especially small. Small, yet not insignificant.

My mission field  
Karen Cordell ’03

To evaluate this summer’s externship in 50 words or less is like telling a patient to run a marathon immediately after they have had a total knee replacement. It cannot be done. Rebuilding strength and tone to the knee through physical therapy is the key to recovery; however, it is a long process. Likewise, nursing education may be a long process and, at times, not an easy road to follow.

I cannot tell you about my summer experience without telling you a little bit about my life. I have not always wanted to be a nurse. In fact, I wanted to stay as far away from the medical field as I could. I started Messiah College in the fall of 1997 as an art major. I planned on graduating with a degree in art and then going to a technical school to get my architect degree. In the middle of my freshman spring semester I felt God tugging at my heart. At first I did not know what He was trying to show me, but I knew that I was not enjoying what I was doing at the time. That was when my grandfather had to be hospitalized for a myocardial infarction and a quintuple coronary artery bypass graft. As I visited my grandfather, I watched the nurses as they cared for my grandfather and their
I was overjoyed, and I praised the Lord for this wonderful gift. I took my nursing final exam with a renewed confidence, and I passed.

For the first part of the summer I felt as if I was on cloud nine. I loved my job and my preceptor. I was learning so many things and I was able to do so many procedures that I had not been able to do during my clinical rotations. It was not until the middle of the summer that I learned the reality of this job and that there may be conflicting relationships between staff. God had always taught us to love one another as He had loved us and to treat others as you would want to be treated.

Nursing is a passion. “You gotta wanna be it,” as my mother would always say. This externship not only developed my skills and knowledge to a greater level, but it also gave me a deeper passion for others. Nursing is God’s will for my life and the hospital is my mission field.

As a result of all these experiences and challenges, I am beginning this final year of nursing (FIN A LLY) with excitement. I will always remember my externship and what my fabulous preceptor, Paula Jones, taught me. But most of all I will remember that God is faithful and He will guide me throughout this year and the rest of my life.
Summer internship at NIH
Sarah Quick ’03

Spending twelve weeks working with patients diagnosed with schizophrenia may not sound like fun to most people. In fact, it may sound pretty scary. However, that is exactly what I chose to do with my summer. I had the opportunity to work at the National Institutes of Health (NIH) in Bethesda, Md., as an intern on a unit where research on schizophrenia was being conducted. The internship involved a variety of activities that provided me with a great deal of different experiences. I was able to listen to lectures by world-renowned researchers about the newest research developments in the health field and the hope this research can offer patients with various diseases. One of the requirements for my internship was to develop a poster that proposed a research question. I chose the topic of the “research to practice” gap, which is a gap that exists between newly researched interventions and the implementation of the interventions into clinical practice. I found a tool in the literature that measured the different symptoms of schizophrenia, and then I proposed examining how often the tool was used to assess the patient’s symptoms. What I discovered was that even though the tool was found to be useful in identifying symptoms specific to each patient, it was not being used in the clinical area. I also participated in the annual poster fair at NIH, where my poster was presented along with the other summer student posters. I learned not only about schizophrenia, but also about the devastating effects it can have on a person and family.

This internship helped to reinforce the positive impact nurses can have on the life of a patient (with any diagnosis) and the importance of nursing research — not only to nurse researchers, but also to nurses in the clinical setting. I gained so much more than factual knowledge from my experience this summer; I gained a new appreciation and respect for patients suffering from a mental disorder. This summer was filled with new experiences, and I encourage anyone who has the opportunity to try something new and different to definitely take advantage of the opportunity.

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

Name __________________________________________________________________________________
Address _______________________________________________________________________________
City ____________________________________________ State ______ Zip ___________
Phone ( ______) ____________________

Please make check payable to: MESSIAH COLLEGE.
Please clip this form and return to College Development, Messiah College, One College Avenue, Grantham, PA 17027.

Alumni take note!

The only way for your information to appear here is to send it directly to the Department of Nursing, either by paper, e-mail, or phone. Some of this information may first appear in The Bridge; however, we will not be transferring the information. So if you want your information in Nursing News, send it to the department! Thanks!
The fall research program held on Thursday, October 10, was a marvelous success. Dr. Carol J. Farran, professor of community and mental health nursing, Rush University, and senior research associate at the Center for Research in Health and Aging at Rush-Presbyterian St. Luke’s Medical Center, in Chicago, presented her research on “Family Caregivers: A Critical Resource in Today’s Changing Health Care Climate.” Dr. Farran asserts that family caregivers provide critical healthcare to the aging population, and that through healthcare interventions, allocation of resources, and social policy initiatives our nation must protect this critical resource of healthcare delivery. The program had over 100 attendees representing members of the Lambda Kappa Chapter, Eta Eta Chapter, Pinnacle Health System, Susquehanna Valley Chapter of the American Association of Critical Care Nurses, Messiah College nursing students, and Messiah College students currently enrolled in the Psychology of Aging course.

Upcoming events of the Chapter include a service project in the spring and the Induction Ceremony scheduled for April 26. Persons who have ideas for a service project should contact any of the chapter officers with their suggestions. Some service project suggestions currently under consideration include planting a garden at Falling Springs Rehab facility, assisting with Special Olympics, and offering pet therapy in nursing homes.

Some Chapter committees are still in need of volunteers. Interested persons should contact Chris Leahy, Chapter president, at lkleahy@webtv.net or 272-6621, ext. 44 (work), or 238-4563 (home).

Lambda Kappa news
Carolyn L. Kreamer, Ph.D., R.N.

Graduating senior earns top awards
Ashley (Heiney) Siglin 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. This award was announced at the Pinning Ceremony, where Ashley received a commemorative plaque. The award for Academic Excellence also went to Ashley, who earned a GPA of 3.842 for four years at Messiah. The award for the highest academic performance for four years at Messiah was not announced at Pinning because the final grades were not computed; so Ashley received her award in the mail.

The name of this outstanding senior has been added to the plaques hanging in the hall outside the nursing office.

Student honors
Congratulations to the following senior nursing students who graduated with honors in May of 2002:

**Magna Cum Laude**
- Toni Bittner
- Lindsay Haaz
- Ashley (Heiney) Siglin
- Suzanne Vroon

**Cum Laude**
- Kimberly Boyd
- Kathryn Chester
- Melissa Ehs
- Megan Keiper
- Aislynn Mello

**Cum Laude**
- Georgina Muth
- Angela Perlakowski
- Rebekah Shifler
- Courtney Sirard
- Kendra Watson

Seniors at brunch: part of the pinning celebration.
Once again, this semester has proven to be exciting and full of nursing adventures. This semester’s speakers brought many topics and job possibilities to the table. In October, Linda Snyder, a Messiah graduate and nurse practitioner shared her story and her journey through nursing. Later in that month, an Air Force recruiter stopped by to talk about flight nursing. In November, Polly Ribando, a nurse recruiter from Hershey Medical Center (HMC), shared information about HMC and also added a few tips on resume writing and interviewing advice. This year’s annual service project took place at Hershey Medical Center. Members of NSA were once again given the opportunity to babysit children with heart problems while the parents were in a support group meeting. Equally exciting this semester was the new tee-shirt design for the yearly nursing clothing sale, which focused on Colossians 3:23 as a goal or calling for Messiah College nurses. Topping off the semester, the NSA members took advantage of a weekend at the SNAP convention in Lancaster, which proved to be refreshing and encouraging in the quest to find a renewed interest in becoming professional nurses.

This year’s executive board of NSA is Tammy Hurst, president; Jessica Heagy, vice president; Rachel Bell, treasurer; Kelly Sensenig, secretary; and Maria Morales, chaplain. Also, Laura Litosky, Kelly Sensenig, and Kerri Leary are serving as the senior, junior, and sophomore class representatives. On behalf of the executive board, we encourage and welcome everyone to come join our organization in the spring and get connected to nursing!
Alumni news

'91
Mary Joyce (Allen) and David Bland welcomed Karis Lauren to the family. She is "absolutely adored" by her two brothers, Colin and Kyle.

'92
Tracey (Bixler) Kimball and her husband welcomed their third child, Micah Daniel, in March 2001. He joins his two older brothers, Zachariah and Isaiah. Tracey works part time as a CRNP in a family practice in Middletown, Pa.

Sheila (Krekoska) and Jay Rubino welcomed Lindsay Margaret to the family on Aug 25, 2002. Lindsay joins big sister Caitlyn and brother Matthew. The Rubinos reside in New Haven, Conn.

'94
Kristen (Young) Ammons and her husband were blessed by God with the birth of their first child, Joshua David, on May 25, 2002. They reside in Coatesville, Pa.

'95
Emily (Krauss) Dueck and her husband, J.D., are doing missionary work in West Africa. This summer they were in Cote d'Ivoire, Guinea, and Burkina Faso. They have three children — Jacoby, Ethaniel, and Josephine.

'96

Rebecca (Leatherman) Schwartz recently completed a Master's of Business Administration at Eastern University. Rebecca continues to work as a senior professional representative in pharmaceutical sales for Merck & Co., Inc. She and her husband, Matt, live in Lititz, Pa.

'97
Chrystelle (Hamlett) Anderson is currently residing in 29 Palms, Calif. Her husband is in the Navy and stationed on a Marine Corps base at the Navy Hospital in San Diego. Chrystelle is staying at home caring for their son, Brandon Michael.

'98
Karis (MacGregor) and Nathan Schumacher welcomed their first child, Aedienne Hannah, on Oct 15, 2002. Karis is on maternity leave from York, Pa., VNA.

'99
Tonia Palmus was married to Todd Coyle in September 2001. She and her husband reside in Ontario, Canada, where Tonia is applying for licensure. Her husband works for Ministry Gospel for Asia.

Hannah Phillips lives in Moscow, Idaho. She has been taking courses in classical studies at New St. Andrew's College. Hannah will be married on December 28, 2002.

'02
The following new graduates have reported their employment:

- Courtney Albano — Johns Hopkins University, Baltimore, Md., pediatric oncology unit
- Tammy Amidon — Hershey Medical Center, Hershey, Pa., PICU
- Darla Anderson — Hershey Medical Center, Hershey, Pa., PIM/CU
- Toni Bittner — Hershey Medical Center, Hershey, Pa., PICU
- Erin (Britton) Corwin — University of North Carolina Hospital, Chapel Hill, N.C., orthopedic surgery
- Julie Burkins — Hershey Medical Center, Hershey, Pa., SICU
- Rachel Dix — Hershey Medical Center, Hershey, Pa., 6 Medicine
- Melissa Ehst — Lancaster General Hospital, Lancaster, Pa., med-surg
- Ashley (Heiney) Siglin — St. Luke's Hospital, Bethlehem, Pa., adult pulmonary trauma
- Megan Keiper — St. Francis Hospital & Medical Center, Hartford, Conn., maternity
- Kristine McGuire — Children's Hospital of Philadelphia, Philadelphia, Pa., PICU
- Aislynn (Mellott) Moyer — Hershey Medical Center, Hershey, Pa., 6 Medicine
- Georgina Muth — Hershey Medical Center, Hershey, Pa., MIM/CU
- Angela Perlakowski — Hershey Medical Center, Hershey, Pa., hematology/ oncology
- Monica Phillips — Lancaster General Hospital, Lancaster, Pa., M/SICU
- Andrea Quickel — Harrisburg Hospital, Harrisburg, Pa., oncology
- Jennifer Reihart — Hershey Medical Center, Hershey, Pa., 6 Medicine
- Angela Stine — Hershey Medical Center, Hershey, Pa., PICU
- Bonnie Venditti — University of Colorado Hospital, Denver, Colo., med-surg
- Suzanne (Vroon) Parra — Lancaster General Hospital, Lancaster, Pa., med-surg
- Christiana Ward — Hershey Medical Center, Hershey, Pa., SICU
- Kendra Watson — Hershey Medical Center, Hershey, Pa., PICU

Nursing alumni news
Let your classmates and friends hear about your activities. Clip this form and mail to Nursing News, Messiah College, One College Avenue, Grantham, PA 17027, or e-mail: nursing@messiah.edu.

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Messiah College School of Health and Natural Sciences
Department of Nursing

Full-Time, Tenure Track Position
Community Health/Adult Health Nursing
Available Spring 2003

Messiah College is a Christian college of the liberal and applied arts and sciences. Located in Grantham, Pennsylvania, 12 miles southwest of Harrisburg, the campus provides easy access to urban centers such as Philadelphia, Baltimore, and Washington, D.C. The nursing program is a well-respected undergraduate, baccalaureate program fully accredited by the NLNAC and preliminarily approved by CCNE. There are a wide variety of excellent clinical facilities within short commuting distance from the campus.

Master's degree in nursing required, preferably in community health, or adult health with significant community health nursing experience. Evidence of recent clinical competence required. Doctorate in nursing or related field preferred. Evidence of commitment to pursue doctoral study, or doctoral study in progress required. Eligible for R.N. licensure in Pennsylvania. Clinical experience in community health nursing and teaching experience preferred.

Send letter, curriculum vitae, and three professional references to Carolyn L. Kreamer, Ph.D., R.N., Chair, Messiah College, Box 3031, One College Avenue, Grantham, PA 17027, or phone: 717-691-6029, fax: 717-691-6046, e-mail: kreamer@messiah.edu.

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http://www.messiah.edu/nursing
Global health: essential knowledge for today's nurse

Carolyn L. Kreamer, Ph.D., R.N., Chair, Department of Nursing

“No man is an Island, entire of itself; every man is a piece of the Continent, a part of the main. . . .”
— John Donne, Devotions upon Emergent Occasions (1624)
“Meditation XVII”

In this twenty-first century, the phenomenon of globalization makes these words written in the fifteenth century even more profound. Today, each corner of the globe is connected by jet travel, the World Wide Web, twenty-four hour news, and world trade. In this context, knowledge about global health issues is extremely relevant for nursing students who will practice in the near future and beyond. Each health care community, whether it is located in the United States or on the opposite side of the globe, will likely be affected by health problems and health issues far beyond its natural or artificially drawn borders. Increasingly, health is viewed as an interconnected global concern, and diseases that were once isolated in far away lands have quite literally emerged in our backyards. For example, just since 1999 many parts of the United States have had outbreaks of West Nile Virus, a disease once limited to Africa, Eastern Europe, West Asia, and the Middle East. With increased international tourism, and the expanded exchange of food, plants, animals, and other goods and services, this type of health problem will surely increase. Moreover, the export of products and foods from the United States to developing countries, such as tobacco and junk food, creates new health issues for nations with limited health budgets and even fewer human resources. Most recently, for example, the International Council of Nurses (ICN) issued a fact sheet identifying obesity as a global epidemic and serious public health problem affecting 18% of the global population.1 Also, after four years of negotiation the World Health Organization (WHO) has produced an international tobacco control treaty to reduce worldwide tobacco consumption and consequently reduce the millions of deaths and diseases related to smoking.2 The health of the citizens of a particular country cannot be separated from a wider global context.

At Messiah College there is a tradition of international study and service that sensitizes students to their responsibilities as global citizens. Messiah College is sixth in the nation in the proportion of its students who engage in some form of international education. Nursing students benefit from opportunities to participate in cross-cultural study tours, international service learning projects, and semesters of international study. Notwithstanding the intensity and structure of the nursing curriculum, last year nursing students represented ten percent of the Messiah students who studied abroad. These students are blessed with learning experiences that they often say “changed their lives forever.” When studying or traveling abroad, nursing students have had some opportunities to interface with the

continued on page 2 . . .
health care systems of their host country. These kinds of experiences certainly help Messiah nursing students to view the health of the global community as their professional responsibility.

Also, some other opportunities for students to learn and reflect about global health are included within the on-campus nursing curriculum. Addressing global health issues has always been included in the course content of Nursing 496, Senior Seminar. However, this year senior nursing students displayed information about critical, global health issues such as AIDS, smallpox, drug-resistant tuberculosis, and more, on scholarly bulletin board exhibits in a high traffic area for all nursing students. In this way, the senior class learned about the interconnectedness of health around the world and, at the same time, educated other classes of nursing students about current, global health issues. Near the end of the spring semester, seniors participated in a seminar discussion on global health to further reflect on its implications for professional nurses.

While all of these learning opportunities help to enlighten nursing students about global health, we can and must expand these experiences. Now that faculty may propose discipline specific cross-cultural courses, prospects for more explicit nursing-related international study are possible in the future. Today's nursing students yearn for these types of opportunities, and clearly they are enriched by them. If you are a graduate or a friend of the nursing program at Messiah College, and you have specific international connections that could be developed into meaningful learning experiences for our nursing students, I invite you to contact me or other faculty to share your ideas. Or, if you would like to share your own experiences in international health in a nursing class or chapel, please let me know. Help us to provide the essential knowledge in global health issues that is so vital for nurses in the twenty-first century.

Course updates

NSG 494 Fifteen senior nursing students worked with preceptors in this popular J-term course. In addition to the local hospitals that provided preceptors, one student worked out of a Maryland hospital for her clinical experience. This was the first time that a student had a clinical preceptor from a hospital that was not one of our regular clinical sites. There continued to be a strong interest in critical care areas with 10 of the 15 students working with preceptors in critical care clinical areas. This course required that each student spend 88 hours in one clinical area of nursing that was of particular interest to the student. The course was coordinated by Carolyn Kreamer and also taught by Martha Solomon. Starting with next year's junior class, this course will become a required course for all nursing majors.

NSG 201 Also in J-term, Pam Linstedt taught a section of NSG 201 for 8 students who were primarily internal and external transfer students as well as some students planning to study abroad next fall.

NSG 202 A large class of 45 newly-admitted nursing majors began Nursing 202 on the first Monday in February this spring. The large class necessitated six faculty members, two full-time in the course and four part-time. Dawn Blanchard coordinated the team with Pam Linstedt assisting with the full-time management. Six clinical groups were created, each with its own instructor. Dawn and Pam each had a group. Debbie Loop, a full-time faculty member in the department but part-time for Nursing 202, covered another clinical group and three adjunct faculty were hired for the final three clinical groups: M'Liss Halsey, CRNP, RN; Karen Miller, CRNP, RN; and Leisa McAulich, CRNP, RN. Nursing 202 had been completely revamped last year and refinement of the changes were incorporated into this year's cur-
riculum. The most major change this year was deletion of the formal Health Education Project. Limited hours available for adjunct hiring necessitated the deletion of this part of the course which required much supervision on the part of faculty. More informal application of health theory and health education principles was the norm this year as well as more time spent in application of developmental principles and test-taking strategies. Clinical sites were Messiah Village, Bethany Village and the Jewish Home. Students continued to observe in prenatal clinics and WIC centers and attended a childbirth education class at either Holy Spirit Hospital in Camp Hill or Applewood Women’s Life Center in Carlisle. Child development was observed at the Child Care Center at the Jewish Home. Students continued to observe in the pediatric clinic, interventional cardiology, hematology/oncology clinic, or enterostomal therapy. These observational experiences were at Hershey Medical Center, Pinnacle Health Home Care and Comfort Care were the two home health agencies used for NSG 402. Students made independent home health visits for part of the semester and the other part of the semester was spent either at the Wellness Center or in an intensive observational experience at PinnacleHealth Hospice, Hospice of Central PA, Palliative Care at Hershey Medical Center, Diabetic Education at Hershey Medical Center, High School or Elementary School Health, Public Health, or Parish Nursing. Faculty for NSG 402 included Kay Huber (course coordinator), Wanda Thuma-McDermond, Marti Byers, and Connie Kishbaugh.

NSG 302 This course continued to be a challenging one for junior students. This year there were 39 students in NSG 302. Students had three, four-week rotations in medical-surgical nursing, psychiatric nursing and pediatric nursing. One-third of the students had clinical experiences on Wednesday and Thursday evenings for their psychiatric nursing and pediatric nursing rotations. All other students had clinical experience for their rotations on Monday and Tuesday evenings. These clinical rotations were at Hershey Medical Center. Students spent time observing in the operating room at both Pinnacle Harrisburg Hospital and the Hershey Medical Center. They also could choose observational experiences in the pediatric clinic, interventional cardiology, hematology/oncology clinic, or enterostomal therapy. These observational experiences were at Hershey Medical Center and Pinnacle Harrisburg Hospital. Students again participated in clinical simulation labs especially developed to prepare them more fully for actual patient care in acute care areas. The course was coordinated by Louann Zinsmeister and also taught by Martha Solomon, Marti Byers, and Debbie Loop. In addition Ruth Zook was a psychiatric clinical nursing instructor and Tara Jankouskas was a pediatric clinical nursing instructor.

NSG 400 Kay Huber again taught this one-credit Nursing Pharmacology course to 27 senior nursing students. This course continued to be taught as a self-directed class to help students prepare for the NCLEX. Class periods were built around case studies and discussions to make learning interesting. Take home exams were used to evaluate students’ mastery of course concepts.

NSG 402 The 27 senior nursing students participated in a variety of new clinical experiences in this course. Pinnacle Health Home Care and Comfort Care were the two home health agencies used for NSG 402. Students made independent home health visits for part of the semester and the other part of the semester was spent either at the Wellness Center or in an intensive observational experience at PinnacleHealth Hospice, Hospice of Central PA, Palliative Care at Hershey Medical Center, Diabetic Education at Hershey Medical Center, High School or Elementary School Health, Public Health, or Parish Nursing. Faculty for NSG 402 included Kay Huber (course coordinator), Wanda Thuma-McDermond, Marti Byers, and Connie Kishbaugh.

NSG 496 There were 28 students enrolled in NSG 496 this spring which was again taught by Carolyn Kreamer on Monday evenings from 6:00-9:00 p.m. A variety of guest speakers were invited to share their expertise in professional issues and trends including: risk management, quality assurance, work force advocacy and collective bargaining, legislation, advanced practice nursing, and making the transition from student to professional nurse. The core assignments were very similar to those in the past—NCLEX preparation plan, global health issues project, and a combined assessment of critical thinking and portfolio summative evaluation. The global issues project this year was the preparation of a bulletin board on a relevant global issue and a final seminar on global health issues. Student groups displayed their bulletin boards for a period of two weeks outside the Resource Room so that all students in the class could have an opportunity to view them throughout the semester and participate knowledgeably in the seminar discussion at the end of the course. Student groups submitted an abstract, reference list, and photo of the bulletin board, and they developed a one-page bullet list for their classmates on the critical points about their selected global health issue. The field trip this year was a tour of the Capitol building including a visit to the Senate and House gallery to watch legislators in session. Time was allotted for students to visit their own representatives’ offices. The purpose of this program was to help nursing students learn the significance of the legislative process and its relevance to nursing practice.
**NSG 301 reflection**

Michael James '04

This past semester has been full of growth for me. I have had experiences that I will never forget for the rest of my life. The semester was full of opportunities and learning experiences that I had been looking forward to for quite some time.

The amount of factual knowledge I have gained has amazed me. Not only have I grown in my knowledge about the human body, diseases, and medications, but I have also grown spiritually. This semester taught me so much about God's wonderful craftsmanship, for instance; should a woman have a premature baby, her breast milk being perfectly formed for that newborn, or the fact that when a mother lays her baby on her body, skin to skin, the mother's body temperature will fluctuate to keep the baby at a perfect temperature.

The clinical setting has increased my confidence in many ways during this semester. I have become increasingly confident in administering injections and performing many other clinical skills. During clinical I realized that I am able to think through problems to find an answer. I also had the opportunity to deal with ethical issues that I will most likely encounter again during my nursing career. These experiences have given me insight into how I may handle them differently from other nurses.

Finally, during this past semester, I have learned more about what it means to be a nurse and how important nurses are to the patients for whom they care. Over the course of this semester, I was able to talk with a young woman in labor about her fears and concerns about delivering her first baby, to give encouragement to a seven-year-old boy with tinea corpus, and to listen to the stories of a retired Marine who fought in World War II. The interaction that had the greatest impact on me this semester was with an elderly gentleman who was admitted to the hospital with pancreatitis. Over the course of the day, I was able to learn so much about him and his life. His wife had died recently and he had no relatives in the area. It was apparent that he was nervous and concerned about the upcoming diagnostic procedures. I was able to stay with him while he had an ERCP and help him to relax. I realized that I knew more about this gentleman than many of the other people involved with his care. I was proud that I took the time to get to know him, to give him reassurance and to stay alongside him. Now, more than ever, I am confident that nursing is the right profession for me.

My goals for next semester include learning more about medications and becoming even more confident in the clinical setting. I also anticipate learning more advanced nursing skills, learning about medical diagnoses and how a diagnosis can affect the patient, and learning about nursing interventions in order to care for patients with new and varied health problems. Finally, I would also like to continue improving my critical thinking skills.

**J-Term preceptorship**

Rachel Walsh '03

My last clinical day on the Labor and Delivery unit I worked the day shift with eight other nurses and my nurse preceptor. As soon as I arrived I saw that there were several patients laboring, including one young woman who was in pre-term labor. My nurse knew that I wanted to have the experience of caring for a patient who was in pre-term labor, so she volunteered the two of us to care for this patient. We got report at 7:00 a.m. and found out that this young woman was only 23 weeks and 5 days pregnant. She was already dilated to seven centimeters after being admitted with heavy bleeding at 11:00 pm the previous night and was not responding well to the IV Magnesium Sulfate. I could see the gravity of the situation in the night nurses face and as we learned more about this patient and the complications she had faced so far, I knew that things did not look very good for her baby. With this in mind, we were assigned one-on-one with this patient and her family and proceeded to care for her throughout the day.

The staff was amazed that this woman had not delivered during the night. Throughout this entire time I was a jumble of emotions, some because of the adrenaline rush of caring for a high-risk patient and the others from the helplessness at not knowing what to do for this woman or not knowing how to make a difference during this trying time of her pregnancy. This situation emphasized the importance of paying attention to the needs of the patient and the family and to try to meet those needs that were within my capabilities.

We continued to run the Magnesium Sulfate and monitored her continuously for signs of the medication's effectiveness and for signs of toxicity. Another priority was the baby's response to labor and the medication that we had been giving the mother. All throughout the day we held our breath as we went into the room and waited to hear the word that her water had broken and that the baby was ready to be delivered. Not until about noon did we begin to question the mother's response to the Mag. Sulfate. When my preceptor and I went in to check on her, we noticed that her urine output was steadily decreasing and that her reflexes were diminishing, both of which were signs of toxicity. In

continued on page 5 . . .
This experience occurred during the evening on the second to the last day in the CCU. I received a man who was transferred from another department with multiple organ failure from drug, alcohol, and tobacco abuse since he was a child. He was on a ventilator, was receiving peritoneal dialysis because he was too unstable for hemodialysis, was almost continually bleeding from the rectum, and was on several drips to maintain a blood pressure. However, he recognized staff and family and wanted hugs when family members came into and left the room. The main task of the afternoon and evening was to get consent to make him a DNR. He had two siblings who were in charge of his care. Several different staff members were responsible for updating the family and getting the consent signed. These members included the doctor, chaplain, end-of-life care nurse and my preceptor. I could tell the family knew he was in critical condition, but had believed for the last few weeks, that he would improve. Since the patient was still responsive the family thought they were giving up on him. Throughout the afternoon I learned three important things when dealing with this type of situation.

The first is that although patient care is incredibly important, the family is a very important part of patient care. Sometimes, in the health care profession, death becomes more natural and less heartbreaking, especially when there is not a long-term connection with the patient. Nurses must be supportive and sensitive to the needs of the family because death is very real for the family; they are losing someone close to them. This was especially true with the patient today. The patient’s responsiveness might have made it more difficult for the family to make decisions. Health care providers need to validate the family’s feelings while acting as a patient advocate.

Utmost respect for the patient is also important. While providing care, before the family arrived, two of the nurses in the room were predicting when the patient would die. They were whispering; however, it was still quite audible. This was totally inappropriate, even if the patient was unresponsive. I could not imagine how the patient felt. The patient may have been too sick to benefit from care, but was still alive and needed emotional support at a time when he probably felt most alone.

In order to fulfill these two priorities, the health care team needs to work together to support the patient and the family. The family always had at least one member of the health care team within arm’s reach, but still had time alone with the patient. Communication between nurses, doctors, and chaplains is essential so each person can be effective.

Although I knew most of this information it was amazing to see how successful this type of care can be when implemented correctly. The way in which death is handled by the health care team can have a tremendous impact on the way death is accepted by the family and the patient. Being part of two similar circumstances during the last few weeks has ingrained in my mind how important nurses are in the death process. Nurses cannot provide every service, but can be instrumental in organizing and leading other people to help provide the required services.

Sara Strzepek ’03

I want to write about the psychosocial implications for parents when their child is admitted to the NICU. Nurses must address not only issues related to the physical health of premature infants admitted to the NICU, but also the psychological impact the admission has on the parents. My preceptor and I were working 7a-7p and we had a patient who was four days old with a corrected age of 35 2/7 weeks. Physical health problems included infant respiratory distress syndrome, prematurity, and elevated bilirubin levels. The infant had been intubated, but was doing well and was extubated. The day we were caring for the infant was also the day this infant’s mother was being discharged. She was extremely emotional about having to leave the hospital without her baby. Because she was beginning to breastfeed, she came in for each feeding; she was crying and very emotional all day. Watching this mother struggle with her continued on page 6 . . .
pain was difficult for me. I wanted to go over and try to comfort her, but I did not have the words; I did not know what to say, what was appropriate, what would help. But my preceptor, an expert in this area of nursing, knew just what the infant’s mom needed to hear. I listened to my preceptor as she talked with the mother and informed her that her reaction was normal; I could see the concern lifted from this mothers’ face. To know that her feelings were normal and felt by every mom who was discharged without her child was a relief and made things a little bit easier for her. I watched as she left in tears, arm in arm with her husband, only having experienced a small taste of what they must be feeling.

Later, my preceptor and I discussed the emotional implications for parents having a child in the NICU. We talked about how difficult it is to not have any control over the situation and how parents have to grieve over not having a normal birth experience. All through the pregnancy, parents are expecting things to go normally, that the mother will have the baby without complications, and they will both be discharged together in a few days. However, sometimes things are a little more complicated. When a mother has to go home without her baby she is reminded that her experience was not the typical, normal birth; this is extremely difficult for both parents, but particularly for the mother. When things do not go as expected, parents need time to grieve over not having a normal birthing experience. They need reassurance that their reactions are normal.

When I think of babies in the NICU, primarily I think of their physical condition. The parents’ emotional and psychological state is not the first thing that comes to mind. But, addressing the parents’ psychological reactions to their child’s illness is just as important as focusing on the physical state of the baby. Parents go through so much emotionally as they see their child’s life at risk. I can only imagine the thoughts and fears running through their minds: Will my baby survive? Should we name him/her? Is he/she getting better? What are the long-term implications? Should we continue treatment? Is this the best thing for him/her and for us? There are so many unanswered questions and so much psychological and emotional strain for the parents.

This experience helped me to appreciate all that the parents go through, watching helplessly as the nurses and doctors work to save and then foster their baby’s growth and development. Holistic care is what nursing is about — caring not only for the physical needs of the patient, but also the psychological, spiritual, and emotional needs of the patient and the family. Today I saw a classic example of what nursing means to me as I watched my preceptor in action.

**Megen Brooks ’03**
A call came over the radio that a 40-year-old patient in cardiac arrest was being brought in by the advanced life support (ALS) crew. I finished starting an IV with the nurse I was shadowing, since my preceptor had the day off. When we were almost done getting the patient settled for a few more hours of waiting in the ER, one of the nurses came in to let us know that the call was actually for a four-year-old and that, yes, it truly was a cardiac arrest. As the quiet buzz of preparation for an arrest grew into more of a dull, nervous roar, the physician, two residents, respiratory therapist, lab and x-ray technicians, several nurses, and Melissa Phillips ’03 and I gathered into a room with the pediatric crash cart and waited for the patient.

A stretcher, one paramedic, an EMT bagging the child, an EMT doing compressions despite his already present tears, and a tiny child in a sweat suit entered the ER. The tone was set, the nervous roar grew silent and busy as the paramedic related report. The child had been fine in the morning when the mother left for work and was found unresponsive one and one-half hours later.

