

EASTERN UNIVERSITY

Spring 2013

NURSING CONNECTIONS



AN EXCHANGE OF
HUMAN SPIRITS



NURSING CONNECTIONS

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CONNECTIONS CORNER



Mary T. Boylston
RN, MSN, Ed D, AHN-BC
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GREETINGS AND WELCOME TO THE 2013 edition of Eastern University's Department of *Nursing Connections* magazine. This edition shares a number of articles highlighting the multifaceted activities of the faculty, staff, and students as they work together empowering our broken world from a distinctly holistic nursing perspective.

For example, Shelley Hickey, medical surgical instructor, chronicles the activities of an El Salvador mission trip in January. Closer to home, Geri Remy, community health instructor, discusses the local community service activities in Norristown as senior pre-licensure students worked in a homeless shelter promoting health and wellness.

From an educator's perspective, instructor Nancy Murphy employs case studies as a mechanism to hone and advance critical thinking skills, while Corinne Latini, Skills Lab Coordinator, shares information about the 2012 senior nursing externships.

Ellie Butsick, Coordinator of the RN to BSN program, identifies the value of cohort camaraderie and how it plays an important role in the cohesiveness and retention of students. In fact, the value of the BSN has never been higher as hospitals and health care agencies have altered hiring practices. "BSN by 2020" is the new mantra heard around the country.

And, direct from the Gatehouse, Department of Nursing Chair Mary Anne Peters has an important announcement as the RN to BSN program will be offered in two formats, both online and onground.

Readers will have an idea of how the Department of Nursing faculty, staff, and students work together to achieve Eastern University's distinctive mission. Enjoy this edition and if you have any comments or suggestions for future articles, please contact me at your convenience at mboylsto@eastern.edu.

Warm regards,

INTRODUCING THE ONLINE RN TO BSN PROGRAM

For more information contact
Ellie Butsick (ebutsick@eastern.edu)

THE PAST, PRESENT AND FUTURE

Mary Anne Peters, RN, Ph D, CNE

“...but those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.” **Isaiah 40:31 (NIV)**



THE DEPARTMENT OF NURSING (DON) at Eastern University is undergoing a period of transformation. Although change is exciting and brings many new opportunities, it can also be challenging. It is during these times of change that we need to place our trust in the Lord as we through. The good news is that He will and He does.

The first change is the closing of the Korean Nurse Track. In 2004, the first group of Korean RN-BSN students matriculated in response to the University's mission to “to spread the Gospel to the whole world.” DON faculty collaborated to develop a track within the RN-BSN program that addressed the educational needs of Korean registered nurses seeking a BSN. The final class of Korean nursing students will graduate in December, 2013. These special students and graduates brought richness to the Eastern community and we are grateful for their time with us. It will be a bittersweet experience to bid them farewell.

As one program phases out, the faculty and staff prepare to celebrate the pinning and graduation of our first class of College of Arts and Sciences pre-licensure nursing students. In 2009, a group of young men and women took a risk and joined the first class of four-year nursing students. This spring, after countless hours of classes, labs, clinicals, and studying, this inaugural class of 13 students will graduate. They will join the BSN

TWO students in Cohort 7 at the annual pinning celebration in May. I know they would testify that as they soar into their professional lives, the Lord has been and will continue to be their strength.

In other exciting news, the DON faculty and staff are pleased to announce the opening of a fully online RN-BSN program option in the fall of 2013. The online option will provide students the flexibility to realize their BSN without the hassles of commuting or arranging their lives to conform to class schedules. Students choosing the online option will enroll in the same unique holistic curriculum as the on-ground RN-BSN students. Online learning is different but maintains the quality of education you have come to expect from Eastern University. Students and faculty will engage in a dynamic learning experience, gaining knowledge and skills that can be applied in real world nursing.

Finally, I am pleased to share that this past spring 2012, we hosted an on-site evaluation team from the Commission on Collegiate Nursing Education (CCNE). In October, 2012, we received confirmation of our continuing accreditation at the highest level conferred by CCNE. The DON received ten-year re-accreditation and the next on-site visit will be spring 2022. I know that there have been many changes over the past four years and I look forward to the growth of the nursing programs in the upcoming years. I rest assured that the Lord will renew our strength and enable us to soar like eagles.



SIGMA THETA TAU INTERNATIONAL

Delta Tau, Chapter at Large 2013 Inductees

UNDERGRADUATES

Esther Bliss

Monika Bontempo

Patricia Burns

Tonya Cooper

Patrick Cunningham

Chimwemwe Doctor

Elizabeth Dufresne

Krista Ferrari

Keatha Gardner

Hannah Hewes

Carrie Kline

Elizabeth Kisenishsky

Christy Lepore

Kristina Lesiuk

Denise Kristen McFadden

Jennifer McNicholas

Allison Moomaw

Erin Muscarella

Megan Roy

Janet Stack

Nicole Olivia Stevens

Richie Vaghela

Linda Weihbrecht

COMMUNITY MEMBERS

Kimberli Brawner

Gloria Copeland-Smith



2013 Inductees and faculty

DR. MARY ANNE PETERS:

Leading the Leaders of Nursing Education

Mary T. Boylston
RN, MSN, Ed D, AHN-BC



A LEADER CAN BE DEFINED as a passionate individual who is intelligent, inquisitive, intuitive, a problem solver, and excellent communicator. In nursing academia, Dr. Mary Anne Peters, RN, PhD, CNE, embodies all of the qualities and adds her uniqueness as a highly regarded woman of deep faith. According to Eastern University Chaplain Joseph Modica, “Mary Anne’s leadership incorporates both characteristics of the biblical prophet and priest: she tells the unvarnished truth, but does so with pastoral sensitivities...two essential qualities of a Christian academic leader.” Her reputation and leadership capabilities have catapulted her into a number of important influential roles around the campus, our local community, and the Commonwealth.

Dr. Peters’ journey to the Chair of the Department of Nursing at Eastern University and Presidency of Pennsylvania Higher Education Nursing Schools Association (PHENSA) has been one of growing confidence, perseverance, and setting goals that have been achieved with a determined work ethic focused on quality and the attainment of high standards.

Provisionally, Dr. Peters has taken the helm of the nursing programs and leads a unique and diverse group of individuals toward the goals and mission of the Department and University. As the Chairperson, she continues to work on her scholarship and has revised the RN to BSN curriculum by adding a more global curricular approach, Scholarly Writing course, and streamlined the clinical practica; she has also spearheaded the growth of the traditional pre-licensure program, mentored countless faculty and students, published and reviewed articles, networked nationally and locally, and speaks for nursing education in Pennsylvania.

Her expertise in academia is so well regarded that she has been appointed a site visitor for the Commission of Collegiate Nursing Education (CCNE); she travels to colleges and universities across the nation to assess the nursing programs for quality and attention to standards and norms. Site visitors offer their

recommendations and suggest whether a program has achieved the national standards. This is a powerful position for any individual to hold. In other words, there is no one like Mary Anne Peters.

