

NURSING

CONNECTIONS



**SIMULATION
CHRISTIAN ETHICS
OPIOIDS**

**TOGETHER AS
A COMMUNITY**

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FALL 2019

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AND CONNECTIONS CORNER

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EASTERN UNIVERSITY

NURSING CONNECTIONS

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GREETINGS FROM CHAIR THE CALL TO RETIRE

Dr. Dianne DeLong, former Chair of the Department of Nursing

Ecclesiastes 3:1-8- *For everything there is a season, and a time for every matter under heaven: a time to be born, and a time to die; a time to plant, and a time to pluck up what is planted; a time to kill, and a time to heal; a time to break down, and a time to build up; a time to weep, and a time to laugh; a time to mourn, and a time to dance; a time to cast away stones, and a time to gather stones together; a time to embrace, and a time to refrain from embracing.*

As I sit here writing this note, I am looking at the beautiful day that God has given us. It is the first day of spring and I am reminded that spring brings rebirth and change all around us. God has done this for a reason; it brings about renewal.

For believers, spring has the added benefit of reminding us that God's all about bringing new "stuff." In fact, Jesus promised to make everything new one day (Revelation 21:5) Through spring, God gives us the glimpse of coming attractions. Therefore, I believe that God has a plan for me as He does you. And so, I want to inform you of my decision to retire as Chair of the Department of Nursing on June 30 with Dr. Melissa Snyder beginning her tenure as Chief Nursing Administrator in July.

I am confident that the Nursing Program has been left in good hands. The faculty and staff are a dedicated team. They are exceptional and will continue to maintain the high quality and excellence of our programs.

There should be no changes in the day to day operations at this time and our hope is that the transition will be as seamless as possible for all those involved.

I am confident that you will succeed with your goals. You have been given the tools by God necessary to do what is best for you. Use those tools wisely, seek guidance by those around you, and trust in the plan that God has for you.

God Bless You!



Dr. DeLong



CONNECTIONS CORNER

"But they who wait for the Lord shall renew their strength; they shall mount up with wings like eagles; they shall run and not be weary; they shall walk and not faint." [Isaiah 40:31]

I had been thinking about this column for a while and not sure how to approach it when I received inspiration in of all places, the gym. While I was in spin class, I was asked by a fellow spinner what I did for a living. As I explained my job and Connections to her, she laughed and suggested: "Why don't you write about us?" Huh? You guys? My spin class posse? What would I say?

Then I continued the workout and thought of how the morning spin class was more like a community of friends who had my best interest in mind and always had my back. They have encouraged me when I did not feel like working out. They handed me water when I needed it. They lifted me off the floor when I could not get up, made me laugh when I felt tears, and contacted me when I did not show up. Indeed they were an integral part of my self-care routine that has been an essential component in my life for many years. For without them, I could not do what I do. Therefore, my topic is how God uses our extended communities to holistically strengthen us and push us in the right direction.

As I reflect upon our professional call to excellence, I have witnessed a community effort on the part of our University. Without Eastern's collective efforts, the faculty would not be able to deliver an outstanding Christian education that has been recognized as a one of the top ten in the Commonwealth of PA. Therefore, we acknowledge faculty, staff, administration, and students who have supported the nursing programs and offer a heartfelt note of gratitude.

Thank you to our students and families who entrusted their futures to us.

Thank you for the confidence in the faculty.

Thank you for the support and quality teaching and services rendered to our students.

Thank you for believing that the programs are indeed quality and make a positive impact on our profession and patients.



Thank you for picking us up when we are down.

Thank you for praying for and with us.

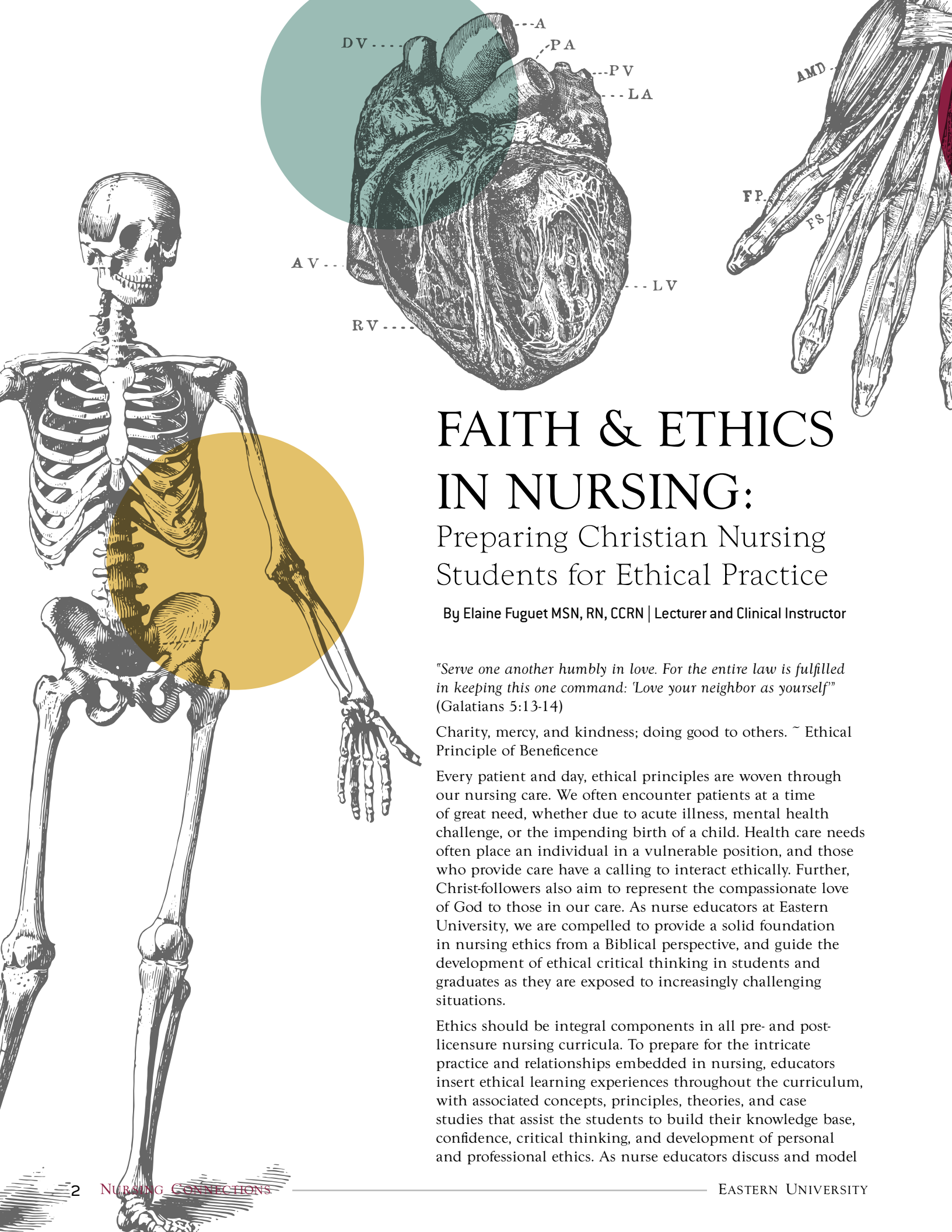
Most of all, thank you to Our Lord for His graciousness and grace. With His abundant blessings, we have been able to build a strong Christian presence in health care.

Having someone to work out and pray with is part of God's plan. After all, He created us as social beings to live in community and interact with one another. Consequently, our ultimate goal is to be spiritually and physically fit to follow God on the path to holiness. With a community, we can accomplish more and live out our goals and values. I encourage all to find their own spin posse and community who will see the bright side, encourage, support, and pray with and for us. It's a great way to work and work out.