As the nurse manager had requested, I approached the bed and began compressions on the child’s tiny, still warm, chest. Then it began, a sound I will certainly never forget, one that made me wish for closed doors or hands to cover my ears. “Wailing” is really the only word that even begins to describe the sound that began as the child’s mother was taken to the next room. Everything else was so quiet, everything but the sound of a mother at the complete silence of her child. Multiple medications...x-rays...blood work...a consistently flat line on the monitor...the physician called the code. I stopped compressions, the EMT stopped bagging, the silence — accentuated by the intensity of a mother’s wailing — continued.

Upon reflection it is hard to believe that the resuscitation efforts were not successful because the fingers got warm and pink again! And the eyes were only half closed! And the child’s hair still blew as the breeze of moving bodies went over the body! And every now and then, between waves of my hand pressing against the quiet heart, there were spikes of activity! And children don’t die...not when they have run to kiss their mothers goodbye two hours earlier, not on mornings when all they wanted to do was watch cartoons, not when a dozen educated professionals are standing over them with 6,000 years of humankind’s development of technology!...not when God knows that the first audible words that come from a child’s mother are “my baby is dead,” are “why God?”...

For the next four and one half hours, the intensity remained...crying nurses and doctors, the wailing from the mother, the holding and cradling of a cold body — the decision to keep the face uncovered to be rolled to the morgue, and a grandfather screaming to the nurse manager not to go yet—to let him say goodbye again—to hug the child one more time. And then, almost as quickly as it had begun, the child was rolled down the hall and out of sight, the parents—cradling each other and still weeping—left the department, and there were other patients who needed care.

Anticipation is really the only adequate way to describe my emotions before it all truly began. Numbness and “keep going” consume the time between continued on page 7...
admission and the end of resuscitative efforts. And a sense of heaviness, guilt, questions, and comfort encapsulate the rest of my shift, day, and even bits and pieces of, I am sure, the rest of my career.

Heaviness at the feeling of being a part of such intense loss, at the idea of how forever this was, at the thought of being a mother and the reality of being a daughter... Guilt at even feeling sadness at all, at thinking that it was somehow my right to want to cry when I did not know a single bit about what it was like to love her... Questions echoed by her mother's scream of "why God?", of my faith in omnipresence... omnipotence... omniscience.

And comfort at hearing others say, "It really makes you think," knowing that despite my questions, I had faith to fall back on, to fall down on, and to cry in front of.

Encounters in the SICU
Cindy Frost '03

It was once said more brilliantly than I could state, "I'm not what I think I am, I'm not what I'd hoped I'd be, I'm not what I ought to be, but by the grace of God I'm not what I was." This January I had perhaps the most rewarding and valuable experience of my nursing career. For three weeks I was assigned to work in the Surgical Intensive Care Unit with a nurse to precept me along my journey. Having previously worked in this unit as an extern, it was exciting to transition into the role of "student nurse" and thus create a space to challenge and broaden my skills and abilities while developing my understanding of nursing.

From the first day to the last day my passion to pursue this specialty continued to grow. The culture of working in an environment of high-tech machinery and monitors can be overwhelming for the many patients and families that make this unit home. Whether for days, weeks, or possibly even months, patients come to the unit for high-quality care and medical attention. As a student, it was my desire to learn the best means possible to develop the skills necessary to perform in such a manner. By setting achievable goals regarding prioritization, holistic care, professional conduct, and an overall progression of my skill competencies and piecing together of pertinent data, I was able to monitor my progress.

Through this experience my comfort zone was tested and pushed. For me, learning how to decipher many of the physicians' handwriting was challenge enough. Some of the major skills and tasks were the physical assessments, charting, faxing, medication administration, IV insertions, monitoring, traveling, answering questions and the list goes on. Additionally, interacting with each of the unique personalities of my patients AND their families while providing the best care possible often produced an exceptionally happy, but often overwhelmed nursing student.

I was quick to learn that while I had much developing to do, there was a plethora of health care experts on whom I could rely. My preceptor was an exceptional nurse who allowed me the safety of asking any question and I took full advantage of such an opportunity. Each day I found a confidence I had not possessed the day before. In reflection, I remember the first time I had to call a physician and report an elevated temperature of 38.6 C. After learning how to successfully operate the paging system, the physician phoned the unit and I stated, "Dr. so and so my name is Cindy and I am calling regarding patient so and so to report a temperature of 36.8 C." Through the hoot of laughter I heard at the other end, I realized my blunder. With flaming cheeks I was grateful he could not see, I stated, "I mean 38.6 C." We laughed together and my preceptor took a verbal order. Through such an utterly humiliating experience I learned not only how to operate the paging system, but more importantly that I will be human in this profession and fortunately this particular physician had a tremendous sense of humor to compensate.

I was also confronted with many difficult questions such as: When do we as healthcare professionals stop treatment for a patient who is not responding? How do we care for the family as they grieve the loss of a loved one? How do we determine if more invasive procedures will be helpful or harmful? How will the family afford the costs of such expensive equipment? What will the quality of life be for the critically ill patient? How do we explain to significant others that there is nothing more we can do?

These questions and many others plague my mind. I honestly admit that I have no ready answers to such questions. To be my best in each circumstance is perhaps all I can do. As I commit myself to this amazing vocation, the good days come with the bad. I am learning to celebrate even seemingly insignificant accomplishments with my patients because every little encouragement empowers the next achievement. It is an honor to care for God's creation.

It remains true that I still have much to learn, but joyfully I see that accomplishment has been made — I am not what I once was. I have been forever touched by the lives entrusted to my care. Somehow I left those few weeks a different person and perhaps a better nurse. To conclude this phenomenal experience I share a poem by Ruth Calkin that strikes at the heart of what I hoped to convey.

I Wonder

You know, Lord how I serve You
With great emotional fervor
In the limelight.
You know how eagerly I speak for You
At the woman's club.
You know how I effervesce when I promote
A fellowship group.
You know my genuine enthusiasm
At a Bible study.
But how would you react, I wonder
If you pointed to a basin of water
And asked me to wash the calloused feet
Of a bent and wrinkled old woman
Day after day
Month after month
In a room where nobody saw
And nobody knew.
This summer I had the privilege of attending a four-day conference in Niagara Falls, Canada, with Nurses Christian Fellowship. Throughout the four days, I attended lectures, participated in small group discussions, and worshiped with other nurses. “Just Ethics” was the theme of the conference and seminar topics included: moral tensions, moral integrity, moral competence, moral leadership, and moral caring.

One of the topics focused on moral tensions in health care. New technologies, rising costs of health care with limited resources, and a shift in values from a covenant relationship with patients to a contract with the employer have all contributed to chaos in the nursing profession. As Christian nurses our response to these tensions should be the same as Paul's in Acts 17:22-34. He was well informed, persuasive in speech, and spiritually sensitive.

Another session examined the example of Daniel in Daniel chapter 3. King Nebuchadnezzar forbid praying to God; however, Daniel knew better. He knew the character of God and the precepts of God, and his response was not to conform, but to open his window and pray without shame. Although many nurses who provide spiritual care are criticized for doing so, should nurses stop providing spiritual care? No, but rather nurses should follow Daniel's example and unashamedly care for the whole person as we were taught at Messiah College.

For some, nursing is about intellectual competence, such as pathophysiology, pharmacology, and microbiology. However, nurses deal with more ethical dilemmas than perhaps any other profession. Therefore, an obligation of the nursing profession ought to be moral competence. Studies have shown that nurses fail to recognize moral issues, and when they do, they fail to respond adequately. Nurses need to keep their minds active and pray for guidance in responding to ethical dilemmas before they arise.

Joel Shuman of King's College in Wilkes-Barre, Pennsylvania, spoke about leadership being the same as Christlikeness. He said, “As nurses we are to be God's compassionate presence to those unable to represent or care for themselves (the sick). This is a skill. You can't learn it by reading; you learn it by imitating the Master, the way an apprentice learns his job by imitating a master craftsman.” In Luke 10:30-37, the parable of the Good Samaritan, Jesus commands us to “go and do likewise.” Another example to imitate is that of Jesus washing his disciples feet in Luke 22:24-27.

The final session, presented by Diann Uustall, President of Educational Resources in Health Care, sent us away feeling empowered and renewed. Uustall spoke about the gift of presence and that if you do not get emotionally involved with patients, you will burn out. This is contradictory to what nurses are told, but the truth is that there is nothing fulfilling in listening to lungs and passing out medications if you do not get involved with the person for whom you are providing care. However, nurses have to know how to fill their own well. If one's well is dry, there will be nothing to draw from to give. In the book, Caring for Yourself-Caring for Others: the Ultimate Balance, Uustall assists the reader in understanding what it means to fill his or her own well.

I attended this conference just a few weeks before I started my first job as a registered nurse. Not only were the lectures helpful in preparing me for the ethical dilemmas I would face working in the Intensive Care Unit, but I also established relationships with other nurses that would prove to be supportive as I continue to work through the ethics of caring. This conference reinforced that the character and precepts of the Lord provide the framework for how nurses ought to respond to ethical dilemmas in nursing.

Faculty enjoy the holiday season. Can you identify former faculty who taught in the Department of Nursing?
Nursing Student Association (NSA)
Tammy Hurst '03, President

It has been an exciting semester for NSA. The opportunities and speakers throughout the semester have once again exceeded our expectations. Some of the speakers this semester included two nurse managers from Harrisburg Hospital who spoke about the opportunities for new graduates in the emergency room, critical care, and respiratory/progressive care units. Linda Snyder, a nurse practitioner and Messiah College graduate, shared her experiences with the group. A nurse researcher from Lancaster General Hospital spoke about the importance of research in one's nursing career. Also, this semester, a flight nurse from Life Lion brought amazing experiences to the table. In April, a few NSA members had the opportunity to fly to Phoenix, Arizona, for the annual National Student Nurses’ Association (NSNA) convention. The funds raised by NSA members throughout the year helped to pay for the trip. Lastly, the semester finished with a great motivational talk from a 2002 Messiah graduate.

I would like to reflect on the last four years of being a part of NSA. It has truly been an amazing experience. I have had the opportunity to serve as the President for three years and I must say, at times it was very challenging. NSA at Messiah College grew from two members three years ago to having a full executive board and regular member attendance. The threat of NSA being dissolved was a real possibility when I was a freshman. Therefore, Rachel Bell and I agreed to step forward and work to revitalize the mission and vision of the organization. I was elected as president when I was a sophomore and I really was not prepared for the job and what it would entail. After working with Rachel, Martha Solomon (advisor), Messiah’s Student Government Association, re-writing the bylaws, electing additional officers, finding out what students wanted, and remaining active at the state and national levels, NSA at Messiah College, has been brought back to life. That only happened with the support and dedication of several passionate nursing students: Jess Heagy, Heidi Furst, Laura Litosky, Kelly Sensenig, Kerri Leary, Maria Morales, and Alicia Malo have all served NSA in tremendous ways this year and last year.

The most important thing I learned through this entire experience (besides Robert’s Rules of Order) was how to develop a professional demeanor. Listening to the various speakers has helped me to gain a perspective on my interests and the things I like or struggle with in nursing. I learned many successful interviewing techniques, the role of the RN in a wide variety of settings, various ways that nurses relate to physicians, and current events in nursing. I am so excited to take the experiences I have gained into my career as a nurse. I have a true appreciation for the need to stay proactive in my future career, and my plan is to join a professional nursing organization after graduation. I will greatly miss the relationships that I have built with my nursing friends and nursing professors, and I will never forget the many times we watched “ER” with Martha in our pajamas during the overnight convention stays.

Nurses Christian Fellowship
Heidi Furst ’03, President

The fall semester for Nurses Christian Fellowship was a fun one! In September, we kicked off the semester with a picnic by the Yellow Breeches, welcomed new students, and got reacquainted with returning nursing majors. Each Wednesday, Maria Morales coordinated a fun and lighthearted activity to start off the meeting, and then, Rachel Walsh or Kara Derstine would provide insightful and inspiring devotions. Laura Marsh and Elizabeth Farmer kept members updated through e-mail and fliers about upcoming NCF events, and Heidi Light did a wonderful job balancing the funds provided by Messiah's Student Government Association. Mrs. Linstedt is NCF's advisor, but more importantly, she is the glue that holds us together and a wonderful support and encouragement for NCF. In addition to the picnic, we also had guest speakers and had the privilege of meeting Mary Thompson, the national director for NCF. The semester ended with the traditional Christmas gift-exchange party at Mrs. Linstedt's house. This spring, we sent out our annual Valentine’s Day cards to Messiah Village, heard from more guest speakers, and ended the semester with the traditional cook-out.

As my last year at Messiah College comes to an end, I am grateful to have served the members of NCF by giving back the support, prayers and friendships I received during my years at Messiah College as a nursing major. NCF has been faithful in providing nursing majors with much needed Christian-centered support and friendship, and I am thankful to have been a part of that.
Seven pre-nursing students in Belize

Fall 2002

For the second consecutive year the Messiah College Department of Nursing had a group of pre-nursing students spend the first semester of their sophomore year in Belize. Collaborating with the Creation Care Study Program, Messiah College supported a nursing faculty member, Dawn Blanchard; and a natural science faculty member, Jeff Erikson, to spend a week each in Belize to provide leadership for two of the five courses the students were required to take. The Belize semester was designed especially for the Messiah College Department of Nursing so that students could fulfill needed prerequisites for the nursing major during a semester abroad. Living in Spanish-style cottages on a working farm in western Belize, seven students looked at nursing from within that developing country. They were Kayla Burcker, Debbie Camlin, Amy Freeman, Corinne Holcomb, Sarah Kulp, Laura Parker, and Peter Sunden. Below are excerpts from journals they kept during a week of visits to professional and native healers throughout the middle of Belize:

CH: The thing that had a great impact on me today was the difference between nursing education in Belize and America and what kind of nurses each produce. After talking with one of the administrators at the school of nursing and seeing what the students have to work with, it was obvious that American students learn practical skills with much more advanced equipment. . . . The administrator [at the Belize School of Nursing] said that as long as the nursing students know the skills behind the practice, they can adapt to anything and be nurses anywhere. . . . Because we [American nursing students] learn our skills with advanced technology does this limit our ability to adapt to situations that we would consider substandard?

When I first heard the administrator talk about this, I perceived the situation to be a disadvantage for Belizean nursing students. As an American I automatically think that advanced is better, but this was before I thought about the implications of adaptation. I think this will change my practice in the future in that when I learn my practical skills, I will place greater importance on the skill itself rather than on the technology that goes along with it. This way I will rely less on the technology and will be better able to adapt to different nursing situations if perhaps that technology is not available.

PS: Today we chatted with Harry Guy who uses jungle remedies to heal people. He is sort of paradoxical from what I could see. . . . Harry told us that the only way people would accept his methods as valid would be through empirical confirmation, but Guy is afraid to use the U.S. (where “the white man has the labs”) to test his products because he won’t get any credit. He also says, that “a healer should be committed to helping people first and foremost, yet he’s hiding his formulas for fear of not getting recognition.”

Some people use Guy’s alternative methods, but to be a healer of mankind, he needs to give proof that everyone can accept. I believe he is working towards this slowly. . . . As he noted, it was his slow approach that led him to find the cure for HIV. . . . My conclusion is that the alternative desperately needs to be examined scientifically.

KB: This morning we went to the famous Ix Chel Farm of Rosita Arvigo. [Note: The students were required to read Rosita’s book Sastun: My Apprenticeship with a Maya Healer.] It was a pretty neat experience to see the things written about in Sastun. . . . Rosita is operating a spectacular showcase of biological research. She is combining her alternative practice with the western scientific world in hopes of creating awareness. She realizes through analyzing the way westerners view alternative medicine that you must gain acceptance for alternative medicine by working through the proper channels in the scientific community. Rosita’s psychoanalysis of her adversaries has helped her to gain credibility within the tough world of western medicine.

AF: Today we visited Dorothy Bradley, a nurse-midwife, in her home. She was such an inspiration. First of all, her faith and willingness to share it and the fact that she was unashamed of sharing it amazed me. She made me assess my faith and how I would incorporate it in my future with administering care; how would I relate it with the people I worked with. Being around Dorothy was a peaceful experience. She loved God, loved people and loved incorporating the two in the care she gave. You could tell when she talked and when she gave examples of healing that God was always the center. She would get down on her knees with the patient and pray. I have never thought about praying with my patients and I don’t think I would have in my future if it wasn’t for Dorothy. Even if the patient would have asked me, I would have had a hard time agreeing to praying with the patient because of doubts in my mind. Dorothy showed no signs of doubt... My goal is to be more like Dorothy and strengthen my faith in God for all situations, especially when administering care.

SK: After experiencing and seeing the patients and atmosphere of the mental institute, I quickly made some assumptions about the institute and the people. After the tour the nurse gathered a majority of the people to sing and recite poems for us. While this was occurring I honestly felt very uncomfortable. I was very surprised and not sure how to take or think about the situation. The singing messed up the mold I had quickly developed for the people. I was amazed at how well the patients knew the songs and were so willing to sing for us.

My biggest internal factor was prejudice. [I] thought that anyone with a mental disability had no capabilities to do anything. They were dumb. After only being at the institute for less than an hour, I had concluded that there was no way these people could do anything understandable. I had no experience
with the mentally handicapped. . . As a result of the experience I am now more careful not to judge people and their capabilities before viewing and experiencing and learning what they can do. I now think it is very important not to think a person can not do something simply because their brain does not function properly. In the future, when I enter into a similar situation, I am determined not to be surprised with people's capabilities. Instead of being shocked and uncomfortable, I hope to be encouraging, to smile, to clap and encourage the people to sing more.

As a nursing student, many things are going to surprise me in regards to people's abilities and the amazing things surgery, medicine and therapy can do for people. I must remember to keep my mind open to the endless possibilities that can occur in the medical field and to not prevent a patient from doing something they are very capable of doing.

DC: Clean floors, smiling faces, well-kept yard, a hominess which catered to the residents' comfort and needs. These were a few of the many wonderful qualities I noticed at Octavia Waight elderly residence home. I was so excited to see what an inviting, lively atmosphere these senior citizens had to live in, and I was impressed by the devoted, hardworking staff members we met. I was also surprised to see that the residents I met were full of smiles and their faces radiated joy. I have never felt I could be happy working with the elderly because I associated that job setting with a lot of sadness, pain, and discouragement, and it would be very unfulfilling to work with patients who might be unresponsive. The happiness I saw in those people and their contentment living at Octavia Waight let me see how gratifying it could be to minister to people in a place where you could bring joy and meaning near the end of a patient's life.

My positive view of Octavia was influenced by other health care settings I had seen in the past. Nursing homes which I have observed in the States are often sad places where people have been abandoned by family and are unable to function normally anymore. . . The visit was a very valuable experience for me because I will in the future be so much more open to seeing the real impact that nurses can and do have in the lives of their elderly patients. I was wrong to think it would be an unfulfilling job because in many cases, it would actually be more fulfilling to serve elderly patients who long so much for the love, attention, and respect we have the capacity to provide.

LP: Visiting Spanish Lookout today opened my eyes to the importance of quality care in nursing. As we began to talk to the women in the clinic, I learned how dedicated and passionate they were about their profession. There were Mennonite women living in a close community of people and giving their whole lives to the patients under their care. They did not have graduate degrees and most were not educated much past high school. [Note: They were not educated much past grade school really.] Under my western thinking, the quality of nursing care depends on how advanced or knowledgeable a care provider is. I have always seen a nurse as effective when she is sharp and full of knowledge for her patients. I learned, however, that it's okay not to always have an answer for your patient. The women working at Spanish Lookout were quiet, but strong. Their nursing knowledge did not come from textbooks, but from generations of mothers, grandmothers, and other nurses. These women showed dedication to the patients by sleeping at the clinic where they worked and teaching classes on how to prevent health problems in the community

When I first entered the clinic at Spanish Lookout, I was very impressed with the clean atmosphere and quiet comfort it offered. I could feel the security and love the clinic could offer many sick patients. The place was not modern, but it spoke of generations of love and dedication to healing. These nurses did not fit my mold of "the most knowledgeable nurse," but they gave away the knowledge they did have and strove to learn more and further advance their care. They were available for care anytime of the day and time did not restrict the amount of care they gave. Today's society is fast-paced and aims for a quick fix to sickness. Patients come and go, but rarely is a tight connection of love made between the nurse and the patient. These women showed me how vital it is to provide motherly nursing care to a community of people. This type of care is stronger than even the most advanced technology. In the future I hope to remember that while knowledge is important in nursing, love is the force behind all acts of nursing.


Alumni from these classes will be receiving Alumni Questionnaires during the summer of 2003. Please return the completed questionnaire at your earliest convenience. For those alumni who have not updated address information within the last year, please call the Department of Nursing office at (717) 691-6029, or send email to nursing@messiah.edu.
Describing my experiences in India is like trying to describe the brilliance of a sunrise or the overwhelming beauty of a sunset — words do not fully describe nor do photos capture it completely. To comprehend the impact this trip to India had on my life may take a lifetime. But, I do know God allows us to experience events for the greater purpose of drawing us closer to Him. My heavenly Father did not only draw me closer to Him through this experience, but also changed my heart and gave me a love for a country that I had never before experienced.

Isaiah 64:8 speaks of the Heavenly Father being the Potter and his children the clay with which He works. As I left for India, I felt much like clay that had been molded numerous times, yet still without form and shape. My personal relationship with God was at a point of sluggishness. Although a Christian environment surrounded me on our campus and in my home, I recognized my need to grow deeper roots in Christ. I wanted to renew my relationship with Him. Praying with a friend before I left, I asked God to change my idle heart and give me His passion for His people. God took that prayer, picked up that lump of clay, and began redesigning me into the person He had planned for me to become all along.

I had never dreamed of falling in love with a foreign country or its people, my life in the United States suited me just fine. As the Lord began to mold my heart, He also enlarged it to include a burden for His precious people in India. Perhaps for the first time I understood the depth of joy experienced through the fellowship of Christ. Although I had never met these people before, there was an immediate bond of love because of Christ. Ministering in the hospital we not only assisted with surgery and performed physical exams, but also spoke with the patients about Christ and prayed with them. The memories that last forever are the ones such as the fourteen year old girl who smiled and whispered thank you after undergoing surgery that allowed her left arm to be free from her body after being severely burned and scarred.

Serving overseas had never been the desire of my heart. Even my decision to be a nurse had been based on the goal of becoming a nurse in the neonatal intensive care unit (NICU) at a prominent hospital here in the U.S. I began to think at the end of my junior year that a specialized area such as the NICU might not be the ideal place to start. I realized the value of broadening my nursing experience before I specialized. I decided to pursue an adult care unit as my first nursing position.

Based on the things that I saw, learned and experienced in India, God may have changed my mind for a purpose. Leaving India brought an ache into my heart that still remains, even after being back for a month. I long to go back and serve some day, and maybe that was God’s plan in having me experience His people on the other side of the world. There are things that I will never forget such as the smiles of the orphan children upon our arrival, the smell of Indian cooking, the extreme poverty along every roadside, the patients who have lived years with pain with only the hope that American doctors could heal them, and the tears shed by children and adults when we departed. Their smiles welcomed me, their hands served me, their hearts touched me, and their longing for Christ broke my heart.

God is truly awesome. He heard my prayer and molded my heart. I am open and willing to be used by Him wherever He would choose. Perhaps it will be India or He may once again enlarge my heart for yet another place and people. “For the eyes of the Lord range throughout the earth to strengthen those whose hearts are committed to Him” (2 Chronicles 16:9). I know that my heart was strengthened from this trip. I do pray that God may use me someday to return to India to be His hands of healing and care and His messenger of love and grace.
This year the Chapter participated in a new community service project. Several volunteers traveled to Falling Springs Rehabilitation Center in Chambersburg to weed and replant the facility’s Promise Garden. This garden was so named by a former resident of the Rehab Center because, “Everyone promises to do something about it, but no one ever does.” This project was conducted in conjunction with the Messiah College Service Day on April 24th.

On Saturday, April 26th, the annual spring induction ceremony was again held at the Cumberland Crossings Retirement Community Dining Room. Michelle Campbell, MSN, RNC, Executive Administrator of the Pennsylvania State Nurses Association (PSNA), delivered the address “Nursing—A Century of Caring.” PSNA is celebrating its 100th birthday. The new officers for 2003–04 were installed and three nursing leaders and nine undergraduate students were inducted into the chapter:

**Nurse Leaders:**
Margaret Jean Dankoskey
Linda Miller
Beth Shambaugh

**Undergraduates:**
Amy Albrecht
Rachel Bell
Megen Brooks
Kendra Esh
Jessica Heagy
Laura Litosky
Sarah Quick
Sara Strzepek
Virginia Sverduk

The Chapter again participated in the PinnacleHealth Research Day held on May 7th and 8th by supporting the program expenses. Members of the Lambda Kappa Chapter were invited to attend free of charge to hear Cheryl Dellasega, a nurse researcher from Penn State University, present “Improving Clinical Practice Through Research.”

For future Lambda Kappa Chapter information check out the website at www.messiahnursingsociety.org

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

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The Wells Foundation
Attention nursing alumni!

A new section in the Nursing News will appear in the Fall issue. The focus will be on nursing alumni professional endeavors and/or activities since graduation, e.g., attending graduate school, advanced clinical practice, or writing an article for publication. Contact us by June 30, 2003, if you are interested in writing a brief article. You may call the Department of Nursing at (717) 691-6029 or send e-mail to nursing@messiah.edu.

Nursing alumni news

Let your classmates and friends hear about your activities. Clip this form and mail to Nursing News, Messiah College, One College Avenue, Grantham, PA 17027, or e-mail: nursing@messiah.edu.

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Homecoming 2002. Can you name your fellow classmates?

Homecoming 2002. Kristine McGuire ’02, Marti Byers, Christiana Ward ’02


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Alumni news

'85
Diana (Myers) and Daniel Gyge have three children — Brian 16, Rebekka 12, Nattaly 4 — and are living in Forked River, N.J. Diana is currently working in New Jersey's busiest ED. She is a Certified School Nurse and has worked in Home Health (7 yrs.) and Medical/Surgical (5 yrs.) nursing.

Nancy (Peterman) Payne and husband, George, are living in Harrisburg, Pa. Nancy works at the Bethesda Mission.

'86
Lisa (Troutman) Schmidt is a major in the US Air Force. She is the Chief of Health Promotion Operations in the Office of the Air Force Surgeon General. Lisa recently completed her Master of Science in Health Care Administration. She and her husband, Jeff, are living in Alexandria, Va.

'87
Annette Mullen is living in New Bloomfield, Pa. and has worked for 15 years in the Surgical/Trauma ICU at Mass. General Hospital.

'90
Karen (Miller) and Joseph Hertzler were married on November 24, 2001. Karen works part-time as a staff nurse at Phoenixville Hospital. She and her husband are living in Elverson, Pa.

Suzanne (VanHome) and Jay Hamilton, as well as older brothers Connor, Luke and Brady, welcomed quadruplets to the family on June 6, 2002. Sadly, one of the babies died due to complications of extreme prematurity. Our prayers are with Suzanne's family. She still finds time to work per diem in L & D. Paige, Troy and Ethan are "happy, healthy and pure joy."

'93
Julie (Wilt) and Carl Lundblad welcomed Samuel and Philip to their family on September 24, 2002. Julie recently completed a Master's in Nursing at the University of Maryland and is a certified Pediatric Nurse Practitioner.

'94
Marybeth McGrath is working in a critical care unit in Hermitage, Tenn. She is interviewing for a job with Siemens Corporation. Marybeth had the following update: Dixie (Cross) Havercstick has two children and is expecting a baby in March, Kathleen Pickle is married and has a daughter, and Barb Kulle is married and lives outside of Washington, D.C.

'96
Teresa (Hunsberger) and Jason Sheaffer welcomed their second child, Luke Jason, on November 2, 2002. His big sister, Grace, is excited to have a baby brother.

'97
Andrea (Bohrer) and John Ross welcomed their first child, Hannah Joy, on December 19, 2002

Beth Berkowicz is a school nurse in Hamilton, N.J. She is featured in an article on Type 2 Diabetes in children in the February 3, 2003 issue of Advance for Nurses.

'98
Robyn Muller is an RN at Holy Spirit Hospital in the Birthplace unit.

Heather (Paulhamus) married Joshua Hottenstein on December 29, 2001. She graduated from the Frontier School of Midwifery and Family Nursing in October 2002 and is working as a CNM/ARNP at a rural birth center in northern Florida. Heather is patiently waiting the results of her nurse midwife board exam. She and Joshua live in Orange Park, Fla.

'99
Stefanie (Tosh) and John Brown welcomed their second daughter, Elyse Abigail, on February 22, 2003. They plan to move back home to Sacramento, Calif., in June.

Stacey (Smith) Bridgeman married on July 27, 2002. She and her husband live in Pasadena, Calif. Stacey is working on a pediatric unit at Huntington Memorial Hospital.

Megan Keiper completed Officer Training School and is stationed at Andrews Air Force Base in Washington, D.C. According to Megan, she loves being in the Air Force. She is in the Nurse Transition Program and will begin working in Labor and Delivery, Post Partum, and the Newborn Nursery after four weeks of orientation. Megan is living in Alexandria, Va.

Tonia (Palmus) and Todd Coyle were married on September 14, 2002. They are living in Hamilton, Ontario in Canada. Tonia is volunteering with her husband's ministry — Gospel for Asia — while she awaits the process of immigration papers and prepares to take the Canadian nursing exam.

Jason Carzola is working in the Intermediate Care Unit at Ephrata Community Hospital.

'01
Stephanie (Bicksler) Carzola, married to Jason '99 is also working at Ephrata Community Hospital. Stephanie is in the Critical Care Unit. Stephanie and Jason are living in Lititz, Pa.

'02
Courtney Sirard is working in the NICU at Lehigh Valley Hospital where her husband, Christopher, is a resident. Glory Ann Elise was welcomed to their family on February 22, 2003. They plan to move back home to Sacramento, Calif., in June.

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Messiah College
School of Health and Natural Sciences
Department of Nursing

Maternal-Child Health Nursing
Faculty full-time, term-tenure track
Opening in Fall 2003

Messiah College is a Christian college of the liberal and applied arts and sciences. Located in Grantham, Pennsylvania, 12 miles southwest of Harrisburg, the campus provides easy access to urban centers such as Philadelphia, Baltimore and Washington, D.C. The nursing program is an undergraduate, baccalaureate program fully accredited by the NLNAC and preliminarily approved by CCNE. There are a wide variety of excellent clinical facilities within short commuting distance from the campus. Master's degree in nursing required in maternal-child health with emphasis on maternity nursing. Doctorate in nursing or related field is highly preferred (Ph.D., DNS, Ed.D.). Evidence of commitment to pursue doctoral study, or doctoral study in progress is required. Eligible for RN licensure in Pennsylvania. Evidence of recent clinical competence in nursing practice, teaching experience in baccalaureate education preferred; other relevant teaching experience will be considered.

Responsibilities: Teaching theory and clinical in undergraduate level nursing courses; academic advising; coordinating learning experiences; serving on departmental and college-wide committees, and scholarship to meet term-tenure track requirements. Position is available August 1, 2003.

Send two sets each of the following: Letter of interest, curriculum vitae and three professional references to:
Dr. Carolyn L. Kreamer, Chairperson, Department of Nursing, Messiah College, P.O. Box 3031, One College Avenue, Grantham, PA 17027
email: kreamer@messiah.edu
Phone: 717-691-6029
Fax: 717-691-6046
Applications will be accepted until the position is filled.

Women and minorities are strongly encouraged to apply. Messiah College is an Equal Opportunity Employer.