When Mary Anne Peters arrived at Eastern University in 1992, she brought her expertise in maternal child nursing, education, and leadership. After a number of years of teaching, developing curriculum, chairing committees, advising,

boasts membership from every BSN program in Pennsylvania. She now leads influential nursing deans, chairpersons, and program directors as she sets a strategic agenda and methods to achieve it.

Mary Anne has been a remarkable leader as she quickly oriented and became the face of the Department of Nursing. In addition, she is accessible and open to conversation. She understands that there are a variety of personalities working in the Department of Nursing and University and she adapts her leadership style to meet the situation and needs of the individual, faculty and students.

Her teaching skills have been superior as student evaluations and comments have been favorable and validated when she was awarded the Lindback Award in 1999. This was not surprising as she demonstrated creativity, passion, and enthusiasm for the educational process and classroom. According to student Hannah Hewes, class of 2013, “It is evident as a professor and as an advisor. Dr. Peters allows her students as well as the Nursing Department to soar to their highest potential. She sets the standards and expectations high, and is more than willing to teach and lead through her experiences, expertise, and strong faith and trust in the Lord. She wears her heart on her sleeve and connects with her students at a professional yet relational level.” Classmate Patrick Cunningham agreed and said, “She is the kind of leader who fulfills her goals, inspires others to succeed, and does so with grace and humility. Dr. Peters is the leader everyone should strive to be.”

Subsequently, the word ‘leadership’ to Mary Anne Peters is not a noun, but a verb, as she consistently works with nursing leaders, students, faculty, patients, communities, and families with the same fair and compassionate manner. Senior student Kyle Engelbart said, “Dr. Peters is a crucial component to the structure of the Nursing Department at Eastern University and what it has become. She has been consistent in acknowledging Eastern University’s motto of faith, reason, and justice in and out of the classroom. Dr. Peters achieves respect from her students and colleagues by demanding excellence and improvement, being honest and reasonable, and exemplifying her commitment to staying up to date in the health care field.”

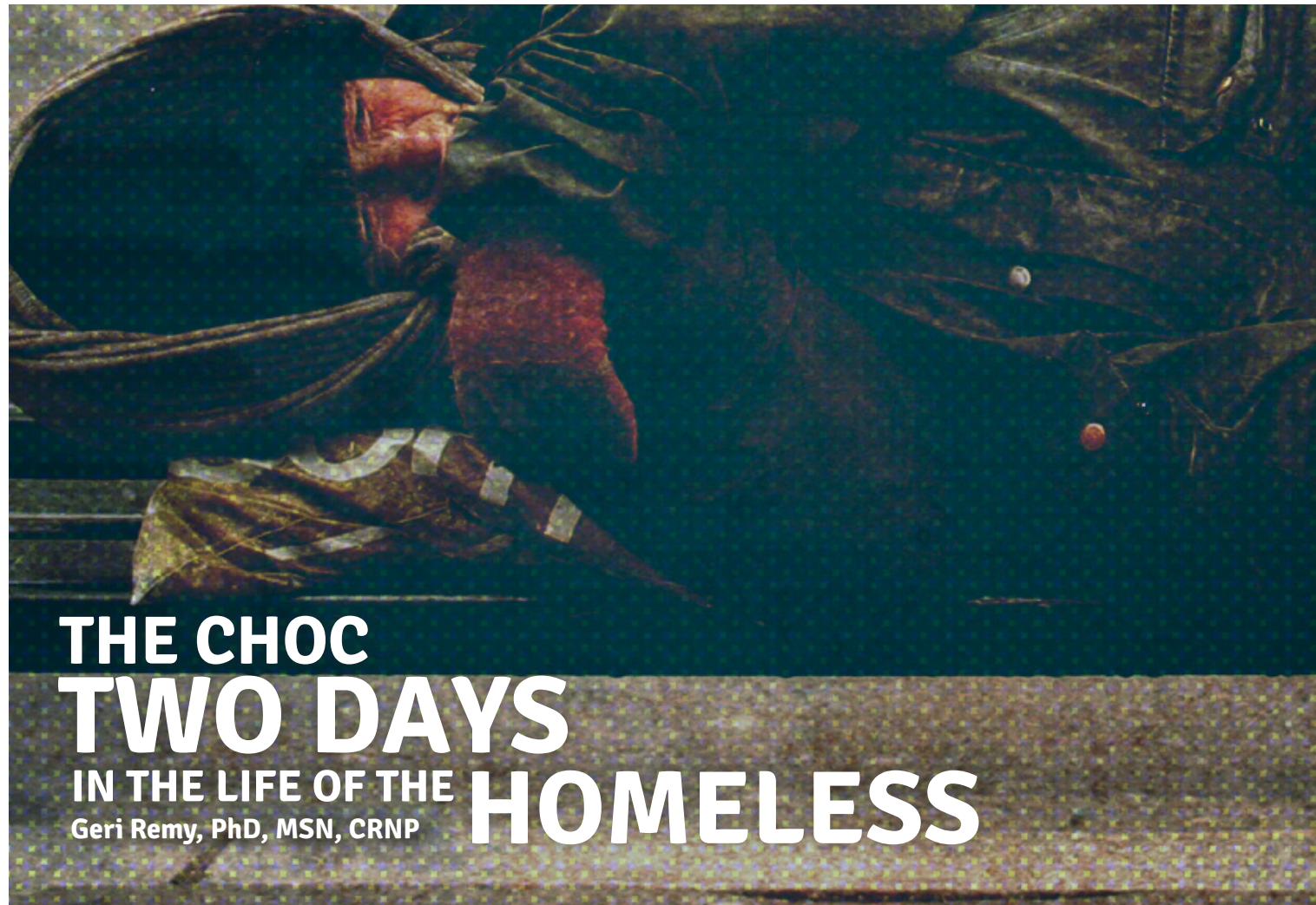
In other words, as a scholar, educator, researcher, and administrator, she will continue to lead the department from a Christian world view as Eastern University BSN faculty, students, and graduates make their indelible marks on health care and nursing practice. ■



“Mary Anne’s leadership incorporates both characteristics of the biblical prophet and priest: she tells the unvarnished truth, but does so with pastoral sensitivities...two essential qualities of a Christian academic leader.”

and completing her doctorate in Nursing Education, she left Eastern to work with her mentor, Dr. Zane Wolf at LaSalle University. Her ability to lead was quickly noted as she was appointed Director of the Graduate Nursing Programs. While the graduate enrollment at LaSalle soared, Dr. Peters felt that she was being called back to Eastern and ultimately returned as Chairperson of the Department of Nursing in 2008. She arrived with a cadre of skills and experiences that have helped to transform the growing department.