Peace,



Mary T. Boylston RN, MSN, EdD, AHN-BC



FAITH & ETHICS IN NURSING:

Preparing Christian Nursing Students for Ethical Practice

By Elaine Fuguet MSN, RN, CCRN | Lecturer and Clinical Instructor

"Serve one another humbly in love. For the entire law is fulfilled in keeping this one command: 'Love your neighbor as yourself'"
(Galatians 5:13-14)

Charity, mercy, and kindness; doing good to others. ~ Ethical Principle of Beneficence

Every patient and day, ethical principles are woven through our nursing care. We often encounter patients at a time of great need, whether due to acute illness, mental health challenge, or the impending birth of a child. Health care needs often place an individual in a vulnerable position, and those who provide care have a calling to interact ethically. Further, Christ-followers also aim to represent the compassionate love of God to those in our care. As nurse educators at Eastern University, we are compelled to provide a solid foundation in nursing ethics from a Biblical perspective, and guide the development of ethical critical thinking in students and graduates as they are exposed to increasingly challenging situations.

Ethics should be integral components in all pre- and post-licensure nursing curricula. To prepare for the intricate practice and relationships embedded in nursing, educators insert ethical learning experiences throughout the curriculum, with associated concepts, principles, theories, and case studies that assist the students to build their knowledge base, confidence, critical thinking, and development of personal and professional ethics. As nurse educators discuss and model



ethical behaviors and decision making, in nursing practice as well as the classroom, development progresses as students encounter increasingly complex clinical situations which are permeated with ethical concerns.

To provide a foundation for ethical practice for nurses, the American Nurses Association has its own Code of Ethics with Interpretive Statements (2015) which supports the care of patients and structures decision making skills through its tenets. Educators share the Code with the intent that it leads to ethical decision making and reasoning throughout one's career while supporting personal integrity and decreasing potential moral distress.

As societal and technological changes lead to conflicting loyalties and obligations for a nurse, moral distress can occur when there is struggle between the best interests of the client and the institution, or the nurse's personal belief system. Therefore, a Christian perspective on bioethics is particularly important to students at a faith-based university, guiding the consideration of ethics through the specific lens of faith. The Bible gives insight into the common core principles of ethics, and can be a link to understanding more complex ethical challenges to form the foundation of ethical nursing practice.

An ethical understanding of health care rests on the fundamental principles presented in Box 1. These core principles must be examined in the classroom and health care setting as the fundamental truths become a scaffold for further exploration and application. Through

the understanding of these basic truths in respect to the value of persons, the groundwork is set for more complex ethical discussions. When students express a sense of discomfort with an ethically challenging situation they have encountered, the instructor encourages them to investigate which core principles are being challenged and consider it according to an organized ethical framework and the tenets of their faith. This may even occur in post-conference at the end of a clinical day, with the opportunity to wrestle through ideas and rationales with colleagues, under the mentorship of a nurse educator.

Developing ethical reasoning – rational and systematic, based on ethical principles and codes, not on intuition or emotions – is important for the novice nurse. Nurse educators teach theory, but also mentor students in ethical practice. Critical thinking about ethics takes root as graduates move into nursing practice, guided by the knowledge, mentoring, and wisdom of a nurse educator with a Christian Worldview, to develop a firm foundation for ethical practice throughout the nursing career.

Reference

American Nurses Association. [2015]. *Code of ethics with interpretative statements*. Silver Spring, MD: Author. Retrieved from <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-ofEthics-For-Nurses.html>

Box 1: Common Ethical Principles

Autonomy	Fidelity
Beneficence	Veracity
Non-maleficence	Confidentiality
Justice	



AN OPIOID JOURNEY

Mary T Boylston, RN, MSN, EdD, AHN-BC | Professor of Nursing

Introduction

In October, I fractured my left wrist running down a tennis ball; the x-ray indicated it was merely a sprain. After months of no improvement, a MRI revealed what I already discerned. The wrist was broken and needed a surgical repair with a bone graft and pin. Knowing there would be a great deal of discomfort postoperatively, the surgeon ordered Oxycodone for severe pain. Usually, I am not a person who likes to take drugs including acetaminophen for headaches; however, I knew that I needed something strong to take the edge off the incisional pain. It seemed I was about to embark on an opioid journey and based upon recent statistics was cautious about the impending experience.

As I took the first pill, I waited for it to work.

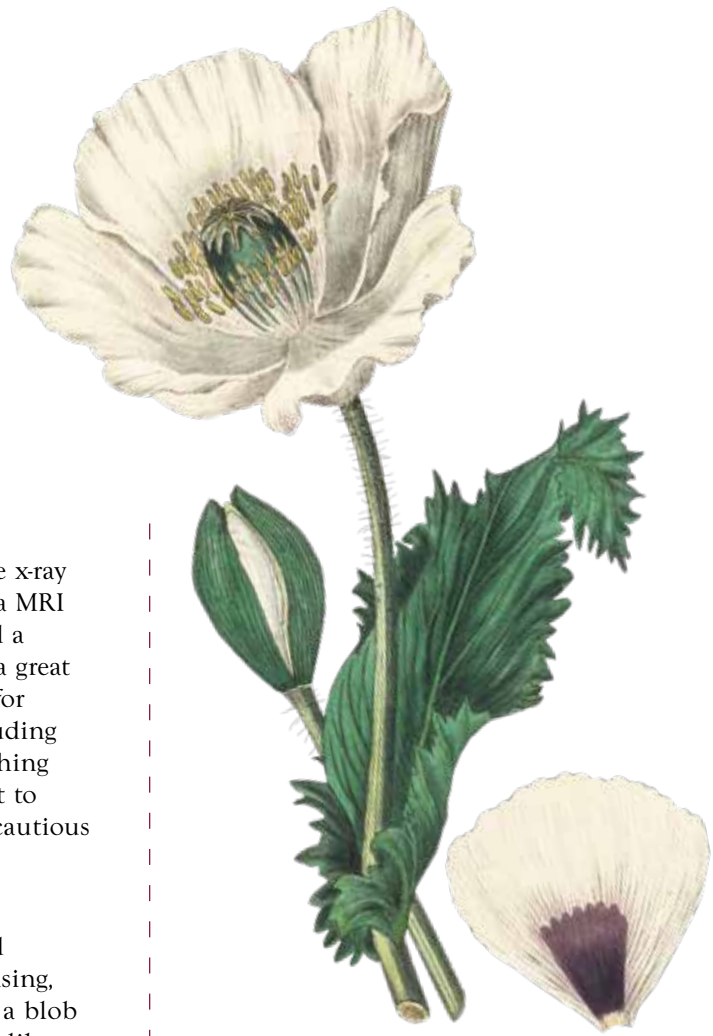
After several minutes, the pain dulled and so did my demeanor and emotions. I was not interested in reading, watching television, exercising, or conversing with family and friends. In fact, I sat in my chair, like a blob indifferent to the world. I did not sleep nor doze; I stared into space like a zombie.

Then I thought, is this the reaction addicts seek and crave? Is this the type of feeling or lack of feeling people search for as they slowly and surely become addicted to a drug and turn life off? From my perspective, the feeling left me devoid of emotions and interest in my surroundings. Then I considered that it was a nice feeling because I did not have physical nor emotional pain. But I knew that I should not become acclimated to this lack of sensation and find other ways to treat the stabbing pain in my wrist. Yes, I was concerned about dependence, tolerance, and addiction to opioids. Therefore, it was important to follow alternative standards of practice to minimize postoperative pain and prevent the need to take more narcotic.

What are opioids?

Opioids are synthetic or natural chemicals that decrease pain. The four categories of opioids include **Natural opioids** (including morphine and codeine) and **semi-synthetic opioids** (oxycodone, hydrocodone, hydromorphone, and oxymorphone), **Methadone**, a synthetic opioid, **Synthetic opioids** other than methadone (drugs like tramadol and fentanyl), and **Heroin**, an illicit opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance (CDC, 2019).