Messiah College does not discriminate on the basis of gender, race, color, disability, or national or ethnic origin.
http://www.messiah.edu/nursing

Nursing News
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Messiah nursing program receives accreditation from CCNE

Carolyn L. Kreamer, Ph.D., R.N., Chair, Department of Nursing

The faculty and staff of the Department of Nursing are extremely pleased to announce that the nursing program has received accreditation from the Commission on Collegiate Nursing Education (CCNE) for ten years, the maximum period of time awarded. This decision by CCNE was made in May 2003, but this is the first opportunity I have had to officially report this important milestone in our history.

The Board of Commissioners of CCNE determined that our program met all accreditation standards, and they had no compliance concerns with respect to the key elements of the standards. In other words, there were no concerns expressed about our program in any area.

Receiving this official recognition of our nursing program is an affirmation of its quality and of the hard work and success of its faculty, students, and graduates. The CCNE is a relatively new accrediting commission in nursing, functioning as an autonomous arm of the American Association of Colleges of Nursing (AACN). The CCNE, recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation as a national accreditation agency, was established in 1996 by the membership of AACN to assume responsibility for accreditation of nursing education programs in universities and four-year colleges. It is the only national accrediting agency to focus exclusively on advancing bachelor’s and master’s degree programs as a distinct subset of nursing education.

Accreditation is a multistage process that begins with a self-evaluation. Nursing faculty at Messiah worked diligently for nearly three years to analyze and evaluate various components of the program.

continued on page 2 . . .
nursing program. All aspects of the program were examined, including its mission, philosophy, goals, and objectives, fiscal and human resources, curriculum, teaching-learning practices, student performance, alumni satisfaction and accomplishments, and faculty accomplishments in teaching, scholarship, and service. A self-study written to explain how the program complied with the expected standards for accreditation included an assessment of the strengths and areas for improvement for each of the standards.

Following submission of this self-study, an evaluation team from CCNE visited the College to assess and verify the information provided in the self-study. The evaluation team’s report and the self-study were then reviewed by the CCNE Accreditation Review Committee. This Committee made a recommendation to the Board of Commissioners that our program met all the accreditation standards, and the Board acted on that recommendation notifying us of our accreditation status in late May 2003.

As you might imagine, this good news was received with joy and a real sense of accomplishment for everyone involved in this important process. However, we all recognize that for our program to maintain its high standards, we must be committed to continual improvement. In the end, that is what the accreditation process is all about—continually evaluating the components of our program and improving them so that we will always be confident in the quality of Messiah College nurses and the contributions they make to the health care of the nation and the world.

Faculty news

Wanda Thuma-McDermond joins the Department of Nursing as a full-time faculty member. Many of you may know Wanda because she has been a clinical instructor periodically, since 1994 in NSG 202, NSG 301, NSG 401, or NSG 402. Her clinical expertise includes community health nursing and emergency department nursing; however, she has experience in mental health, intensive care, and cardiac care. Wanda worked for 10 months at the Accident and Emergency Department, Glasgow Royal Infirmary in Glasgow, Scotland. She and husband, Jay—a department of biblical and religious studies—and their two sons, Malcolm and Duncan, lived in Scotland from September 2001 to June 2002. Teaching responsibilities will include classroom and clinical teaching in NSG 301 and NSG 402. We are very glad to have Wanda as part of the Department of Nursing.

Arlene Miller has a chapter, “Communicating Christian Convictions: Ethics of Spiritual Care,” in a book being published by Dordo Press. The book, Commitment & Responsibility in Nursing: A Faith-Based Approach is an international compilation of chapters by nurse authors. Called to Care: A Christian Theology of Nursing, co-authored by Arlene, has now been translated into Korean and Chinese. Two articles, “Pursuing Peace in a World at War” and “Educating for Change: HIV/AIDS and the Zambian Church” have been published in the Journal of Christian Nursing.

Martha Solomon and Eileen Gardner attended the fifth National Conference on Nursing Skills Laboratories in June 2003. The main reason for attending the conference was to explore how other nursing education programs were utilizing nursing skills laboratories and to acquire updated information in order to use our skills laboratory in a more efficient and effective manner. The Messiah College Nursing Program as well as other nursing education programs do not just focus on the acquisition of psychomotor skills in the nursing skills laboratory. Critical thinking and clinical decision making are major components of the nursing skills laboratory. Clinical simulation scenarios were developed for NSG 401 and NSG 302 and implemented in fall 1999 and spring 2000. Nursing faculty found clinical simulation scenarios to be an excellent way to incorporate psychomotor skills, critical thinking, and clinical decision making. Additional changes and innovations include the use of nursing work study students in skill demonstration and return skill demonstration, a mini ICU laboratory for NSG 401, and a case study approach for IV therapy in NSG 302. Eileen and Martha plan to continue to implement changes for more effective overall use of the nursing skills laboratories.

Martha Solomon continues to work as a staff nurse on the pediatric unit at Hershey Medical Center. Working as a staff nurse allows Martha to be able to continue to do what she loves—patient care. In addition, she is able to maintain certification and clinical expertise as a pediatric nurse through the American Nurses Credentialing Center. One of the major benefits of working is enrichment of the student pediatric clinical experience. Knowledge of the unit, the nursing staff, and the patients provides a smooth transition for the students.

Louann Zinsmeister and Marti Byers are completing graduate education. Louann is almost finished with her doctoral dissertation. She has submitted the final chapter and is making revisions before she does her final defense. Her plan is to graduate in June. Marti will graduate in December from the University of Maryland with an MSN in advanced behavioral health with an adult focus.

Debbie Loop and Pam Linstedt are working on increasing the use of technology in the Department of Nursing. Nursing students and nursing faculty are using Pocket PCs in the clinical setting. The pilot study will be completed in May, 2004. Preliminary findings are positive and the Department of Nursing plans to incorporate the use of personal digital assistants in the nursing curriculum. Refer to the article “Integration of
Nursing alumni/adjunct faculty

Leslie (Strawser) Stoner ‘98 was a medical-surgical clinical instructor for NSG 301 at Carlisle Regional Medical Center during the fall, 2003. She joined NSG 302 for the spring semester as a clinical instructor on 4–surgery at Hershey Medical Center.

Jamie (Drabble) White ’96 taught for the first time in NSG 202. She had students at Claremont Nursing & Rehabilitation Center of Cumberland County in Carlisle.

Suzanne Mulvey ’00 joined NSG 401 in the fall of 2003. She was a clinical instructor in the SICU/MICU/MIMCU at Hershey Medical Center.

Julie (Wilt) Lundblad ’93 has been a clinical instructor since 1998. She has students in the PICU/PIMCU/NICU at Hershey Medical Center.

Leisa (Krick) McAlicher ‘86 joined the nursing faculty in 1997. She currently teaches in NSG 202, but also taught in the Degree Path Program.

Carla Eshbough ’98 has been a psychiatric clinical instructor twice in NSG 401 at Philhaven Hospital.

The Wellness Center

Dr. Huber continues to operate The Wellness Center as a nurse-managed center two days a week throughout the calendar year. The complexity of the problems of the residents continues to increase as funding for human services continues to decrease. So, there are new challenges nearly every day!

The Wellness Center was in the national spotlight during September when Dr. Huber gave a poster presentation at the 22nd annual convention of the National Conference of Gerontological Nurse Practitioners that was attended by nurse practitioners from locations throughout the country.

The Wellness Center, through Dr. Huber, has been retained as a consultant for a two-year Independence Foundation funded project entitled Refinement of a Tool to Analyze Health Promotion/Disease Prevention Data in Nursing Centers. The Wellness Center is one of seven sites, including centers from several states, given the opportunity to participate in this project. The focus of the project is modification of an internet-based tool to collect, enter, and analyze health promotion and disease prevention activities in the centers. Data entry for this project has resulted in more precise documentation of activities at The Wellness Center as well as the need to spend time doing the actual entry for every individual and group encounter. Results of the project will be used, in part, to portray to both legislators and funding sources, the non-reimbursable health-related services provided at some academic nurse-managed centers. Additionally, the results will enable the National Nursing Centers Consortium to more accurately depict the activities that occur in at least these seven representative centers.

The Wellness Center is now a cost center of Messiah College. The result of this change in status means that all individual donations are now tax-deductible. Contributions should be made payable to Messiah College with The Wellness Center in the memo portion of the check. All donations become dedicated funds for the center and will not be used for any other purpose.

In June 2004, Dr. Huber will present a paper about The Wellness Center at the Conference on Spirituality, Social Justice, and Service-Learning that will be held at Messiah College.
Working full-time, being a mom and managing a home has always impressed me as three full-time jobs. Any one of those activities can stretch to fill any given amount of time. So how does one add going to graduate school on top of that? The answer for me lies in finding and diligently maintaining a precarious balance in a new rhythm of life. There are a couple of strategies which I have relied on over the last six to seven years of potential chaos.

First, I maintain a clear sense of vision and purpose. I view my teaching as my Christian vocation and I derive a lot of reward and satisfaction from it. I love the people I work with and feel privileged to work at an institution such as Messiah. Therefore, further education, to not only secure a future in teaching, but to enhance what I already enjoy doing, is well worth notable inconveniences. Secondly, I essentially lower my standards in all my roles. I cannot be a great housekeeper and do what I do. Nor can I be the most astounding teacher or maybe even the most patient mom all the time. I have had to realize that in dividing my time, every other facet of life gets a little less. So, sometimes we name dust-bunnies at our house, or perhaps I'm not as organized in my paperwork as I’d like, and certainly I don't expect myself to consistently do “A” work in graduate school. I have learned to accept what I cannot change. This requires a fair bit of patience and grace with myself, and an ability to admit when I fail and attempt to correct situations that I am able to address.

A third goal for me is to maintain my sense of priorities. I have found over the years that if I do not feel centered, grounded, emotionally nurtured, and somewhat peaceful, I don't do anything well. This means, in spite of a paper to write or an upcoming exam, I may take valuable time to go out to lunch with a friend, meet with a student, or watch a video with my kids. When my inner being finds a restful place, the external circumstances shrink down to a more manageable illusion. Life finds a rhythm of its own and it's best to try to fit into the rhythm, rather than insisting that I always control it.

Maintaining a sense of physical well-being has required a conscious effort on my part. Since I drive, on average, 350–400 miles a week, the temptation to eat a lot of fast food provides easy solutions to being on the run. I try to pack (mostly) healthy snacks for the car, keep a case of bottled water in the trunk and accept any and every invitation for meals out! Getting enough rest is very important to me, and lately ballroom dancing has provided exercise disguised as fun.

The foundation underlying everything is a close walk with the Lord. A few years ago I learned “breath praying” in a small group. In addition to more extensive times of prayer and Bible reading and study, I frequently find myself praying with my breathing; “Prince of Peace” (inhale), “bring me peace” (exhale). I believe I am where the Lord wants me and I am continuing to become who He wants me to be. This provides the scaffolding on which everything else fits, and without which everything else crumbles.

I have dear friends and colleagues, supportive family, and resilient, gracious kids. They all contribute to my sanity and my ability to juggle a hectic pace. Oswald Chambers has said, “If I can stay calm, faithful, and unconfused while in the middle of the turmoil of life, the goal of the purpose of God is being accomplished in me. God is not working toward a particular finish—His purpose is the process itself.” I pray for His grace to live in the process, and look with hope to the finish.

With appreciation

The Department of Nursing expresses deep appreciation for the years of service given by Dawn Blanchard. Dr. Blanchard was with the Department of Nursing for 12 years. She taught the maternal-child component of the nursing curriculum and for several years was the course coordinator of NSG 202. She was instrumental in developing a foreign study opportunity in Belize for nursing majors. A farewell dinner honoring Dawn was held at Cafe on Market in Camp Hill. Dawn has been teaching anthropology at Lock Haven University since she left Messiah College.

Balancing family, work, and school

Marti Byers

Working full-time, being a mom and managing a home has always impressed me as three full-time jobs. Any one of those activities can stretch to fill any given amount of time. So how does one add going to graduate school on top of that? The answer for me lies in finding and diligently maintaining a precarious balance in a new rhythm of life. There are a couple of strategies which I have relied on over the last six to seven years of potential chaos.

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Integration of Pocket PCs in the Nursing Curriculum
Debra Loop and Pam Linstedt

The use of handheld technology in the form of personal digital assistants has become increasingly popular among health care professionals as a means of accessing current information at the point of care. Nursing education programs have been a little slower in adopting these devices to support student learning. As a faculty we believe that both faculty and students need to develop skills in using handheld technology to be better prepared for the future in health care.

In 2002, the Department of Nursing received an Information Technology grant from our Department of ITS for the purpose of exploring the integration of Pocket PCs into our nursing curriculum. With the grant, a plan for a pilot study was developed by Debbie Loop and Pam Linstedt, and the department purchased 13 Hewlett Packard Jornada Pocket PCs and a variety of software programs. The software programs included some of the following: a drug guide, lab manual, Taber’s Medical Dictionary, a med-surg handbook, a nursing diagnosis handbook . . . most Pocket PCs had a total of eight or nine resources available.

The first phase of the pilot study was focused on addressing faculty utilization of the Pocket PCs. Faculty members used the 2002–2003 academic year to acclimate themselves to the use of the Jornada. After a number of in-services and numerous personal trial and error experiences the faculty felt as if they were ready to move into phase two.

Phase two of the pilot study involved incorporating the Pocket PCs into the clinical setting. Twenty students were randomly selected for participation in the pilot study (six to seven students each semester, including J-term). Students were expected to attend a one and a-half hour orientation session held during the first week of classes each semester. During the orientation session, students were presented with a Jornada which was pre-programmed with approximately eight nursing software programs. Students were encouraged to use their Pocket PCs for clinical preparation and for accessing information in the clinical setting. The Pocket PCs have been used in a variety of ways, including some of the following: preparing for medication administration; interpreting and evaluating lab values and diagnostic findings; preparing for patient education; developing an understanding of specific disease processes and related nursing care; ER and ICU drug calculations; and developing plans of care. Following their experience they completed evaluations of both the Pocket PC and the various software programs.

We plan to complete the pilot study in May 2004. Preliminary responses from the students have been very positive regarding the clinical applications of the Pocket PC. The next step will be to explore the uses for the Pocket PC in the classroom setting. Students have already begun utilizing their Pocket PCs in classes outside of nursing (e.g. to look up information in pathophysiology). A full-size foldable keyboard would enable students to take class notes directly on a window based computer. The Pocket PC has the capability of displaying PowerPoint presentations which would enhance student class presentations. Information for nursing courses is now available via Blackboard which facilitates downloading capabilities directly to the Pocket PC.

Based on the data collected from the students, the Department of Nursing is developing a plan for the use of pocket PCs in the nursing curriculum. We are excited about this cutting edge technology and the integration of its use in the nursing profession.

Nurses honored

In celebration of National Nurses Week, the junior and senior Messiah College nursing students chose two nurses from local hospitals who contributed in a significant way to students’ clinical experiences. The students made their selection based upon the individual’s expert nursing knowledge, professionalism, compassion, and caring. Selected were Angela Wolz, RN, a staff nurse in the surgical intensive care unit at Hershey Medical Center and Laura Stein, RN, a staff nurse at York Hospital.

Louann Zinsmeister, faculty member in the Department of Nursing, and Heidi Furst, senior nursing student, presented a Certificate of Recognition to Ms. Wolz and Carolyn Kreamer, chairperson of the Department of Nursing, and Sara Strzepek ’03, a senior nursing student presented a Certificate of Recognition to Ms. Stein. The presentations were made at an awards assembly to honor the achievements of nurses during the hospitals’ week-long celebration of Nurses Week.
Senior nursing students conduct pilot research study

During fall semester 2003, 19 students from Mrs. Zinsmeister's nursing research class conducted a pilot study in order to gain firsthand experience with the research process. Working with Dr. Kay Huber, who manages a wellness center for older adults, the class investigated changes in mean arterial blood pressures of older adults who regularly visited The Wellness Center over a nine to 15 month period. To do this, the class used a non-experimental, ex post facto design and a non-probability sample of 22 females and five males. The average mean arterial pressures (MAPs) of the participants in the study at the beginning of a nine to 15 month period were compared to the average MAPs measured at the end of this time frame. Data were analyzed using a paired sample t-test which indicated that there was a statistically significant difference (p < 0.05) between the first set of averaged MAPs and the second set of averaged MAPs. It was concluded that older adults who regularly attended a nurse-managed wellness center were found to have a significant difference in MAPs measured at the beginning and end of a nine to 15 month period of time.

This pilot study was an attempt to show how nurse-managed centers, such as The Wellness Center managed by Dr. Huber, provide a valuable service to those who visit them regularly. In spite of its limitations, this pilot study provided a basis for further research in the area of nurse-managed wellness centers and at the same time afforded the nursing students conducting the study with an example of how to provide for evidence-based practice.

Senior honors project
Cynthia Brewer ’04

Travel abroad will often alter one’s entire worldview and shape personal opinions and goals. I had the opportunity to travel to Africa this summer, and the experience drastically changed my perspective on nursing, research, and my own life after graduation.

For my senior honors project, I decided to conduct an ethnographic research study in Zambia, Africa. I made some contacts through faculty members at Messiah, formulated the design for my study, and flew overseas to live for three months with a host family on the campus of a rural mission hospital. I really had no idea what I was getting myself into, and what resulted was one of the most challenging and fulfilling times of my life—both academically and personally.

I interviewed eleven women who were pregnant in their third trimester, riding a bike to their homes in villages surrounding the hospital. I visited each of them five times with an interpreter, asking questions relating to the psychological, physiological, sociocultural, developmental and spiritual aspects of their lives. They welcomed me into their homes and into their lives—often with a curious interest in this tall white girl who didn’t have any babies of her own!

I went with other nurses and midwives on visits to rural health posts in the villages, taking blood pressures and learning to palpate pregnant abdomens. I made friends with Traditional Birth Attendants, who completed a six-week course at the hospital and had been delivering babies by themselves in villages for up to ten years. One afternoon I went to the maternity ward to “observe” and was immediately put to work monitoring a woman in active labor. The midwife then guided me in delivering the baby myself. Another week my interpreter and I were unable to make home visits due to a pack of hungry lions that were rumored to be wandering around nearby villages. Near the end of my trip, I traveled down to Victoria Falls on the Zimbabwean border and bungee jumped into 111 meters of clear air over the Zambezi River—the view of the falls was even more breathtaking than the jump itself!

I am now analyzing my data and recently returned from presenting my preliminary findings at the Sigma Theta Tau International Convention in Toronto, Canada. My research in Zambia has fueled my desire to pursue maternal/child health on an international level, but my concept of nursing is radically different. Not only am I interested in obtaining a master’s degree to further my career in practice, but I am also looking into Ph.D. programs that will enable me to continue research concerning empowerment of women for development issues in lesser income countries. As a nurse, I can implement, monitor, and assess interventions on a global community level, which can in turn impact development and policy change. I am so excited about thinking “outside the box” of hospital nursing, and using my skills in a cross-cultural, international sphere.
Research Roundtable

Students in Nursing 441, Nursing Research, taught by Carolyn Kreamer, participated in a collaborative research project with staff nurses and facilitators from the Pinnacle Health System. The idea for this collaboration was first suggested by Sarah Harne-Britner, a clinical nurse specialist from Pinnacle Health System. Members of the Nursing Excellence and Professionalism workgroup at Pinnacle Health were interested in developing a research project, and they especially liked the idea of working with baccalaureate nursing students. Harne-Britner was a member of this workgroup, and she approached Dr. Kreamer about the possibilities of such a project. Dr. Kreamer agreed that this would be an excellent opportunity to bring research alive in Nursing 441. After some discussion between the workgroup members and Dr. Kreamer, a project to assess medication calculation skills of practicing nurses and nursing students was identified as a priority project. During the fall semester, nursing students traveled to Harrisburg Hospital, and staff nurses traveled to Messiah College, to work collaboratively to develop the proposal for the project. The proposal was approved by the Institutional Review Boards of both institutions, and data collection commenced in February. The project involved an assessment of practicing nurses’ and senior students’ self-perceptions about their medication calculation skills, a pre-test, an intervention, and a post-test. The study findings were reported at the Nursing Research Day co-sponsored by Pinnacle Health System and Lambda Kappa Chapter of Sigma Theta Tau on May 13.

Sigma Theta Tau International

Lambda Kappa Chapter

Carolyn L. Kreamer, Ph.D., RN, Faculty Advisor

The 37th Biennial Convention of Sigma Theta Tau International was held in Toronto, Canada on November 1–5, 2003. Two representative delegates of Lambda Kappa Chapter attended: President Chris Leahy and faculty advisor Carolyn Kreamer. This was an exciting convention that proposed sweeping changes in the international bylaws. As a result of the adoption of these changes by the House of Delegates, our chapter will need to review its governance and bylaws for possible changes, too. Delegates Leahy and Kreamer supported the changes, and both agree that the future of the Chapter could be quite different under these changes; however, chapters do have flexibility to establish their own operational structure even with the changes at the international level. The three major areas of change focused on granting fiscal authority to the board of directors (at both the international and chapter level), revising global membership eligibility, and modifying the governance and committee structures at both the international and chapter level. The governance structure will be streamlined from six committees to three at the international level (Governance, Leadership Succession, and Regional Chapters Coordinating Committee), and chapter committees to two (Governance and Leadership Succession). An emphasis is being placed on more short-term task forces for specific projects rather than long-term committee appointments.

The Chapter’s Spring Induction Ceremony was held on April 17 in Hostetter Chapel Fellowship Hall at Messiah College. The induction address was given by Penny Frownfelter, clinical nurse specialist from Pinnacle Health System. Twelve senior nursing students and three nurse leaders were inducted. Seniors were Hillary Adér, Cynthia Brewer, Kara Derstine, Tara Grace, Jennifer Johnson, Katherine Myers, Grace Nehiley, Kathy Rau, Kelly Sensenig, Annie Stephens, Kristen Weaver, and Jessica Zwickel. Nurse leaders were Marian Lefevre, Nina Schneider, and Wanda Thuma-McDermond. Congratulations to all the new inductees! A special congratulations to new inductee Cynthia Brewer whose poster, “Childbirth Practices of Rural Zambian Women,” was accepted for display in the undergraduate category of the Rising Stars in Research at the 37th Biennial Convention in Toronto.
Diary of a year abroad

Cynthia Brewer '04

I am seated on the cement roof of my house. I sit high above the world, overlooking a bustling city located just south of the equator. The wind ruffles my hair and a few puffy clouds linger overhead. Off in the distance, I catch a glimpse of a towering volcano, whose snow-capped peak glows pink and yellow in the light of the setting sun. My view stretches beyond the city limits, and I ponder the large world beyond. I ponder the variety of people groups, languages, countries, needs. I ponder my tiny role in this ever-growing, always changing, multi-cultural population of the human race. Sitting on my roof, below the vast heavens and amongst the immense Andes mountains, I feel especially small. Small, yet not insignificant.

I am a junior nursing major who had the rare opportunity to spend my entire sophomore year studying abroad in Quito, Ecuador. I spent no time working in a hospital, giving medications or making home visits. I didn't even take a single nursing class. Yet somehow, during the course of that year, the calling in my heart to pursue a lifetime of caring was deepened and confirmed.

Today as I was walking to the bus, the big brown eyes of a tiny girl seated on the curb made me pause. Seven-year-old Rita seemed shy at first, but after I bought a package of Trident gum from her and took a seat beside her on the street, she began to regard me curiously. I asked her where she lived, and if she went to school. Soon we were surrounded by about five other children, all trying to sell me gum, candy bars, and stickers. I bought from all of them, smiled into their eyes, touched their grimey hands, and made them laugh. I later boarded the bus and gave my new hoard of candy to the first lonely child I saw. Perhaps she will eat it . . . but most likely, she will sell it back to the next person who will care enough to take a moment out of his or her day, sit next to her on the street, and look into her big brown eyes . . .

During my year in Ecuador, I had the opportunity to travel extensively. I've ridden on buses, boats, airplanes, horses, bicycles, cars, and in the bed of quite a few trucks, from the heart of the rainforest to the white sandy beaches of an uninhabited island, from the middle of the city to the peak of a 14,000 foot mountain, and everything in between. But no matter where I ended up — whether I was ice-picking my way up a glacier in Ecuador, hiking the Inca Trail through Peru, or crossing the largest intersection in the world in Argentina — I realized something very important.

Everywhere I look, I see a soul. Each is disguised by a different body shape, religion, culture, and language, but when we are stripped, we are nothing but souls. Restless. Searching. Naked. The image we project, the faith that gives us hope, the culture that has shaped us, the language through which we express ourselves—all this is extra. The more people I meet, the more pairs of eyes that I look into, the more I realize that we are all the same. The indigenous man, the top executive, the newborn child, the busy mother, the lonely traveler: they are all different manifestations of the heart of humanity that is searching for meaning.

I cannot save the world. I struggle with the suffering that I've seen. I struggle with the size of our globe and the enormity of issues that need to be addressed. One thing I know: no matter where I am, I can reach out and touch just one thirsty soul. Everywhere and anywhere that I go, there is a soul—surrounded by a distinct physical stature, culture, religion, and language—that is yearning to be touched. I can focus my energy into the responsibility I have been given; I can look into the eyes of just one child. As a Christian nurse, called to care for the souls of the human race, I can offer meaning to a few.

And so here I sit, on the roof of my house, observing the immense world that lies beneath my feet. I am overcome by the grandeur of it all, overwhelmed by how tiny I am. Sitting on my roof, below the vast heavens and amongst the immense Andes mountains, I feel especially small. Small, yet not insignificant.

N201: A cross cultural context

Ali Wilks '06

During the fall semester of my sophomore year, I had the opportunity to study abroad in Marburg, Germany. As a nursing student, there were naturally courses that I had to take that particular semester, one of them being N201: A Conceptual Basis For Nursing. Since I wasn’t going to be on campus, my advisor arranged for me to complete the course as an independent study while I was away. I was sent off to Germany bearing a binder with all the course readings and corresponding assignments. The readings were the same as the ones that the students back in the States would be using, but the assignments were specially tailored to my time abroad. Instead of merely learning nursing theory as it is understood and applied in America, I was challenged to go out and discover what the German culture and healthcare system had to say.

One of the most memorable assignments that I had to complete while in Germany required me to speak with classmates and friends about the German perception of health and wellness. I spoke with several of my peers and friends from my dorm, trying to figure out if the German perception of continued on page 9 . . .
This semester was a new and exciting semester for the Nursing Student Association (NSA) as they focused on a multidisciplinary theme. This theme developed from two students' attendance at the National Student Nurses Association Annual Convention in Phoenix, Arizona. Cynthia Brewer and Kelly Sensenig, both currently seniors, attended the convention in April 2003. Along with many interesting nursing-focused seminars, the convention also included a plenary session featuring students from various healthcare fields. Cynthia and Kelly found this approach very informative and enriching and decided to bring it back home to Messiah's NSA.

The purpose of the multidisciplinary theme was to give nursing students insight into the role of other members of the healthcare team. Nurses work with a wide variety of healthcare professionals in the hospital setting. They must be able to coordinate the care of a complicated patient who is cared for by hospital personnel from other fields. In order to manage the care of these patients,
nurses should have an understanding of the education of the other professionals, what their job description entails, and what role they play in patient care.

To gain the full perspective of multidisciplinary care, NSA heard from a respiratory therapist, a nutritionist, a physical therapist, a social worker, a nurse manager, and a staff nurse at the one-hour bimonthly meetings. These professionals were able to offer a personal perspective on their roles in the healthcare team.

NSA carried out the semester theme under the leadership of a new panel of officers including Kelly Sensenig, president; Kerri Leary, vice president; Maria Morales, secretary; Katie Meyer, chaplain; Laura Miller, treasurer; Cyndi Brewer, senior class representative; Heidi Cooper, junior class representative; and Gillian Laughlin and Julie Moreton, freshman class representatives.

NSA also enjoyed an increase in members as many first-year students joined the organization and senior students have developed a renewed interest in pre-professional development. In addition, many Messiah NSA members have chosen to further their pre-professional development by joining the National Student Nurses’ Association.

Three students had an opportunity to go to the Student Nurses’ Association of Pennsylvania’s annual convention in Pittsburgh, Pa. Kerri Leary, Maria Morales, and Julie Moreton, along with faculty advisor Martha Solomon, traveled to Pittsburgh in November to participate in the convention, which focused on “Nursing: Balancing Technology and Touch.” Kerri, Maria, and Julie received scholarships and our chapter was awarded the Bronze Achievement for Membership Recruitment and Retention.

The spring semester brought even more variety to NSA. The seniors got a taste of their spring clinical before beginning their experience with home health nurse and Messiah alumnus, Natalie Benner. A variety of other speakers came to share their specialties with the organization, including Dr. Ruth Stoll — former Messiah professor and department chair — speaking on parish nursing, and being a nurse anesthetist and a hospital patient advocate. An exciting highlight in the schedule was a forensic nurse who traveled nearly across Pennsylvania to come speak with the group. NSA also took part in a service project on the college-wide Service Day. They traveled to Shining Light Thrift Shop in Harrisburg to sort and price clothes and perform other tasks. The shop is a volunteer-run store that sells donated items at low prices so people on a limited budget can afford them.

As the semester winds down, the seniors look forward to exercising the professionalism they have learned through NSA in the real world of nursing, and the underclassmen look forward to even more beneficial experiences through the organization in the coming years. The semester ended with a picnic and a farewell to the seniors.

Nurses’ Christian Fellowship
Elizabeth Farmer ’05

Nurses’ Christian Fellowship (NCF) had an array of activities during the fall semester. The year started off with the traditional Kickoff Picnic down by the Yellow Breeches. Those who attended enjoyed delicious food, beautiful sunshine, and fun and fellowship with other nursing students. Members decorated pumpkins and enjoyed fall treats at the annual Pumpkin Festival. The semester ended with a Christmas party at Mrs. Linstedt’s house where the members had a gift exchange, food and fellowship, and sang Christmas carols. Meetings were Wednesday for Bible study and fellowship.

The spring semester was filled with activities. The Bible study for the semester focused on meeting spiritual needs. Once again, weekly meetings were held on Wednesday. NCF made valentines for college roommates and residents of Messiah Village early in the spring semester. Members also enjoyed various guest speakers. Students who attended a medical missions conference shared information and some of the sophomore students talked about their experiences in Belize during the fall 2003 semester. The semester ended with a picnic at Mrs. Linstedt’s house where we reflected on the year and how the Lord provided for us.
Donor gifts

On behalf of the Messiah students, the Department of Nursing wishes to recognize the following contributors for 2002 to the various funds and scholarships which benefit programming and enable future nurses to pursue their education. Many thanks to alumni, families of students, community friends, and corporations for their continued support.

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Update on Wells Foundation Challenge

We are pleased to announce that we have met this year’s Wells Foundation grant challenge. Thanks to many alumni and friends of the College, we were able to raise the $40,000 challenge and received a $20,000 match from the Wells Foundation. These dollars are in addition to the yearly $15,000 the Wells Foundation contributes to nursing scholarships for Messiah students. These new funds will be used to build a nursing scholarship endowment in honor of Mr. and Mrs. Wells. Because of this generous support, Messiah has a growing capacity to provide financial support for future generations of nursing students.

Of the $40,000 we need to raise by this coming August, we still need $18,660 in order to receive another $20,000 from the Wells Foundation. If you would like to help us meet this challenge, gifts can be sent to Messiah College, P.O. Box 3013, One College Avenue, Grantham, PA 17027.
Nurse midwifery
Heather (Paulhamus) Hottenstein ’98

It is hard to believe that five years have past since I walked across the stage on that hot, sunny day in May to receive my diploma. I remember that at my graduation several nursing professors remarked that in five years I would also have a graduate degree . . . yeah right . . . forget it, I thought, not in a million years. It is interesting to notice how the things we least wish for often come true.