During the early years, Dr. Peters tackled her position as Chairperson with dignity, fairness, and integrity. In 2012, Mary Anne led the DON faculty and staff to complete the extensive self-study document leading to CCNE accreditation for ten years. It was during this period that she also assumed the Presidency of PHENSA, an organization that



IT WAS RAINING HARD and the wipers were futilely clearing the fogged-up windshield. Driving was sluggish as rush hour was at its peak. It would have been a nice morning to sleep in, to stay under the covers and eventually get up to a soothing hot cup of tea. But this morning was different. I had actually been hoping for a miserable, damp rain on that January morning so there would be plenty of people present when the nursing students and I arrived at the Coordinated Homeless Outreach Center (CHOC). This is a 50-bed, full-service homeless shelter located on the grounds of the old Norristown State Hospital.

Six Eastern University nursing students and I had coordinated a two-day series of health promotion and education activities at the CHOC, which included serving both the homeless clients and those who work with them. The activities included diabetic education, nutrition and foot care;

“The Eastern University students demonstrated their love for this vulnerable group of individuals through their selfless volunteer efforts of loving and serving these neighbors.”

tobacco and smoking cessation education; chair exercises; coping strategies and stress management; self-care and simple stress reduction modalities for caregivers; breast self-exam; and blood pressure screening. The students had also been asked to conduct a comprehensive assessment on the medication room and offer suggestions regarding safer methods of handling and storing the medications.

After an evaluation of the med room was complete, we divided responsibilities for creating information sheets on drug classifications of the medications that were commonly seen in their client population. Each sheet provided a few important considerations about that specific drug class. We then presented an educational session for staff to discuss commonly seen medications, adverse side effects, and how to recognize allergic reactions, drug toxicity, or adverse effects.



>>Dr. Geri Remy, Esther Bliss, Lauren Malone, Richie Vaghela

Next, students applied foot cream and assisted them in reapplying their shoes and socks, all the while, assessing their knowledge of diabetes management and reinforcing education as needed. Clients who experienced the foot care on day one returned the next day for a repeat treatment.

When we arrived, there were many clients meandering around the day room or sitting around the small tables. There were very few conversations underway, but most of the clients seemed to appreciate the nearness of their shelter mates. We attempted to follow our prescribed schedule for the activities throughout the two days, so when the time came for a particular activity, we would begin to personally invite clients to our sessions.

A few of the staff members also helped us in persuading the clients to attend the activities; it was challenging to convince them that the sessions would be interesting, practical, and worth the effort. However, our most popular sessions were tobacco education and smoking cessation, blood pressure monitoring, breast self-exam, and diabetic foot care.

It was a beautiful sight to see our Eastern University students working humbly and respectfully with the diabetic clients. On bended knee, they washed the clients' feet and then dried and carefully examined them for blisters, sores, or ulcerations.

“It was a beautiful sight to see our Eastern University students working humbly and respectfully...”

As I observed the students interacting with the clients over the two days at the CHOC, I was frequently impressed by the servant leadership they displayed. The staff appreciated that we took the time to engage them in a few easy, holistic self-care and stress reduction modalities.

We demonstrated the use of the relaxation reflex, aromatherapy, acupressure points and hand massage, self-back massage, breathing awareness, and chair exercises. The two days flew by, and the director, Genny O'Donnell, approached me as I packed up my trunk. She reported that a few of the clients came to her to share that they didn't recall ever being treated so special.

Jesus said, “And you shall love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength; the second is this: “You shall love your neighbor as yourself. There is no other commandment greater than these.”

Mark 12:30(ESV)

The Eastern University students demonstrated their love for this vulnerable group of individuals through their selfless volunteer efforts of loving and serving these neighbors. It was a privilege working side by side with these beautiful nursing students. I am so proud to be involved in their personal Christian formation and their professional nursing growth. ■

PROMOTING CRITICAL THINKING IN THE CLASSROOM

Nancy Murphy, RN, MSN, PhD (c)

THE KEY ROLE OF NURSING education is to equip students with the essential knowledge, skills, and attitudes to address the multifaceted health care issues of the public. Since the late 1980's, the National League for Nursing (NLN) has called for educational reform of nursing curriculum. This call for restructuring is in response to evolving changes in the complicated health system of the U.S., increased patient acuity, dynamic nursing practice, and diversity of student population (Benner, Sutphen, Leonard, & Day, 2010; NLN, 2005).

However, curricular revisions of nursing programs must emerge from evidence that "substantiates the science of nursing education and provides the foundation for best educational practices" in order to meet public needs and maintain professional accountability (NLN, p. 195). While recognizably challenging in a health care environment that endorses "short-term focus, efficiency, and cost-savings;" preparation of student nurses should include an educational experience that promotes "professional attentiveness, responsibility, and excellence" in order to best maintain quality in patient care (Benner et al., 2010, p. 16). Therefore, revision and deployment of nursing curricula, including creative teaching strategies, are critical to the overall agenda of the nursing profession and the society that it serves (Benner; Cannon & Boswell, 2012).

As an influential nursing education organization, the NLN has used its network to challenge educators to explore and implement innovative teaching

pedagogies and develop the science around these teaching-learning strategies through research initiatives (Benner; Ironside, 2001). New models to guide nursing education are recommended over dependence on tradition, past practices, and good intentions with no scientific support (Cannon & Boswell, 2012; NLN). Experts concur modifications to nursing education include moving away from strict behaviorist styles of teaching (direct teaching methods), such as traditional lecture-based on PowerPoint slides to more innovative teaching practices (Benner; Dickelmann, Ironside, & Gunn, 2005).

Traditional lecture, a commonly used instructional method, positions students in the learning experience as passive and mindless information receptacles (Shakarian, 1995). Direct teaching methods do not challenge

students to expand their abilities in the cognitive and affective domains or to address current complex health related and system problems (Dickelmann, Ironside, & Gunn). A systematic review of educational interventions suggests that strategies are many and varied but inconsistent in terms of when they work, in what circumstances they work, and with no consistent positive results (Thompson & Stapley, 2011).

Consequently, the literature uses terms like clinical reasoning, clinical judgment, and decision making interchangeably. While Simmons (2010) and Tanner (2006) recognize that clinical reasoning and clinical judgment are similar in that they both represent process and outcome, they clearly separate these terms and define them differently.



As such, clinical reasoning is a thinking strategy utilized by a nurse to create judgments and resolve problems; it comes before the actual decision. Therefore, the use of case studies and clinical simulation in the classroom setting in lieu of lecture may enhance the development of these skills as faculty mentor and role model the professional behaviors of nursing practice.

In the Eastern University nursing classroom, faculty employ a number of techniques to promote essential critical reasoning and thinking skills. The use of pure lecture has been supplanted by facilitating the relationship of actual case studies to synthesize content and extrapolate the use of theories and evidence-based practice. For example, there are clear recommendations regarding the education of student nurses around pain and its management.

Pain management has been misconstrued historically by nurses in the care of their patients. A nurse arrives at the bedside with preconceived attitudes regarding pain and its management. These skills can lead to advocacy or the withholding of needed medication leading to increased patient distress.