As tolerance and dependence build with each pill taken, there is a distinct possibility that the need for the medication could lead ultimately to addiction. Unfortunately, addiction is a complex phenomenon shaped by numerous social, biological, and psychological factors that can begin with the first prescription. Taking opioids results in the release of endorphins, which are feel-good neurotransmitters. The feeling of pleasure or well-being eventually wears off and the individual needs more and more medication



PAPAVER SOMNIFERUM

Side effects of opioid use include:

- Tolerance—may need to take more of the medication for the same pain relief
- Physical dependence—may have symptoms of withdrawal when the medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

to physically achieve that sensation. Addiction may happen quickly as tolerance builds.

Opioid addiction has alarmed healthcare providers (HCP), nurses, Center for Disease Control CDC (2019), specialists, and law enforcement for a number of years. According to the CDC from 1999 to 2017, more than 700,000 people have died from a drug overdose. In 2017, the number of overdose deaths involving opioids was six times higher over a period of nine years. On average, 130 Americans die every day from an opioid overdose. As overdose deaths increase, so do the intentions of experts to halt, remediate, and prevent further accidental deaths due to addiction and improper use (National Institute on Drug Abuse, 2019).

As addiction to opioids takes hold of the person, the addict may seek a number of ways to alleviate the distress of withdrawal as tolerance builds and more medication may be needed to achieve physical stability. As the addict craves the painkiller and begins to combine one drug with another, there is a danger for overdose and death. The most common drugs involved in prescription opioid overdose deaths include Methadone, Oxycodone (such as OxyContin®), and Hydrocodone (such as Vicodin®). Even with the knowledge of this mounting public health crisis, the CDC (2018) reported more than 191 million opioid prescriptions were dispensed in 2017 in the US.

Clearly, this is a multifarious problem with no single method to abate the trend. Yet the process can begin as the health care team identifies individuals who may be at risk for addiction, improves the way pain is treated, seeks alternative pain relief methods, and educates the public.

The first step is to recognize at-risk individuals. Research from the CDC (2018) suggests that knowing certain

risk factors can assist the health care team to recognize people particularly vulnerable to prescription opioid abuse. Red flags include, but are not limited to, patients who obtain overlapping prescriptions from multiple providers and pharmacies and take high daily doses of prescription pain relievers. Further, individuals with a history of mental illness, tobacco use, suicide ideation, and alcohol or other substance abuse may also be at risk. Men more than women, lower high school education levels, Hispanic ethnicity, and being uninsured are also associated with opioid use disorders (Pond, 2018). In addition, geographic location has been deemed a risk factor as some inappropriate prescribing practices have been documented in rural areas where there is a higher opioid prescription rate (CDC).

After identifying potential risk factors, the healthcare team works together to improve methods and seek nonpharmacological alternative treatments and integrative therapies to alleviate or minimize pain. Supporting research and evidence-based practice can offer individuals myriad therapies that may enhance the feeling of wellbeing and promote pain relief.

There is no one designated way to prevent and stop progress of addiction. Therefore, HCPs and nurses are called to treat patients in a holistic manner determining those who are at risk, identifying the aforementioned risk factors and pain management patterns, and provide an environment that is conducive to healing and support. Therefore, education is crucial for all patients who are in acute or chronic pain. Naturally once addiction has been identified, working closely with rehabilitation specialists is necessary.

Too much of the prescription medication can result in respiratory depression, unconsciousness, and pinpoint pupils. Trying to go “cold

turkey” without the benefits of a therapeutic plan in an accredited treatment center is contraindicated. Additional withdrawal symptoms begin the first day of detoxification and warrant prescription medication to minimize severe physiological symptoms.

As holistic nurses at the point of care, we are called to establish therapeutic relationships, inform our patients of the risks and side effects of opioid use, and work together to find mutually agreed upon alternatives to relieve pain.


After my surgery, the surgeon prescribed ten pills at a low dose, and told me to call if I needed more. Knowing the risks, I decided to try to minimize my pain using Oxycodone sparingly, adding ice, keeping my hand and wrist elevated, using distraction and visual imagery, and taking ibuprofen for breakthrough severe pain. When I returned to the surgeon after ten days, I had three pills left. To dispose of them, I followed published guidelines and rid my home of the narcotic.

Beyond addiction and overdoses, another sad reality is that now pain medication has a sordid reputation. There are millions of individuals with acute and chronic pain who need the drugs and do not abuse them. The medication is necessary for them to function effectively in life. Their physical needs are different than those who have drug seeking behaviors which have stigmatized the overall industry.

Understanding the risks and taking appropriate measures to alleviate our patients' pain is part of our call to professional excellence. Pain management is a portion of our daily activities yet without attending to the specifics of opioid use and abuse, an individual can unintentionally find themselves tortured in the quagmire of addiction.

References

- Centers for Disease Control and Prevention. (2018). *Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report*. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Retrieved from www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drugsurveillance-report.pdf
- National Institute on Drug Abuse. (2019). *Overdose death rates*. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>
- Pond, E. (2018). Risk factors for prescription opioid misuse include suicide ideation, past substance abuse disorders. *Psychiatry advisor*. Retrieved from <https://www.psychiatryadvisor.com/addiction/risk-factors-for-prescription-opioid-misuse-include-suicide-ideation-past-substance-abuse-disorders/article/794551/>



My Road as a Nurse Navigator One Nurse's Story

Donna Taylor, RN, MSN

RN to BSN Cohort 1 | Penn Medicine Chester County Hospital

When I started my nursing career years ago, I had never heard of the position of Nurse Navigator (NN). Now, I can share that this relatively new specialty is my ultimate dream job as my career took multiple twists and turns to get here.

My professional journey that led to NN began with my initial nursing education at St. Joseph Hospital, a three-year diploma school in Baltimore, Maryland. After graduation, I married and spent the first 10 years of my nursing career moving around the country with my husband during his active duty in the Navy. During this time, I worked in six different states on medical-surgical units and critical care. Our family settled in southern Maryland and I commuted to Washington, DC to work in a busy city intensive care unit before moving to my present home in Unionville, Pennsylvania. Since our final move, Penn Medicine Chester County Hospital has been my professional home base for the last 20 years as I have had the opportunity to work in the Critical Care Units and Cardiac Catheterization (cardiac cath) Lab.

While working in the cardiac cath lab, I decided to complete my BSN. When I heard about Eastern University's RN to BSN accelerated program, I was all in. Meeting once a week with a cohort of students was motivating and professionally stimulating.

The 20-month program challenged me and the 78 papers I wrote during this time helped me to be a better writer. I believe Mary Boylston encouraged all of us in the cohort to go directly to graduate school because we had developed our writing skills by completing so many papers!

Although it took me over 10 years to return to school, I was asked to use my newly developed writing skills and be a document writer for the Magnet Program at the Chester County Hospital (CCH). Once that task was completed



I was interested in developing new skills and wanted a challenge and thought the position was made for me. So I interviewed and got the job! The pilot project turned into a full time position and now almost 10 years later, I am leading the CV NN program working with two other RNs. The job description has evolved over time and now I am also responsible for coordinating a clinic for patients with valvular heart disease.

Overall, my undergraduate and graduate education prepared me for the NN role by enhancing my oral and written communication and organizational skills. It has also helped me to 'think out of the box' while solving problems for patients and the program. Moreover, since the NN's unique role is to guide patients to access necessary resources to promote recovery and wellness, it is crucial to use my leadership skills. As a NN, I am able to teach, encourage, communicate with, and be a listening ear for patients as they move through the often confusing cardiovascular continuum.

For anyone interested in becoming a CV NN, a critical care or progressive care nursing certification is helpful in order to deal with a plethora of patient situations. Therefore, nurses considering a career as a future NN should work towards gaining specialty experience to qualify for certification and build their CV knowledge base. Naturally, a graduate education from a holistic nurse educator or leadership program such as Eastern University's will enhance anyone's career options.