My professional endeavors since graduation from Messiah College’s nursing program in 1998 began at Hershey Medical Center where I spent the first six months just trying to keep my head above water on a medical/surgical unit. Those were the most difficult six months of my life up to that point. After working long and hard to prove my competency as a new RN, I sought out a labor and delivery position, which I found extremely fulfilling. Labor and delivery nurses can play such an important role in supporting women through childbirth and helping to make their experiences as positive as possible. After a period of time, I became increasingly frustrated with the philosophy that pregnancy and childbirth were a disease that needed to be managed and treated. As a result, I decided to work as a labor and delivery nurse at a hospital that had several certified nurse midwives (CNMs), since I had always been interested in midwifery with its perspective on pregnancy as a normal, healthy event.

During my one and a-half years at York Hospital, I began to be mentored by several CNMs who encouraged me to think about going back to school for midwifery. After watching the incredibly empowering, safe, and gentle care they provided I did not need much convincing, and soon found myself taking the GREs and applying to several graduate programs. I spent the next two years at the Frontier School of Midwifery & Family Nursing, equipping myself with the knowledge and technical skills necessary to care for women throughout their lives . . . from preteen to childbearing to menopause. In this rigorous program I learned that birthing is hard work, intensely physical, but with a tremendous reward when the work is done. I also learned about primary care, health promotion, disease prevention, and about empowering people to improve their overall well-being.

In January 2003, I began my first position as a nurse-midwife at a private, CNM-owned, rural birth center in north central Florida. Since starting this position I have had many stressful yet rewarding experiences. Some of these experiences include admitting a woman against her will for post-partum psychosis, arranging for a battered woman to be placed in a shelter, managing a post-partum hemorrhage, and caring for a pregnant patient living out of a tent. All of these women are now doing well, and are on the road to recovery and a safer, healthier lifestyle. These experiences have made my journey as a nurse-midwife feel like an arduous back-packing trip, full of challenging mountains to climb but with spectacular views along the way. In addition, I feel honored and privileged to have attended over 75 births thus far in my short career, and find myself looking forward with excitement to continually learning from the women placed in my care.

Please know that every encounter we have with our patients is significant. No matter how small the task or the interaction, we as healthcare professionals have great influence over how our patients perceive their health. By equipping our patients with knowledge, we are empowering them to take responsibility for their health and the direction of their lives. I encourage each of you to go forward with excitement to continually learning from the women placed in your care.

Please feel free to contact me at okaynowpush@aol.com with any questions regarding midwifery as an advanced nursing-practice opportunity.

Student Accomplishments

Kelly Sensenig ’04 and Cynthia Brewer ’04 were chosen to serve as Boyer Scholars for their senior year. This is an honorary award named in memory of Dr. Ernest Boyer, a nationally known educator and graduate of Messiah.

Kara Derstine ’04, Cynthia Brewer ’04, Joseph Campbell ’05, and Karene Turner ’05 were nominated by the nursing department and inducted into Who’s Who Among Students in American Universities and Colleges.

Ashleigh Smith ’06 was chosen as the first-year student Merit Scholar for 2002–2003. She was honored in December at a ceremony hosted by Messiah College.

Congratulations to the following alums, who graduated with honors in May 2003:

SUMMA CUM LAUDE
Megen Brooks

MAGNA CUM LAUDE
Kendra Esh
Jessica Heagy
Sara Strzepek
Virginia Sverduk

CUM LAUDE
Amy Albrecht
Emily Barna
Rachel Bell
Tammy Hurst
Laura Litosky
Melissa Phillips
Sarah Quick

Graduating seniors earn top awards

Megen (Brooks) Kuhn was selected to receive the Academic Excellence in Nursing Award. She earned a GPA of 3.92 for four years at Messiah College.

Sara Strzepek 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.
Medical experiences in remote areas

Living and learning in Mexico

Marilyn Minter Wolgemuth '71

My husband Carl and I became members of Wycliffe Bible Translators after completing studies at the Summer Institute of Linguistics in 1961, followed by three months of Jungle Training Camp in Chiapas, Mexico to prepare us for cross-cultural living in a primitive area with few amenities—no telephones, electricity or refrigeration.

God was calling us to translate the Scriptures for a people group who have a beautiful spoken language but did not yet have an alphabet or a written form of their heart language. We chose to live among the Isthmus Aztec people, isolated from the mainstream by roadless jungle in the state of Veracruz. The immediate need was an alphabet for the spoken language so they could learn to read it. The first two years we lived there were almost exclusively devoted to this goal.

Our linguistic training, tape recorders, and listening to native speakers were invaluable in learning their complex indigenous language called Nahuatl (which is not even remotely related to Spanish). With the help of Wycliffe consultants and the local people, we developed an alphabet, studied their culture, and formed genuine friendships with the people. Fluency in the language was essential before beginning Scripture translation.

With no reliable medical resources nearby, medical work was an integral part of our experiences there. While I did the medical calls and homeschooled our daughter Carolyn, Carl worked on the language with men of the town. From a tiny “clinic corner” of our hut I dispensed medicines, did simple first-aid, sutured wounds, pulled teeth, etc. Patients often brought eggs, fruit, and tortillas as payment. With a minimum of equipment, supplies, and medicines obtained in our market town and arranged on my rustic shelves, it was amazing how many medical needs could be met along with a lot of ingenuity and improvising. Nothing in my stateside nursing experience had prepared me for this! I intentionally kept my inventory simple so that I could teach local people to do the medical work when I was not there. Attempts to bridge the communication gap and teach new concepts often led to sheer frustration. I had to accept that change does not come easily to a people that lives close to the earth and continues subsistence farming much like their ancestors have done for hundreds of years.

Here’s a sampling of my medical work:

1. Performed simple lab tests with a donated microscope to identify intestinal parasites of various kinds. This led to opportunities for teaching hygiene, sanitation, and the Germ Theory, of which they knew nothing. As I became more fluent in Nahuatl, one of the Aztec ladies helped me write a health manual and teach literacy classes for women.

2. Visited the sick in their homes, treating various ailments, e.g. pneumonia, wound care, diarrhea and vomiting, TB, poisonings, etc.

3. Made trail trips to other villages as the word spread that we had “good” medicine. We were “on-call” 24/7. Machete fights during drunken brawls brought lacerations in the middle of the night. My only light was a kerosene lamp and flashlight. An inebriated man came at midnight with his outer ear hanging by a sliver of skin. I sutured it back in place and he healed! Alcohol makes a good anesthetic, I discovered! Carl sutured a leg laceration on a horse, injured while jumping a fence! In that economy, horses are valuable. (Prison sentences are longer for horse thieves than for murderers!)

4. Drove patients in our carry-all truck to the Health Department 40 miles away in the market town for free check-ups and medicine (after a rough truck road was graded from the highway). Also, transported people 500 miles to Mexico City or Puebla for major surgery, such as eye surgery, cleft palate repair, etc.

5. Pulled many teeth, but they had to be very loose!

6. Gave antibiotics and vitamin injections.

7. Dispensed worm medicine, amoeba treatments, pills, and potions.

8. Prayed a lot!

The most frequent calls for my services came when the local “midwife” would send someone to our house, requesting that I come and give the laboring mother an “injection for strength.” They had great faith in my injections! So I would prepare a combination of multivitamins and Vitamin K in a syringe and carry it to the thatched-roof hut where the patient would be in the final stage of labor. Invariably, within 30–45 minutes the baby would arrive. The power of positive thinking! The midwife took a short machete blade, heated it over the tiny fire on the floor in the middle of the hut, stretched the umbilical cord over an ear of dried corn, cut it with the machete, then tied it with a bit of string. Their belief is that the corn is a symbol of fertility and health for the baby. Why more babies didn’t die with such unsanitary practices I’ll never know!

The “upside” of living close with the people is that they accepted us readily and marveled that we “rich Americans” were willing to live much like they do in order to learn their language and translate the Bible. Wherever we visited we were served lots of soft, warm tortillas, black beans, scrambled eggs, rice and sweet, weak coffee. The medical work gave us an automatic “in” with the people. By meeting a felt need, casual conversations often led to spiritual discussions and prayer.

In addition to Scripture translation we had a wide range of other projects such as literacy and helping the town get a clean water supply. Through the Scripture translation process, many have come to know the Lord and can now read and study the Scriptures in their “heart language.” Fifteen vibrant, evangelistic congregations under local leadership have blossomed through the years. The New Testament manuscript is now completed and in the last stages of being prepared for publication. We are grateful to have had a part in bringing the Gospel to the Isthmus Aztecs.
Nursing: an honorable profession

Lindsay Paulson ’98

I just finished reading yet another article on the sad state of nursing in our country and the supposed coming “nursing crisis.” It makes me wonder: How did this happen? I love being a bedside nurse in the ICU at Northwestern Memorial Hospital in Chicago, and I have never regretted pursuing nursing as a career. I feel the Lord prompting me to respond in some way to the media’s reports on this “crisis.”

As a Christian, I believe that nursing is a calling and a ministry (thank you Arlene Miller, for teaching that in NSG 101). I think as Christian nurses we need to get the word out about this respectable profession. Nurses need to be advocates for nursing, talking to the next generation and those ready for a job change. There are incredible demands on those of us still committed to bedside nursing, but the blessings far outweigh the demands: so much so that there are still many days it brings tears to my eyes when my patients feel cared for amid the vast numbers of wires and tubing, and when they feel heard amid the buzzes and beeps of the high tech hospitals.

People do not often look at nursing as a great career option. I think this might be our fault because of all the complaining about working holidays and nights and low salaries. Nurses need to be out there telling people about what nurses do and why nurses do what they do. Simply stated, nursing is an honorable and stimulating career. Daily, one can express God’s love for those needy, tired people through the thousands of daily tasks nurses complete.

Nursing used to be one of the few career options for women, but now people are bewildered as to why intelligent women and men would choose to become nurses. Our society has given people the opportunity to do anything, but it also shames people into thinking that nursing is beneath them; they are just less educated doctors. Similarly, nurses are often encouraged to pursue graduate education and move away from the bedside for more prestigious titles and higher pay. That pressure can persuade some of the best nurses to leave the bedside where nurses are desperately needed the most.

Nursing is one of the most rewarding things we can do to serve God and our neighbors. I encourage all of my fellow nursing alumni and Messiah’s current nursing students to be proud of your chosen profession. Spread the good news and encourage more people into nursing to benefit not only the profession, but also the thousands of patients in need of intelligent, professional, committed, compassionate nurses.

Diabetic Teaching

Beth Berkowicz ’97 is a school nurse at George E. Wilson Elementary school in Hamilton Township, New Jersey. Her picture appeared in the February 3, 2003 issue of Advance for Nurses that featured an article on Type 2 diabetes in children. Beth works with the author of the article to educate children in the community about Type 2 diabetes. She identified this program as being beneficial for the children, for the community, and for the healthcare profession. Congratulations Beth!

Nursing alumni news

Let your classmates and friends hear about your activities. Clip this form and mail to Nursing News, Messiah College, One College Avenue, Grantham, PA 17027, or e-mail: nursing@messiah.edu.

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LAST NAME  MAIDEN NAME
FIRST NAME  CLASS YEAR
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STREET ADDRESS
CITY  STATE  ZIP
SPOUSE  CLASS YEAR
NEWS
Alumni news

‘93
Miriam (Elliott) Faunda and husband Mike are living in Montgomery, Alabama where Mike is an instructor with the Air Force’s Education and Training Command. Miriam has worked in a variety of ICU settings since graduation and has earned her CCRN certification. They have three children, two boys and a girl.

‘95
Holly (Zust) Gaertner and Stephen welcomed Ryan Andrew into the family on November 4, 2003. Big sister Emma is thrilled with her new brother.

‘96
Bethany L. Connor has been working as a nurse in the Army Nurse Corps since graduation. She started out on a medical-surgical floor in San Antonio, Tex., and then was stationed in Seoul, Korea where she was a head nurse in a pediatric clinic. From Korea, Bethany was sent to Germany where she was a head nurse in a family practice clinic and then head nurse on a medical-surgical floor in a community hospital. In addition, she was deployed to Kosovo for eight months and worked as an emergency room staff nurse. Future plans include pursuing a graduate degree as a clinical nurse specialist in medical-surgical nursing.

‘97
Chrystelle (Hamlett) Anderson and husband Mark welcomed their second child, Cynthia, in May 2003. They also have a son, Brandon. Chrystelle hopes to enter hospice or home health nursing on a part-time basis and thoroughly enjoys motherhood. Mark is an active duty Navy nurse.


Kirsten (James) Rule and her husband are living in North Carolina. On January 14, 2004, Skyah joined their family. She was born at home and weighed six pounds, two ounces.

‘98
Robin (Nichols) Hall and husband Jason, celebrated the birth of their first daughter, Samantha Eileen, on April 23, 2003. The Halls live in Boiling Springs, Pa.

‘99
Hannah (Phillips) and Brant Hauser were married December 28, 2002. Hannah works as a labor & delivery/nursery nurse at Gritman Medical Center. She and Brant live in Moscow, Idaho.

Natalie (Martin) and her husband Andy Trout welcomed Sarai Judith into the world on July 20, 2003. Sarai is their first child. The Trout’s live in Canadensis, Pa.

Alison (Kegarise) and Jacob Rainwater are living in Pennsylvania. They had a baby girl, Anya, in September, 2002. Alison enjoys being home with her daughter.

‘01
Katy (Schulte) Coleman and husband, Josh, had their first baby, Nina Olivia, on September 29, 2002. They live in Lancaster, Pa. and Katy works on an orthopedic unit at Lancaster General Hospital. Long-term plans include working at Women and Babies Hospital in Lancaster and pursuing a graduate degree in midwifery.

Tricia Pierce is applying to the University of Massachusetts, Worcester, for a master’s degree in advanced practice nursing: nurse educator.

Mandy (Livingstone) married Daryl Yount on September 7, 2002. They live in Danville, Pa., and is loving the fast-paced and ever challenging atmosphere at a level 1 trauma center. More importantly, she and Daryl are loving the ever changing and challenging atmosphere in their home thanks to the birth of their son, Brayden Alan, on October 13, 2003.

‘02
Abigail (Keisling) and Rick Bayley were married in May 2002. Abbie is working as a staff nurse in the NICU at Children’s Hospital of Philadelphia. The Bayley’s live in West Chester, Pa.

Bonnie Venditti went to India and Nepal on March 2, 2004 and will return in July 2004. She will be doing missionary work with Church in the City located in Denver, Colo.

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.

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HOMECOMING 2003


Scott Reichenbach ’93, Jill (Murphy ’93) Toy, and Sandra (Martin ’93) Lenz.


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VIEW FROM THE CHAIR

Twenty years of accredited nursing

Carolyn L. Kreamer, Ph.D., R.N.

Celebrate with us! This year marks the twentieth year of accredited nursing education at Messiah College. In May 1985, 22 graduates of the new baccalaureate nursing program launched their careers. They were pioneers on a new journey in nursing education at this campus. Even before this milestone event, however, nursing education had a long history at the College. From 1954 to 1984 nurses attended the College and received a Bachelor of Science degree in nursing in what was known as a “two plus three” program. Students attended the College and took two years of general education and science courses, then attended a diploma school of nursing for three years. At the end of that time, they received their degree from Messiah College; however, this program was not recognized by the State Board of Nursing, nor accredited by any national nursing accrediting body, because the College did not have the responsibility for teaching the nursing component of the degree. Consequently, in the 1970s the administrators and faculty at Messiah College believed that it was appropriate to conduct a feasibility study to create a baccalaureate nursing program fully taught at the College. This new nursing program was viewed as consistent with the philosophy of the College, complementary to other programs of study, and as a means to prepare graduates for another mode of Christian service.

Then, as now, nursing education is strongly aligned with the mission and philosophy of the College. That is likely one of the underpinnings of its promising start and continued success. Despite a moratorium on new baccalaureate nursing programs in Pennsylvania in the mid-1970s, College officials acted on faith and prepared a feasibility study for their new program. In 1979, the statewide moratorium was lifted, in 1980 the first chairperson of the program was hired to prepare the proposal for the new program, and in May 1981 the State Board granted initial approval. There was virtually no time for recruiting students; nevertheless, the first nursing class was admitted in the fall 1981. These were very brave, bold students who stepped into an untested, new nursing program.

Today, we celebrate the remarkable achievements of the graduates from that class and those of the last 20 years. There have been over 800 graduates since 1985, and survey data have shown that over 80 percent remain in practice ten years after graduation. Depending upon the class, approximately 10–30 percent have pursued advanced degrees in nursing, and many have assumed leadership positions in practice and education. Perhaps most rewarding, several have joined the Department of Nursing as clinical teaching faculty. We know that Messiah College nurses have practiced in many parts of the world including the United States, Canada, Mexico, Central America, South America, India, Asia, the Middle East, Africa, and more. Frequently, we are told about the excellence of our graduates, and
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remembering the faithfulness of God
Elaine Hagenbuch, Ph.D., FNP
First Chair of the Department of Nursing

I would like to offer my “Congratulations” to Carolyn Kreamer, department chair; the faculty and staff (present and former); the graduates; and the students of the Department of Nursing, as well as Messiah College administration and educators on the 20th year celebration of the first graduating class from the Department of Nursing. It is truly hard to believe that it has been 20 years since the class of 1985 included those first brave, enthusiastic, well-prepared nursing graduates. I have had such a wonderful time remembering the joys and the challenges of those first years of the nursing program, and I want to share some of those with you so that you, too, can have a greater appreciation of from where and how far the department has come since those humble beginnings. But most of all, I want to share how God has remained faithful in His grace, love, and guidance throughout the development of the program and in the successfulness of its graduates.

In the late 1970s, a definite need was identified for qualified registered nurses prepared at the baccalaureate level to give compassionate, loving, professional nursing care. Under the leadership of President Ray Hostetter and Dean David Brandt, Messiah College realized that a nursing major would be an asset to its existing outstanding educational offerings. For 20 years, we have provided a comprehensive four-year, Christian-focused program to educate individuals to become nurses who meet the identified needs.

In early 1981, the proposed Messiah College nursing program, leading to a Bachelor of Science in nursing, received initial approval from the Pennsylvania State Board of Nursing after a year of planning a nursing program based on Christian principles. The planning process included designing the program based on the required general education requirements of the College and the science prerequisites needed to prepare students for the nursing curriculum. The nursing program, including the description of the program with course objectives and course outlines, had to be planned in advance. A major hurdle was overcome when the State Board of Nursing granted the program initial approval, for it allowed Messiah College to officially market the program and seek applicants for the program to enter in the fall of 1981. Ron Long and his staff in admissions worked hard to facilitate the admission of the students into the program on fairly short notice.

At the same time, the first educators for the department were hired to plan the first section of the nursing program. Those first faculty members, Jan Towers, Sandra Goodling, and Karen Gonzol, also had faith in the College and were enthusiastic about the prospects of a new nursing program based on Christian principles. They eagerly agreed to participate in this historic event of planning the program. It was then through a truly collaborative endeavor of faculty members throughout the College, along with the nursing faculty that the program became a reality.

The day that the first students began classes in fall 1981 as members of the first class in the department—the class of 1985—was an exciting one indeed and truly an answer to many prayers offered for the success of the program. These students were the pioneers, and the program as we know it today owes a lot to those first students who took the leap of faith by entering a program that was just beginning, with no history, and with no full state approval or National League of Nursing (NLN) accreditation, but whose faith was grounded in the reputation of Messiah College. The full state approval and NLN accreditation had to wait until the first class of students graduated and approval and accreditation visits from the Board of Nursing and the NLN were made. The parents of those first students also showed the faith they had in Messiah College in allowing their young people to enter the program.
Soon after the first students entered the nursing program, the second round of enthusiastic and faithful faculty members became part of the Messiah College family — Ruth Stoll, Martha (O’Donnell) Solomon, and Donna Havens. Their responsibility was establishing and building the second phase of the program. Through their capable hands, the nursing students progressed to the second phase of the program. Soon after that, the third set of enthusiastic and faithful faculty members were added to the Messiah College family — Kay Huber, Arlene Miller, and Janet Hunter Shields. They had the major responsibility of establishing and building the third phase of the program and the responsibility for getting the students ready for graduation. Under their leadership, the students completed the program and were prepared for graduation.

Graduation day was a great day for the class of 1985, for the nursing faculty members, and for faculty members throughout the College that helped make that day possible for the excited graduates. After graduation came State Board examinations for the 22 graduates in their respective states.

The program had been a success, and many prayers had been answered with 22 new graduates fully prepared to execute their new duties in the professional world of nursing. The difference that these new graduates brought to the profession was their Christian-based educational process giving them the extra power of Christian love and service to aid them in their professional practice. Many of these graduates have gone on for advanced degrees and have continued to serve their profession well. These first graduates deserve our thanks and our praise for their accomplishments.

Since that time, many people have graduated from the nursing program at Messiah College, and continue to uphold the high standards set by the class of 1985. There have been many faculty members, full- and part-time, who have played major roles in the educational process of the students of the program. To all of these graduates and to all of the faculty members who have helped them, we owe our thanks.

This is just a brief story of the beginnings of the nursing program. It has been exciting to be able to be kept informed of the success of the program, faculty, graduates, and students throughout the years via the Nursing News. I am exceedingly proud to have been chosen to participate in the beginning of the nursing program, and I am indebted to all faculty, graduates, and students who have participated in the process.

I would like to close with a personal remark. Since the death of my husband in June 2000, the Lord has led me on a very different professional path. In May 2005, I will graduate from Candler School of Theology, Emory University, Atlanta, Ga., with a Master of Divinity degree. I plan, Lord willing, to become a pastor in the United Methodist Church. So, when I see you at the 20th year celebration in fall 2005, I hope to have a new title. Even though I will be leaving nursing behind, my heart is still with the Messiah College Department of Nursing and it always will be.

May God continue to bless all of you as you continue to serve Him. God has truly been faithful to the Messiah College Department of Nursing, its graduates, students, and educators and I am confident that He will continue in His faithfulness. My thoughts and prayers are with you all.

Twenty years—from birth to adulthood—A history of the Messiah College Department of Nursing

Sandra L. Jamison, DNS, RN

It is my privilege to contribute to this historical review of the Department of Nursing at Messiah College with a focus on highlights during the time when I was privileged to serve as “chair,” 1992–1999.

As I began to reflect on the history of nursing at Messiah from 1992–1999, mental tapes from undergraduate lectures on growth and development replayed in my head. I realized that the transition and rapid growth distinctive of adolescence typified my tenure as chair of the nursing department. Yes, the developmental framework fit. Elaine Hagenbuch presided during the birth and early development of the program. Ruth Stoll assumed leadership during the middle years. I steered the program through the storms of adolescence and Carolyn Kreamer assumed leadership for the current time of productivity, health, and increasing maturity.

Between 1992 and 1999, many transitions in the life of the College impacted the Department of Nursing. After 30 productive years as president, Ray Hostetter retired and Rodney Sawatsky was installed. The new leadership also included a new registrar, academic dean, and dean of curriculum. Additionally the academic structure changed to include a provost.

Along with new leadership, there were new articulations of the mission and identity and strategic plans for Messiah College. At the beginning of my tenure as the Department of Nursing chair, the College was envisioning the development of a non-traditional program and graduate education for several departments, including nursing. By 1995, the decision had been made that the focus of Messiah College would continue to be undergraduate residential education. As a result, two new nursing programs, both of which required a tremendous expenditure of energy and human resources and held much promise for the future, were established and then terminated. Though neither the Adult Degree Program nor the Certificate Program in Health Ministries (precursor for a graduate degree) moved forward, they had a profound effect on
the department. Educators were added, policies were clarified, library resources enriched, and the department became stronger for surviving the turmoil.

These were also years of great growth in many areas. A considerable increase in enrollment led to the addition of faculty. What a delight it was to have Louann Zinsmeister, Pam Linstedt, Deborah Loop, Marti Byers, and many adjunct faculty come aboard! (Please forgive any omissions and attribute them to advancing age.) The addition of Terry Middlekauff, and for a while Kerri Leedy, transformed the heart of the nursing program, affectionately known as “the Office.” New clinical sites, including the Wellness Center—a nationally recognized facility—were added. The option of a semester in Belize became a reality.

A three-year building project transformed what had been two lab rooms with minimal equipment to state-of-the-art facilities and a student lounge occupying all but one classroom in the ground floor of Kline Hall of Science. There was growth on the first floor too with a major renovation of the nursing department office and the addition of a conference room.

The growth and strength of Messiah’s nursing program were illustrated by other milestones as well. Our accredited program was given the stamp of approval by the State Board of Nursing annually. Through it all, the greatest achievement was the entry of several hundred wonderful and skilled graduates into the nursing workforce to make a difference, to extend Jesus’ ministry of health and compassion to countless patients and their families. Lives of students were changed by interaction with caring, dedicated, and expert faculty, who brought competence and deep commitment to the work.

In closing, I want to say what a tremendous and humbling privilege it was for me to chair the Department of Nursing for those eight years. When I was recruited to come to Messiah, I had no idea of the challenges and joys ahead. Now, in retrospect, I can say that I was wonderfully blessed by the experience.

God enriched my life through wonderful relationships with faculty and students, the opportunities for professional growth, and most of all, through countless experiences of His love, faithfulness and adequacy for every need. Thanks to God and to each of you who have blessed my life through Messiah College’s nursing program!

**My year as interim chairperson**

*Ruth I. Stoll, DNSc, RN*

*Interim Chairperson 1991–1992*

My year, 1991–1992 as interim chairperson was a time of transition—a time between the first chairperson and a next unknown one. Transitions are often times of keeping things going, but not getting too involved in change or in “disturbing the peace.” It would be so easy to sit quiet and keep the status quo until another chairperson showed and the Department could “re-engage” in the process of growing the exceptional program in nursing that the department had become. As I recall, that was not the case! Instead of just keeping the status quo, the department was quite busy in a productive and encouraging way.

As we began that year, we were immediately faced with responsibilities that called for unity and collaboration among educators—a state evaluation report and visit; potential students to be interviewed; sessions with interested parents and students; new and diverse administrative responsibilities, and last (but not least) a new chairperson to find, to interview on campus, and to bring about a selection process. Each of these challenges was either completely new to me or some “vague” thing that a chairperson did, but I certainly wasn’t clear on what the position would entail, nor did I feel prepared to be “in charge.”

Just about that time, one of the faculty members gave me a small plaque that really said it all: “Do not feel totally, personally, irrevocably, responsible for everything—that is my job . . . Love, God.” That was it! God was in charge of this year, not me! God had put us together as a caring, supportively interactive faculty—handed us the challenges—but was in charge to bring about His work among us! And in His wonderful loving, gracious, and faithful way, He did!

It was a rich year in the wonder of meeting challenges, seeing answers to needs and prayers and finding His choice for the next chairperson. It’s amazing, too, as I realize His goodness in allowing me that year without the added responsibilities of caring for terminally ill parents which began the following fall. A hymn that has become my favorite because of experiences like this one as interim chairperson is “Great Is Thy Faithfulness.” Let me share part of it with you.

“Great is Thy faithfulness! Great is Thy faithfulness! Morning by morning fresh issues I see: All I have needed yesterday, today, and tomorrow You have been merciful. Great is Thy faithfulness, Lord unto me.”

Wanda Thuma-McDermond, Kay Huber, and Martha Solomon enjoy the Evidence Based Practice Research Conference, co-sponsored by Messiah College and PinnacleHealth, in December 2004.
Alumni reflections

Nancy Peterman Payne ’85

To be truthful, I didn't start college with the goal of becoming a nurse. Messiah's first-ever BSN program was being launched the year I enrolled, and it had been recommended to me; so I passively declared nursing as my major, still expecting to explore a few other options. I soon learned that the other nursing majors seemed unswervingly dedicated to the profession, so I kept my reservations to myself and let the current sweep me along for a while.

Our first “real” course within the nursing curriculum was a nursing theory class, which provided us with the historical background and philosophical bases of nursing. For some of my classmates, eager to get into the more concrete, “relevant” classes, the material was boring. But for me, it was a crucial time of being introduced to topics such as the role of professional nurses and to a holistic understanding of wellness. In the first small ways I was beginning to affirm this new identity as a “fit” for me.

I also remember our first workshops on interviewing skills. Such simple concepts, like asking open-ended questions and building rapport are so important to every personal intervention I've carried out since, and the skills still had to be learned. Soon we had been supplied with massive client assessment forms (based on Martha Rogers' nursing model), and were sent out to somehow discreetly question our interview candidate about his or her “rhythms” and “magnetic fields” and sexual activity?!

Then came the learning of physical assessment skills (quite challenging for a student like me, who preferred to just read a textbook), and the endless process of writing up patient assessments and nursing care plans. Although partially blocked from my memory, I can still recall some traumatic, late, late nights filled with tedious write-ups, accompanied by a tick- ing alarm clock ready to send me off to an early morning clinical experience. Was it worth it? I know that I sabotaged my own learning more than once by adapting my writing skills to impress the instructor, rather than admitting undone gaps in my assessment work. But the process of critical thinking and goal setting did eventually work itself into my mind and practice, just as I had been promised.

As the curriculum grew more intense, I revisited my fears and frustrations about the rigid course of study laid out for nursing students. Very few of our courses enabled us to interact with students outside our major; very little space was left in any semester for electives. It even seemed that the program's high expectations discouraged us from participation in college sports or extracurricular activities. Was I sacrificing some of the opportunities afforded at a liberal arts college by taking such a narrow program of study that I could be getting just at nursing school? It seemed like some of my classmates had no interests or ambitions beyond becoming nurses, but I knew I did.

I eventually took my concerns to the office of a wise academic dean who gave me some exceptional advice. He told me that nursing studies might start out seeming narrow and technical, but that the applications of nursing would ultimately be as broad as my interests could ever be. I stayed.

Along the way, I devised ways to get outside of the “box” that I felt stuck in as a nursing major. I intentionally found ways to take courses that allowed me to get beyond the same familiar faces of the nursing students. Also, I determined to be involved in sports (cross-country and track), not because of my athletic abilities, but because I wanted the experience and wanted to assert my right to be a “normal” college student. (Unfortunately, the combination of early morning runs and late night assignments along with the fact that I had not yet discovered coffee, created some embarrassing moments for me. Predictably, right after lunch, my eyes would uncontrollably close and my head would nod, regardless of being in a lecture, a nursing lab, or even a hospital tour!)

One other frustrating but life-changing experience is worth mentioning: During my junior year, our entire class scored miserably on an exam that largely determined our final grade of the eight-credit nursing course. The test was, in my estimation, poorly written and mercilessly full of trick questions. But to “hold standards high,” scores were not adjusted and as a result, our GPAs plunged. As I resigned myself to the fact that it was now impossible for me to graduate with high honors, I concluded that it was no longer worthwhile to study with the shortsighted goal of a good test score. Instead, I would have to focus on learning the information for the sake of applying it to real life nursing practice—a novel idea! I'm convinced that this “crisis,” although painful, was a significant turning point for me.

I'm truly grateful for the instructors and fellow students who journeyed with me my four years at Messiah. Despite my immaturities, somehow I acquired a remarkable toolbox that has served me well, and most of all, an identity that has sustained and guided me. Since graduation, my roles have included ICU/CCU nurse; missionary/church planner in Colombia, South America; visiting nurse; agency nurse; homeless shelter nurse; and “mom” nurse. Even when applied my efforts to non-medical settings, it seems I never stop being a nurse. Advocating, teaching, listening, assessing, comforting, empowering, problem solving, making referrals... it's just what I do and who I am.

I've found that nursing doesn't have to be a box. All those interests that seemed out of place have enriched me as a nurse and at the same time, my nursing perspective has enhanced diverse aspects of my life. I am thrilled to be a marketable professional, yet most of all, I know that what I do every day makes a positive difference in the world, in big and small ways. Wow!

Kim Marie Walsh Falk ’90

Memories of Messiah nursing... well, the first one I recall is of me and several other “nursing girls” (there were no male nursing students in my class year) down in “the pit” parking lot, scraping off my snowed-in car at 5:30 a.m., just so we could get to clinical! It was freezing cold and pitch dark—the sun had yet to get up, but my alarm had awoken me at 4:30! Speaking of clinical, I have a lot of memories of the sheer terror I felt the night before and the morning of every new clinical situation—then the relief I felt on the way home; I had survived!