Within the classroom, the use of Greipp's Model of Ethical Decision Making (1992) may facilitate the acknowledgement and impact of individual biases and states that it is imperative for the nurse to recognize these biases to deliver quality patient care. Like Greipp, Tanner (2006) also points to



the impact of individual biases and indicates that what the nurse carries into a scenario will contribute more significantly to clinical judgment than the objective information presented. The deliberate use of case studies in the classroom can and does enhance the growth and development of critical thinking under the direct supervision of faculty.

From an educational perspective, the NLN's challenge to develop, utilize, and substantiate innovative classroom interventions that foster active learning demands the use of evidenced-based practice to drive quality, cost-effective patient initiatives with positive outcomes. Employing case studies, simulation, post-clinical conferences, and analysis of care, provides the students with the opportunity to apply theoretical knowledge in actual situations, thereby honing their clinical reasoning skills and preparing them to begin professional nursing practice equipped with holistic skills ready to transform the workplace. ■



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AN EXCHANGE OF HUMAN SPIRITS

Shelley Hickey, RN, BSN, MSN

As kingfishers catch fire, dragonflies draw flame; As tumbled over rim in roundy wells Stones ring;
like each tucked string tells, each hung bell's. Bow swung finds tongue to fling out broad its name;
Each mortal thing does one thing and the same: Deals out that being indoors each one dwells;
Selves—goes itself; myself it speaks and spells, Crying What I do is me: for that I came. I say more:
the just man justices; Keeps grace: that keeps all his goings graces; Acts in God's eye what in God's
eye he is—Christ—for Christ plays in ten thousand places, Lovely in limbs, and lovely in eyes not his
To the Father through the features of men's faces.

>> [As Kingfishers Catch Fire by Gerard Manley Hopkins](#)

POET GERARD MANLEY HOPKINS reminds us that as the stone, the dragonfly, and the kingfisher reflect themselves in all they do, mankind should reflect Christ in all endeavors. With that notion in mind, Eastern University senior nursing students, three nurse practitioners, and one faculty member traveled as a medical mission team to one of this world's ten thousand places, El Salvador, with the ardent desire to reflect the love of Christ in their nursing care. That grace was abundantly returned to the little mission team through the lovely, dark eyes and Christ-centered hearts of the El Salvadoran people.

The team had the privilege of providing nursing care to patients of all ages in a city clinic in Lourdes and in the village of Las Delicias. Team members from Eastern assisted the District nurse in operating a brand new fetal Doppler, which allowed the elated mother-to-be to hear her baby's heartbeat for the first time. They administered a breathing treatment to a 28-day-old infant with respiratory distress and participated in the solemn anointing of the sick for a 98-year-old dying man. Team members performed countless dressing changes, gave numerous injections, took countless vital signs, and performed several well-baby checks. Yet, the delivery of nursing care, learned and developed on Eastern's campus through countless hours of education and practice, was not the reason the team felt the love of Christ in their hearts. It was



“ CHRIST IS WALKING THROUGH THE WORLD IN YOU AND THROUGH YOU. ”

>> **Mother Teresa**

THEIR FAITH AND LOVE ARE OVERWHELMINGLY STRONG. THIS EXPERIENCE WILL STAY WITH ME FOREVER. IT REALLY PUT THINGS IN PERSPECTIVE.

through these special moments working together where they felt the appreciation and love extended by the recipients of their care.

Mother Teresa said, “Christ is walking through the world in you and through you.” Our team members were witness to this phenomenon as the grace and Heart of Jesus was rendered to them through their quiet interactions with the people of El Salvador. These moments of grace defined the careers and lives of all the participants. This journey to El Salvador may have saved a number of people; yet the most poignant part of the trip was the inextricable change in the hearts of the care givers. Transformed by the experience, senior nursing students shared their experiences:

“**MY TIME IN EL SALVADOR** was wonderful, beautiful, and exciting. It was heartbreaking to see the poverty, but so encouraging and humbling to see their smiles, their hope, and their thankfulness that we came to serve. It was a beautiful and invaluable experience.” **Stephanie Knowles**

“**TRAVELING OUTSIDE THE U.S.** was eye opening and I enjoyed being immersed in another culture. It was also a learning experience as we had to learn how to communicate despite the language barrier and how to adapt to their way of providing medical care. I was overwhelmed by the hospitality and generosity of the people of El Salvador and would love to return to the country again someday.” **Elizabeth Dufresne**

“**IT WAS A BLESSING** to be surrounded by such amazing and caring people who were able to give up a week to be God’s hands and feet as we attended to the needs of the marginalized and impoverished people of El Salvador. This memorable

trip implanted a desire to reach out and help those who are disadvantaged in my near future with the unique education and skills that I have obtained from Eastern University.” **Kyle Engelbart**

“**GOD USED THIS TRIP** to open my eyes to the world and people He has created. The people have very little access to medical equipment and technology that we readily have available here in the states. Taking this experience with me into the nursing world has given me insight to have more compassion for people who have little access to health care and to be a diligent nurse in using the resources to help my patients. As Jesus said, the poor will always be with us. This trip was influential in cultivating my heart for reaching the poor long-term with the skills God has given me through the nursing program at Eastern.” **Tim Horine**

“**OVERALL, IT PROVIDED ME** with some much-needed perspective. When I arrived at the clinic the first day, I was shocked at the scarce amount of supplies and the general conditions, but the physicians and nurses did the best with what they had and worked tirelessly to provide quality care for hundreds of people every week. The trip was a great opportunity to help the people of El Salvador meet some of their needs and learn about their culture.” **Robert Ligowski**

“**WE GREW IN FAITH,** learned about their culture, and worked together. The trip changed me. I am so blessed to have had this experience and be given an opportunity to care for God’s people.” **Eden Margery Rotella**



“**ONE OF MY CLASSMATES** said it best: a smile means the same thing in every language. Their culture is so rich and passionate, and they are so positive and happy with the little that they have. Regardless of their living conditions and life situation, they wake up every day, go about their business with a smile on their faces. Their faith and love are overwhelmingly strong. This experience will stay with me forever. It really put things in perspective. We are very fortunate here. I hope to return again someday soon and not only bring joy to their lives, but also to receive their love and grace.” **Kristina Lesiuk**

“**THIS TRIP PROVIDED ME** with an unforgettable experience and three words: grateful, appreciative, and exposed to briefly describe the aftermath. I was grateful for the trust I gained while not only working with my fellow classmates and instructor, but confidence to work in what at first seemed to be a foreign world of people, ideas, and culture. I was enlightened by their medical processes and systems, yet at the same time, appreciative of what I have been taught, and have access to. I was exposed to the many different faces and hands that touched my heart throughout the week, including the mothers and babies we were privileged to care for. The mission team planted seeds that can flourish in the strong, bustling culture of El Salvador, seeds that will reap the great fruit of good intentions of peace, love, and healing.” **Hannah Hewes**