In conclusion, as CCH continues to grow, I have enjoyed the professional challenge of developing the CV NN program. My future goals include leading a team of navigators and foresee NNs available for not only cardiovascular patients but oncology, orthopedics, and emergency room. Regardless of my dream, what is important is connecting with patients in a holistic manner by understanding their individual needs and helping them to access the best care possible in a timely manner while alleviating their fears.



and Magnet status was granted, I felt ready for graduate school. For convenience, I chose Grand Canyon University's online program and completed the Master's degree in Leadership in Healthcare Systems in 2016.

It was during the time while I was working in the cath lab, the CCH decided to pilot a Cardiovascular Nurse (CV) Navigator position. The goal of the position was to promote the cardiovascular program, assist cardiovascular patients following discharge, and prevent readmissions to the hospital.

“this specialty is my ultimate dream job”



FOLLOWING

the Road to the Underserved:

MY JOURNEY AS A NURSE PRACTITIONER

ESTHER BLISS, RN, BSN MSN, CRNP | CLASS OF 2013

A professional journey like all journeys begins with the first step which was taken when I enrolled at Eastern University in 2009. I originally wanted to major in pre-med; but during my freshman year, my heart moved toward nursing. Thankfully, I was able to catch up on my nursing prerequisite courses and accepted into the first undergraduate pre licensure nursing cohort.

During my third year in the program, my professor encouraged our class to obtain an externship. Basically, a nurse extern works in healthcare as a nursing assistant (NA). Although the scope of practice is the same as a NA, the role is a bit different as the RNs take the student nurse under their tutelage and begin a mentoring and teaching process. In addition, an extern is able to see how their newly acquired nursing knowledge and skills are employed in the setting giving the student a real world picture of the road they have chosen.

I was fortunate to work as a nurse extern at Hunterdon Medical Center in New Jersey. This experience was invaluable, because it gave me a great foundation and set me up for success. Plus, throughout the rest of my college career, I could pick up extra shifts and earn a little extra cash to pay expenses.

In 2013, I graduated with my Bachelor of Science in Nursing. My first RN job after graduation was at Devon Manor, a skilled nursing facility right outside of Philadelphia. It was a great first job as it helped me hone my assessment skills.

I worked at Devon Manor for one year then changed jobs and visited patients in their homes through Main Line Health Home Care.

During my time as a home care nurse, I became frustrated with the level of care my patients received. There were constant delays with medication refills, wound care order changes, durable medical equipment issues, and so on due to the unresponsiveness of some healthcare providers. It made me angry that people were not getting the care they deserved; so I decided to be a change agent and returned to school for a master's degree.

I graduated in August of 2017 with a Master of Science in Nursing degree from Thomas Jefferson University as an Adult-Gerontology Primary Care Nurse Practitioner (NP). Today I work at Mercy Health Associates caring for an underserved population in West Philadelphia. Working with this group of individuals has been an honor as I journey with my patients as they move toward healing and wellness.

As I look back, nursing school was a stressful period. The road seemed endless as paper after paper, test after test, clinical after clinical, and ATI after ATI loomed before me. In hindsight, I wanted to drop out of nursing school countless times, but I am so thankful I stuck with it since this career has been worth the sacrifices. Enduring my growing pains in class and clinical has made me a better nurse. Eastern's holistic program, grounded in a Christian worldview, although tough and demanding, has more than adequately prepared me for my career as a NP.

My education at Eastern gave me an amazing foundation preparing me for the nursing profession and role as NP. Starting with my first nursing job, I felt as though my knowledge base and experience were far superior to other new nurses. Eastern professors spent time discussing and fostering compassionate care, which has traveled with me into my advanced practice role.

My advice for current nursing students is do your best to embrace your meltdowns, lean on your friends/family/belief in a higher power, and try to keep moving forward; I promise it will be worth it.



"I am so thankful I stuck with it [nursing school] since this career has been worth the sacrifices."





SCHOOL NURSING

Updates

Jacquelyn M. Raco, RN BSN CSN CSSHS M.Ed. | Director of School Health Programs/Faculty

The School Health Programs are comprised of three distinct areas where students may achieve certifications and/or a Master of Education in School Health Services. The faculty are committed to preparing graduates to function effectively in settings in which children and youth are served while abiding by our mission which is to produce outstanding health professionals who are committed to meeting the needs of a diverse population and to their holistic development. Fully-online, the programs are taught by professional school nurses and educators who have practical and professional experience.

The Certified School Nurse (CSN) program is a professional education program that meets the

requirements for the Education Specialist 1 (K-12) Certification in School Nursing in Pennsylvania. The certification requires the student to hold a valid PA RN license, a Bachelor's degree, and complete the four core courses with a 3.0 GPA or greater on a graduate level. There is a required 100 hour practicum in a school district under the supervision of a Level II CSN that is also overseen by a college representative.

The Master of Education in School Health Services allows students to earn a Master of Education degree with the completion of 30 graduate credits. The four core courses required for the CSN can be applied to the M.Ed. program.

The School Health Supervisor certification program prepares the Certified School Nurse to

supervise school health services at the elementary and secondary levels (K-12). Candidates must hold a Pennsylvania School Nurse Certification and have completed five years of satisfactory experience in the school setting. Successful completion of the Pennsylvania Department of Education PRAXIS II test in Supervision is required as well as a 3.0 GPA. The certification includes a 360 hour practicum that is achieved in a school district under the supervision of a district supervisor with certification in supervision and overseen by a college representative

For further information on School Health Programs please contact your enrollment counselor at 1-800-732-7669 or email gpsadmissions@eastern.edu.



EASTERN UNIVERSITY SCHOOL HEALTH PROGRAMS

The Department of Nursing at Eastern University offers school health programs that are approved by the Pennsylvania Department of Education. Certification and Master's programs are offered in the following areas:

- Certification in School Health Supervisor
- Certification in School Nurse
- Master of Education (MEd) in School Health Services
- *All Programs Now Online*

For more information, contact Jacqueline Raco, RN, M.Ed, CSSHS, CNS, Director of School Health Services at 610-341-1717 • jraco@eastern.edu.

eastern.edu/nursing

"For where
TWO of
THREE

GATHER IN MY NAME,

there am I with them"

MATTHEW 18:20





go in Christ

WE, THOUGH MANY, FORM

ONE BODY

AND EACH MEMBER BELONGS

to all the others.

ROMANS 12:5

ADOLESCENTS & SOCIAL MEDIA

Jennifer Brunell, RN to BSN Class of 2020

Social media (SM) has redefined the way individuals communicate with one another. Clinging to their cellphones, men, women, teenagers, and children can be seen fixated on screens seemingly oblivious to life around them. Over the past 10 years, social media use among teens has more than doubled (Tamburro, 2017). In an attempt to keep up socially with friends, teens may be trapped comparing themselves to others or feel left out of peer groups. Websites frequented by teens are heavily influenced by image, which portray the lives of others in ways that may lead some to feel inadequate or unworthy.

Teens seem to be at higher risk for the negative effects of social media due to their vulnerability to peer pressure and their inability to self-regulate use (Guinta & John, 2018). Over the years, their growing dependence on SM has impacted a variety of mental health issues. According to Tamburro (2017) SM use may lead to increased

depression, anxiety, and loneliness in teens and can be directly linked to time spent on devices, number of platforms used, and how much they interact with others. In other words, the more time spent on SM, the greater the risk of negative experiences and interactions.

High-risk behaviors may result when victimized individuals attempt to be accepted in online peer groups. Their reluctance to report negative online activity leads to actions subjecting them to further danger. These actions include posting personal information online, sexting, visiting inappropriate websites, and staying online for prolonged periods of time.