But certainly not all of my memories are about the difficult things. I can recall how uniquely positive I felt after spending a day among patients, fellow nursing students, instructors, and other healthcare personnel. Perhaps God had used me that
day for a specific purpose in the life of my patient, one of the nurses or another hospital worker. I remember getting the bi-polar patient in the mania stage to stop running the track and sit and talk awhile. I would never have thought then that my first job after Messiah would be psychiatric nursing, but it was; my own life was being shaped while I tried to shape others! I also remember rubbing the back of a pregnant woman during her contractions, then getting her tissues for the tears she shed after being told she would have to have a C-section. Little did I know then that 12 years later, I myself would be having a C-section after 36 hours of labor.

Extracurricular activities bring back lots of good memories, too. The SNAP was a great opportunity to get away, meet other nursing students, and learn about the political side of the nursing profession. My three roommates and I tackled it like a vacation and, after entering the hotel room, proceeded to bounce on the beds! I fondly remember commiserating together about upcoming finals while preparing fruit baskets for a nursing student association fundraiser. Did we eat more than we packed? Another fundraiser was not as successful; since no one seemed to know what “scrubs” were, they weren’t interested in buying them!

But the first time I truly realized what a wonderful experience I had at Messiah was when I started my master’s degree studies at a large ivy-league university within commuting distance of my home. While I learned a lot there and made a few friends, it was nothing like my time at Messiah College. I really missed the camaraderie and unity in purpose that I had known at Messiah. I learned then, and now know for certain, that there is nothing like the unity of Jesus Christ amidst a group of prospective nurses. Congratulations, Messiah College, on 20 years of successfully bringing together, educating, and then releasing nursing students to fulfill their roles in society.

Kathy Bolden ’95

I am a privileged nursing graduate of the class of 1995. My non-traditional nursing education began as a wife and a mother of two grade school-aged children, as a certified secondary science teacher who still had a month of teaching to complete the year, and as someone who, for many years knew she would also like to be a nurse. My professors and fellow students provided witness that I too could learn and develop as a Christian nurse. It was not easy to go from being the “young teacher” to the “older student” who also had to function as the adult at home. However, supported by faith in the mission, we managed to learn, grow, and enjoy the challenging experience.

Today, those two grade school-aged children are well into studying for careers of their own: one in physics, the other as a graduate student in international development supporting the elderly and children in their need for healthcare. I like to think the many hours that they spent at Messiah as their mother studied and did research in the library helped develop what they, too, plan to do as Christian global citizens. As for myself, I am a certified gerontological nurse who is currently working toward a nursing home administrator license. I serve as an administrator in a continuing care community, drawing upon my experience as a home health nurse, personal care home administrator, and yes, I still use my teaching skills daily. Most of all, I try to remember those words we sang at the nursing pinning ceremony, “Make me a servant . . .” Thank you, Messiah, for the privileges you have given to me, to my family, and hopefully to those I am honored to serve as a nurse. Happy 20th!

Lani Yeh ’00

I was a member of the nursing class of 2000. We were an incredibly fun and diverse group, and while I may not have been the best at keeping in touch with everyone since graduation, the fellowship that existed between us has always stayed with me. Our camaraderie extended beyond our fellow classmates, for as I recall, our professors were often somewhere to be found in the midst of our laughter. I’m sure we all know, this isn’t always the norm in nursing school! As a class, we had the singular honor of pioneering the opening of the Wellness Center with Kay Huber — an experience that I’m sure most of us will never forget. I must admit, I’m grateful for all the practice it gave me in taking manual blood pressures, and I certainly learned a lot about the importance of proper foot care!

While we certainly knew how to have a good time, one of the standing characteristics of most nurses (and those who want to be nurses), is empathy. I feel that trait was encouraged and cultivated in us by the faculty and staff in the nursing department. Our professors not only taught us to care for our patients on a clinical level, but on an emotional and spiritual level. As a student, I know I often zoned in on the “checklists” of nursing, but with time, I came to develop a holistic approach with my patients. Granted, this only came after the requisite first year of nursing experience was under my belt. My patients are grateful it eventually sank in.

One of the most important things that I took away from my time in the nursing department is the value of supporting one another. My advisor at the time, Dawn Blanchard, knew that it was my desire to study abroad during my sophomore year. At the time, sophomores were not yet allowed to leave the Grantham campus. She stood by me and fought endlessly for an exception to be made. Thanks to her and others in the nursing department, I was able to spend a semester in Barcelona, Spain, and graduate with a double major in nursing and Spanish. These events changed my life, and I am grateful to those involved for believing in me. With my degrees and my experience, I was able to live and work in Spain while pursuing a post-graduate nursing diploma from the University of Barcelona. Since my return to the U.S., I have been able to use my language skills on a regular basis, both as a staff nurse at Georgetown University Medical Center in Washington, D.C., and now as a travel nurse in California. I love what I do (pediatric oncology), and know that Messiah helped to prepare me to serve others in this capacity today.
One faculty member’s memories of the old days!
By Sandra Goodling

I was hired in the summer of 1982, along with Jan Towers and Karen Gonzol, to develop the first two clinical nursing courses: 202 and 301. We had a bare framework for the course content from the curriculum developed by Elaine Hagenbuch, chairperson. Thanks to the great support from the College, we had the fall semester to plan for the students who would be admitted to the nursing major in the spring of 1983. Those first students would never recognize the current program today except for the names of courses and some of the clinical experiences! And current faculty would never recognize that fledgling department!

For our planning, we three, with desks and a work table, were all in one room located on the first floor of Kline, down the hall from the department office. (That room was incorporated later into a classroom.) We kept that office for a couple of years until each faculty member moved into her own office. Anyone from the early days would remember that the department office was a small room with a wall added to separate the secretary in the outer room from the department chairperson. Today, the suite of rooms and storage that comprise the nursing office is very impressive. Today, there is also a faculty conference room; before that we had to search for space in which to hold meetings. Downstairs in the basement of Kline, the nursing department originally had two small rooms! One was the classroom meeting room/physical assessment room. Today that room is the student lounge with a refrigerator, lockers and comfortable furniture. Next to that, in what is now the resource room, we did all our physical assessment demonstrations. It contained three hospital beds, over-bed tables, privacy screens, plus much more! Now the department has four large rooms for the activities that we used to do in one small room! Even though we were crowded during our beginning years, I must say that Messiah College has always been supportive of the nursing department permitting us to purchase expensive equipment and audiovisual materials for teaching.

Dr. Towers was our faculty team leader because she had more teaching experience than either Karen or I had. I can remember many conversations about Martha Rogers, whose theory was the basis for the early curriculum because Elaine Hagenbuch had earned her Ph.D. at NYU, the home of Rogers. We had a variety of textbooks that we used to determine content. Because this was an integrated curriculum — based on the family and the levels of health and illness — no one text book would suffice for the care of the well family. In an effort to assist the students to pull the information together, we developed the infamous modules. These were study guides (some very thick!) to direct the students to the various texts to prepare for class. The modules instructed the students to fill in the blanks, make lists, and summarize content. There was one set of modules for the class content regarding the well family and another set for each of the physical assessment labs. Students complained bitterly about having to complete the modules, so in order to survive, they began to work in groups with each person completing a small portion of the module and then sharing each part with the whole group. This helped to complete the module; however, each student had only done a fraction of the assigned readings. Many years later, when we faculty succumbed to the wishes of the students and eliminated the modules, the next students complained because they no longer had study guides!

Next, we had to design the student uniform! They looked pretty much as they do today except the original students wore a nursing cap. Designed to somewhat resemble the head covering that women in many of the conservative churches wore, the cap was made from a starched gauze-like fabric with a blue velvet ribbon around it and a small gold cross. The caps did not last very long—several years—they were eliminated to conform to the workplace, where caps were no longer worn. The nursing cap, which used to symbolize the professional nurse, was ultimately recognized as having no purpose.

The nursing bags were adopted to symbolize the additional responsibilities that nurses were assuming; the nurse practitioner movement was about 10 years old. We filled them with expensive otoscopes/opthalmoscopes and other diagnostic tools. Each student received her own stethoscope and penlight. Ultimately, these bags became a source of contention for future faculty who felt that the bags were more emblematic of the physician

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Faculty news

After much diligent effort, faculty member **Louann Zinsmeister** earned her doctorate in nursing science from Widener University in December 2004. Her dissertation was entitled, “Liberal Education and Nursing Education: A Cross-Case Analysis of Curricular Connections and Student Involvement.” The ideas for this study originated from her work with Messiah College undergraduate nursing students. As a result of her study, she was asked to participate in teaching a pilot core course called “Created and Called for Community.” The intent of this course is to help first-year students apply skills learned in First-Year Seminar to content directly related to Messiah College's mission and identity. Starting with the 2005–2006 academic year, all Messiah College students will take this common learning course during the second semester of their first undergraduate year. In addition to her participation in this new college course, she remains enthusiastic in her responsibilities as a nurse educator. Congratulations, Louann Zinsmeister, on your significant accomplishment.

**Marti Byers** completed her master's degree in nursing at the University of Maryland in December. Congratulations, Marti!

**Christy Stark Smith** joined the Department of Nursing as a full-time faculty member in August of 2004. Some of you may remember Christy because she taught in the Degree Path program from 1995–1996. Christy's area of expertise is obstetrics and women's health. She has a very rich background of clinical experience in these areas and her skills as a nurse practitioner will be greatly appreciated by the students. Another area of interest for Christy is parish nursing. She served as a parish nurse for two years at Colonial Park United Methodist Church. A grant from Roanridge Foundation allowed Christy to develop a faith-based initiative to mentor pregnant and parenting teens to address spiritual disconnection. Teaching responsibilities include classroom and clinical instruction in NSG 301, clinical instruction in NSG 402, and classroom instruction in NSG 202 and NSG 401. We are very happy to have Christy as part of the Department of Nursing.

**Kay Huber** was honored at a chapel in November as the Messiah College employee who received the Barnabas Servant Leadership Award. This award is named for Barnabas who was a servant leader; the name Barnabas means "son of encouragement." Awarded based on their "level of spiritual maturity and commitment to ministry and community service," how well they integrate ministry and community service into all aspects of their lives, how their ministry and community service impacts those they serve, and their ability to respect other persons and to effectively work with other persons. Kay runs the Wellness Center, a nurse-managed center, at Hoy Towers in Steelton, Pa., year round. Nursing students are able to participate in this community service experience in NSG 301 and NSG 402. Direct interaction with residents occurs in the Wellness Center or in the resident's apartment. This service that Kay is able to provide is an integral part of her life. The residents are not only persons to whom she provides physical care, spiritual care, emotional support, transportation for medical reasons, and education — they have become friends. This type of community service is invaluable. Kay is richly deserving of the Barnabas Servant Leadership Award. Congratulations!
Graduating seniors earn top awards

Kelly Sensenig Janke '04 at Pinnacle Health Research Day. The poster represented Kelly's research project she completed as part of the Messiah College Honors program.

Kelly (Sensenig) Janke '04 was selected to receive the Academic Excellence in Nursing Award. She maintained a GPA of 4.0 for four years at Messiah College.

Annie Stephens 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.

Nurses honored

In celebration of National Nurses Week, the junior and senior Messiah College nursing students chose three nurses from local hospitals who contributed in a significant way to students’ clinical experiences. The students made the selection based upon the individual’s expert nursing knowledge, professionalism, compassion, and caring. Selected were Katie Salinas '01, a nurse at the Medical Outreach Clinic (a branch of Holy Spirit Hospital), Corey Barnes, R.N., a staff nurse in the ED at York Hospital, and Sarah Quick '03, a staff nurse in the MIMCU at Penn State Milton S. Hershey Medical Center. Carolyn Kreamer, chair of the Department of Nursing, Wanda Thuma-McDermond, assistant professor of nursing, and Peter Sunden '05 presented a certificate of recognition to Salinas; Louann Zinsmeister, instructor in nursing, presented a certificate of recognition to Quick; and Debbie Loop, assistant professor of nursing, presented a certificate of recognition to Barnes. These nurses were honored during Nurses Week in May 2004.
The Wellness Center continues to operate two days a week throughout the year with a steady slate of long-time residents and an influx of new residents. Funding for human services continues to decline, and finding support and resources for residents who are aging continues to be very challenging.

The Wellness Center, as one of seven reporting sites, has provided data for nearly two years for an internet-based tool collecting data about nurse-managed wellness centers. Kay Huber was one of the presenters of an interim data report from the project during the National Nursing Centers Consortium Convention in Nashville, Tenn. in fall of 2004. The funding for this project has been expended, but the seven centers have agreed to continue providing data in order to build a more significant base of critical information about the services offered by the centers.

The Independence Foundation is also funding a Walking for Wellness Program that will involve six wellness centers. The senior nursing students are busy recruiting residents over the age of 60 to participate in this eight-week walking program which is done at the resident’s leisure. Each participating center receives funding, pedometers, and parameters for conducting the research project. The Wellness Center has already done multiple month-long walking programs, so this endeavor replicates, to some extent, a program already in place. The centers will all be doing pre- and post-tests and working within the same variables to collect data for this project.

Beginning in summer of 2005, Dr. Huber will be participating in a qualitative research study about perceptions of residents who use the services of this and two other wellness centers. In June, she will be attending a Hermeneutics Institute at George Mason University, with travel funded by the Independence Foundation, with persons from the two other sites.

In fall 2005, additional information about the various research projects will be presented at the National Nursing Centers Consortium Convention in Albuquerque, N.M. Kay Huber is on the program planning committee for this convention.
Development of a newsletter

The first Nursing News was published in fall 1990. Until that time, there was no formal way, other than through letters or class announcements, in which the Department of Nursing could communicate with its constituents: current students, graduates, parents, and community professionals. Developing some method of communication was crucial to the department’s growth. Sandra Goodling, assistant professor of nursing, accepted the challenge of developing a newsletter for the department.

It was decided to publish a newsletter once each semester. This was a new challenge for students and faculty who were asked to write articles and for the editor who was expected to pull this together. These assignments always arrived at a hectic time — at the beginning of the semester — when students and faculty were adjusting to a new workload. In addition, at that time, there was only one other departmental newsletter at Messiah College, so this was a relatively new endeavor for the Office of Communications as well, all leading to a sometimes bumpy process. Sandra Goodling recalls working very closely with the Office of Communications to develop a format, to design a header for the first page, and to choose colors.

At the beginning, all the articles were handwritten and given to the editor, who then forwarded the articles to the department secretary for typing. In more recent years, the authors type their own articles and attach them to e-mails or give them to the secretary on disks. After several reviews by the editor, the newsletter was taken to the Office of Communications for formatting and editing — it was important to be certain that the articles were arranged in an order that made sense to the reader. Yet, while the Nursing News editor and the Office of Communications (now Office of Publications) gained experience and grew in their skills over the years, and while the technology has improved to streamline the process of publishing a newsletter, the newsletter remains a time-intensive labor of love.

A departmental newsletter is vitally important. Students learn about nursing courses and opportunities for service through reading articles written by their more senior peers. The first and second year students who are not in clinical courses feel more a part of the Department of Nursing as a result of the newsletter. Departmental sponsored groups, such as Nurses’ Christian Fellowship, the Nursing Student Association, and Lambda Kappa, use the Nursing News to disseminate their information. Parents gain a clearer understanding of what their children are experiencing. All the community agencies — hospitals, clinics, home health agencies, school, etc., that are used for the students’ clinical experiences — feel more in touch with Messiah College. Alumni have a means to retain ties to their academic program. The more people feel connected to Messiah’s Department of Nursing, the more likely parents and alumni are to contribute to nursing scholarships.

Since 1990, the Nursing News has matured and become more sophisticated. The appearance has changed to bring it into conformity with other College newsletters. It is likely that those involved in developing this newsletter did not anticipate the amount of work that would be involved or the many benefits it would provide for the Department of Nursing. As a matter of fact, a few skeptics did not believe the publication would even last due to the dedication required to write, edit, and publish a newsletter. They underestimated the determination of nursing faculty and students to proclaim the good news of the Department of Nursing!
When a college begins a nursing program, one of the important foundations to establish is a student organization. To spearhead that organization, Elaine Hagenbuch, Messiah’s first nursing department chairperson, recruited assistant professor Sandra Goodling, who contacted the Pennsylvania Nurses Association (PNA) for guidance in establishing an official student organization under the auspices of the Pennsylvania Student Nurses Association (PSNA).

In the spring of 1983, Messiah admitted its first class of 22 pre-nursing students into the nursing major. These young women clearly understood the importance of being pioneers and many were eager to participate in any nursing student activities. At the beginning, this nursing student association, called the Nursing Student Association of Messiah College (NSAMC) was organized as an informal college club, but eventually this club became more formally organized and was recognized by the Messiah College Student Association in order to receive a portion of student association funds. Students eventually developed bylaws to be consistent with the PSNA.

At the beginning, students had two options: either to join just this Messiah club or to also join the PSNA. It was a challenge to convince students of the importance of belonging to a preprofessional nursing organization. (That challenge persists today!) But faculty continually stressed the value of supporting nursing’s professional organization — participation that hopefully would carry over to the graduates’ professional memberships in PNA.

Of course, not all members of the first class participated in this fledgling nursing club, and not all who joined the Messiah club joined the state organization (PSNA). The cost of joining NSAMC was about $10, while the cost of joining PSNA was considerably higher. Understandably, for some students, joining the state organization was a matter of money, but to encourage membership in PSNA, students were informed that the membership included the cost of attending the state convention.

That pioneer group of NSA members enjoyed some special activities as Messiah’s first junior and senior nursing students. Those students who joined the state organization attended their first PSNA convention in the Philadelphia area. Everyone was so excited about all the free samples and health-related handouts they collected in the exhibit hall. There was even an overnight party at their faculty advisor’s house. In the initial years students had an annual fundraiser consisting of baskets of goodies ordered by parents for students to enjoy during semester exam week. This fundraiser still continues today.

Today that foundation established by these first Messiah nursing students has grown into the mature organization that students experience today. NSAMC, the preprofessional organization, continues to serve an important role in the professional development of current Messiah nursing students.
Donor gifts

On behalf of Messiah students, the Department of Nursing wishes to recognize the following contributors for July 1, 2003 through June 30, 2004 to the various funds and scholarships which benefit programming and enable future nurses to pursue their education. Many thanks to alumni, families of students, community friends, and corporations for their continued support.

Chatlos Nursing Scholarship Awards
The Chatlos Foundation Inc.

J & J Nursing Development
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Lynda Gochnauer Nursing Endowed Scholarship
Lynda J. Snyder ’92

Janelle Joy Nisly Memorial Scholarship
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Robert L. & Bette C. Troke
Todd & Deborah A. ’91 Warner
Richard J. & Kathryn A. Young
Kelly J. Zimmerman ’94

Nursing Education Scholarship — (In Memory of Peggy S. Walters)
Gordon S. & Carolyn Cochrane
Kay L. Huber
Carolyn L. Kreamer
Carol A. & Wilford L. Walters

Franklin H. & Ruth L. Wells Scholarship for Nursing Students
The Wells Foundation

Franklin H. & Ruth L. Wells Endowed Scholarships for Nursing Students
Michael E. & Karen L. ’92 Adams
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Johnson & Johnson Family of Companies
Pauline M. Shafer
Ruth I. Stoll
The Wells Foundation

Sigma Theta Tau — Lambda Kappa Chapter

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 17, 2004, three nurse leaders and 12 undergraduate nurses from the senior class of 2004 were inducted into the Lambda Kappa Chapter of Sigma Theta Tau. The undergraduate inductees were Hillary Ader, Cynthia Brewer, Kara Derstine, Tara Grace, Jennifer Johnson, Katherine Myers, Grace Nehley, Kathy Rau, Kelly Sensenig, Annie Stephens, Kristen Weaver, and Jessica Zwickel. The nurse leader inductees were Marian Lefever, Nina Schneider, and Wanda Thuma-McDermond.

In October of 2004, a general meeting and program were held featuring a panel discussion on Magnet Status Health Care Systems. Events for the Spring of 2005 included the 2005 Lambda Kappa Induction Ceremony on April 9 when Janet Shields, a former Messiah College faculty member, was the speaker. Also, the chapter co-sponsored a Research Day with PinnacleHealth System on April 28, 2005.

The 2004–2005 Lambda Kappa Officers include: Kim Fowler, President; Michele Campbell, Vice-President; Cathy Druckenmiller, Corresponding Secretary; Leisa McAligher, Recording Secretary; Martha Solomon, Treasurer; and Louann Zinsmeister, Faculty Advisor.
Research Roundtable 2004–2005

During fall 2004 semester, students in both sections of the senior level nursing research course participated with nurses from the PinnacleHealth System in a Research Roundtable. Research Roundtable is a collaboration of Messiah College senior nursing students and faculty with nurses from the PinnacleHealth System for the development of nursing research proposals that promote evidence-based nursing practice. Each nursing research class was paired up with approximately 20 PinnacleHealth nurses to develop a research proposal. Louann Zinsmeister’s class developed a proposal to study the experience of graduate nurses during the first year of employment. Carolyn Kreamer’s class developed a proposal to study hand hygiene compliance in the clinical area. Both proposed studies were approved for implementation by the PinnacleHealth Institutional Review Board. Actual data collection occurred during spring 2005. When the results of these studies are available, they will provide new knowledge for the development of evidenced based practice and nursing science. Also, the process involved during research roundtable sessions to develop research proposals is a valuable exercise in itself for Messiah nursing students. Not only do they have the opportunity to work with professional nurses, but they also are able to put into action what they are learning about in their research classes. During the fall 2004 semester, both classes presented posters of their proposed studies at a research symposium sponsored by the School of Health and Natural Sciences of Messiah College. The results of both studies should be available by early summer 2005.
Partners in nursing: A husband and wife reflect on their nursing journey

Jeanne D’Arcangelo Logan ’91

After graduating in 1991, I began a staff nurse position at The Milton S. Hershey Medical Center in pediatrics, along with four classmates. I loved this job, not only because I love children, but also because I made several lifelong friendships along the way. It was challenging, frustrating at times, stimulating, and most of all, rewarding. I was finally doing what I had dreamed of since I was six years old, and it was fantastic!

However, after a few years of working four weeks of 12-hour day shifts and then four weeks of 12-hour night shifts, my sleep pattern became indistinguishable and I felt tired all the time. I decided to go to graduate school to make my life even more complicated and even more sleep deprived. What was I thinking? Seriously, the hope was still to work with sick children in a hospital setting, but be able to do so during regular daytime work hours.

I began taking the train from Harrisburg to Philadelphia to attend the University of Pennsylvania 1–2 times per week and working weekends. (This did wonders for my social life). I did this for two years, then graduated in 1995, married Paul the same year, who was in my nursing class at Messiah, took the certification exam, and began the long journey of finding a job in the Philadelphia area where I lived. This proved to be very difficult and very disappointing. I found myself taking other jobs just to pay the bills. Some of these jobs included being a nanny (way overqualified) demonstrating needle-less IV tubing to hospitals (boring), speaking to community college nursing programs (they were less interested than I was), supervising nursing students in clinical (Penn students are definitely not Messiah caliber), and coordinating undergraduate nursing student curriculum and schedules (yuck!).

After nearly a year of searching, a contact helped me to secure an interview with a pediatric behavioral clinic in New Jersey. I did not even want this job, but beggers cannot be choosers. To make a long story short, I joined a practice with two other pediatric nurse practitioners and a neurodevelopmental pediatrician. I thought I would hate it. I saw it as a way to gain more experience and that it would make it easier to find a job in a hospital. This area of nursing held absolutely no interest for me. Soon, however, I grew to love my job. I met independently with families struggling with real problems in their homes and felt as if I had a lot to contribute. In New Jersey, I can prescribe medication, diagnose, treat and educate families in parenting, behavior modification, and counseling. I now work with a child psychiatrist, along with 14 other nurse practitioners and have again made some truly wonderful friendships. The best part is that I can work part-time and be home with my family when necessary.

Paul Logan ’91

“Oh, the places you’ll go.” Somebody read that — or recited it — at our graduation in 1991. Or, maybe not. I don’t really remember. At the time, I was too preoccupied with what lie ahead. I was leaving for my first job at the National Institutes of Health in Bethesda, Md.

That job was something special, at least for awhile. I couldn’t have asked for better preparation at Messiah. I was probably better prepared than most of the other new grads who started with me. But, at the same time, I wasn’t as enamored with the role of the staff nurse as I had expected I would be. Like “Goose” in Top Gun, I confess that I, too, considered enrolling in classes at Truck Masters truck driving school.

But I had an intriguing discussion with one of my mentors that made me reconsider. As it turned out, The University of Pennsylvania School of Nursing had begun enrolling students in a new program. The tertiary (acute care) nurse practitioner role was being developed. These nurse practitioners (NPs) were to work in the hospital or a given specialty. And I wanted to be part of developing that new role in nursing.

So, I left the U.S. Public Health Service, moved to Philadelphia, got a job in a heart surgical ICU, and enrolled in the master’s program at the University of Pennsylvania. When I graduated, I was the first nurse practitioner in the Division of Cardiology at the Medical College of Pennsylvania. When I left (two years later), there were six.

To help meet the educational and organizational needs of acute care NPs, I got involved in some projects. One of them was writing/editing Principles of Practice for the Acute Care Nurse Practitioner, a textbook that is still used in schools throughout the country. The last time I checked, it was the 270,646th best seller on Amazon.com. The only book less popular among Amazonians is Siddhartha. (Of all the books I was supposed to read in college, why is this the one that I did read?)

Since 1997, I’ve worked with a group of terrific cardiologists in Norristown, Pa. They have always allowed me to practice to my fullest capacity. Unlike the NP role at a teaching hospital where NPs often (necessarily) defer to the house staff, there is no such luxury in a private practice. When somebody is sick in the hospital (or elsewhere) and the physicians are unavailable, patients, and staff nurses rely on you to make decisions and act on them. Thankfully, I’ve enjoyed broad support from administration, nurses, patients, and the medical staff.

All throughout my life, I’ve entertained knuckleheaded entrepreneurial ideas. Finally, I’ve acted on one of them. In 2003 I launched Logan Solutions (www.LoganSolutions.com), a technology company that provides physicians with electronic medical records, voice dictation software, and technology services. And I continue to work as a consultant, of course — I have an opinion about everything.

Nursing has been a great career for me. It’s provided me with the opportunity to learn, to teach, and to touch people’s lives. And, it’s laid the foundation for a promising new business.
Serving in Quito, Ecuador

Suzanne (Vroon) Parra ’02

I still remember Quito, Ecuador as it was in the fall of 2002, particularly my clinic in the dusty town of Carapungo. I remember the Latin music that would play on the crowded bus during my commute, replaced by the ringing of church bells as I leaped off the bus and made my way to the clinic. I recall the stray animals, small shops, and vendors on the street to the clinic. The security guard outside the clinic with his gun slung over his shoulder. I’ll never forget the eager patients outside the clinic in the morning, or my own nervousness at the chance to serve in such a foreign setting.

My position in Carapungo was with the missionary organization HCJB, best known for its international radio ministry. HCJB in Spanish stands for “Hoy Cristo Jesus Bendice,” which, roughly translated, means “Jesus Christ is blessing us today.” My title was “working visitor” for the HCJB outpatient clinic, “Clinica VozAndes de Carapungo.” My goal was to use my nursing background to contribute to the work of the clinic, delivering healthcare and the Gospel to the struggling blue-collar population of Carapungo.

As far as my duties were concerned, I was surprised by the simplicity of the nursing needs at the clinic. With only two full-time nurses on staff, and a high volume of patients seen per day, my primary task was taking vital signs and histories to prepare the patients for the doctors. The native nurses needed relief from this routine. They were then able to concentrate on the meticulous tasks of supply inventory and preparation, and the crucial response to emergency cases and special requests.

The longer I worked at the clinic, more and more tasks were delegated to me, leaving the native nurses free to attend to more complex issues and situations. I vaccinated children, and worked the front desk making appointments, directing patients to the appropriate areas, and referring complex cases to the native nurses. They taught me to make supplies like gauze packets for dressings, to wash and re-package the Latex gloves and dressing equipment for sterilization in the autoclave and eventual reuse, and to disinfect the durable equipment.

My work and that of the volunteer nurses was irreplaceable. The clinic ran on a tight budget and could not afford to pay more workers. A high volume of patients came in for treatment of everything from upper respiratory and gastrointestinal infections to workplace injuries and other emergencies. We did routine wound care, prenatal care, and physicals. The demand for health care was more than the local government clinics could meet.

Our charitable clinic filled the gap, and did so in a way that promoted Christian principles like respect, dignity, preservation of life, and empowerment of individuals. As a nurse who practices with those ethical assumptions, I was invaluable to the cause of the clinic. As a human being who believes in the need for salvation through Jesus Christ, my belief in the greater evangelical cause of the clinic was essential.

The clinic in Carapungo, like many mission-oriented clinics around the world, needs supplemental workers who buy into their evangelical Christian worldview in order to succeed. In part because I was this kind of worker, and in part because the native staff are gracious and humble people, I felt loved and accepted from the very beginning. To this day, I have never been so well-received in any workplace.

My acceptance at the clinic made it possible for me to fulfill my mission of carrying out God’s work in Quito, Ecuador. I urge all Messiah nursing graduates and student nurses who are serving God to consider the possibility of doing so abroad. Missionary nurse work is an essential component to the successful delivery of both healthcare and the Gospel all over the world.
Alumni news

‘88
Amy (Eldeen) Elliot and her husband Tim are living in Louisville, Ky. They have a daughter, Kathryn Victoria, who was born in December 2003. Tim is finishing his M.Div. at Southern Seminary, and Amy is working part-time as a home health nurse.

‘90
Kim Marie (Walsh) Falk is currently working per diem on a med-surg/telemetry floor at an acute care hospital and per diem for a test prep company that instructs nursing students on how to successfully pass the NCLEX. She has her MSN in oncology nursing. Kim and her husband have one son.

‘91
Paul Logan has started his own company—Logan Solutions. The company is a technology company serving the needs of medical practices in Greater Philadelphia, Central Pennsylvania, New Jersey, Delaware, and Maryland. Services offered include electronic medical records application, voice recognition software for the medical industry, networking services, System maintenance, and technology consulting. He and Jeanne (D’Arcangelo ’91) have two children, Noah and Katie, and are expecting their third child. Jeanne works as a psychiatric PNP in an intensive outpatient partial care program, in private practice, and in a rural partial care program.

‘95
Marti (Land) and Keith Franchais welcomed their second child, Jeremy Stephen, on September 11, 2004. He joins his big sister, Hannah, age 2. Marti and Keith are working at a rural clinic in the country of Jordan.

Alison (Brett) and Barry Resch welcomed their second son, Matthew Cole, to the family on January 30, 2004. Big brother Luke is thrilled! Alison works part-time at Fox Chase Cancer Center in Philadelphia, Pa.

Lavonne (Stutzman) Miller and husband Ron celebrated the birth of their first child, Ryan Jay, on March 1, 2004. They live in Landisville, Pa.

‘97
Chrsytelle (Hamlett) Anderson and family moved back to the East Coast during the summer of 2004. Mark will be working at the Naval Medical Center in Bethesda, Md. They are living in Frederick, Md.

Terri (Felicchio) married Lloyd Wentzell on November 16, 2002. They live in Billerica, Mass., and Terri works full-time at Brigham and Women’s Hospital in Boston in the cardiac surgery ICU.

‘98
Robin (Muller) married Kale Stone on September 11, 2004. She works in Labor and Delivery at Holy Spirit Hospital in Camp Hill, Pa.

‘99
Sara (Hunsberger) Osgood and husband, Michael, welcomed their first child, Jonathan Michael, on April 21, 2004.