“**I CAN STILL PICTURE** sitting on a log in the sun next to a four-year-old girl with her belly popping out of her shirt. She didn’t say much, but we as we stared at each other, my heart broke for her and the struggles she will face in life. As she hugged and kissed my cheek as we said our last good bye, I will never forget her gentle arms around my neck.” **Nicole Stevens**

“**THE KIDS WERE ONE** of my favorite experiences. Whether we were at the city clinic, the orphanage, or in the village of Las Delicias, the children flocked to us. There is nothing like the feeling of having so many children surrounding you wanting to know who you are and maybe even wanting the lollipops and candy that you have in your bag. This reminds me of when Jesus says to the disciples, “Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.” (Matthew 14:19) Even though these children spoke a different language, they all knew the universal meaning of a smile and open arms.” **Julie Miele**

“**I WAS LOOKING FORWARD** to being able to touch so many lives. When it was all said and done, it was the lovely people of El Salvador who touched my life.” **Amanda Budow**

I say more: the just man justices; Keeps grace: that keeps all his goings graces; Acts in God’s eye what in God’s eye he is— Christ— for Christ plays in ten thousand places, Lovely in limbs, and lovely in eyes not his To the Father through the features of men’s faces.

G.M. HOPKINS

In El Salvador, one of the ten thousand places, Christ played through the limbs and eyes, ears and hands, feet and hearts of 11 senior nursing students. He was present and reflected back to them through the features of the appreciative faces of the beautiful people the team was privileged to minister to and to be ministered by. The travelers have departed truly blessed and determined to keep His graces going to the remaining 9,999 places. Go in Peace. Serve the Lord. ■



THE 4 C'S OF THE COHORT MODEL OF EDUCATION CAMARADERIE, COLLEGIALITY, COMMUNITY & COALESCENCE

Ellie Butsick, MEd, BSN, RN, Program Coordinator RN to BSN

A COHORT CAN BE DEFINED as a model of education enrolling 10-25 students who begin together, continue throughout the course of study, and complete the program at approximately the same time (Barnett & Caffarella, 1992; Barnett et al., 2000; Maher, 2005). Similarly, Eastern University's Registered Nurse (RN) to Bachelor of Science Degree in Nursing (BSN) cohort model matriculates groups of students who orient together and follow the program toward completion of their BSN. The same students meet on the same night of the week for two years and with the blended format continue to work together online.

Since the inception of the accelerated format in 2000, the RN to BSN program has employed the cohort model to educate RNs who desire to complete their degree. Research supports the merits of this learning environment in education (Wesson et al. 1996; McCarthy et al. 2005; Maher, 2005; Unzueta et al., 2008) thereby promoting satisfaction with the learning process and program (Boylston & Jackson, 2008; Boylston, Peters, & Lacey, 2004). Ac-

cording to student Janet Stack, RN, "We have a wonderful cohort and have all become great friends. I am very happy to report that this BSN experience has surpassed all my expectations. I never anticipated such a wonderful learning opportunity. You should be very proud of your university, the professors, and the student body. A Christian educational experience is probably what I have been looking for my entire life, because I could not be more pleased with my EU Christian world view education and the people I have met."

Satisfaction with the program and cohort model evolves over time as the program is presented at orientation. As Coordinator of the RN to BSN program, I can often sense the students' anticipation, excitement, and sometimes anxiety. Yet it is during orientation and the first weeks of class that cohort cohesiveness begins to develop. That memorable first night begins the journey and initiates the bonds of friendship and collegiality which will unfold over the course of the program.



>> Sigma Theta Tau International RN to BSN inductees with Ellie Butsick



John Carroll and Dave Herbetko celebrating a birthday with RN to BSN cohort 63



Cassie Evans, RN to BSN cohort 59 presents her poster on Dr. Jean Watson's Theory of Human Caring

From an administrator's perspective, it is exciting to watch the camaraderie that evolves. Members of the group emerge from multiple specialties and walks of life such as new graduates, seasoned nurses, and nurses in diverse specialty areas. There have been nurses who are re-uniting after many years in the field and who once attended associate degree programs or hospital-based programs together.

"...My cohort was wonderful! I could not have done it without them."

After a few weeks together, the groups begin to take on a sense of community and coalescence. Research supports the cohesive bonds affect how students perform, attitudes, perceptions, and impacts the learning style in a positive way (Buch & Spalding, 2008).

Due to the amount of time spent together and the common goal they share, each cohort has its own unique culture (McCarthy et al., 2005). There is a bond similar to family that occurs during the progression through the program. Students generally become supportive and collaborative as they move onto the next course. However, just as family ties may be challenged at times, so can the relationships within the group. Therefore, respect and civility are important while this relationship redefines itself and improves.

Yet, as the time draws near to graduation, some cohort members begin to run a gamut of emotions from excitement that the process is over to grief and a sense of loss. They have been together for two years and have experienced a variety of life issues together such as births, marriages, deaths, and new employment. Graduation day arrives and students begin to meet the family of fellow cohort members and many feel they already have known them through their shared experiences.

But for many, their friendships and connections will continue through phone calls, social media, and occasional dinners together. Through this model of education, an inextricable, lasting bond was formed. One graduate said, "I enjoyed the program. My cohort was wonderful! I could not have done it without them." Another recent graduate said, "I enjoyed the time I spent at Eastern University. I felt the professors were very helpful. I also made life-long friends. We are hoping to go on to graduate school together."

It is at this point, that the faculty and staff nod their heads knowing that the cohort model is one of camaraderie, collegiality, community, and coalescence. It is no surprise to hear that the graduates remain connected in their memories together and knowing that one day they will cross paths again in their career journey. ■

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BSN ONLY APPLY

Mary T. Boylston RN, MSN, Ed D, AHN-BC

ATENTION NEW GRAD: We would love to offer you a real start in your career as an RN Registered Nurse; however, please realize that facilities require professional experience (clinical rotations are not considered experience in this case). Please do not apply to this job if you do not have professional experience yet. Your best chance is to get a staff job directly with a health care facility and thereafter we will be more than happy to process your application. We wish you lots of luck and really look forward to an opportunity to work with you in the very near future. In the rare event that a facility will make available to us a position for New Grad, we would post it online. We do NOT save applications for then. (Career Builder, 2013)

Recently, I attended a recruiting fair at a hotel in King of Prussia, PA. There were vendors from all over the region recruiting nurses for their health care agencies and schools. As I met with several nurses, I noted the climate in the room seemed chilly related to a number of reasons. First, most of the attendees were new graduates and had attended the fair with the goal of finding employment. Second, the health care organizations were recruiting BSN-prepared or experienced nurses to fill their vacancies. Last, those nurses without a BSN, ready to present their resumes, were politely told by the recruiters that the institutions would not grant them an interview.