As SM use and access among the teen population has proliferated, additional risks and consequences to overall health and well-being have been identified such as cyberbullying. "Cyberbullying is described as aggression via electronic media in which adolescents try to damage the social relationships or

social status of their peers" (Carter & Wilson, 2015, p.115). Adolescent victims of cyberbullying report experiencing anxiety, depression, somatic illness, retaliation violence, and suicidal thoughts. Cyberbullying is considered more dangerous than traditional bullying on the playground or face to face confrontations because technology and SM allows cyberbullies to be anonymous, and the victim to be defenseless, even in their own home. Further, individuals can be harassed with images or messages by large groups on SM, at any time of the day or night. Even if they are able to remove the threat, anyone in their network may copy or take a screenshot of the activity thereby increasing the likelihood the harassment will continue.

The school nurse, having daily contact with teens, may encounter physical and psychological complaints from teens experiencing cyberbullying. Teens may present with emotional distress, and



psychosomatic symptoms such as stomach aches, headache, nausea, and sleep disturbances (Carter & Wilson, 2015). If the nurse suspects a relationship between symptoms reported and cyberbullying, appropriate reporting should be initiated (Carter & Wilson, 2015).

As technology continues to advance, those who care for teens must maintain awareness of its scope and effect on adolescent mental and physical health (Clifton et al., 2013). Pediatric and school nurses can play an active role in both identifying and intervening with those at risk. Their daily interactions with teens and ability to develop trusting relationships present a unique opportunity in developing new strategies in prevention. Traditional methods of screening those at risk via questionnaires and conversations, can be adapted to meet the changing needs of this population. In addition, development of age appropriate interventions begin in the preschool years, when children are first introduced to technology. As students advance in age, technology use grows, thereby presenting innumerable potential dangers to teens, seemingly unaware of the consequences of their actions.

References

- Byrne, E., Vessey, J. A., & Pfeifer, L. (2017). Cyberbullying and social media: Information and interventions for school nurses working with victims, students, and families. *The Journal of School Nursing, 34*(1), 38-50.
- Carter, J. M., & Wilson, F. L. (2015). Cyberbullying: A 21st century healthcare phenomenon. *Pediatric Nursing, 41*(3), 115-125.
- Clifton, A., Goodall, D. Ban, S., Birks, E. (2013). New perspectives on the contribution of digital technology and social media use to improve the mental wellbeing of children and young people: A state-of-the-art review. *Neonatal, Pediatric, and Child Health Nursing, 16*(1), 19-26.
- Guinta, M. R. & John, R. M. (2018). Social media and adolescent health. *Pediatric Nursing, 44*(4), p.196–201. *Neonatal, Pediatric, and Child Health Nursing, 16*(1).
- Long, M. N., & Dowd, E. B. (2018). Online and health risk behaviors is high school students: An examination of bullying. *Pediatric Nursing, 44*(5), 223-228.
- Tamburro, C. (2017). Remaining aware & responsible; Teens & tech in the social media age. *Exceptional Parent, 47*, 23–25.

Individuals, such as parents, school nurses, coaches, and teachers, who interact with teens daily must be aware of the dangers. Early identification of those at risk for online high-risk behaviors is the first step in prevention. The influence of SM requires consideration from nurses to support healthy use and prevent unhealthy consequences (Guinta & John, 2018). Therefore, it is important for nurses to understand SM, the technology, signs of too much use, and cyberbullying. Once properly educated, the school nurse can facilitate communication with teens about bullying and high-risk behaviors (Long & Dowdell, 2018) assisting them to find balance and safety in their SM use.

SM and the internet are an integral part of the lives of teens. Collaboration between healthcare professionals, educators, and mental health providers is necessary to promote ongoing education, adaptive strategies, and meaningful interventions in navigating this ever-changing environment. The reality is that teens are not going to eliminate SM from their daily routine; yet with clear guidelines and adult supervision, mental health issues can be minimized and safety enhanced.

The Great Equalizer

FROM THE BEDSIDE TO THE BED

Traci Johnson RN, C., MSN, Ed. | RN to BSN Class of 2006



Life is a great equalizer.....

There comes a time in a nurse's life when a stark realization hits home. An awareness creeps into the soul and discovers as a caregiver, one may not have the power to heal oneself and unwillingly becomes a patient. Similarly, Florence Nightingale suffered greatly from her long exposure to disease in the Military Hospital at Scutari and spent her final years bedridden and humbled as a patient.

Although I am equipped with a college education and graduate degree in nursing, twenty-five years of professional nursing experience at the bedside and educational pulpit, I too found myself in a precarious health situation. Homebound, tethered to oxygen, and receiving hemodialysis to stay alive, I began to reflect upon my life and career as a professional nurse and caregiver. Ultimately, examining my conscience, I dug deeply to resolve multiple issues as it was important that I understood myself as a formerly active nurse, and questioned my effectiveness professionally.

As I became a first-hand witness and recipient of nursing care, I began the process of contemplating my life's journey and pondered "was I as good a nurse as I believed myself to be? Did I show professional loving kindness to my patients as much as my current caregivers have so generously shown to me? Did I really impact my students lives for the better? Was I an effective teacher? I needed to reflect upon my actions, inactions, and decision-

making and now had the time.

Looking back over my career, I worked diligently to combine theory with practice. With each step, I focused on acquiring the skills required for each level of nursing with which I was challenged. As a new nurse, with license fresh in hand, I believed in my goal of administering comforting holistic care. However, it did not take long for me to discover my days would be filled with a multiplicity of tasks and priorities pulling me away from the patients. At times I felt completely overwhelmed. After one particularly tough shift, I remember stealing away into an empty patient lounge. Arms full of charts, I closed the door and broke down into tears. Had I made a terrible mistake and spent the last four years of my life training for something I cannot tolerate right now?

Sadly, many new nurses have the same predictable reaction resulting from this reality check and stress of the job; we realize that we literally are professionally and legally responsible for the lives of the patients under our care. Furthermore, I felt I was never really able to get to *know* my patients, spend *quality time* with them, and render *holistic care* like they taught me in school. Had I failed so soon or was I expecting too much of myself?

As the years wore on, I worked as an intensive care nurse and the delivery of my care was elevated to a completely different level. I developed my nursing practice to expert. Much more, I became *personally invested* in my patient's outcomes. I grew to understand how



to recognize the presentation of symptoms and my role in nursing practice to prevent their escalation. I was able to invest my time and effort in providing compassionate care to my patients and support to their families. I could sometimes spend more than an hour at my patient's bedside listening to their concerns and supporting their efforts to have faith in their recovery process. When my patients were discharged, I encouraged their happiness and joined in their triumph. In contrast, when my patients expired, I absorbed their family's sorrow and respectfully provided post-mortem care. I believed through these experiences, I learned to become both a prudent and compassionate caregiver. However, sometimes our self-evaluation and self-awareness can be considerably different than the perception of those we care for toward us.

That was never more evident to me when my life had a radical change which led to these reflections and ruminations. Six months ago, I walked into a hospital emergency room feeling acutely short of breath. As a critical care nurse, I was in complete denial of my life-threatening state. Fifty pounds overweight with fluid and in cardiac and renal failure, I would spend the next six weeks in a hospital bed refusing to believe I would be on dialysis for the remainder of my life. I was indeed finished working as a nurse and had to accept my new role as patient. Sadly, I had moved from the bedside to the bed.

Initially, I did not want the staff know that I was a nurse. Naturally, it was a test to see how well or poorly I was treated. Unable to ambulate from my bed to the bedside commode, I was gratefully surprised that every call for assistance was responded immediately by not one but two caregivers. My nurses were kind and professional. Most surprising of all, every person who entered my room for any

reason stopped to identify me as a patient and explain their purpose for being there. That was something of which I took *considerable* notice.

