

S.O.N. TIMES

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School of Nursing

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Editorial Staff

Denise Snow, *Editor*

Lori Escallier, *Editor*

Calendar

Wine Tasting October 20th sponsored by the Kappa Gamma Chapter of Sigma Theta Tau

For more information contact Professor Kathy Bratby at 444-3200

Kappa Gamma will hold a general membership meeting:

November 6th 6pm-8pm in the School of Nursing, Dean's Conference Room

The Kappa Gamma combined general membership and Executive Board member meeting will be held:

December 4th 6pm-8pm in the Country House Restaurant in Stony Brook

Our Community

FACULTY/STUDENT/ALUMNI ANNOUNCEMENTS

Professor Bruce Zitkus and Professor Patricia Volpel received the National League of Nursing Promise of Nursing Faculty Scholarship

Professor Nichole Rouhana received the March of Dimes Scholarship

Congratulations to Dr. Vivian Cunningham on successfully defending her doctorate!

Congratulations to the Stony Brook Midwifery Practice as they celebrate ten successful years!

Welcome Saskya Sauer! Ms. Sauer joins the Office of Computer Services as Senior Programmer Analyst.

Welcome to the School of Nursing Newsletter! The purpose of the newsletter is to distribute information about our students and faculty, to announce events and achievements, and to foster a sense of community within the School.

The editorial staff is looking for students to join us who have an interest in reporting or writing. Think about it— we need you

Did you know.....

Stony Brook University Medical Center offers a residency program for new nursing graduates. SBUMC participates in a national program of the University Health System Consortium/AACN Nurse Resident Program. The UHS Consortium is an alliance of hospitals and academic medical centers that have collaborated to assist new nurses transition into clinical practice.

The designated residency is a one year training ship intended to promote leadership skills, autonomy, and evidence-based practice. It serves as a "support system for new nurses". The program consists of a formal orientation and each nurse resident is assigned to a facilitator. Resident nurses rotate through the units of their specialty. The various specialties include med/surg, critical care, oncology, Peds and PICU, *continued page 4*

Can the government require medical treatment?

The attacks of 9/11 profoundly affected all Americans and forever refocused the balance of our individual liberties against necessary governmental interventions of safety. This balance of freedoms against governmental interests was demonstrated in several important events and high profile legal actions over this past summer such as the government's role in wiretapping and securing bank records. For most of us, our interest in these events is philosophically based on our beliefs about our constitutional rights and concerns for safety. However, another important legal struggle unfolded during this last summer that had the potential of directly affecting the rights of parents in their children's healthcare decisions. That legal event is the case of Abraham Cherrix.

Abraham Cherrix is a sixteen year old from Chincoteague, Virginia. Chincoteague is a lovely seaside town located on the eastern shore of Virginia. Although geographically closer to Washington, DC, it is more similar in lifestyle to Long Island's east end of farmers and fisherman. Abraham Cherrix was an ordinary teenager before he became ill and *Continued on page 4*





Congratulations to the Stony Brook School of Nursing Eritrean Graduates!

Stony Brook School of Nursing faculty and students welcome our newest alumni, the Masters Degree recipients from Eritrea. Ten students received their Masters Degrees from the School of Nursing at the July 8th ceremony. From left to right they are: Mohammed-Hamid, Psych/Mental health; Meles Kidane, Psych/Mental Health; Ghirmay Ghebregziabher, Midwifery; Daniel Ghebretinsae, Midwifery; Mulubrhan Mogos, Child Health; Michael Haggi, Child Health; Girmay Teame Berhane, Child Health; Yacob Tedla, Adult Health; Andom Ghebray, Adult Health; Ghidey Ghebreyohanes, Post Masters Midwifery

Hot Topics.....Letters to the Editor-

Clinical Debate: Should all new nurses work in med/surg when they graduate or should they go directly into their specialty?