These forlorn nurses did not have experience or a degree; therefore they were not qualified for an entry-level position. This seemed to be quite a shock for graduates who were erroneously advised that there was a shortage of nurses throughout the United States with abundant opportunities for employment.

Although true in the early 2000's and rural sections of the U.S., this modification in Registered Nurse (RN) staffing strategies is the result of a shift in hiring

practices which has been a national initiative for decades. The American Association of Colleges of Nursing (AACN, 2011) confirmed this stance after surveying 509 schools of nursing and published Employment of New Nurse Graduates and Employer Preferences for Baccalaureate-Prepared Nurses. According to the respondents, 30.1% of hospitals and other health care settings are requiring new hires to have a bachelor's degree in nursing, while 76.6% of employers are expressing a strong preference for BSN program graduates (http://www.aacn.nche.edu/leading_initiatives_news/news/2011/employment11).

However, the evolution of this change in nursing is not a new phenomenon and began with the controversial American Nurses Association's First Position on Education for Nursing (1965) endorsing that all entry-level nurses hold a BSN or greater by 1980.

This target date came and went, but the momentum toward BSN as the minimum credential persisted over the subsequent decades. In 2000, the AACN released the following position statement confirming the rationale for the baccalaureate as the entry-level academic credential:

"Rapidly expanding clinical knowledge and mounting complexities in health care mandate that professional nurses possess educational preparation commensurate with the diversified responsibilities required of them.

As health care shifts from hospital-centered, inpatient care to more primary and preventive care throughout the community, the health system requires registered nurses who not only can practice across multiple settings - both within and beyond hospitals - but can function with more independence in clinical decision making, case management, provision of direct bedside care, supervision of unlicensed aides and other support personnel, guiding patients through the maze

>> Skills Lab Assistant Rose O'Rourke and RN to BSN student Joy Doctor present their posters during Sigma Theta Tau International Delta Tau, Chapter at Large Research Day.



of health care resources, and educating patients on treatment regimens and adoption of healthy lifestyles.

In particular, preparation of the entry-level professional nurse requires a greater orientation to community-based primary health care, and an emphasis on health promotion, maintenance, and cost-effective coordinated care." (Approved by Board of Directors July 20, 1996: <http://www.aacn.nche.edu/publications/position/bacc-degree-prep>).

In other words, the AACN called for an increase in nursing research to continue to scientifically validate this controversial stance. Responding, Dr. Linda Aiken and her colleagues (2008) affirmed the importance of bachelor's level preparation in landmark research (Aiken, Clarke, Cheung, Sloane, & Silber, 2003) that demonstrated a strong correlation between RN education level and patient outcomes.

These nurse researchers found that every 10% increase in the proportion of BSN nurses on the hospital staff was associated with a 4% decrease in the risk of death (Friese, Lake, Aiken, Silber, & Sochalski, 2008). This evidence continued to transform nursing as researchers reported further documentation supporting improved outcomes associated with a greater percentage of baccalaureate prepared nurses (Aiken et al., 2003; Estabrooks, Midodzi, Cummings, Ricker, & Giovanetti, 2005; Friese, et al., 2008; Kutney-Lee, Sloane, & Aiken, 2013).

Subsequently, grounded in the evidence that supported the AACN and ANA's firm stance on higher education and staffing mixtures, the Institute of Medicine (IOM) 2010 report *The Future of Nursing: Leading Change, Advancing Health* called for 80% of the nursing workforce to hold at least a bachelor's degree by 2020, thereby making this educational initiative a national priority.

As documentation supporting BSN edu-

cation has grown, a similar study suggested surgical patients in Magnet hospitals had 14% lower odds of inpatient death within 30 days and 12% lower odds of failure-to-rescue compared with patients cared for in non-Magnet hospitals.

McHugh, Kelly, Smith, Wu, Vanak, and Aiken (2012) concluded the improved outcomes were largely due to organizational investments in highly qualified and educated nurses, which included a higher proportion of baccalaureate prepared nurses leading to better outcomes. Therefore, the nation's hospitals with Magnet status also set a standard and require all nurse managers and nurse leaders hold a baccalaureate or graduate degree in nursing by 2013. Further, institutions applying for Magnet designation must demonstrate current plans of action to achieve the IOM recommendation (www.nursecredentialing.org).

The compelling evidence supports alterations in staffing as experienced nurses or new graduates equipped with a BSN are considered first for employment. Therefore, the nurses without a degree who cannot garner an interview with human resources came to the realization that they needed to complete their BSN to obtain employment in most health care settings in the tri-state area.

Despite the movement toward the BSN in hospitals and health care settings, stu-

dents continue to pursue their education in non-BSN granting institutions such as diploma and community colleges for myriad reasons such as tuition, flexibility, and interest; yet the reality for the graduates is they will need their degrees in a timely fashion to qualify for employment in hospitals with Magnet status or for a leadership position if already employed. Therefore, it is crucial that colleges and universities like Eastern University offer degree completion programs with a seamless admissions process.

Given the nursing population that currently seeks to earn the BSN, the curriculum must also be designed to not only build upon prior learning, but also develop advanced critical thinking and reasoning skills while exposing students to concepts such as holistic nursing practice, case management, health promotion, leadership, interdisciplinary collaboration, and oral and written communication skills.

In fact, BSN prepared nurses learn to approach health care from a broader perspective, as they are equipped with knowledge from the liberal arts and sciences. They have a greater understanding of the political system, cultural values, economic realities as well as the health care delivery system.

Eastern University's RN to BSN program offers working nurses an opportunity to

complete their degree in two years while attending class one night a week. With the blended format, students meet in the classroom and online to further encourage interaction and learning opportunities with faculty.

Satisfaction with the curriculum is high as Ellie Butsick, RN, M.Ed. coordinates a program that prepares the graduate for the changes in the health care environment. The American Holistic Nurses' Credentialing Corporation (AHNCC) has endorsed the BSN, thereby qualifying the graduate to take the holistic nurses certification examination upon graduation. Eastern's BSN is one of 12 U.S. universities with this endorsement (<http://ahncc.org/endorsementprogram/listofendorsedschools.html>).

Also, embedded in the BSN is the achievement of End of Life Nursing Education Consortium Certificate (ELNEC) and Sigma Theta Tau International Nurse Manager Certificate. The Eastern University BSN graduate is well prepared for any entry-level or leadership position.

Beginning in the fall 2013, the RN to BSN will also be offered online to further enhance the convenience of earning a Christian BSN from any location. For more information on the RN to BSN program, contact Ellie Butsick (ebutsick@eastern.edu). ■

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SUMMER 2012 PRE-LICENSURE BSN EXTERNSHIP EXPERIENCES

Corinne Latini, MEd, BSN, RN-BC, CSN



>> Kristina Lesiuk, Richie Vaghela, Chris Wilson, Cristina Schipor, and Megan McCarel prepare for nursing leadership

During the summer between junior and senior year, Eastern University's pre-licensure BSN students are encouraged to pursue an externship. Most of the externships are paid positions but there are also students who volunteer at regional clinics. The time commitment can range from 24-40 hours per week for 10-15 weeks. These externships provide important opportunities for the students to use their newly developed skills and connect nursing theory and practice.