Dawn (Niner) and Jon Hubler were married on December 27, 2003. They are building a house in Elizabethtown, Pa. Dawn works as a dialysis nurse at Hershey Medical Center in Hershey, Pa.

Lani Yeh worked for a year in Spain doing post-graduate work and nursing clinicals. She then returned to the U.S. and worked at Georgetown University Hospital in peds oncology and med/surg before changing to travel nursing. While in Calif., she reconnected with fellow alum, Jose Menjivar, who is working in an adult ICU. Lani is currently working in peds oncology at Children’s Hospital of Orange County in Calif.

‘00
Dawn (Niner) married Kale Stone on September 11, 2004. She works in Labor and Delivery at Holy Spirit Hospital in Camp Hill, Pa.

‘01
Heidi (Furst) Thompson is working in the NICU at Hershey Medical Center in Hershey, Pa. She cared for one of the Gosselin septuplets. Heidi is currently pursuing a master’s degree in nursing.

He is a 2nd Lieutenant in the U.S. Army, who was deployed to Iraq for one year. Krissie will be working at Children’s Hospital of Philadelphia in the PICU while Stephen is in Iraq.

Amy Albrecht is working at Rush Presbyterian Hospital in Chicago. She plans to transfer to Labor and Delivery and to pursue a degree in midwifery.

‘02
Gina (Muth) married Steve Maurelli in August, 2003. They are living in Point Pleasant, N.J. Gina is working at Ocean Medical Center on a telemetry unit and is pursuing her school nurse certificate at Rutgers University, N.J.

‘03
Heidi (Furst) Thompson is working in the NICU at Hershey Medical Center in Hershey, Pa. She cared for one of the Gosselin septuplets. Heidi is currently pursuing a master’s degree in nursing.

He is a 2nd Lieutenant in the U.S. Army, who was deployed to Iraq for one year. Krissie will be working at Children’s Hospital of Philadelphia in the PICU while Stephen is in Iraq.

Amy Albrecht is working at Rush Presbyterian Hospital in Chicago. She plans to transfer to Labor and Delivery and to pursue a degree in midwifery.

‘04
Cyndi Brewer is working in the ED at UCLA Medical Center. She lives with Grace Nehiley (’04) and Emily Hornish (’04).
Happy Anniversary!
20 years for the Department of Nursing

There will be a celebration for alumni, students, and friends during Homecoming weekend, October 14–15, 2005. We are planning a brunch, special speakers and festivities. Look for more information from the Office of Alumni and Parent Relations.

Seniors gather in the morning at the home health agency in Carlisle before starting out to their visits

Who is this with patient Paul?

Which alumni are helping patient Paul?

Senior brunch 2000
Do you know these alumni?

Hard at work in the old nursing lab

Who ever thought an injection could be fun?

Pinning ceremony 1996

Hard at work in the new advanced simulation lab
Kay Huber and Sandra Goodling prepare students for the “reality of home care”—a clinical experience in NSG402.

First day of clinical, 1984, at Cumberland County Home.

Nursing News

is published once a year (Spring) for the Department of Nursing alumni, students, and friends.

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Kay Huber,
Louann Zinsmeister
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 Florala 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 1993) ministry among the Fulani in Guinea, West Africa.
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.

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. 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.

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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 disciplines 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 disciplines have been added. The result of this work is the current Curriculum Redesign Project, which was approved in 2004 by the Pennsylvania State Board of Nursing, the Accreditation Commission for Education in Nursing, and Messiah College’s Board of Governors. The project will continue through 2006, at which time a final report will be prepared that will outline the changes made and the impact those changes have had on the nursing program. The project began with an intensive faculty and student review of the existing curriculum, which included an investigation of current workforce needs and future changes that will affect the professional and paraprofessional nursing roles. This information was used to guide the development of the new curriculum, which will provide our students with a more relevant and comprehensive education that prepares them for the rapidly changing health care environment.
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 structured 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

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.”
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 (IPQA 2490), foldable keyboard, 256 MB storage card, three-year warranty and two software programs: Taber’s Medical Dictionary and RNNotes. 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), at a group discount rate. The IPQA 2490s 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 IPQA 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 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.

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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 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 individually and having the opportunity to focus on each patient individually in the home environment. I was able to give each one my undivided attention. My biggest question was, “Am I ready? Can I do this with so little experience?”

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 Payment 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 vitals 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 Protimer 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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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 . . .
Suzanne Mulvey ’00

What do you want to do when you grow up?

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.

Laura works in the MICU 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.
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.
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.

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.

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.

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

Graduating Seniors Earn Top Awards

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Student Accomplishments

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  - 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 Burker
- Heidi Cober
- Sara Cosey
- Danielle Coyle
- Corinne Holcomb
- Kristen Jewell
- Jennifer Kerr
- Holly MacNeil
- Laura Miller
- Peter Sunden
- Andrea Watkins

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 from page 10 . . .
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 . . .

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 looked over the program information and realized 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.

For more information:
CREATION CARE STUDY PROGRAMS: creationcsp.org
BENJAMIN A. GILMAN INTERNATIONAL SCHOLARSHIP:
www.iie.org//programs/gilman/index.html
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 McAlcher, Recording Secretary; Martha Solomon, Treasurer; and Louann Zinsmeister, Faculty Advisor.

Nursing Honor Society induction ceremony 2005.

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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
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.
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.

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.

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.)

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.

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.

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.

Valerie (Lucas) Coakley 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.

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

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.

Jessica Heagy spent two and one-half months in Monterey, 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.

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 Cossey, Laura Miller, Sarah Horvath, and Meg Randall.

Nursing News

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VIEW FROM THE CHAIR

Become a nurse educator . . . pass it on!

Carolyn L. Kreamer, Ph.D., RN

The catchy title for this essay is not my own, but one that I’ve been hearing on television and radio lately in an effort to encourage more nurses to choose nursing education as a career. National and state organizations are funding media efforts to help raise the awareness among nurses and others of the extreme need for more nurse educators. Legislators and other political and healthcare leaders have become more aware of the educator shortage in recent years, and many are trying to provide scholarship funds to encourage nurses to become educators.

We need the next generation of nurses who recognize the merits of their own Christian education to step forward and commit to become nurse educators.

How serious is this educator shortage problem? According to the American Association of Colleges of Nursing, nearly 49,000 qualified applicants to baccalaureate and graduate nursing programs were denied admission in 2006 due, in part, to faculty shortages. Ironically, the demand for nursing education is very high with a 55 percent increase in enrollments in baccalaureate programs and nearly a 60 percent increase in masters programs in the last five years, but all those who wish to pursue nursing education cannot do so because of the critical shortage of educators to teach them.

National nurse faculty vacancy rates are nearly 8 percent nationwide with a majority of these positions requiring a doctoral degree. Unfilled faculty positions, resignations, projected retirements, and a shortage of students being prepared for the faculty role are a serious threat to the supply of nurses to the general nursing workforce. Currently, the average age of doctorally prepared faculty is 53.5 years, and the projected wave of retirements in the next ten years could diminish the current, qualified faculty by nearly half.

What has contributed to this shortage of nurse educators? A variety of factors have converged to create the “perfect storm:” aging baby boomer faculty, increased rates of retirement, noncompetitive salaries in academia compared to practice settings, insufficient numbers of graduate students choosing nursing education as a career, fewer faculty willing to teach clinical courses, fewer faculty willing to conduct research required for a career in academia, increasing workloads for faculty, and finally the nursing shortage itself, reducing the pool from which educators are drawn.

Is this situation hopeless? NO! Now that the problem has been identified and legislators, public administrators, foundations, and private industries have been informed, there is a flurry of activity happening every day to resolve this critical shortage. There is legislation in federal and various state governments to assist qualified applicants to pursue the needed credentials to become educators. Many graduate programs have information and assistance for interested prospective nurse educators. Private industries associated with health care, such as insurance payers and hospitals, are supporting graduate nursing education. Partnerships between nursing programs and health systems are emerging to share qualified, advanced practice nurses as nurse educators. For those who have considered becoming a nurse educator, there is opportunity and support.

What is happening in Christian nursing education during this educator shortage? A few years ago, a colleague from a Christian nursing program in the northwestern United States said to me, “We are all chasing after and trying to recruit the same three people!” He was exaggerating, of course, but his comments underscore the enormous challenge we in Christian nursing education face. We not only need highly qualified, well credentialed, expert nurse educators (like all nursing programs), we ALSO need committed Christian men and women who are passionate about integrating and infusing their values and beliefs about care, compassion, and Christian ethos into their teaching and their nursing practice. We need the next generation of nurses who recognize the merits of their own Christian education to step forward and commit to become nurse educators.

To recognize nursing education as a powerful Christian ministry that influences countless lives of clients, families, and practicing nurses is to know the true value of a career as a teacher of nurses.

“Nurse educator” continued on page 6
Giant bugs, fish heads, and angry hippos
Students gain a global health care perspective with three weeks in Zambia
by Christy Stark Smith and Wanda Thuma McDermond

Why should I care about global health issues? What does the life and health of the people of Macha, Zambia, have to do with me?

If we claim to practice nursing from a Christian worldview, then we must view all people as being of great worth, created in the image of God.

Jesus told his disciples, “whoever does the will of my Father in heaven is my brother and sister and mother” (Matthew 12:50). “This theme of love and relatedness resonates within the Christian community throughout the New Testament. Jesus said, ‘I give you a new commandment, that you love one another. By this everyone will know that you are my disciples, if you have love for one another’ (John 13:34–35)” (Shelly and Miller, 2006, p.81). How can we love and care about God’s people without knowing who they are and what is happening with them and for them?

Our adventure to learn more about the people of Zambia began with 10 of us meeting at Dulles Airport: two faculty, Wanda Thuma McDermond and Christy Stark Smith, and eight senior nursing students, including Maria Bonanni, Gillian Laughlin, Lindsay DeVries, Ashley Worden, Stephanie Whitney, Lauren Brooks, Lisa Tremonte, and Martha Sipe.

We arrived in Paris at 6:00 a.m.; by 7:30–8:00 we had purchased passes for the Metro and were off to see the sights. It was still dark when we left the airport. We started at Notre Dame, then saw the Louvre and the Eiffel Tower.

Most then went on to the Arc di Triumph, while some of the older and tired ones headed back to the airport. Soon we were all back at the airport and heading out of Paris towards Johannes-burg, South Africa. We all slept better this leg of the journey, even though there was a Haagen-Dazs ice cream self-serve on the plane.

Lessons Learned:
• Eat the fish with the heads on — don’t embarrass Wanda.
• Don’t irritate the crocodiles or the hippos on the safari: they have dangerous attitudes.
• Don’t sit in the white plastic chairs; they are not strong or safe. We lost three people in one night from these very chairs.
• A live chicken is a gift of honor; it is to be killed and eaten for dinner.
• How to kill a live chicken (If you don’t watch, then you will never make it on Survivor.)
• Health care in the United States is not perfect and often not practical.
• Wisdom is a doctor who recognizes that extra money is better spent on medications and immunizations than painting the buildings.
• HIV/AIDS orphans are real; many people take care of them and watch over them.

We spent 3 weeks living with the people of Macha, Zambia. Some attended a wedding, played with the children, traded and bartered our belongings for curios, some doing better than others. There are people there that we know by name and care for deeply. There is Mary, Mrs. Kumbango and the nurses and staff at the hospital, Mr. and Mrs. Satali and the nursing students. Macha, Zambia will never be a far away place on a map. We’ll always remember the names and faces of the people we met there.


Student reflection by Gillian Laughlin ‘07
The people of rural Zambia were what affected me most. The hospitality and grace with which they received us made an impact on me that I will never forget. In the beginning of the trip, Maria and I made the trip motto to “Embrace Africa”; however, what made the difference for me was how Africa embraced us. It was really amazing — even with the bugs 10 times bigger than any I had ever seen at home!
My equine ‘therapy’
Carolyn L. Kreamer, Ph.D., RN

Twelve years ago, I did a wild and crazy thing—or so I thought for a woman in her middle years. I started taking English Hunt Seat riding lessons. I’m not sure what motivated me at the time, except I had been reading a lot of historical novels about figures who were equestrians, and I was intrigued by the romantic idea of riding. I never rode as a child, but I thought that was no reason to be discouraged. I’ve come to discover that women in their “middle years” often make this curious decision to ride for the first time in their lives. I’m constantly meeting them in one “horsey venue,” or another. Just this week the mother of a prospective nursing student who saw the picture of my horse in the office told me she just started riding recently.

I never imagined I would become a horse owner, but in 1995 I decided I wanted my own animal. That’s when “Fine and Dandy” came into my life—alias Dandy, or Dan for his barn name. It was love at first sight after shopping for months for just the right one. I saw that face and those big brown eyes and watched him jump over 2-foot fences, and I was in love. He was a seven year-old Quarterhorse/Welsh cross and just the right size for me—15.1 hands—and made. “Made” means he was trained to do just what I wanted to do in my riding. For the uninformed, a hand is four inches in width, and a horse’s height is measured at the withers—the bump at the base of the neck just above the front legs. Although it was never my intent to ride competitively at high levels—an impossibility for someone like me whose time does not allow a lot of practice time in the saddle—Dandy and I did ride in local schooling shows and did very well together. The photo shows us in our last show together in the summer of 2004 when he and I got Reserved Champion in the Liaison Summer Show Series in one series of classes. It was a great moment for both of us. Since that time, Dandy’s osteoarthritis in his front pastern joints (ankles) has become too painful for him to be ridden. He’s now retired at a lovely, private farm in Carlisle where he can “hang out” with another horse and pony and be loved and gently cared for by the farm owner and me. Dandy is still my “therapy.” Every weekend I spend time caring for him, grooming him, and bonding with him. It gives me down-time to think about him and our time together. He knows my voice; his ears pick up and he comes to me when I call out to him in the pasture. He looks forward to his carrots and horse cookies. And he gives back so much affection and affirmation. There is something magical about a 1,200-pound animal acknowledging your presence and care. I can’t say it better than President Ronald Reagan who said, “I’ve often said there’s nothing better for the inside of a man than the outside of a horse.” That’s true for a woman, too, Mr. President.

With appreciation

The Department of Nursing expresses deep appreciation for the years of service given by Kay Huber. Kay has been with the Department of Nursing for 23 years and served as the course coordinator of NURS 402 for 22 years. She taught in NURS 301, NURS 400, NURS 441, NURS 496, and NURS 441 in the degree path program. Kay developed and continues to operate the Wellness Center two days a week, a nurse-managed center, in conjunction with the Housing Authority of the County of Dauphin in Steelton, Pa. She received the Messiah College Barnabas Servant Leadership Award in fall 2004 for her work at the Wellness Center. In addition, she co-taught GER 251 (Health, Nutrition, and Biology of Aging) every other spring. A School of Health and Natural Sciences farewell reception was held for Kay in the Hollinger Atrium on May 7. Faculty and staff stopped by to wish her well. She will also be honored by the nursing faculty with a dinner at the end of the semester. Kay will continue to operate the Wellness Center as an adjunct faculty member in the Department of Nursing. Congratulations on your semi-retirement!
The Joy of Ballroom Dancing
Marti Derr

In October of 2003 I signed up for a beginner class in ballroom dancing. I've always loved the idea of twirling on a dance floor, and finally the opportunity came. I also pursued dancing because my two children were leaving the house more often on their own adventures, and I didn't want them to feel like they should stay home with Mom. And dancing is supposed to be good exercise, so that was my last justification — since I believed I had to justify anything that might be fun!

I never could have been prepared for the ways in which ballroom dancing would change my life. In the beginning, learning basic steps (and learning to follow a lead) took so much concentration that my stress was temporarily obliterated. Over the coming months, in the spring of 2003, I could enjoy dancing more as I conquered the basics. I was often told, “You light up when you hit the dance floor.”

I feel different when I am “on the hardwood.” I feel free, like some invisible chains have dropped off of me. I am somehow renewed and reconnected with a former part of me, when life was less complicated, and joy came more easily, as in childhood. I had been puzzled by this inner change as a result of something external and temporary. A mentor of mine suggested, “Marti, what you are describing sounds like the way we describe the work of the Holy Spirit.” Freedom, joy, release . . . “Maybe this is Gods invitation to you to worship Him with your whole being, rather than just through your intellect.”

Then I felt like my new love of dancing was sanctioned and possibly even something good for me. I was also learning trust. Two people cannot lead in ballroom dancing, and contrary to my natural inclinations, I had to learn to trust and follow — more spiritual analogies! My mentor prayed for me — that I would learn to let my spirit be free so that I could flow with the spirit of God. I learned to welcome my dancing as a spiritual experience, and as an opportunity to exercise balance in my life.

Martha Graham said that “Dance is the hidden language of the soul.” I am so glad that my soul has found this new expression that more closely portrays all of me, rather than a limited part of who I am. And I am also glad that through dancing I met someone who participates in the journey with me — in July of 2006 my dance instructor from that first ballroom dancing class became my husband. God works in mysterious ways!

Marti is the president of the Harrisburg Chapter of USA Dance, Inc.

Wellness center update

The Wellness Center continues to be a busy place with Dr. Kay Huber usually seeing 12–15 persons every day the Center is open. The length of the visits ranges from very brief to 45 minutes, depending on the circumstances. The complexity of health problems is also increasing with residents aging in place and more complicated social and insurance issues confronting both residents and health care providers. Dr. Huber also continues to staff the Center every Tuesday and Thursday throughout the year. The nursing students from NURS 301 and 402 provide invaluable services to the residents who both come to the Center and who live in the apartments operated by Dauphin County Housing. Students are actively engaged with the residents through group educational programs, bulletin board displays, screening, and ongoing monitoring and assessment of health problems.

Dr. Huber and nursing students were participants in a research study — Effective Interventions for Older Adults in NNCC Wellness Nursing Centers — with the goals to (1) describe best practices for health promotion/disease prevention services for the purpose of identifying interventions that maintain functional ability and independence, (2) describing the perceived value of services of Wellness Nursing Centers to older adults, and (3) providing, documenting, and reporting on health promotion/disease prevention services to vulnerable populations. The locations where the study took place were the wellness centers affiliated with Messiah College, the Community College of Philadelphia, and Fairfield University in Connecticut. Students in NURS 301 administered four questionnaires during fall 2005 and then the questionnaires were administered again in late spring by students from NURS 402. Ten participants over the age of 60 were chosen in each location to be individually interviewed regarding their perceptions of the value of the Wellness Center services. The interviews for the Messiah College site were conducted and transcribed by Ashley Smith, a 2006 nursing graduate. The data have not yet been reported in a professional publication.

Dr. Huber attended the National Nursing Centers Consortium Annual Conference in Del Ray Beach, Fla., in October 2006. She presented a three-hour workshop designed to provide information about developing a wellness center. She also presented information in one of the sessions about the results of the research project.
The Department of Nursing is in the second year of requiring students to purchase a Pocket PC and the related accessories. Students are encouraged to use the Pocket PC in both the classroom and clinical settings. Our software vendor, Skyscape, has facilitated student purchases by creating a Messiah College Department of Nursing website and by offering student discounts. Students purchase software as a replacement for handbook-sized textbooks. Required software for NURS 202 included Taber’s Medical Dictionary, Ackley & Ladwig Nursing Diagnosis Handbook, and a handbook on abbreviations and acronyms. Software required for NURS 301 included Davis’ Drug Manual, Diseases and Disorders, and a laboratory manual. Students are finding that the Pocket PC not only helps them to organize and manage their personal lives but also is an invaluable tool as they begin to use it to access accurate information in the clinical setting.

The journey to incorporate handheld technology into the nursing curriculum has been one of trial and error. In order to assist other educators in this journey, Pamela Linstedt, MSN, RN, and Debra Loop, MSN, RN, presented a “how to” education session at the AACN Baccalaureate Conference in Orlando, Fla., on November 15–19. The podium presentation, entitled “Handheld Technology in Classroom and Clinical: Opportunities, Barriers and Strategies to Move Forward,” was well received and opened the door to assist other colleagues in this integration process.

In addition to the Pocket PC initiative, the Department of Nursing is beginning to explore the integration of electronic portfolios, computerized testing, and interactive classroom technology. Traditional classroom pedagogy has been challenged as the student in today’s learning environment is accustomed to rapid communication, advanced technology, immediate feedback, and unlimited access to information. We, as a department, are committed to meeting student learning needs in a variety of ways and are excited as we embark on integrating additional technology in the classroom and clinical settings.

**Facility news**

**Pamela Linstedt** celebrated 10 years of service and **Carolyn Kreamer** celebrated 20 years of service at Messiah College. Pam and Carolyn were recognized in May at the Messiah College 2006 Service Awards Reception. Congratulations and thanks for all of your hard work!

**Kim Behnke Guevin ’95** is a graduate student at Drexel University and is doing a practicum with **Pam Linstedt**. Kim is observing a variety of teaching experiences in order to obtain a better idea of the faculty role.

**Marti Byers** married Dane Derr on July 8, 2006. Most of the nursing faculty was able to join in the celebration. Marti and Dane live near Messiah College.

**Martha Solomon** competed in doubles racquetball in the Pennsylvania Senior Games in June 2006. She and her partner, Marianne Milianta, won the gold medal for women’s doubles in their age category.

**Carolyn Kreamer** and **Louann Zinsmeister**, in collaboration with colleagues from the Pinnacle Health System, presented at the 17th International Nursing Research Congress Focusing on Evidence-Based Practice sponsored by Sigma Theta Tau International in Montreal, Quebec, in July 2006.

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Reflections on Hurricane Katrina
Jennifer Oehme Knepper ’02

I had the privilege of traveling to Biloxi, Miss., on January 2 with Lancaster County Bible Church in conjunction with Samaritan's Purse. This adventure involved learning how to measure, cut, and hang drywall; how to operate a screw gun; and how to hammer nails without smashing a finger. But by far, the most important thing I learned was that I have so much for which to be thankful.

Desolation and destruction still exist—sixteen months after Hurricane Katrina hit. The aftermath is still a vast spread of wrecked homes, hotels, and churches, with no apparent relief in sight. I drove along the road that looks out into the Gulf of Mexico, seemingly peaceful and calm, and according to one local fisherman, rarely prone to turbulent, rough waters. I can only imagine how this water appeared as I stare in awe at the towering 12-foot slab of granite dedicated to the victims of Hurricane Katrina. Twelve feet was the height of the tidal wave that stole lives, homes, hopes, and dreams for the future. It left uncertainty, doubt, reluctance, and abject despair. It was told to me that in this past holiday season, suicide rates in Biloxi increased.

As I continue the drive down the road, the Gulf of Mexico and the beach is at my right and the destroyed buildings are to my left. Suddenly I look up and to my right is an enormous beachfront high-rise standing in its perfection. The walls are made out of spotless stucco, windows are squeaky clean, and not one thing looks disheveled. I look back to my left where a gas station once stood—I can recognize the frame of what would have been the pumping station and the remains of the building.

I am overcome by the irony of the entire situation. The difference and disparity between those who came out of this hurricane “on top” and those still fighting to regain some sense of normalcy is gaping wide. The difference cannot even be described in terms of ‘night’ and ‘day’ because even then there is dusk and dawn which more or less bridges the gap between the two opposites. The current situation in Biloxi is an indescribable and definite division between the “haves” and “have-nots.”

I have heard it said that God rained down his wrath on this unsuspecting part of America, historically known to many as being full of sin, promiscuity, and despicable behavior. The group with which I was working all week discussed this over lunch one day, and I have concluded that as Christians, we are called to be the hands and feet of Jesus. In the words of Matthew: “I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me . . . I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me” (Matthew 25:35–40). One could describe “the least” as those who have fallen from the truth and seek those things of this world. Who have fallen from the truth and seek those things of this world. Even ‘sinners’ lend to ‘sinners’ expecting to be paid in full . . . But love your enemies, do good to them . . . Be merciful, just as your Father is merciful.” — Luke 6:27–36

I cringe every time I hear someone imply that the people of Louisiana and Mississippi deserved this devastation—to wipe out the sin and filth. If that is truly the case, then we honestly all deserve this because we are all sinners and in need of a savior. What message does it send to the people of these two respective states who were indeed Christians and have walked in faith with Jesus before, during, and after the storm? What message does it send when it is implied that God finally got sick of the sin and just let loose his wrath? Our God is a God of love, repentance, and forgiveness. Truly, the opportunity we have had to come and rebuild could be described as a revival of sorts, as I have heard it said; but I prefer to leave the reasoning and judgment in the hands of God. I never plan to assume or understand God’s reasoning for the things that happen on this earth—we all know the story of the fall—and the introduction of sin in all forms: lying, cheating, sexual immorality, and the like.

I had completed a Bible study series on the “Sermon on the Mount” prior to my travel to Biloxi, and I am confronted every time I read the passage of Matthew 7:1 “Do not judge, or you too will be judged.” So this is my encouragement to look at the situation as an opportunity to show love and compassion to people who have been living in trailers for the past 16 months, who have been rejected by the insurance companies because of a clause that provides for flood insurance and not necessarily hurricane coverage, who feel abandoned by their government and see the quick rush to elaborately finish hotels and casinos at the same time a family of 6 lives in a FEMA trailer. I urge everyone to look at the victims of this natural disaster as Jesus would—with love. Despite their “sins” Jesus would pull them close and wrap his arms around them. Would you do the same?

“Love your enemies, do good to those who hate you . . . If you love those who love you, what credit is that to you? Even ‘sinners’ do that . . . And if you lend to those from whom you expect repayment, what credit is that to you? Even ‘sinners’ lend to ‘sinners’ expecting to be paid in full . . . But love your enemies, do good to them . . . Be merciful, just as your Father is merciful.”

“Nurse educator” continued from cover

influence to affect changes in this important issue. Each of you knows a Christian nurse who might be an excellent role model and teacher of future nurses. Perhaps you are that person. I know many of our graduates would be superb teachers of nurses. I urge everyone to pray for and about this issue, and, if possible, make a commitment to become or to recruit a new Christian nurse educator. Become a Christian nurse educator . . . pass it on!

Reflections on the Past
Sara (Cosey) Milliken ‘05

As I hear about finals, graduation, and portfolio reviews from my Messiah nursing friends, it quickly prompts memories of nursing school. The anxiety associated with finding a job, wondering how I would ever manage all my patients and get my work done on time, and the fear of inserting an NG tube since I never got to do one during nursing school floods back, and I chuckle. During my externship the summer of 2004, I initially realized how blessed I was to have a Messiah education. It was not long after returning to the Adolescent Unit at Inova Fairfax Hospital for Children that I once again was thankful for my Messiah education. I began working with nurses on this pediatric unit who never had hands-on pediatric experience in nursing school. Some even said that they never had hands-on experience with an IV pump! Those are the basics, but it is nearly universal in the area that there are not critical care clinical experiences. The idea of having a truly sick patient is a very scary thought for many of my co-workers, simply because they have never taken care of such patients before. I am continually thankful for the long classes on EKGs and cardiac function as well as the understanding of the kidney’s effect on the body. (Yes, Louann, we did pay attention!) This information is applied every day and has helped me to provide more effective patient care as well as assist colleagues to provide safe care.

This month was our Magnet visit for recertification. I was amazed to hear how many people had no clue what Magnet status meant or why it mattered while working at a Magnet facility. I was once again thankful for my Messiah education, not because I knew what Magnet status was, but because it had been instilled in me that there is more to “having a good job” than getting a nice paycheck. The knowledge and experience was more than important, but it is the holistic care that really makes a difference. When good nursing care involves using a poker tournament in the lounge as encouragement for ambulation and staying out of bed or getting a patient a PlayStation 2 for a diversion activity so that they do not need quite as much Dilaudid, I am proud to say that I learned how to be a nurse at Messiah College.

It is educating parents and scared teens about their new chronic diagnosis that makes going to work worthwhile. It is having a surgeon call saying that the patient having surgery requested you to be his/her nurse that makes me want to work to the best of my ability. It is the letters that we get that say “you helped me get through the darkest part of my life” that remind me that it is Jesus that makes the difference. And it is the hug from the patient who can barely move her arms that ensures that I would do it all over again if I had the chance. Thank you all for the large part you played in my nursing education; I will always be grateful for my Messiah nursing education.

This was an e-mail sent from Sara to Carolyn Kreamer and the nursing faculty.

Alumni news

‘88
Linda (Loffer) Kramer and her husband Larry have three daughters whom they are home schooling. Miriam is 12, Sarah is 9, and Ruth is 3 years old. Linda is currently working part-time as a staff nurse on the oncology unit at St. Peter’s University Hospital in New Brunswick, N.J. In September 2004 she received her Chemo-therapy Provider Certification from the Oncology Nursing Society and in May 2006 she received her Medical-Surgical Nurse Certification from the American Nurses’ Credentialing Center.

‘95
Melissa (Allard) Lee and her husband Jeff had baby no. 5, Noah Curtis, April 2, 2006. He joins siblings Amelia Grace, 6, Meredith Joy, 5, Samuel Perry, 4, and Madeline Faith, 2.

‘96
Bethany Connor is a captain in the United States Army Nurse Corps and is assigned to William F. Connell School of Nursing, Boston College. She wrote an article, “Ethical Issues in a Combat Support Hospital in Support of Operation Iraqi Freedom,” for the July-September 2005 issue of the U.S. Army Medical Department Journal.

‘97
Chrystelle (Hamlett) Anderson and her husband, Mark, have three children and are living in Frederick, Md.

‘98
Tanya (Ward) and John O’Brien welcomed their first child, Joshua Arthur Connor, on April 6, 2005. As of November 2005 the O’Briens were moving to Florida. Tanya is no longer on active duty, but is serving as a reservist in the U.S. Navy. Robyn (Muller) and Kale Stone had their first baby, Ryan Anthony, on May 2, 2006. Robyn works in L&D at Holy Spirit Hospital.

‘99
Nicole (Bollinger) Barca became a level 3 RN through the Career Development Pathway at Harrisburg Hospital.

Natalie (Martin) Trout and husband Andrew announced the birth of their second child, Acacia Jane, on May 12, 2006.

Jason and Stephanie (Bickler) ‘01 Carzola announced the birth of daughter Hollynn Marie on March 16, 2006. Jason works in the Intermediate Care Unit at Ephrata Community Hospital and Stephanie works at the same hospital in the Intensive Care Unit.

‘00
Suzanne Mulvey welcomed Abigail Grace into her family on November 15, 2006. She works in the Heart and Vascular Institute at Penn State Milton S. Hershey Medical Center as an advanced practice nurse.

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’01
Tricha (Pierce) Plourde and Autumn (Negley) Tyson both had their first babies in April and May of 2006. Stephanie Carzola ’01, Autumn, and Tricha got together in July 2006 to meet each others babies. Each of the babies was born one month apart — great planning for future nursing majors!

’03
Jessica Heagy leaves on February 27, 2007 for Monterrey, Mexico. Jess is working for TIME Ministries and will be living in Monterrey for the coming year.

’05
Peter Sunden is an ensign in the U.S. Navy and recently left for Kuwait. According to his last e-mail he is doing well, but this deployment is a major life transition. Prayers are with you, Pete.

’06
Rachel (Barton) Prue got married on July 8, 2007. She and her husband are living in Rhinebeck, N.Y.
Nancy Schaeffer and her husband are living in North Carolina for the next few months. She is working in the ICU and really enjoys the area despite working the nightshift. Tim will be attending recruiting school, so a move is in the near future.

Nursing Student Association
Allison Heermance ’09

The mission of the Nursing Student Association of Messiah College (NSAMC) for the 2006–2007 academic year has been to foster professional, personal, and spiritual growth for the nursing students. This has been accomplished through educational programs, mentorship, community service, and partnership with the Student Nurses Association of Pennsylvania (SNAP) and the National Student Nurses Association (NSNA).

The officers for this year were Allison Heermance, president; Laura Badaracco and Bonnie Player, co-vice presidents; Jamie Madson, secretary; Adele Bonfanti, treasurer; Kim Eikenberg, chaplain; Allison Pra, senior class representative; Lindsay Tennis, junior class representative; Corrie Stolzenberg and Kirstyn Adams, sophomore class representatives; and Stephanie Kelly and Rachel Hendrie, first-year class representatives. The faculty advisor was Martha Solomon.