As days became weeks and weeks became months, my god-daughter informed the staff that I was indeed not just a nurse, but a nurse educator. Within twenty-four hours, the new greeting of the day became "Hi my name is blank, are you a nurse?" Even the nurse manager paid a visit to ask me to honestly assess my care. After almost six weeks as a patient in Pennsylvania Hospital, 6 Cathcart, my comments were both honest and encouraging. Most of all, as the staff discovered I was a much-experienced RN, they showered me, especially the nurse's aids, with incredible concern and attention.

Once I was discharged, my experiences with the care at my outpatient dialysis center, Davita Callowhill, were similar. The nursing staff was professional, knowledgeable, courteous, and pleasant. The patient care technicians (PCT) especially practiced at a much higher level than I had seen. Initially, I was petrified at this completely new experience of *dialysis*. However, the nurses and PCT's were fully able to ease my suspicious nature and helped me to breathe and focus on my goals of care. In addition, I had the blessing of a multidisciplinary clinical support team to help ease my transition from caregiver to care recipient.

As I reflected upon my nurses' kindness, compassion, professionalism, and care rendered, the questions continued to haunt me. "*Was I as good a nurse as I believed myself to be?*" *Did I show professional lovingkindness to my patients as much as my current caregivers have so generously shown to me?*" All I can say is that I really, really hope and pray that I did. Based upon my clinical evaluations,

my job performance was stellar. Yet, if I missed the mark on occasion, from the bottom of my "once-filled-with-excessive fluid" heart, I sincerely apologize. Furthermore, as a nurse educator, I hope that any student who reads my words will understand that as a mentor, I cared about them and their clinical performance. Many of us still remember the emotional lability and professional turmoil of adjusting to life as a Registered Nurse. Yet, if we sometimes seemed too stern or focused on what you may perceive as minutiae, please understand that a nurse educator's job is to prepare students to be safe at the point of care. Naturally, safety is in accordance with the ethical principle, nonmaleficence, which is "Do no harm."

Once a caregiver and now a care recipient, my advice to all nurses is to remember the person in the bed is a child of God. Our goal is to render holistic, compassionate care from a Christian worldview. Take time during the day to evaluate your effectiveness, levels of kindness, compassion, and patient care outcomes as your temperament and professional nature directly impact the wellbeing of your patients and their families.

The nurse who confidently gives care today will one day have to humbly receive it as well. Why? Because life really is the great equalizer.



New Beginnings New Lab

Joseph Sears, BS, SN | BSN 2, Cohort 14 Class of 2019

During my first few days of nursing school at Eastern University, I looked into the lab and thought: "Wow! I am going to learn to be a nurse in there!" Located in the Eagle Learning Center, the lab consisted of a single room crammed with beds, wheel chairs, and nursing supplies.

My first experience with the lab was in the Fundamentals of Nursing course, which taught the basic skills of nursing such as bed baths, transfers, wound care, and proper usage of personal protective equipment. While the space was sufficient for learning, it became difficult to learn effectively while dodging elbows and trying not to trip over my fellow nursing students. Additionally, the equipment available in the lab had little in common with the current equipment used in the hospitals. With technology advancing at a rapid pace, something as simple as a bed quickly becomes a technological monstrosity with more buttons than an airliner cockpit. In short, the program had outgrown the available space and needed to expand.

THE PROGRAM HAD OUTGROWN THE AVAILABLE SPACE

My cohort made the switch over to the new lab half-way through our Fundamentals of Nursing course. Instead of just a single room, the new lab boasts two rooms for patient care, two simulation rooms, a separate supply closet, and a debriefing room. The lab also includes a lobby area dedicated to the nursing program with a kitchen, bathroom, and space for personal items such as coats or backpacks.

The simulation rooms are equipped with high-fidelity mannequins which breathe, have heart sounds, pulses, and even blink. These mannequins are remotely connected to a monitoring room from which instructors can observe the student interactions with a "patient" through one-way glass. Instructors can also alter settings on the simulators to immediately change situations based on the clinical actions and performance of the nursing student.

The main patient care room is larger than the entirety of the previous lab and can be subdivided using curtains. Each bed has a dedicated monitor, IV pump, oxygen port and other nursing equipment. With a separate area for storage, equipment organization, catheters, syringes, and other necessary items used by students to learn and improve psychomotor skills and critical thinking.

The size and equipment in the lab provide an environment where students can focus on learning skills. In addition, operation of the lab can take place more efficiently. With the increased space, one instructor can have two different groups working on different skills in the same room. Preparation for multiple patient scenarios can take place without revamping the entire space and the technology of the simulation rooms allows for more intensity in patient scenarios. Without having to worry about running into another student or if the bed would function properly, my experience in lab has been more productive and has better prepared me for clinical practice. Overall, the new lab has created a positive learning environment in which nursing students can train to become safe, compassionate, and effective nurses.



“WOW! I
AM GOING
TO LEARN
TO BE A
NURSE IN
THERE!”





The Relationship **BETWEEN** STRUCTURED DEBRIEFING ON *Clinical Judgment Development*

Kristin Z. Shaub RN, MSN | Director of Simulation

Within nursing education, simulation-based learning has been used to accommodate the current emphasis on developing prelicensure students' clinical judgment skills as in-hospital clinical experiences are increasingly limited. Simulation-based learning generally follows the format of prebriefing, clinical simulation scenario, and debriefing. Although each of the three major components of simulation-based learning are important, the debriefing portion is arguably the most important part and has been considered by some to have the potential to transform learning within nursing education.

Best practice guidelines dictate that debriefing be performed in a structured manner in order to best develop higher level thinking skills that lead to clinical reasoning and, ultimately, clinical judgment. Through structured debriefing, new nurses may be better prepared to use safe clinical decision-making despite having less clinical experience. Yet, structured debriefing is inconsistently used which may impact the effectiveness of simulation in developing clinical judgment.

Three themes that emerge when evaluating the implementation of structured debriefing into simulation-

based learning are as follows: the ability to "think like a nurse," safety, and confidence. Furthermore, structured debriefing can be used as a teaching strategy for nurses at any practice or education level. Thus, although further research using a consistent tool to measure the impact of structured debriefing on clinical judgment development is indicated, nurse educators should receive additional education on effective use of structured debriefing within simulation in order to help nursing students develop enhanced clinical judgment in order to better promote safe patient care and improved patient outcomes.

A SPECIAL NOTE OF GRATITUDE

TO STEVEN '91
AND CATHY
[COPE] '92
CLEMENS FOR
FINANCIAL
SUPPORT OF
THE NURSING
SIMULATION
LABORATORY
RENAMED:
**CLEMENS
FAMILY NURSING
LABORATORY**



Sofia Frantz and Jazmine May playing with a little baby!



Students working together for the common good

Missions Journals

REFLECTIONS ON HAITI TRIP 2019

BRENDA ZECK: We each have a desire to make a difference in the world but naturally we want to do great things in Jesus' name. Everything that we are doing and completing in school is preparing us for His use and will in the future- that is why we are called to pursue excellence in all that we do because it is in His name.

SUMMER FRANTZ: I grew in my assessment skills and appreciation for another culture. I deeply admire the sense of community on Mission of Hope's campus and the love for the Lord they portray.

SOFIA FRANTZ: The experience also helped me grow in my faith. I was able to read devotions and pray every morning at sunrise which I rarely get the chance to do during the semester. Overall, it was a great experience that I will never forget.

KAITY SHORB: The area of personal growth that I developed the most was my confidence.

KELLY GONZALEZ: All of this taught me more about the importance of adapting to conditions as a nurse to provide the best patient care possible.

KARISSA BRADY: I was able to share Christ with others and experience first-hand what it looks like to incorporate faith into practice.

JAZMINE MAY: Medical missions is something I want to pursue in my future as a nurse and I would love to share it with the people in my life.