In September, 2012, the Department of Nursing hosted a Welcome Back luncheon for junior and senior students to share information about their activities. Here are some thoughts that our students shared:

"I GOT TO EXPERIENCE what it was like to be a real nurse, which included ten-minute lunches and one bathroom break during a 12-hour shift (luckily, this only happened a couple days). It paid off though, when one parent told me that my preceptor and I were angels on earth.

I got to be inspired every day by kids who are fighting for their lives but still maintained their innocence. It solidified my decision to work on that unit as a

nurse next year." **Allison Tate**, *The Children's Hospital of Philadelphia (CHOP)-Oncology*

"I WAS ABLE TO WORK hands-on with patients, nurses and doctors daily, seeing patients from newborn to 19 years of age with many different health issues and diagnoses. I became familiar with many childhood illnesses, immunizations and diseases that are seen in the primary care office." **Lauren Frazier**, *The Children's Hospital of Philadelphia (CHOP)-Primary Care Network-South Philadelphia- Outpatient/Primary Care*

"MOST OF MY SUMMER, perhaps 80% of my time was spent working on a research paper concerning health care access and nurse practitioners. I spent a small amount of time finishing data collection, analyzing and interpreting data. The paper "should" be published in a population health journal. I compiled resources and designed a Web page for nurse practitioners for information on patient centered medical homes.

I created a fact sheet for members of NNCC (members are nurse managed health clinics across the country). I helped compile and analyze data from local surveys concerning technical assistance for nurse managed health

clinics in the Philadelphia area." **Patrick Cunningham**, *Independence Blue Cross-National Nursing Centers Consortium (NNCC) - Public Health Management Corporation-Nursing Research*

"THE FIRST FEW WEEKS were spent in a classroom with other Nurse Externs or Patient Care Technicians, followed by a phlebotomy class, and an exam. I learned how to draw blood and do blood cultures, along with all the duties of a Patient Care Technician (changing the bed, bathing, transporting, ECG's, vital signs, and so on).

I was able to work all three shifts and was pulled to other units like the Emergency Department and Intensive Care Units. Overall, I am thrilled to have had this experience and feel comfortable by the bedside, so I no longer need to worry about the small things."

Kyle Englebart, *Lankenau Medical Center-Main Line Health- Surgical Step-down/Telemetry/Cardiothoracic*

"THIS WAS A GOOD EXPERIENCE.

I am now very comfortable at moving patients, doing vitals, taking blood sugars, and interacting with families. It is now no big deal for me to help change someone or clean someone,



"I got to experience what it was like to be a real nurse..."

when previously I had felt a little uneasy when it came to that part of nursing. Also, I think serving in this position was important because I had the opportunity to see how some of the nurses treated the Patient Care Assistants and I now know what goes into that position and will try to treat them with the respect the people in that hard-working position deserve." **Esther Bliss**, *Hunterdon Medical Center in Central New Jersey- Telemetry Unit*

"THE PROGRAM WAS DESIGNED for student nurses and emphasized that our role was to shadow and learn how to be good nurses and that we are not glorified aides. I assessed and cared for 2-6 patients at a time. We also had instructors who would round on all 18 externs throughout the hospital and they would come and ask us questions about our patients.

Not only did I care for my patients physically, but I had to look at their history and be prepared for questions that my instructor would be asking. It was an amazing experience and

kept me on my toes the whole time." **Stephanie Knowles**, *Lancaster General Hospital and Women & Babies Hospital - Couplet care (postpartum mothers and their newborns) for 4 weeks and a Urology floor for 4 weeks.*

"I FLOATED ALL THROUGH THE HOSPITAL but spent the majority of time on the psych unit, neuro ICU, and post-op and cardiac stepdown.



Also worked on med-surg, cardiac ICU, maternity, ER, pediatric ICU, gen med ICU, orthopedic unit, rehabilitation and observation units. I really enjoyed the variety of exposure I got and found it's helped me figure out a bit what I may want to focus on in my nursing career. I have enjoyed something on every unit.

There were some shifts I moved around a lot, sometimes four different units, but it kept the night going. I was hired for 11 p.m. to 7 a.m. but was able to pick up any time slot when I wanted more shifts. The nursing staff was wonderful at getting me to observe as much as possible once they learned I was a student and explained everything they were doing and why, which was great."

Kristina Lesiuk, *Abington Memorial Hospital*

"THE FIRST PART OF MY EXTERNSHIP involved a classroom setting of orientation for about two weeks. After orientation, my manager would schedule me as needed on the unit and I had the availability to pick up shifts on different floors. As a nurse extern, we are the first "pull".

So, I was not even on the floor I was oriented on for half of my time at Bryn Mawr. Being pulled is a great thing though; I got to experience a number of different types of floors, especially the ER and CCU. My duties included vital signs, activities of daily living, and EKGs." **Tim Horine**, *Bryn Mawr Hospital- Telemetry, Emergency Room, Cardiac Care Unit.* ■

FACULTY AND STAFF ACCOMPLISHMENTS

MARY ANNE PETERS

Professional Activities

- Elected President PHENSA
- Authored Eastern University Department of Nursing CCNE Self-Study.
- **June, 2012:** Podium Presentation: “*Welcoming the stranger: Christian hospitality a foundation for nursing practice.*” Innovations in Faith-Based Nursing Conference. Indiana Wesleyan University.
- **May 2012:** Podium Presentation: “*Welcoming the stranger: Hospitality as a foundation for nursing practice.*” International Association of Human Caring Annual Conference. Philadelphia, PA
- **Feb., 2013:** CCNE Site Visitor

MARY BOYLSTON

- Eastern University SNAP Counselor
- Sigma Theta Tau, Delta Tau Chapter at Large Eastern University Counselor
- **Sept., 2012:** CCNE Site Visitor

Professional Activities

- Boylston, M. T., & O’Rourke, R. (2013). **What are Second Degree Students Preconceived Attitudes toward Homeless, Poor, Immigrant, and Marginalized Populations and the Impact on Health Care Access: A Pilot Study.** *Journal of Professional Nursing.* In Press.
- Reviewer. (2012). *Nursing Informatics.* St. Louis, MO: Elsevier
- Reviewer. (2012). For Yoder-Wise, P. S. *Leading and managing in nursing.* St. Louis, MO: Elsevier.
- Boylston, M. T., Dufresne, E., Engelbart, K., Knowles, S., Ligowski, R., Malone, L., & Stevens, N. (2012). **Massage therapy in long term care: Its impact on students and their reflections.** *American Holistic Nurses Association Student/Faculty eNewsletter.*
- Hebda, T., & Czar, P. (2012). **Test Item File for Handbook of Informatics for Nurses and Health Care Professionals (5th ed.).** Upper Saddle River, NJ: Pearson Prentice Hall.
- **March, 2012:** Poster Presentation: *What are Second Degree Students Preconceived Attitudes toward Homeless, Indigent, Immigrant, and Marginalized Populations and the Impact on Health Care Access: A Pilot Study* at Annual Jean Brown Sigma Theta Tau International Delta Tau Chapter at Large Research Day.
- **March, 2012:** Presentation: *What are Second Degree*

Students Preconceived Attitudes toward Homeless, Indigent, Immigrant, and Marginalized Populations and the Impact on Health Care Access: A Pilot Study at Eastern University Honor Society Orientation.