Our goal for the fall semester was to get the upperclass NSAMC members involved with teaching and guiding the underclass members and also to utilize the talents, abilities, and experiences of students and faculty within our organization to build NSAMC and shape the programming. One way that we put our vision of mentorship into practice was a basic skills workshop led by the junior and senior members and officers. The workshop was extremely beneficial to the first-year and sophomore members who not only learned some basic skills, but also had the opportunity to ask questions and allay some fears or apprehensions about the nursing program at Messiah. Also, we kept the energy level high at the general meetings when student speakers Susanna Damgaard and David Ben-Avraham discussed their nursing experiences from an international perspective.

In November, some of the members attended SNAP’s 54th Annual Convention at the Hilton Hotel and Convention Center in Harrisburg. At the convention Allison Heermance ran for state office and was elected by the House of Delegates to the Nominations and Elections Committee. Allison was then elected chair of this committee. Since the convention, Allison has been working hard for SNAP and hopes to run for a position at the national level on the NSNA board of directors.

NSAMC’s spring semester started out with a spring kick-off meeting that drew more than 45 members for a pizza party and an excellent presentation by a 2006 Messiah alum, Lydia Bryant Ganoung, about life after Messiah and transitioning into the real world of nursing. The membership also got involved in SNAP’s Step-by-Step Capitol Hill Program. The first-year students got the opportunity to part take in an interactive program set up in partnership with Pinnacle Health to familiarize students with a hospital setting and to provide them with a chance to interact with staff nurses and nurse managers from many different departments. In February five of our officers attended SNAP’s LEAD workshop to develop leadership skills, to network with other SNAP members, and to gain some effective tools to strengthen NSAMC.

Overall, it has been an extremely successful year for NSAMC. We have more than tripled our membership in comparison to the last few years and look forward to more growth and development in the upcoming semesters.
Nurses Christian Fellowship
Kelly Mummau ’07

Nurses Christian Fellowship (NCF) exists to provide a place for nursing students to seek Christ together and to find support among fellow nursing students. On a weekly basis throughout the year, students met together to explore God’s word and to pray for one another. Student-led Bible studies during fall and spring semesters were focused on the idea of shalom and how that concept is connected to faith and nursing.

NCF enabled nursing students to engage God and each other by organizing several different events throughout the academic year. During the first week of school, 55 nursing students gathered on a sunny afternoon along the Breeches for the annual NCF kick-off picnic. Newly acclimated first-year students, along with sophomore, junior, and senior nursing students, played games and informally socialized, making connections for the upcoming year.

At the weekly NCF Bible study on November 8 four senior nursing students, Sarah Ackley, Melissa Grove, Liz Spangler, and Kelly Mummau, presented their experiences from their time at Macha Hospital in Macha, Zambia. They shared the joys and challenges they faced experiencing life in another culture for three weeks in May. The students also informed the group about the healthcare practices in developing countries that they studied while in Zambia.

During the 2006–2007 academic year, NCF made it possible for many nursing students to attend student-oriented conferences. Five students traveled to Louisville, Ky., to attend the Global Missions Health Conference in November. Students broadened their views of healthcare opportunities in the world and networked with others pursuing careers in healthcare with an interest in missions. Between Christmas and New Year’s, senior students Sue Damgaard, Megan Bennicoff, Natasha Miller, and Kelly Mummau attended URBANA 2006 held in St. Louis, Mo. These individuals had the unique opportunity to fellowship with other nursing students at a gathering organized by Nurses Christian Fellowship on Saturday afternoon of the conference. NCF is a student organization supported by InterVarsity Christian Fellowship on Saturday afternoon of the conference. The conference proved to be both challenging and encouraging for students as they heard inspiring speakers, participated in culturally diverse worship services, and enriched their faith alongside thousands of other believers. In February, another group of senior students traveled to Trinity Christian College in Chicago where they participated in an Acting on AIDS Student Leadership Summit.

Nursing students took a break from the routine of classes and work at several times during the semester thanks to NCF. Students baked cookies at the harvest party, exchanged gifts at the Christmas brunch, and enjoyed the sunshine at the yearly spring picnic at Professor Linstedt’s house. These festive occasions provided students with the opportunity to relate and connect outside of nursing classes.

NCF enabled students to participate in serving members of the community at the Wellness Center on Service Day in April. Students worked together to thoroughly clean and organize numerous apartments of older adults who live in the housing apartments where junior and senior nursing students complete their community nursing rotation in Steelton, Pa. Students learned the benefits and enjoyment of serving others in need through their experience on Service Day.

Sigma Theta Tau—Lambda Kappa Chapter

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 1, 2006, 12 undergraduate nurses from the senior class of 2006 and one nurse leader were inducted into the Lambda Kappa Chapter of Sigma Theta Tau. The undergraduate inductees were Lydia Bryant, Rachel Barton, Merrylee Grosso, Sarah Leibersperger, Patricia Loomis, Cassandra Pace, Alexandra Palma, Katherine Pennay, Ashleigh Smith, Jennifer Smith, Jennifer Tawa, and Erin Wearer. The nurse leader inducted was Noog Godshall.

In October 2006, a general meeting and program were held featuring a panel discussion on The Challenges Facing Advanced Practice Nurses in PA, and the Nation. Members of the panel included Melanie Duffy RN, MSN, CCRN, CCNS; Richard Haas, PhD, CRNA; Felicia Rohrbough, RN, BSN, CNM, MSN; and Andrea Wolf, DNP, CRNP.

Events for Spring 2007 included the 2007 Lambda Kappa Induction Ceremony on April 14 when Kim Fenstermacher was the speaker. In addition, the Chapter co-sponsored a Research Day with Pinnacle-Health System in April and performed service projects at the Ronald McDonald House in both the fall and spring.

The 2006–2007 Lambda Kappa officers include: Nina Schneider, president; Michele Campbell, vice-president; Cathy Druckenmiller, corresponding secretary; Kim Heisey, recording secretary; Martha Solomon, treasurer; and Louann Zinsmeister, faculty advisor.
Honduras: more than destitution
Susanna Damgaard ’07

“I know,” the nurse told me, “it’s sad. But, you know, we see it all the time. Almost every day.” I looked down at the beautiful little boy in the crib, 18 months old and much too small for anyone to correctly guess his age. Big brown sparkly eyes made Abel the unit “sweetheart” among the nurses and hospital volunteers in the Nutricion unit at Hospital Escuela, the Honduran government teaching hospital where I spent several weeks of my summer internship. Abel was born with cerebral palsy to a woman who was unable to provide for his basic needs. When his conditions worsened with the development of marasmus and a bowel disorder, she abandoned him in one of the streets of the town where she lived. As I held this little body in my arms and felt him sigh and relax, I hurt for this little boy who had already struck out in life and in luck. Abel was a drop in the bucket of Honduran poverty.

Honduras has a list of morbid statistics that makes one shiver. Fifty-three percent of the population falls under the national poverty line, with forty percent living on a dollar a day. There are 63,000 people in this small country living with HIV or AIDS. The child mortality rate is six times higher than the United States, and the biggest offenders are preventable, communicable diseases, such as pneumonia and diarrhea. Although there are national health services such as public health insurance and social security, it is largely only the members of the small upper class that are able to access these resources. Forty percent of the population does not have health coverage of any kind, needing to pay cash for whatever health services they manage to acquire. Health supplies and personnel are lacking even in the cities and healthcare is all but absent in many rural areas.

Despite all of these facts, many of which I learned intuitively in the healthcare settings in which I worked for eight weeks, I found myself hard-pressed to profile the people of this country as “poor.” I met and talked to many people — old people and beautiful people, angry people and gentle people, innovative and arrogant people, victims and villains. Each person’s story spins around my head, preventing me from rising one more time onto my high horse and making myself into the Great White Savior, the Nurse with All the Answers, come to “fix poverty.” I think of Lenin sitting on the street corner in his dirty jean shorts and long hair, Lenin who grew up on the streets of Tegucigalpa and now teaches the street boys his trade of jewelry-making in his spare time. I think of gentle Sister Christina, the Franciscan nun who taught me more than I ever knew before about spiritual formation. I entered that country, confident in my ability to bring new ideas and new skills to the impoverished masses and then leave again, my heart and my pride intact. In two months, the only thing of any substance that I think I gave Honduras, for all my ideas, were the occasional moments when I slowed down and offered people my “nursing presence” (as Marti Derr calls it), sitting down, for instance, next to the somber mother of a mentally challenged 4-year-old who has just learned that she will need to wait three more days at the hospital before her son receives testing.

While at Messiah College, I have been taught many skills that I will use in the clinical setting, but in a place with monstrous economic, social, and health problems, the skill I utilized most was that of affirming another’s humanity through presence and active listening. And it changed me. Each brown face with wide-set dark eyes with little creases at the corners from all the laughing and crying that living in a communal society brings, imprinted itself on my heart — and, rather than fixing Honduras, I instead found myself softened, and the cynicism of an American college education melted away a bit. Honduras healed me.

“Honduras” continued on page 11
Abel was not forgotten. He was discovered by an Old Order Mennonite missionary family living in his town, which oversaw his case and are now pursuing adoption. They have adopted seven other Honduran children. I think of them almost every day and thank the Almighty for this model of commitment, action, and advocacy: action initiated from a basis of knowledge and wisdom about the people being aided, commitment formed by a sense of calling and a willingness to live in the background that continues to humble me. I want to be this—to find forgotten little babies and old women and angry teenagers, one at a time, specks and pieces of the Almighty’s creation that He loves so much, bringing them into restoration and learning from them, being changed by them and being restored. It is this interchange, I believe, that saves us from patronizing behavior. I pray that I will continue to decrease, as He increases.

At the age of eighteen, every Israeli citizen must do three years of mandatory service in the Israeli military. Many are summoned to bear weapons; others are called to serve in positions of authority. My calling was to the world of medicine. Seven months of intense training in Advanced Trauma Life Support prepared me and my fellow soldiers for the latest form of bloodshed: suicide bombing.

One particular instance remains engraved in my memory. Toward the end of my training, we were broken into small groups discussing the question of medicine and morality. My chief commander approached us with a scenario: “In a suicide bombing where there are multiple victims and the most critically wounded person is the terrorist, whom do you treat first?”

I was sure that he would tell us to treat our own people first. We all answered, “Of course we would treat our own first.” Our commander, in a quiet but firm voice, said, “You will treat the person who is most wounded first, even if it happens to be the terrorist.” I could not believe it, and in my heart I almost rebelled against it. But on the day we pledged ourselves to be medics, we swore an oath to treat all human beings without prejudice.

As medics in the midst of war, though we were called “Israelis,” and our “enemy” was called the “Palestinians,” our mission was to care for the wounded. Our orders were to heal the faceless, not differentiating between nation, religion, or geographic location, but only the face of humanity. It is this moral side of the conflict that I fear is rarely told. And it is this side that first drew me toward healthcare as a lifelong vocation.
CHANGES for Nursing News!

Be ready for a change in the delivery mode for Nursing News. We plan to move to online access next spring. Alumni please make sure that the Office of Alumni and Parent Relations (P.O. Box 3023, Grantham, PA 17027; Phone (717) 796-5252; E-mail alumni@messiah.edu) has a current e-mail address. Contact the Department of Nursing, address on this page, with any questions.
Christy Stark Smith, assistant professor of nursing, clinical track, died November 14, 2007, from complications as a result of the reoccurrence of a brain tumor. The visitation and memorial service was held at CrossPoint United Methodist Church in Harrisburg, Pennsylvania, where Christy and her family were members.

Christy received her diploma in nursing from St. James Mercy School of Nursing, her baccalaureate degree in nursing from Villa Maria College in Erie, Pennsylvania, and her master’s degree in nursing from the University of Pennsylvania. She practiced as an OB/GYN nurse practitioner prior to accepting a teaching position at Messiah College. Her professional memberships included Sigma Theta Tau International, Nurse Practitioners of Central PA, American Diabetes Foundation; she was an associate member of the American College of Obstetricians and Gynecologists. Christy was the Chairperson of “America’s Walk for Diabetes” in 2001.

Christy was a professor of nursing for three years at Messiah College; she embodied all of the qualities that are critical for teaching nursing from a Christian worldview. Christy was an expert clinician in women’s health and maternity nursing. Her knowledge base was very broad and up to date, which is imperative in the nursing discipline.

Her passion was to teach nursing students and share her knowledge and clinical expertise. She valued education and loved interacting with students. As a result, each student who knew Christy was positively impacted by her wealth of knowledge and passion for providing quality patient care in the maternal health field.

Christy was a beautiful example of what it means to be a Christian. She lived her faith in her life choices and in her day-to-day life journey. Carolyn Kreamer, chair of the Department of Nursing, shared an example of Christy’s Christian spirit at her memorial service. A senior nursing student was in the midst of a major family crisis and Christy purchased several Sheetz gift cards so the student could use them for food and gasoline as she traveled back and forth to visit her family. This type of action was commonplace for Christy because she knew what it meant to be a Christian and how to do God’s work.

Another valued trait of Christy’s was her sense of humor. All of us in the department treasured her ability to tell a funny story, even if it was about herself. Our Department meetings were ever so much more lively because of her off-the-cuff remarks and comments. Laughing is good for the soul, and anyone who was around Christy certainly benefitted from her sense of humor and lightheartedness.

Christy is survived by her husband, Stephen, her two sons, Alex and Andrew, her two sisters, Kelley and Julie, and their families.

God truly has one of his faithful servants with him forever.

The Christy Stark Smith Memorial Scholarship Fund has been established in memory of Christy. Anyone wishing to make a donation should make the check payable to Messiah College, write the designation in the memo section of the check, and mail to: Messiah College, Office of Development, Box 3013, One College Avenue, Grantham, PA 17027.
Making the pieces fit
by Heidi Lutz

Steven Wright coined the phrase “You can’t have everything. Where would you put it?” Well, I have an example of how to have it all and how to make it fit very well. I am referring to how God has assembled the pieces of my life: my devoted husband, four beautiful sons, and close-knit family; being on the verge of completing my doctorate in nursing; and landing my dream job at Messiah College.

When I accepted a faculty position in the Department of Nursing at Messiah College, I was thrilled while simultaneously feeling very nervous: would I be able to meet their expectations? Raising young children and knowing that my education was not yet complete, would I be able to continue “doing it all?” My anxieties wax and wane, but the support I receive from my friends and colleagues in the nursing department is invaluable.

Things just seemed to fall into place as I arrived in my new office late last summer. Not only did I feel welcome, but I felt valued as an important member of a team. Although I have been formally assigned a terrific mentor, I would be hard-pressed to name only one or two people that were supportive from the beginning; rather, nearly everyone reached out to me.

God knows what we need and when we need it most. I take comfort in knowing that He will help me become the educator I dream of becoming. Even though I still tend to be nervous before classes, preparing and sharing devotions eases my anxiety, as does remembering and focusing on what I have been called to do.

I am so thankful that I have been invited to share the mission of Messiah College, knowing that God meant for me to meet such bright, warm, and kind individuals. I look forward to building a strong network of friends as we work together to prepare intelligent, caring nurses for tomorrow.

Department of Nursing is on the forefront of technology integration
by Debra Loop

The Department of Nursing, in collaboration with the IT department, is piloting a student response system and electronic portfolios for potential college-wide integration. The Interwrite PRS RF was chosen to be the standardized student response system for the pilot program. Beginning fall 2007, the receiver and software were installed in selected nursing classrooms. The transmitter (clicker) was then loaned to each sophomore and junior nursing student. The student response system is a way to add interactive learning to the classroom. Typically, instructors use the PRS PowerPoint add-in to add interactive questions to their presentations. During the presentation, when a slide with a clicker question comes up, an easy-to-use toolbar allows the instructor to start, pause, and stop the question, and then review the results with the class. Using response pads, students are able to respond to questions during the lecture, and the results of those responses can be seen immediately on the screen, enabling the instructor and the student to instantly assess the comprehension of the material. Clickers can be used for attendance, quizzes, test prep, review, group activities, and more.

Serensoft, a computing service for higher education, is assisting the Department of Nursing in implementing the Open Source Portfolio (OSP) using the Sakai learning management system. Traditionally, students have maintained a portfolio with an accordion-like file folder. This method was fine for print-based materials but limited the students’ creativity and the audiovisual capabilities of the portfolio. The electronic portfolios are a creative means of organizing, summarizing, and sharing artifacts, information, and ideas about teaching and/or learning, along with personal and professional growth. Documents can be stored on hard drives, Zip disks, or CD-ROM in many digital formats such as text documents, picture files, web pages, digital video, and presentation files. Implementation of the portfolios is scheduled for April 2008 with the sophomore nursing class.

Nursing department modifies curriculum to nurture balance
by Marti Derr

January 2008 brought the launch of the first significant deconstruction and rebuilding of the nursing curriculum at Messiah College since its inception. The curriculum no longer has any 8-credit courses, and clinicals will now always run parallel to the theory being taught in the classroom. The first course to be offered in the new curriculum (recently given the seal of approval by the Pennsylvania State Board of Nursing) was The Historical and Conceptual Basis of Nursing, labeled Nursing 203. The course is a combination of the former NSG 101 and NSG 201. It covers the history of nursing, nursing theorists, the metaparadigms of nursing, and legal and ethical implications for nursing practice, from a Christian worldview. The core of the course continues to be the textbook by Shelly and Miller now in its second edition, supplemented by a new Fundamentals textbook (Berman, Snyder, Koziar, & Erb, 2008). Students are encouraged to examine their own worldviews, as well as their motivation for entering nursing. One assignment that was added to this 3-credit course was a self-care log. In an effort to encourage students to develop the healthy habit of self-care (necessary for surviving any rigorous nursing program), the first students of NURS 203 were required to keep a log of something they did each day to nurture themselves. Life is about balance, and the nursing curriculum redesign seeks to nurture healthier and more balanced nurses for life.
Curriculum revision: NURS 210 and NURS 211
by Debra Loop

Beginning spring 2008, 54 sophomore nursing students were enrolled in the first phase of the curriculum revision. The old NSG 202 Care of the Well Individual and Family course has been replaced with two 3-credit courses. NURS 210 Health Assessment focuses on establishing a foundation in conducting a thorough health assessment. Included is an introduction to using appropriate communication techniques, obtaining a detailed health history, demonstrating physical assessment skills, and cultivating critical thinking. Physiological, psychological, sociocultural, developmental, and spiritual variables are introduced as they relate to the nursing process. Essential assessment techniques include inspection, palpation, percussion, and auscultation with an emphasis on expected findings and variations of those findings. Students practice comprehensive health history taking and physical assessment skills in laboratory sessions. Students have 2 hours of lecture and 3 hours of laboratory practice a week.

NURS 211 Foundation of Nursing Practice focuses on the application of nursing concepts and knowledge necessary to create a foundation for nursing practice. Emphasis is on the scientific rationale, critical thinking, and competence in the implementation of skills within the nursing process. Intervention strategies focus on primary and secondary prevention. Physiological, psychological, sociocultural, developmental, and spiritual variables are introduced as they relate to the nursing process. Clinical experiences emphasize the provider of care role. Clinical learning experiences occur in the simulated laboratory setting as well as various patient care settings. Skills have been expanded upon and simulation experiences have been added to the course. Students have 1 hour of lecture and 6 hours of clinical experience a week.

Course faculty for NURS 210 included Debbie Loop, Pamela Linstedt, M’Liss Halsey, Patricia Reyes, Leisa McAlicher, and Sarah Harne-Britner. Course faculty for NURS 211 included Debbie Loop, Pamela Linstedt, M’Liss Halsey, Patricia Reyes, Kay Bleecher, Leisa McAlicher, Charlotte Wool, and Diane Kanode. Everyone, including faculty and students, gave 100% effort in making this semester a success. For that we are grateful.

FACULTY NEWS

Kay Huber was nominated for associate professor emeritus. Kay retired from full-time teaching in May 2007 after serving the Department of Nursing and the College for 23 years. She continues to do clinical teaching in NURS 301 and NURS 402.

Congratulations to Wanda Thuma-McDermond; her proposal for research was accepted, as submitted, in early December 2007. Wanda is pursuing doctoral education at Weidner University. The research is entitled “A Focused Ethnographic Study of Nursing Students’ Perceptions of Social Justice and Cultural Competence during an International Clinical Experience.”

VIEW FROM THE CHAIR

PARTNERSHIPS: CRITICAL CARE FOR NURSING EDUCATION
Carolyn L. Kreamer, Ph.D., R.N., chairperson and professor of nursing

Nursing education in the 21st century is facing titanic challenges. All nursing educational programs, public and private, are facing similar pressures: limited resources, increased and more diverse enrollments, fewer qualified faculty, and increased complexity of health care systems requiring more sophisticated skill sets for health care providers. It is essential that nurse educators seek creative solutions to these challenges. Probably the most daunting of these challenges is the limit to resources—both financial and human—that hamper the ability of nurse educators to expand learning opportunities for qualified, interested students.

Recent data from the American Association of Colleges of Nursing show that enrollment increases slowed in 2006–07 to just under 5 percent.1 This marks a slowing growth in nursing program enrollments over the last five years since a peak increase in 2003, and probably indicates that nursing programs have nearly reached their maximum capacity. Healthy enrollments are a good thing, but with over 30,000 qualified applicants turned away from baccalaureate programs last year due to faculty shortages and other resource limitations, and increasing demands for well-educated nurses to meet the nation’s health care needs, creative solutions must be sought to educate more nurses for the future.

Creative, cooperative partnerships between and among all interested stakeholders are essential and critical if nursing education is to survive and thrive in these next decades. In addition to long-standing cooperative partnerships for clinical experiences with local clinical agencies, the department of nursing has recently engaged in a “faculty sharing” partnership with the PinnacleHealth System. Recognizing the resource challenges facing nursing programs in the state, the Pennsylvania Center for Health Careers began awarding grants to assist nursing programs to increase their clinical education capacity. Supported by one of these grants, Messiah College and PinnacleHealth agreed to enter into a partnership for a period of three years to release master’s prepared clinical educators two days a week from PinnacleHealth to help with clinical instruction of nursing students. This financial support has allowed our nursing program to increase its clinical enrollment by 15 percent.

These kinds of creative solutions that partner health care agencies who are seeking a better educated workforce and educational institutions are critical to meet the nation’s health care needs. All of us must work diligently toward solutions that will assure that all interested, qualified applicants who desire a career in nursing will never be turned away.

Alumni news

'88
Tena (Wheeler) Brown married Eric Brown on September 15, 2007. They and their three children, Emily, age 12, Lea, age 10, and Seth, age 7, live in Carlisle, Pa. Tena works at Holy Spirit Hospital; she worked for 15 years in the MICU and currently works in the CVU in the Ortenzio Heart Center.

'95

'96
Jack Rudick is working as a procedures nurse in interventional radiology at Pinnacle Health in Harrisburg, Pa. He is engaged to be married to Babette Kellogg.

'97
Tara Little has been accepted into the Nurse Anesthesia Program at Georgetown University and will start her coursework in August.

Mandy Riker married Bradley Hershey on January 27, 2007. She and her husband live in Marietta, Pa., and Mandy works in the PACU at Heart of Lancaster Regional Medical Center.

Mandy (Riker) Hershey (center) with friends and former classmates Sarah (DiBattista) Crown (far left) and Carolyn (Mast) Baddorf (second from the right).

Chrystelle (Hamlett) Anderson and her husband, Mark, are living in 29 Palms, Calif. Mark is a nurse in the U.S. Navy, and Chrystelle is home with their three children, ages 5, 4, and 2.

'98
Nicole Barca and husband, Michael, live in Wellsville, Pa. They welcomed Anthony Michael into their family on November 19, 2006.

Andrea Bean is the executive director of Morning Star Pregnancy Services. She stays involved with nursing by managing the clinic portion of the ministry and by working directly with the patients.

Tanya (Ward) O’Brien and husband John had a second child, Jacob Patrick, on October 19, 2007.

'03
Joy (Bonnie Vendetti) and Peter Ahn were married August 4, 2007. Joy and her husband live in Pittsburgh, Pa. She interviewed at Magee-Women’s Hospital, and Peter began seminary education.

'04
Bethany Burk works on the MedSurg Tele unit at Glen Oaks Hospital in Glendale Heights, Ill. In addition to her nursing responsibilities, she teaches and helps to implement the Cerner Computer System at the regional hospitals. Bethany is also interested in working for a Hillside Health Care International clinic in Belize.


Cyndi Brewer was in India from June 26 through August 9, 2007, doing an organizational analysis and outcomes evaluation of several NGOs based in Delhi and Jaipur that have HIV/AIDS programs. Cyndi is working on her graduate degree at UCSF.

'05

Sarah Horvath is working at Riverside Methodist Hospital on the Surgical Trauma Intermediate Unit. She volunteers at a free medical clinic through her church and has started graduate study at OSU to become a family nurse practitioner.

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January term 2008 in Zambia is almost a vague memory by now due to the busyness of the spring semester. For the second year, an alternative senior practicum has gone to Macha Hospital in Zambia, Africa. Ten senior nursing students (Laura Badaracco, Dreonna Burris, Anna Frodigh, Amber Grove, Chelsea Hodum, Leanna Kuperus, Hannah Serafini, Christen Shiebler, Lindsay Tennis, and Leah Walters) with Wanda Thuma-McDermond, assistant professor of nursing, were in Zambia from January 3 to January 24, 2008.

The trip started off with an adventure as Zambia has experienced a very rainy season this year. Therefore, traveling from Lusaka, the capital city, to rural Macha, which is only accessible off the main (tarred) road via forty miles of dirt road, became an extra long adventure. There were multiple flooded low-level bridges to ford, two major episodes of sticky, wheel-clogging mud, not to mention several other swampy areas. Critical thinking was especially apparent at the first flooded bridge when the students suggested that since the water was rushing from the left, we should open the windows on the left side of the bus — so we could crawl out quicker when the bus capsized! However, through it all, the Zambians kindly helped by pushing, and the students coped magnificently, even at the thought of sleeping the night on the bus, and toileting in the bushes.

Two weeks at Macha Hospital provided opportunities on all the “wards,” interacting with Zambian staff, nursing students, and patients. All had the chance to observe procedures in “theatre” as well as other areas of the hospital complex, including the outpatient department, primary care department, and malaria research. Outreach for primary care in village areas is usually a busy but fun day with experience in maternal-child care, including immunizing babies — sometimes outside under the closest tree. HIV/AIDS has affected the lives of many Zambians, and Macha Hospital is an antiretroviral (ART) medication provider. Along with the ART clinic is community outreach involving local leaders and volunteers who work with AIDS orphans and widows in their villages.

It is always difficult to know the full value of such an experience. As much as we want to share with the Zambians at Macha, we probably learn so much more from them than we are able to give in return.
Nursing Student Association  
Allison Heermance ’09

Sigma Theta Tau — Lambda Kappa Chapter

The Lambda Kappa Chapter of Sigma Theta Tau continues promoting and recognizing leadership and scholarship in nursing practice, education, and research. On April 14, 2007, four nurse leaders and 16 undergraduate nurses from the senior class of 2007 were inducted into the Lambda Kappa Chapter of Sigma Theta Tau. The undergraduate inductees were Megan J. Bennicoff, NonA. Bitner, Lindsey N. Fessler, Lisa R. Jinks, Meredith A. MacKenzie, Emily K. McMillen, Natasha J. Miller, Kelly A. Mummau, Allison G. Pra, Lisa E. Smales, Kelly R. Smith, Sara L. Stevens, Lisa G. Tremonti, Stephanie A. Whitney, Melissa S. Wible, and Ashley R. Worden. The nurse leaders inducted were Joye A. Gingrich, Joy C. Malunda, Deborah Miles, and Laurene F. Stepp. Carolyn Kreamer was awarded the Excellence in Nursing Education Award for her work in and support of evidence-based nursing research. She was instrumental in the development of Research Roundtable, a collaborative hands-on approach to research between senior nursing students and advanced practice facilitators and practicing nurses at Pinnacle Health System.

A variety of chapter activities occurred during the past year. In addition to the chapter induction ceremony and dinner, the chapter co-sponsored a research day with Pinnacle Health System in April 2007. On November 1, 2007, a general meeting and program were held featuring Betsy Snook, executive administrator for the Pennsylvania State Nurses Association, who presented “Nursing and the Prescription for PA.” In November 2007, Ngoc Godshall and Michalena Levenduski represented Lambda Kappa as delegates at the biennial convention of Sigma Theta Tau International in Baltimore, Md. On December 2, 2007, the members of the Lambda Kappa chapter participated in a gift wrapping service project at Capital City Mall to benefit United Cerebral Palsy.

The 2006–2007 Lambda Kappa officers include: president, Nina Schneider, MHA, CAN-BC, RN; vice-president, Michele Campbell, MSN, RN; recording secretary, Kim Heisey, MS, BSN, RN; corresponding secretary, Cathy Druckenmiller, BSN, RN; treasurer, Martha Solomon, MSN, RN; leadership succession chair, Michalena Levenduski; and faculty counselor, Louann Zinsmeister, DNSc, RN.
Student Achievements

Graduating seniors earn top awards

Meredith MacKenzie 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. She was also selected to receive the Academic Excellence in Nursing Award. She graduated with a GPA of 3.95.

Megan Bennicoff received the Leadership Award from District 15 of the Pennsylvania State Nurses Association.

Student Accomplishments

Allison Heermance '09 received the Pauline Thompson Nursing Education Scholarship from the Nursing Foundation of Pennsylvania.

Department of Nursing College Honors Program Participants

Thirteen nursing students are participants in the College Honors Program:

Laura Badaracco '08
Rachel Baker '11
Elizabeth Caprio '10
Elyse Dailey '11
Linda Deddo '08
Christin Hitz '11
Melissa Lewis '10
Candice Martin '11
Anne McClary '11
Hillary Snyder '11
Bridgette Todd '11
Kristen Todd '11
Kristine Williams '11

Congratulations to the following alumni who graduated in May 2007:

Summa cum laude
3.90 - 4.0 GPA:
Meredith MacKenzie

Magna cum laude
3.60 - 3.89 GPA:
Megan Bennicoff
Susanna Damgaard
Lindsay Fessler
Lisa Jinks
Emily McMillen
Natasha Miller
Kelly Mummau

Cum laude
3.30 - 3.59 GPA:
Allison Pra
Lisa Smelies
Kelly Rohrer Smith
Sara Stevens
Lisa Tremont
Ashley Worden

Political Action

Students in NURS 496 Senior Seminar visit the Pennsylvania General Assembly. This experience provides senior nursing students with an opportunity to interact with elected public officials who are responsible for health care policy legislation that affects professional nursing practice and public health. Left are pictures of two student groups with representatives from the PA House of Delegates.

Top photo (left to right): Lisa Jinks '07, Representative James Casorio, and Emily Carleton '07. Bottom photo: Emily McMillen '07, Kara Tilghman '07, Lauren Brooks '07, Representative Mark Keller.

Nominee's for Who's Who Among American Colleges and Universities:

Linda Deddo
Kathleen Ellis
Adele Bonfanti
Kristel Detweiler
Katie Neer
Allison Heermance
Anna D'Amato
Laura Schroyer
Britney Hagen
Natalie Moore
Chelsea Hodum

SUPPORT NURSING THROUGH SCHOLARSHIPS

YES! I want to support nursing education at Messiah College through an endowed scholarship. Please direct my gift to:

☐ The Nursing Education Endowed Scholarship, given to nursing students who demonstrate financial need.