DANIELLE LARGE: I believe this trip allowed me to grow in a personal way because God constantly pushed me outside my comfort zone.

HAITI



Summer Frantz is checking a BP. Equipment donated by MDF, our vendor for nursing equipment. BP cuffs and stethoscopes were also contributed to the mission.



Center is Brenda Zeck, helping to assess and diagnose an elderly Haitian woman



*(back row) Nancy Brady (mother) , Johnna Brady (sister), Kelly Gonzalez, Danielle Large, Sofia Frantz, Summer Frantz, Jazmine May
(front row) Karissa Brady, Brenda Zeck, Dawn Bonella (Nurse Practitioner), Elaine Fuguet*



NURSES' *votes*

Congratulations to the **DON** for continued American Holistic Nurses Credentialing Center (AHNCC) endorsement for the BSN, RN-BSN, and MSN programs.

Congratulations to **Geri Remy** who is our newest Advanced Holistic Nurse Board Certified faculty member.

Congratulations to **Nancy Blackburn** who successfully re-certified with ANCC as a Pediatric Nurse for 2019 - 2024.

Nancy Blackburn is on the board of the Friends of the Reformed Episcopal Seminary (FORES), Treasurer of the Emergency Nurses Association Chapter 51, and Volunteer Chaplain at Nemours. Nancy taught CPR/AED to the High School GEMS (girls everywhere meeting the Saviour) group and their leaders.

Mary T Boylston presented poster at Sigma Theta Tau International Nursing Honor Society Research Day at Immaculata University, March, 2019. The presentation is entitled: *Opioid Addiction: Data, Progress, and Prevention*.

Sigma Theta Tau International Nursing Honor Society Delta Tau Chapter at Large inducted the following faculty and community members on April 7, 2019:

Natasha Bishop, Instructor Mental Health
Megan Kelly, Adjunct Professor
Crystal Johnson, Adjunct Professor

Christina Jackson published "Yoga Benefits for Nurses and Patients" [2018] as a continuing education program.

Christina Jackson presented at Penn Chester County Hospital leadership retreats:

The October 2018 Nursing Leadership Retreat. *Title: Mindfulness for Self-Care, Resilience and Safety*

The February 2019 Hospital Leadership Retreat. *Title: Resilience and Flourishing in Hospital Work Environments*

Chair of the Department of Nursing, **Dr. Dianne DeLong** has retired on June 30, 2019.

We bid farewell to instructors **Natasha Bishop** and **Christine Von Colln-Applying**.

Welcome to Our New Faculty and Staff Members

Sally Stern, MSN, RNC-OB, RN-BC
Lecturer Mother Baby

According to Sally: *All my life, I always wanted to be either a teacher or a nurse. I chose nursing because I couldn't imagine teaching the usual subjects. When I was a student in nursing school at Bloomsburg University, an epiphany hit me... teach nursing!!! As a medical- surgical nurse, I was able to fulfill these desires as a nurse educating in-patients. When I specialized in Labor and Delivery, I taught childbirth classes to outpatients. Over time, I was able to earn a Master's Degree at Villanova in Nursing Education. With that degree, I taught nursing students clinical at University of Pennsylvania and Jefferson University. Prior to coming to Eastern, I*

was the nurse educator for the obstetrical nurses at Lankenau Hospital which afforded multiple opportunities to teach. I am happy to be at Eastern and can combine my love of teaching and obstetrics.

Two teenagers and husband keep me busy at home, in addition to my Tibetan Terrier puppy. The family is in love with this dog, and he occupies most of our time. Additionally, I am very involved in my church, and enjoy Bible Study, and fellowship with other believers. My other hobbies include gardening, reading, and socializing with friends.

Favorite verse: Isaiah 41:10 So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand.

Therefore, whether you eat or drink, or whatever you do, do all to the glory of God

Nancy H Blackburn, PhD(c), MA, MSN, RN BC, CPEN
Assistant Professor

Nancy Blackburn earned a diploma in Nursing at the Nursing School of Wilmington. After less than a year in Adult Medical-Surgical Nursing, she began her 40 year pediatric nursing career at Children's Hospital of Philadelphia with the Infant Medical service and then the Emergency Department (ED). She then joined the PICU team at Nemours in 1995, transferring to the Nemours ED in 2005, serving as an Educator in the PICU and the ED, as well as a bedside emergency nurse. One of first 200 candidates for the Certified Pediatric Emergency Nurse (CPEN), she was one of the first 152 CPENs internationally. She has also been a Board Certified Pediatric Nurse for more than 20 years.

Nancy enrolled in the RN to BSN program at Eastern College (now Eastern University), graduating with a BSN (with distinction) in 2000. As a student at Eastern, she was nominated for the Helene Fuld Nursing Leadership Award and inducted into Sigma Theta Tau International Honor Society of Nursing.

From 2007-2012, Nancy began working as an adjunct clinical faculty for the Pediatrics course (BSN2) at Eastern University. During this time, she traveled to Kenya and Uganda to teach Pediatric Nursing to missionary and national nurses and allied health professionals. Upon completion of her MSN in Leadership - Educator, she returned to Eastern as adjunct faculty.

Nancy has taught Community and Global Nursing in the RN to BSN Program and Pediatric Nursing in the 4-year BSN and BSN Two Second Degree programs. In August 2018, she was hired full-time as an Assistant Professor. She is currently all but dissertation (ABD) Ph.D. in Biblical Counseling at Trinity Seminary and School of the Bible in Newburg, Indiana, having earned her MA in 2016.

Growing up in a Christian home, Nancy has always been involved in church ministry. A singer of harmony and guitar player, music has been part of that ministry since she was four years old. When first a nurse, she had no idea that she was also a teacher at heart. Upon that discovery, she also discovered a calling to counseling from a Biblical perspective. As a pastor's wife, mother, and grandmother, Nancy seeks to glorify God in all she does.

Favorite verse: 1 Corinthians 10:31 (NKJV) *Therefore, whether you eat or drink, or whatever you do, do all to the glory of God.*

Jessica Watson BSN RN MSN
MSN in Nursing Education and Faculty Role
Holistic Stress Management Instructor

Jessica Watson, MSN, RN, BSN, HSMI completed her BSN at Villanova University and her Master's in Nurse Education and Faculty Role at Drexel University in Philadelphia, PA. Jessica has worked in multiple areas of nursing including cardiovascular surgery, telemetry, stepdown, oncology, perioperative, motherbaby, and NICU. Jessica has pursued travel nursing throughout the United States, which provided her with the opportunity to work at some of the highest ranked and technologically advanced university hospitals in the country. Jessica is an active member in the American Holistic Nurses Association and American Association of Critical-Care Nurses.

Jessica joins Eastern University as the new Nursing Lab and Simulation Coordinator and also teaches as Adjunct Faculty for Drexel University. Jessica practices as a Holistic Stress Management Instructor to help her

family, friends, students, fellow colleagues, and all people with an interest in coping and stress management techniques to use within their daily lives and in the workplace. When Jessica is not working, she enjoys spending time in nature and with loved ones, dancing and singing, painting, exploring literature, writing, and traveling.

Favorite verse: Matthew 19:26 *"With God, All things are possible."*

Kristin Z. Shaub RN, MSN
Director of Simulation

Kristin graduated with her BSN from Eastern University's BSN2 program, having previously earned a BA in English/professional writing from the University of Delaware. Kristin went on to earn her MSN in nursing education from Messiah College. While at Messiah, Kristin developed an interest in simulation, which became one of the focuses of her scholarship. Her Capstone project for her Master's program was entitled *The Effect of Structured Debriefing on the Development of Clinical Judgment in Prelicensure Nursing Students: A Systematic Review*. Kristin further developed her knowledge of simulation through her work with prelicensure nursing students in the simulation labs at Messiah College as well as at Harrisburg Area Community College's Lancaster campus, where she previously taught as an adjunct nurse educator.