- **May, 2012:** May, 2012: Presenter, *Scholarly writing, grading, and maintaining academic standards.* Nursing Education Workshop at Eastern University.

CORINNE LATINI

Professional Activities

- Eastern University Vice President Delta Tau Chapter at Large, Sigma Theta Tau International Honor Society
- Jackson, C., & Latini, C. (2012). **Chapter 19: Touch and Hand-mediated Therapies,** in Dossey, B. M. & Keegan, L. (2013). **Holistic nursing: A handbook for practice (6th ed.).** Sudbury, MA: Jones & Bartlett.
- **March 2012:** Healing Touch Level 2 completion at Alfred I DuPont Hospital for Children in Wilmington, DE.
- **March 2012:** Poster Presentation: *The Learning Bed,* at Drexel University’s 2012 Simulation Conference, Simulation in Healthcare: Where No One Has Gone Before, in Fort Lauderdale, FL.
- **May, 2012:** Certificate in Simulation completed Drexel University College of Nursing and Health Professions Division of Continuing Nursing Education.

KIMBERLEE GUEVIN

Professional Activities

- **Aug., 2012:** Post-Master’s Certificate in Adult/Gerontologic Nurse Practitioner. University of Massachusetts, Boston.
- Successfully passed the American Academy of Nurse Practitioners Certification exam on *Oct. 18, 2012*

NANCY MURPHY

Professional Activities

- Doctoral Candidate at the University of Massachusetts, Dartmouth
- Research Assistant – Dissertation study: “*Are Marginal Students Doomed to Fail? The Effect of Intentional Remediation on Self-Efficacy using HESITM Case Studies to Mitigate Attrition Rates in a Nursing Program.*”
- Professional volunteer: Pennsylvania State Board of Nursing NCSBN NCLEX examination item development panel
- Sigma Theta Tau International Honor Society of Nursing

FACULTY AND STAFF ACCOMPLISHMENTS

- Delta Rho and Theta Kappa Chapters
- Theta Kappa Chapter: Newsletter Editor: *July 1, 2012- 2014*
- **March, 2012:** Poster Presentations: *The Effect of Innovative Pain Management Teaching Strategies using Vignettes, Standardized Patients and Discussion on Knowledge, Attitudes, and Clinical Judgment among Junior-Level Baccalaureate Nursing Students at Massachusetts/Rhode Island League for Nursing.*
- **May, 2012:** Poster Presentations: *Feminism and Nursing* at University of Massachusetts Dartmouth, School of Nursing

SHELLEY HICKEY

Professional Activities

- **Jan., 2013:** Faculty Advisor and mentor: Medical Mission trip to El Salvador.

GERI REMY

Professional Activities

- **Oct., 2012:** Podium Presentation: *Self-reflexivity as a tool for leadership development in cross-cultural contexts* at International Leadership Association Annual Conference in Denver.
- Membership: International Leadership Association Sigma Theta Tau - Nurse Honor Society
- **May, 2012:** Eastern University Missions Trip: Faculty Advisor for EU students on a missions trip to Haiti.
- Faith & Learning Paper Accepted by Eastern University Faith & Learning Committee: “*Holistic Nursing and Congruence with Christian Faith: Supplanting Mysticism, Applying Reason, Exercising Faith.*”
- **March 2013:** Successfully defended dissertation entitled: *Culturally relevant pedagogy of critical thinking for leadership development: Action research of Korean Nurses in the United States.*

CHRISTINA JACKSON

Professional Activities

- **Aug. 2012:** Certified Nurse Educator. Professional Presentations
- **Jan., 2012:** Presentation, American Holistic Nurses Association Network meeting at the Bryn Mawr Hospital. Topic: *Identify, Clarify and Amplify the Holistic Healer Within.*

- **May, 2012:** Speaker, Bryn Mawr Hospital Nurses Week Opening and Closure Celebrations. Topic: *Doing More... With More: Expanding Practice in an Era of Shrinking Resources.*
- **Nov., 2012:** Speaker, Eta Beta Chapter of Sigma Theta Tau International, Widener University. Topic: *Nursing Students, Faculty and Clinicians: Healing Our Trauma.*
- **Feb., 2013:** Speaker, Cancer Treatment Centers of America. Topic: *Prep review seminar for Holistic Nurse Certification Exam.*
- Jackson, C., & Latini, C. (2013). **Touch and hand-mediated therapies.** In Dossey, B. & Keegan, L., *Holistic Nursing: A Handbook for Practice,* (6th ed.) Sudbury, MA: Jones and Bartlett Publishers.
- Jackson, C. (2013). **Holistic smoking cessation.** In Dossey, B. & Keegan, L., *Holistic Nursing: A Handbook for Practice,* (6th ed.) Sudbury, MA: Jones and Bartlett Publishers.
- Halderman, F., & Jackson, C. (2013). **Exercise and movement.** In Dossey, B. & Keegan, L., *Holistic Nursing: A Handbook for Practice,* (6th ed.) Sudbury, MA: Jones and Bartlett Publishers.
- Jackson, C. (2012). **Re-forming healthcare to transform an ineffective system: A holistic perspective.** *Holistic Nursing Practice.* 26(6), 302-306.
- Jackson, C. (2012). **Doing more with less: Using core values and standards of holistic nursing to expand practice in an era of shrinking resources.** *Holistic Nursing Practice,* 26(5), 238-242.
- Jackson, C. (2012). **Using gossip constructively as a part of holistic process.** *Holistic Nursing Practice,* 26(4), 183-187.
- Jackson, C. (2012). **Ballistic, holistic nurses: Developing ourselves as healers.** *Holistic Nursing Practice.* 26(3), 117-119.
- Jackson, C. (2012). **The interface of caring, self-care, and technology in nursing education and practice: a holistic perspective.** *Holistic Nursing Practice,* 26(2): 65-69.
- Jackson, C. (2012). **The role of healing modalities (Complementary/Alternative Medicine) in holistic nursing practice.** *Holistic Nursing Practice,* 26(1), 3-5.
- Jackson, C., McLaughlin, K., & Teti, B. (2011). **Back pain in children: A holistic approach to diagnosis and management.** *Journal of Pediatric Healthcare.* 25(5), 284-293.



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