☐ The Janelle Joy Nisly Memorial Scholarship, for 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

Name___________________________
Address_________________________
City ___________________________
State ____ Zip _________
Phone ( ______ ) ________________

Please make check payable to: MESSIAH COLLEGE.
Please clip this form and return it to the Messiah College Office of Development, Box 3013, One College Avenue, Grantham, PA 17027.
This past year was very exciting for Nurses Christian Fellowship (NCF). We are a branch of an international organization that meets weekly for Bible study, fellowship, and prayer. This past year we have had about 15 nursing majors at each meeting. In the fall semester we worked through a devotional book on the importance of caring in the nursing profession, which focused on the importance of caring from a Christian perspective. The authors examined different aspects of caring based on scripture, such as Luke 10:25–42, the parable of the good Samaritan, and the story of Mary and Martha and the different ways that each one served Jesus. We each take turns preparing devotions for the week, reading the selected passage for the week together, and then working through some questions about the passage. The questions often highlight the implications of being a Christian nurse, and how we can apply scripture to our lives and to our careers as nurses, both now as we are preparing to be nurses, and in the future, when we are practicing in the clinical setting.

In the fall semester we held several activities throughout the semester. In September we had our annual kick-off picnic for all nursing majors by the Yellow Breeches. We had a fellowship activity in October and spent the afternoon at a corn maze and apple orchard in Dillsburg. Several members attended a breakfast hosted on campus for NCF, community nurses, and Messiah nursing alumni. We had our most successful fundraiser since my involvement in the club; parents were asked to purchase Finals Week Care Packages for their nursing major children. It was very successful for the club, but even more importantly, for the students who received the packages. No matter what year of nursing one is in, the extra encouragement at that stressful time is always appreciated.

Plans for the spring included continuation of the weekly meetings and working through a book on hope. We arranged to have a special speaker talk about a medical mission trip that the speaker participated in during summer 2007, and we planned a fellowship activity in mid-March for an evening of relaxation and encouragement. On Messiah’s Service Day in April, we headed to Hoy Towers and the Wellness Center in Steelton to clean apartments, which we have done for the past several years. In 2007 we were able to help clean about 10 apartments. At the end of the year we had a picnic at our advisor’s home. Any leftover funds at the end of the semester will be used to support nursing majors participating in mission trips over the summer.

It has been a very enjoyable year, and a great opportunity to get to know other nursing majors, as well as an amazing opportunity to learn more about ourselves as Christians preparing to work in the nursing profession. Good luck and best wishes to the graduating seniors!
The Department of Nursing expresses deep appreciation for the years of service given by Martha Solomon. Martha has been with the Department of Nursing since August 1983; she has served as the Course Coordinator for NURS 302 and NURS 401. Other courses she has taught in include NURS 495, NURS 496, and a one-time appointment to the Degree Path Program to teach the pediatric content in NURS 301 and NURS 302. Martha developed a cross-cultural pediatric nursing course to Ireland in 1985; unfortunately the course was not able to continue after that May term. Along with Carolyn Kreamer and Eileen Gardner, she developed two clinical simulation labs to enable students to actively engage in patient care and to use clinical decision making and critical thinking skills in a nonthreatening environment. Martha has served as faculty advisor to the Nursing Student Association of Messiah College for over 15 years, and she has served as the editor of Nursing News since 2001. Martha says, “It has been a pleasure teaching at Messiah College over the past 26 years. My hope is that I have had a positive impact in the lives of the students in some small way while they have been nursing students at Messiah College.” A retirement reception was held for Martha in the Hollinger Atrium on Feb. 11. Faculty, students, and staff stopped by to wish her well. She will also be honored by the nursing faculty with a dinner at the end of the semester. Martha will continue to work, per diem, as a staff nurse on the pediatric unit at The Milton S. Hershey Medical Center as well as continuing to play racquetball. Congratulations, Martha, on your retirement from teaching!

In October 2008 the members of the American Association of Colleges of Nursing adopted a comprehensive document that detailed the required competencies for the baccalaureate-prepared nurse of the 21st century. This landmark document, The Essentials of Baccalaureate Education for Professional Nursing Practice, provides a comprehensive blueprint for nursing programs to use to update and refine their curricular plans with a vision for the future needs of their graduates. The scope of this document is breathtaking in comparison to the previous Essentials published in the 1990s. The document specifies nine “essentials” or outcomes expected of graduates of baccalaureate nursing programs. It is available online and may be downloaded at http://www.aacn.nche.edu/Education/pdf/BaccEssentials08.pdf. It will interest all persons who are curious about the future expectations of nursing educational programs and the thrust of baccalaureate nursing. Briefly, the nine areas that must be addressed include a solid base of liberal education; organizational and systems leadership for quality care and patient safety; scholarship for evidence-based practice; information management and application of patient care technology; preparation in health care policy, finance, and regulatory environments; skills in communication and interprofessional collaboration for patient safety; health promotion and disease prevention at the individual and population level; commitment to professionalism and adherence to professional values; and practice focused learning opportunities that integrate the knowledge, skills, and attitudes required of a generalist nurse. Concepts throughout the document include “patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, lifespan, and end-of-life care.”

The faculty of the Department of Nursing at Messiah College has been diligently working on curricular revisions for several years that pre-date the publication of these new essential competencies. The implementation of that plan is underway, having received full approval from the Pennsylvania State Board of Nursing, and the Report Review Committee of the Commission on Collegiate Nursing Education (CCNE). It was gratifying and a pleasant surprise to note the congruence between many elements of the new curricular plan.
Why Messiah College? By Nancy Woods

What is a Hopkins nurse doing in the cornfields of south central Pennsylvania? In August 2008, I began my position as associate professor in the Department of Nursing at Messiah College after a ten-year affiliation with Johns Hopkins University School of Nursing. The move back to my home state of Pennsylvania culminates a long and exciting career in nursing.

I completed my basic education in nursing with a diploma from the Thomas Jefferson University Hospital in 1975. Shortly after graduation, I married my childhood sweetheart, John, and we began a 30-year adventure of moving to meet the demands of his active duty Army career. This provided an excellent opportunity to work and continue my education across the U.S. and the globe. I have a BSN (1981) and MPH (1997) from the University of Hawaii, a MSN in nurse-midwifery (1986) from the University of PA, a post-master's degree in palliative care (2003) from Ursuline College, and my Ph.D. in Nursing (2004) from Johns Hopkins University. The majority of my career has involved with women’s health and childbearing, with over 30 years clinical experience. In 1988, I worked for three months as a nurse midwife in a rural Christian mission hospital in Pakistan. This experience was challenging from a clinical, spiritual, and political standpoint. Clinically, resources were sparse and maternal and neonatal mortality was rampant. Living as a Christian in a Muslim country gave me an even deeper appreciation for the role of religion and spirituality in health care. And politically, times were tense, as during my stay President Zia was assassinated! From 1989 through 1996, I also served as an active duty Army officer, including deployment to Saudi Arabia during Operation Desert Shield/Desert Storm. This was a difficult time, especially since John was also deployed. Saying good-bye to our two children, Jenny and Brien, was heart-wrenching. But they had the time of their lives with Grandmom and Grandpop moving in to care for them! And on the bright side, since I hate camping, living in the desert in a tent for six months means I never have to go camping again! After this, I had the opportunity to open the Army's midwifery practice in interior Alaska, and spent three years with the family in one of the most beautiful parts of the world. Following my active duty service, we moved to Hawaii where I worked as a Clinical Project Director for the DoD Breast Cancer Initiatives with a telemedicine project across the western Pacific, including sites in Japan, Guam, Okinawa, and Korea.

My past ten years at Johns Hopkins University encompassed the completion of my Ph.D. studies, as well as working as a clinical faculty member and then as a full time assistant professor teaching undergraduate obstetrical nursing and nursing research, graduate level research, and doctoral level statistics. Additionally, I had the opportunity to lead a team of educators to develop teaching materials that were translated into Dari and used in more than 20 midwifery schools in Afghanistan. I also maintained an active program of research, most recently completing a randomized controlled trial for an intervention to increase safety in women who are abused by their partners. Clinically, I worked as a nurse midwife in a large OB triage unit in Baltimore.

So why Messiah College? First and foremost, I yearned to teach in a Christian school. As a certified nurse-midwife, I have been blessed to attend the births of over 1,000 babies. Each birth brings me face to face with the “Fiat” of Mary and the wonder of the nativity. As an educator, I have taught innumerable student nurses, medical students, interns, OB and FP residents, touching the profession in an enduring manner. Each student brings me face-to-face with the humbling responsibility that Christ the Teacher exemplifies. And as a nurse researcher specializing in the effects of intimate partner violence on women’s health, I am honored to be in the presence of the most vulnerable survivors who seek justice. I am brought again, face-to-face with the Lord, in the Beatitudes, especially, “Blessed are they who hunger and thirst for justice.”

Second, my husband is now an officially retired Brigadier General who has the time to pursue his academic passion: Civil War history. We also have two beautiful grandsons: 2-year-old Jack and 7-month-old Sam (and yes, I delivered my second grandbaby, Sam!) Having a 9 ½ month contract gives us the flexibility to spend more time with family. So, we moved yet again . . . this time to Gettysburg.

Over the past 6 months, I have been delighted with the students at Messiah College. They are an extremely intelligent group of young adults, who bring a Christian perspective to class discussions. The smaller class size at Messiah has allowed me to really know my students much better. And my colleagues in the Department of Nursing are an outstanding group of clinicians and educators to work with.

So, my husband and best friend, John, and I have settled into our new home in Gettysburg with our two Boxer dogs, Rocky and Adrienne. (What do you expect? We’re originally from Philadelphia.) Our son, Brien, lives in Maryland and is completing his degree in exercise science. Our daughter, Jenn, lives with her husband, Tommy, and the two grandbabies, Jack and Sam, in Nashville, Tennessee. I have continued my involvement with clinical research in Maryland as well as in Pennsylvania as a clinical nurse research consultant. I will continue my service to women living in abusive relationships through a local organization, Survivors’ Inc. And I plan to maintain involvement with women during the childbearing process through volunteer work at a local pregnancy center. But first and foremost, the opportunity to teach nursing students in a Christian atmosphere at Messiah College, made the move to the cornfields of south central Pennsylvania an easy decision.

2008 SERVICE AWARDS

The following nursing faculty received Messiah College 2008 Service Awards:

5 YEARS OF SERVICE
Julie A. Lundblad

10 YEARS OF SERVICE
M’Liss M. Halsey

25 YEARS OF SERVICE
Martha O. Solomon

2
By Wanda Thuma-McDermond

In January 2009 the third alternate Senior Practicum led by Wanda Thuma-McDermond, focusing on global health issues and international nursing, went to Macha Hospital in Zambia. This time there were seven senior nursing students: Jennifer Curtis, Lacey Hoffman, Meghan Holland, Kristen Meunier, Sarah Scholten, Rachel Searles, and Brittnay Wheeland. To fill in the numbers a bit and to accommodate other nursing students interested in a more cross-cultural approach, we were joined by a junior, Sarah Garraty, and two sophomores, Jennifer Heisey and Caitlyn Williams. Speaking as the leader and instructor, I hope the mix of approaches (and syllabi) enhanced the experience for all of us. The seniors concentrated on the hospital aspects of care, and the others helped to their skill level while collecting more ethnographic detail from three Zambian women associated with Macha. I believe the seniors especially “did” service-learning (although that was not really a part of their syllabus) when they helped understaffed wards and presented lectures for the Zambian nursing students on “The Special Senses.”

My Experience in Zambia

by Meghan Holland

In choosing to attend Messiah College I had in mind that the study abroad options were vast. It was my goal to study abroad for a semester and try to take advantage of the travel opportunities. As a nursing major, I was told that the only semester I would be able to travel to another country would be fall of my sophomore year. I took advantage of this and spent that semester in New Zealand. My time there was wonderful, and I assumed that that would be my last trip out of the country, at least through Messiah College. The nursing curriculum is challenging and it requires much time, energy, and studying.

When I was told about the nursing trip to Zambia, I was so excited. I was going to be able to travel outside of the country and gain nursing skills and experience at the same time! Enthusiastically I applied and was chosen to be one of ten lucky students to study and aide in a small hospital in Macha, Zambia. I was excited to learn, experience, and help. I was told that we would not only be able to help in the hospital, but we would get to interact with the nursing students there and see how their program was different than ours.

Arriving in Zambia was an experience in itself. It was clear from the get-go that things were going to be VERY different here. After quite an adventure, we made it to Macha where we would be staying. The hospital was very primitive and looked like something straight out of Florence Nightingale’s diary with beds lined up and windows open. The nurse-to-patient ratio was something that you would never see in the United States, or any developed country for that matter. At times I questioned if I was allowed to perform the tasks that I was asked to perform by myself, and I learned very quickly to communicate with non-verbals. Although it was clear that nursing in Zambia was far more basic (as was the nursing school) than what I was used to, I realized that this was okay for the area that I was in. Each nurse was responsible for so many patients that it would be ridiculous to expect more than the basics. Due to the culture, the family took care of many things that a nurse would be expected to do back home, and so this lightened the workload. I grew to appreciate the culture and how family members care for one another. It was a blessing to see and a lesson to learn.

I not only grew to appreciate another culture in Zambia, but I grew to appreciate more the place from which I come. I am so blessed to work in a country that has a vast number of medications, diagnostic tools, and treatments. In Macha they do not even have the capabilities to check for electrolytes. That is something that is so simple and expected in hospitals in the States. I would never imagine looking up a patient’s chart and not finding a set of electrolytes. There are so many things that I took for granted that I now appreciate. I appreciate the hundreds of different kinds of wound care bandages when people in other countries are using ripped sheets. I appreciate simple blood tests, when in other countries people are using signs and symptoms and really just a guess. I appreciate cars and ambulances, when there are places where people have to walk for miles or be carried by ox and cart.

I am so thankful for Messiah College and the opportunities available for students. There is so much to participate in and so much to see. From classes in Grantham, to country-wide missions, to multi-cultural experiences, Messiah really does its part to ensure that students learn, grow, and experience the world. I no longer live in a sheltered bubble, but I have begun to see the world and I want to help make it a better place.

Viewing, continued on page 4
The nursing department welcomes Tara Jankousas, full-time pediatric nursing faculty

I graduated from Bloomsburg University with a BSN, University of Texas at Austin with an MSN and working on my Ph.D. in nursing from PSU with graduation in May 2010. I am certified in pediatric nursing and have over 20 years experience in various pediatric settings and locations. My areas of interest, in addition to pediatric care, are evidence-based practice, adult education, and simulation learning. The title of my dissertation is “Crisis Resource Management: Impact on Team Process and Team Effectiveness.” I am using a randomized, experimental design to study the outcomes of response time and error rate following interdisciplinary team training among nursing and medical students. I apply a training method of simulated patient crisis situations using a computerized human patient simulator with video-recording followed by facilitated debriefing to teach team process during a crisis.

My husband, Bob, and I have been married 24 years in June. We met on a sky-diving weekend at college. We were married in the very beautiful St. Stephen’s Cathedral on Front Street in Harrisburg. Bob is from the Scranton area and I grew up in Mechanicsburg. We have been blessed with two terrific children, Maria and Brett. Maria is a sophomore at the University of Pittsburgh in nursing and Brett is a junior at Palmyra High School, and he’s hoping to play Division I soccer in college.

I am thrilled and grateful to be part of Messiah College and the Department of Nursing. Go Falcons!

Research Study on Transition Experience from GN to RN

Congratulations go to Louann Zinsmeister, Ph.D., RN, nursing faculty member, and Deborah Schafer, MSN, RNC clinical nurse specialist for PinnacleHealth, on their recent publication of the study titled, “The Exploration of the Lived Experience of the Graduate Nurse Making the Transition to Registered Nurse During the First Year of Practice” in the Journal of Nurses in Staff Development. This study evolved from a study proposal developed as a research roundtable project during the senior level nursing research course.

The purpose of the study was to gain insight into the transition period of graduate nurses. A phenomenological research approach was used to explore the lived experiences of graduate nurses during their first year of employment. Content analysis resulted in five thematic areas identified as indicators of a positive transition experience. The findings of this study provide information for staff development instructors, nurse managers, and nurse administrators in identifying practice environment characteristics and initiatives that promote a positive transition period for graduate nurses and increased retention in initial areas of nursing practice. The citation for the study is Zinsmeister, L.B, & Schafer, D. (2009). Journal for Nurses in Staff Development, 25(1), 28–34.

The research roundtable project is an ongoing initiative between Messiah College and Pinnacle Health system in which students, staff nurses, advanced practice nurses, and nursing faculty work together to develop research projects to promote evidence-based nursing practice.

What I learned in Zambia
by Sarah Garraty

“I had the privilege of shadowing and interviewing a Zambian nurse and certified midwife living with AIDS. She admits she is a better person as a result of living with the disease and through sharing her story, she is able to educate, encourage, and empower others. She challenged me to rethink the way I view life, especially hardships, and encouraged me to serve people more whole-heartedly as a result of my difficulties. I never expected to find so much positive energy exuding from a person living with such a stigmatized and potentially fatal disease. I am a more blessed and humbled person having been able to develop a relationship with such an extraordinary woman who has such a positive influence on so many people all because of her choice to live positively despite the circumstances.”

SUPPORT NURSING THROUGH SCHOLARSHIPS

YES! I want to support nursing education at Messiah College through an endowed scholarship. Please direct my gift to:

☐ The Nursing Education Endowed Scholarship, given to nursing students who demonstrate financial need
☐ The Janelle Joy Nisly Memorial Scholarship, for students in nursing or pre-med who are affiliated with either the Mennonite Church, Church of the Brethren, or Brethren in Christ Church
☐ Christy Stark Smith Memorial Scholarship Fund, given to a nursing student who has demonstrated excellence in nursing care of the child-bearing family

My tax-exempt donation is enclosed for:
☐ $1,000 ☐ $500 ☐ $100
☐ $50 ☐ other

Name ________________________________
Address ________________________________
City __________________ State ______ Zip ______________
Phone ( ______) __________________

Please make check payable to: MESSIAH COLLEGE.

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

Viewing, continued from page 3
Nurses Christian Fellowship: Persevering through prayer
By Kristy Brakebill, NCF President

The Nurses Christian Fellowship is a club specifically for nursing students that meets weekly for Bible study and prayer. Our goal is to encourage fellow nursing students in their faith and help them grow as Christians in the nursing profession. We started off the year with our annual kick-off picnic by the Yellow Breeches. This event is always fun, and a great way for first-year nursing students to get connected with upperclassmen.

During Homecoming week we had some of our alumni come to talk about their experiences working in hospitals, and how being a Christian has impacted their care of patients and their relationships with other staff members. In December we completed our fundraiser, sending care packages to nursing students during finals week to offer them some encouragement while taking their exams. Thanks to all the parents of the nursing students, this fundraiser was a huge success, and we are now in the process of planning our spring events.

Just a few weeks ago NCF held a combined meeting with Nurses Student Association to celebrate Valentine’s Day. The theme of the meeting was “What We Love About Nursing.” We made a collage of pictures to show why we love nursing (currently hanging up in the basement of Kline where we have classes) and heard stories from upperclassmen and faculty about their experiences in the nursing field. It was a friendly reminder of why we work so hard in school to become nurses.

In a couple weeks the students who traveled to Thailand and Zambia over J-term will speak about their experiences and how they saw God working in other countries. Then in April we will hold our annual service day project at the Yellow Breeches. This event is always fun, and a great way for first-year nursing students to get connected with upperclassmen. Our goal is to encourage fellow nursing students in their faith and help them grow as Christians in the nursing profession. We started off the year with our annual kick-off picnic by the Yellow Breeches. This event is always fun, and a great way for first-year nursing students to get connected with upperclassmen.

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In a couple weeks the students who traveled to Thailand and Zambia over J-term will speak about their experiences and how they saw God working in other countries. Then in April we will hold our annual service day project at the Wellness Center, cleaning apartments for low-income and disabled residents. Our meetings are held every Wednesday from 5-6 p.m. in Kline 113. If you need some encouragement, prayer, or just want to take some time to spend in fellowship with God, we would love to have you join us! Thank you to all those who have supported us in our fundraiser, through prayer, and through attending our meetings. You’ve helped our club make a difference for our fellow students.

Chair, continued from page 1 for our undergraduate program and these new essentials. The new curriculum incorporates an intentional focus on care across the lifespan with special infusion of geriatrics and gerontology, genetics, evidence-based practice, population-based learning opportunities, leadership in nursing, information technology, cultural sensitivity; and continuing commitment to professionalism and professional values, compassion, ethics, and the integration of the Christian worldview. The faculty will continue to review and refine the new curriculum in light of these new essentials to assure that all undergraduates from Messiah College meet or exceed these competencies for the 21st century.

REFERENCES

Nurses’ Student Association supports majors throughout the year
By Jenny Perry, NSA president, and Karen Celenza, NSA vice president

NSA is a professional organization that promotes the development of nurses and educates about opportunities in nursing care. We have had a wide variety of guest speakers at our monthly meetings, including a clinical nurse specialist in neurosurgical care, a speaker from our career center, and a graduate nurse from the class of 2008. All of these speakers have invited our members to explore their skills and qualities as a professional nurse. Furthermore for our Christmas meeting, we assembled gift sets and donated them to a local pregnancy center. This year ten of us attended the annual SNAP (Student Nurses’ Association of Pennsylvania) convention. The theme of this year’s convention was “Nursing: The Heart of Technology,” and it challenged the students to think about how technology will impact their nursing careers. Future plans for this year include mentoring sophomore nursing students as they have entered the nursing program this semester, planning a Service Day project at a local health center, and continuing to explore nursing professions. In April, we are sending one of our nursing students to the annual National Student Nurses’ Association (NSNA) Convention in Nashville, Tennessee. We are excited to have a representative attend this event, and we hope that she will bring back valuable insight and will encourage our members. With the retirement of our faculty advisor, Martha Solomon, we have welcomed our new advisor, Louann Zimsmeister. We are thrilled for the guidance that she will bring to NSA and we look forward to working with her. NSA has been committed to supporting Messiah nursing students and we hope that we continue to expand the minds of our members.
Sigma Theta Tau—Lambda Kappa Chapter

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 18, 2008, two nurse leaders and 12 undergraduate nurses from the senior class of 2008 were inducted into the Lambda Kappa Chapter of Sigma Theta Tau. The undergraduate inductees were Anna D’Amato, Linda Deddo, Kristel Detweiler, Britney Hagen, Chelsea Hodum, Leanna Kuperus, Natalie Moore, Katie Neer, Stefanie Rowe, Laura Schroyer, Stacy Stahl, and Lindsey Tennis. The nurse leaders inducted were Jean McDonald and Brenda Lucas. The keynote speaker for the event was Rhonda Maneval, D. Ed., RN, director of RN-BSN Program, associate professor of nursing, Temple University, and nursing research consultant for Pinnacle Health.

A variety of chapter activities occurred during the past year, in addition to the chapter induction ceremony and dinner. In April 2008, the chapter co-sponsored a Research Day with PinnacleHealth System, and participated in various service projects throughout the year.

The 2007–2008 Lambda Kappa officers included: Nina Schneider, MHA, CAN-BC, RN, president; Ngoc Godshall, MHA, RN, president-elect; Sarah Harne-Britner vice-president; Kim Heisey, MS, BSN, RN, recording secretary; Cheryl Key, MHA, RN, corresponding secretary; Katie Scofield, MPA, RN, treasurer; Michalena Levenduski, leadership succession chair; and Louann Zinsmeister, PhD, RN, Faculty Counselor.

Oncology Nurse Navigator

Kathleen (Pickel) Gamblin ’94

I am an Oncology Nurse Navigator, a relatively new area in nursing. I assist patients from the moment there is a suspicion of cancer through diagnostic testing into treatment and beyond. The cancer world is a scary, unfamiliar place and I am here to help them navigate through that world. I am the person that the patient can always call to ask a question, no matter how small or large. I am their “go to” person.

Navigation is a relatively new area in nursing. It began in 1990 with Dr. Harold Freeman, a surgical oncologist at Harlem Hospital. He established the nation’s first patient navigation program to help improve access to cancer screening and address the delays in clinical follow-up and barriers to cancer care that poor people encounter. Since that time, navigation programs have spread throughout the country to help not just underprivileged patients but all patients navigate the often complex world of cancer.

My areas of specialty include thoracic cancers and melanoma. My days are varied with time spent time reviewing patients’ charts prior to clinic, determining if additional testing is needed, and then coordinating it prior to the clinic appointment. On our clinic day, I coordinate the movements of the physicians, meet with the patients and then participate in the multidisciplinary conference to determine the patient’s plan of treatment. On surgery days, I see patients prior to surgery, do last minute education of patients and their families, hold worried hands in surgical waiting rooms during surgery, and then continue into the operating room as the friendly face that my patient knows before they are sedated. I meet with patients and explain their disease process and the procedures and treatments that they will undergo. I help handle insurance and assist patients with applying for uncompensated services at our hospital. I connect patients with community resources that can assist them with financial aid resources to pay for their utilities and the other needs they have that aren’t covered by insurance payments. I get to celebrate the “clean” scans and am there to offer hugs and encouragement when the news is not as good. But first and foremost, I always try to be there for them.

A scripture that was read at our pinning ceremony was 1 Corinthians 12 which is about each of us having a place in the body of Christ. Verse 18 says, “But in fact, God has placed the parts in the body, every one of them, just as he wanted them to be.” I know the members of my class have gone on to serve in roles in ministry and education as well as working in hospitals, clinics, doctor’s offices, and in the community. They have each found their place. Looking back at my fifteen-year journey (has it really been that long?) since leaving Messiah I know that each position I have held in nursing has contributed to the knowledge that I have today and has led me to my “part” as a navigator. I know that I am just where He wants me to be.

If you are interested in nurse navigation here are some excellent websites: www.patientnavigation.com and www.nconn.org. In addition, I can be reached at Kathleen.Gamblin@WellStar.org.
Greetings from Cyndi Brewer ’04

If anyone had mentioned to me during nursing school that in five years I would be working part-time to develop a curriculum for nurse HIV training in South Africa, I would have thought, “That’s about right.” If they had suggested I would be living in Southern California and working at a small community Emergency Department, I would have raised an eyebrow. But if I had been told that I would be doing both of these things at the same time, five years after finishing nursing school, I’m pretty sure I would have laughed out loud.

I feel compelled to insert a cliché about how quickly the time has gone by since I walked across the stage at Messiah in 2004 to receive my diploma. Feeling inspired by my experiences at Messiah, both through the opportunity to travel to Ecuador and Zambia and also by the mentoring relationships I developed with faculty, I knew that I would work internationally and someday teach nursing. I moved out to Los Angeles within weeks of graduation to take a new grad nursing job at UCLA Medical Center in the ED. I worked there for the next two years, gaining necessary clinical skills and experience.

Graduate school was the logical next step, and in 2006 I began the Advanced Community Health and International Nursing Masters program at the University of California, San Francisco. During the year and a half it took me to complete this degree and become a Clinical Nurse Specialist in Community Health, I worked part-time in the ED at UCSF Medical Center. I graduated with a focus in HIV/AIDS, and for my graduate residency I worked with my advisor, to begin developing a curriculum for HIV nurse training in South Africa—a new project funded by the CDC using money from the President’s Emergency Plan For AIDS Relief in Africa (PEPFAR). This is a twinning project, where UCSF is partnered with the Foundation for Professional Development in South Africa to develop a training program for nurses who work in antiretroviral clinics to become nurse case managers. There is a great need in South Africa for integrated HIV care, and training nurse case managers is a key step towards assuring continuity of care and successful medication regimens.

I was able to enter the project on the ground floor, proposing a curriculum and then working with the project team to develop a 700-page study guide to be used in the course. We conducted our first pilot training in November 2008 and are now working on evaluation and mentoring with the nurse participants. We are also waiting for our course to be approved by the Council for Higher Education and the South African Nursing Council so it can become a formal short course and be offered throughout the country. At the end of March we will be presenting our project at the South African AIDS Conference in Durban, South Africa.

When I am not traveling abroad (I am only away about three months out of the year, the rest of the work is done from my computer at home and international conference calls) I am still working as an ED nurse. I find it very fulfilling to be able to balance teaching, academic work, and bedside care. And I can still keep up with one of my greatest hobbies—seeing the world! When I’m not working, my colleagues and I make sure we find time to go on safari, cage dive with great white sharks, meander the cobbled streets of Zanzibar and travel through South Africa’s finest wine country. In this photo, I am standing at the southern-most point of Africa, Cape Point.

In the fall of 2009 I will begin work on my Ph.D. back where I first started out here in California: UCLA. I am looking forward to being closer to my career goal of someday teaching in a university and continuing work in HIV/AIDS training and research. I am so thankful to the faculty at Messiah for preparing me as a nurse and as a person—to not only care for patients, but to care for the needs of our world.

A SPECIAL ADVERTISING SUPPLEMENT TO THE NEW YORK TIMES: NOVEMBER 30, 2008

The Winners

Tara Roche ’96, RN, BSN, MS
Nurse Manager
Beth Israel Medical Center, New York
Nominated by Cathy Sullivan, RN, NP, BS, MSN, Director of Patient Care Services and Mary Walsh, MSN, RN, CEN, Vice President, Patient Care Services and Chief Nursing Officer

Tara Roche understands that a good nurse is both a caregiver and a teacher. “I knew that I couldn’t work in an office; I needed to provide hands-on help to others.” According to Cathy Sullivan, “Tara has created an atmosphere of warmth and compassion on her unit, she promotes excellence in each individual who works there and gives patients the confidence to regain their strength and become well again.”

Her unit, with its postoperative, neurosurgical, and neurology patients, has been recognized for its excellence by the American Heart Association for their work on stroke management. Tara Roche believes that there are no problems that are not able to be solved and nothing that she can’t accomplish. When a critically ill cancer patient wanted to go home—and home was Ireland—Tara and one of her colleagues became a medivac team and fulfilled a dying man’s last wish, thanks to the donations that she raised at Beth Israel and a major airline.

By selflessly and tirelessly delivering professional, compassionate care, she has done her family, her professors, and her co-workers very proud. Tara Roche exemplifies all that is honorable in nursing.

“The entire Department of Nursing at Beth Israel Medical Center congratulates our New York Times Tribute to Nurses winners Nurse Manager Tara Roche and RN Traveler Beka Serdans. Your commitment to nursing excellence inspires us all.”

—Mary Walsh, MSN, RN, CEN. Vice President of Patient Care Services, Chief Nursing Officer, Beth Israel Medical Center
Alumni News

'97
Amanda (Sobick) Ferdette and her husband welcomed their son Cade Joseph on August 23, 2008.

'99
Jason Carzola and Stephanie (Bicksler) Carzola ’01 welcomed daughter Marin Alina on March 3, 2008. Jason (ED) and Stephanie (ICU) both work at the Ephrata Community Hospital.

'01
Heidi (Beiler) Robbie and her family are living in Alaska. Heidi’s husband is a youth pastor; they have 3 daughters: Emma (3), Naomi (2) and Hannah Grace (almost 1). They plan to soon move to New York to be closer to family.

Amy (Geissinger) Snedigar completed her MSN, with a Family Nurse Practitioner Focus, from Dusquesne University in May 2008.

'02

Lori (McGarvey) Trager and husband, Mathaus (’02) welcomed their son, Owen Mathaus, who was born on April 30, 2008.

'03
Carolyn (Krise) Easton married Eric Easton on March 29, 2008. Carolyn works in noninvasive cardiology as a stress lab RN.

Rachel (Walsh) Gosnell and husband, Jonathan, welcomed their new daughter, Megan Rae, into their family on August 14, 2008. She joins her two sisters, Evelyn and Cesily. Rachel and her family are living in Kingsley, Pa.

'04
Debbie (Kowalick) Allen completed her MSN/NP program in 2008. She is working in an outpatient pediatric setting at Lehigh Valley Hospital.

Claire Barlow is attending NYU (class of 2009) for a Masters in Public Health, International Community Health.

'05
Heidi (Cooper) Gaddess was married in September 2007. She is working in critical care.

'08
Katie Neer is working at Bryn Mawr Hospital near Philadelphia, Pa.