Kristin currently serves as an affiliate instructor for Eastern. Within this role, Kristin teaches in the classroom and simulation settings. In the Spring of 2019, she taught *Introduction to Professional Holistic Nursing* and also facilitated classroom-based and clinical-based simulation learning activities for traditional and BSN2 prelicensure nursing students. Kristin will serve as Eastern's Director of Simulation starting in the Fall of 2019.

Kristin is a certified in critical-care nurse (CCRN), having worked in cardio-thoracic and medical-surgical intensive care units at UPMC Pinnacle. In addition to her ICU background, Kristin continues to work at the bedside for UPMC Pinnacle as a float pool nurse for the ICUs, progressive care units, medical-surgical floors, and telemetry floors. Kristin's involvements with UPMC Pinnacle extend beyond the bedside, having served as a member of the Nursing Research and Evidence-Based Practice Council and co-founding the cardio-thoracic intensive care unit research committee. Kristin also was involved with Research Roundtable, which is a collaboration between UPMC Pinnacle and Messiah College where nursing students and bedside nurses work together to carry out evidence-based practice (EBP) projects. Kristin presented on two of these EBP projects at UPMC Pinnacle's Annual Nursing Research Conference. Additionally, Kristin serves as the Governance Chair for Sigma Theta Tau's Lambda Kappa Chapter. She is a member of the International Nursing Association for Clinical Simulation and Learning (INACSL), and the American Association of Critical-Care Nurses (AACN).

In addition to her professional interests, Kristin also enjoys participating in and watching winter sports, having been a competitive figure skater for 15 years. Kristin is married to her loving husband, Bryan, who was her middle-school sweetheart (she asked him out). Together, they are the proud parents of four cat babies, Daria, Bella, Mochi, and Sochi. Kristin and Bryan enjoy traveling and are planning a trip to Japan later this year.

Favorite verse: James 1: 2-4 *Consider it pure joy, my brothers and sisters, whenever you face trials of many kinds, because you know that the testing of your faith produces perseverance. Let perseverance finish its work so that you may be mature and complete, not lacking anything.*

STUDENT NURSES

votes

GRADUATION AWARDS

BSN 2 December 2018

Chairs Award - **Alyssa Donze**

Marie Joseph Servant Leader Award - **Jillian Donze and Alyssa Donze**

Corinne Latini Professional Practice Award - **Ian Mercier**

Malinda Murray Compassionate Care Award - **Kelsey Heimbaugh**

Perseverance Award - **Edwin Onwusoba**

Traditional Program May 2019

Chair's Award: **Kierra Zack**

Marie Joseph Servant Leader Award- **Brenda Zeck**

Corinne Latini Professional Practice Award- **Daniel Acker**

Malinda Murray Compassionate Care Award-**Kimberly Piotti**

Perseverance Award- **Kelly Gonzalez**

Student Nurses Association of Pennsylvania

SNAP Officers

BSN2 Cohort 14: **Shelby Brandt, Rachel Turner, Janae Dubundo**

Traditional BSN 2020: **Bernadette McGirr, Jackie Lamont,**

Jade Hollenbach, Rebecca Philbin, Danielle Scheneck

BSN2 Cohort 15: **Natalie Pabon, Cinasia Hill, Juvelta Vische**

2018 – 2019 EU Independence Blue

Cross Scholarship Awardees

Carla Ardiles

Deborah Anachuna

Shelby Brandt

Kelly Gonzalez

Brenda Zeck

GRADUATES

December 2018

Yadixy Betancourt

Sara Blaylock

Julia Buonocore

Jennifer Carlin

Sara Charlesworth

Rosemary Daddona

Alyssa Donze

Jillian Donze

Albert Granda

Julie Haggan

Seth Hamilton

Kelsey Heimbaugh

Ian Mercier

Tiffany Mihalko

Okechukwu Onwusoba

May 2019

Daniel Acker

Deborah Anachuna

Hannah Dunn

Magdalena Dyjak

Sofia Frantz

Summer Frantz

Kelly Gonzalez

Jacqueline Hawkins

Sierra Horning

Athanasia Kontanis

Amada Leon

Jazmine May

Isaiah Paul

Kimberly Piotti

Kaitlynn Shorb

Emily Strothers

Marissa Wagner

Kierra Zack

Brenda Zeck



Sigma Theta Tau

Sigma Theta Tau International Nursing Honor Society March 2019 Inductees

Daniel Acker · Effie Culp · Danielle D'Ámbrosio
Summer Frantz · Sofia Frantz · Sierra Horning
Athanasia Kontanis · Lien Ly · Eleanore McCleary
Asante Mensah · Mordan Pappas · Joseph Sears
Janae Wilsman · Kierra Zack · Brenda Zeck

Honor Society Inductees 2019



CHAIR INTRODUCTION



MELISSA

Throughout my career, I have embraced change and transition. Whether my affinity to change has been spawned by curiosity, the dynamic nature of health care and higher education, or simply a desire to try something new, I have always equated change and transition with new opportunity. My nursing career has taken me from the role of staff nurse in the pediatric intensive care to a nurse practitioner in pediatric primary care to a nurse educator in undergraduate and graduate education and to an administrator in higher education. I have worked in rural and urban areas, in large and small institutions, and with a diversity of people. Each transition has provided new opportunities to grow, learn, and serve others. As I transition into my new role as Chief Nursing Administrator, I am eager to be a part of the future of the Eastern University Department of Nursing.

Amidst most healthy change is a constant. For me, this constant is God's faithfulness and guidance. The verse I refer to as my compass is *Micah 6:8 Do what is right to other people, love being kind to others, and live humbly*. How easy is it in the busyness of life to forget these simple teachings? As we get caught up in projects, schedules, and daily joys and challenges, we need to remember to treat others fairly, respectfully, justly and with love and kindness while not taking ourselves too seriously. For me, it is a daily prayer to have the courage and commitment to allow these words to guide my thoughts and actions in all circumstances.

With new opportunities on the horizon, I want to thank Dr. Dianne DeLong for her leadership and service as the Chair/Chief Nursing Administrator. Her efforts, along with those of the exceptional faculty and staff, have

positioned EU Nursing for an exciting and innovative future. And now as the new academic year begins, let's challenge ourselves to look for new opportunities to share, contribute to, and grow Eastern University Nursing.

Enjoy today,

Melissa J. Snyder D.Ed, FNP, CNE
Chief Nursing Administrator

MSN: CHANGING GRADUATE NURSING EDUCATION

The MSN enrolled its first and second cohort during 2018 - 2019 academic year. The accreditation process via Commission on Collegiate Nursing Education (CCNE), an autonomous accrediting agency, is scheduled for April 2020. *CCNE (2019) serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and nurse residency programs* (<https://www.aacnnursing.org/CCNE>).

The MSN has also been endorsed by American Holistic Nurses Credentialing Corporation (<http://www.ahncc.org/>). Eastern's nursing programs are one of the 14 universities nationally endorsed by AHNCC.

Cohorts begin each spring and fall. For more information contact gpsadmissions@eastern.edu.



Department of Nursing
1300 Eagle Road
St. Davids, PA 19087-3696



KNOWLEDGE=POWER

EASTERN UNIVERSITY

**The Department of Nursing offers
the following programs:**

Undergraduate:

- Traditional Pre-Licensure
- Second Degree BSN (BSN2)

*Accredited by Collegiate Commission of Nursing
Education (CCNE)

Graduate

- Master of Science in Nursing (MSN)
- Holistic Nursing Education

For more information:

TRADITIONAL BSN:

Ugadm@eastern.edu

MSN & BSN TWO:

gpsadmissions@eastern.edu

**Registerednursing.org has ranked the pre-licensure BSN in
the top ten (number 9) in the Commonwealth of Pennsylvania**