"Personally, I agree with having a med/surg experience first. It helped me understand different body systems and I was able to use my med/surg experience when I eventually began working Labor and Delivery"— Nicole Harvey Seaman, RN

"Med/surg gave me information and skills, but I despised it!" - Junell Pipitone, RN

"As nurses we adapt to any environment, so I do not think a med/surg experience is important"— Lorna Gonzales, RN (Operating Room)

"I would not trade my 2 years experience as a med-surg nurse for anything in the world. It is an excellent way to learn to apply the art of nursing with the hands on skills. The nurses who start in Labor & Delivery straight from nursing school have the difficulty of having to master simple skills while learning the specialized tasks of the unit, without the nursing judgment that comes from experience. If you have not seen enough "illness" it is hard to know when something isn't right in order to recognize slight deviations from normal." Lisa Paladino, RNC

"I feel med-surg is a specialty in itself. RN's in this area may take an examination to become certified as a med-surg nurse, just as nurses in ICU, ER, oncology, etc can become certified. For this reason, I don't view med-surg as the "foundation" of other areas of practice, but as an area that requires its own set of specialized knowledge and training".—Lisa Matthes, RN

"I found my first year of general surgery to be invaluable but I really think it depends upon in what type of unit you begin. I was lucky enough to have a urology floor that also had overflow of essentially all surgical patients. I was able to teach, learn a tremendous amount and I still incorporate what I learned there fifteen years later".— Meredith Hudes-Lowder, RN

"I myself just wanted to go directly into the field of my choice, but with much guidance through friends and colleagues getting experience on a Med Surg floor proved to be the better choice. I know now working in Labor and Delivery that being able to gain all the experience and challenges on a Medical floor, allowed me to become a stronger and more knowledgeable nurse in the specialty in which I am currently working today".— Lisa Emonds, RN

"I am a nurse who went directly into labor and delivery after graduating from a diploma school in 1969. I have been there ever since. I truly do not feel qualified to work any where else. I lack the basic knowledge of other entities to be able to be competent without an extensive orientation and preceptorship. Therefore, I do feel it is important to get a good med-surg experience before choosing a specialty area to work".— Sheila Glynn RN, CNM*Continued on page 4*

Lest We Forget

***“If you are looking for a role model in nursing, follow the SPIRIT of these wonderful nurses of World War II”
-Hugh Cassidy***

Through the generosity of Hugh and Betty Cassidy a scholarship is awarded to one of our School of Nursing graduates at our convocation each May. Mr. Cassidy is the Chaplain for the American Harbor Post 417 and served in the South Pacific in World War II. He remains dedicated to thanking the nurses who cared for soldiers and sailors in World War II.

This September we remembered the heroes of 9/11. We recalled the frustration we felt as nurses when we volunteered to heal the wounded on that tragic day. We came to realize there were far too few survivors to help. On its anniversary, we remembered the words as he reminded us to look to our nursing heroes who served valiantly in the South Pacific in World War II.

Mr. Cassidy reminded us that on the Philippine island of Corrigidor, the American Army surrendered to the Japanese Army and began the “Bataan Death March”. Seventy-three American nurses and twenty-six Filipino nurses were prisoners for the duration of the war. During the invasion of Iwo Jima, army and navy doctors and nurses treated more than 18,000 troops in the first month. During the invasion of Okinawa, they treated 50,000 troops in the first three months. Six nurses were killed in action when a Kamikaze plane hit the hospital ship. Additionally, nurses served at thirty-one air transport squadrons in war zones. More than one million injured soldiers were evacuated yet only forty-six died on route. The South Pacific was not the only place where nurses served. Nurses served heroically throughout the war and were present in every war zone. Thank you Mr. Cassidy for remembering their brave spirits!



Faculty Spotlight on :

Dr. Patricia Long

Nearly all alumni, students and faculty of the School of Nursing at Stony Brook University have been influenced by Dr Patricia Long’s wisdom either through courses she directs or through personal encounters. As Dr. Long celebrates her 20th year of teaching at Stony Brook University School of Nursing, it is entirely appropriate to look back on how she became a nurse, a teacher and the events that influenced her career.

Not surprisingly, Dr Long entered the nursing field because she “liked the idea of helping people”. Dr. Long’s story began when she was in high school. She was enjoying working part time as dental assistant, however her mother wanted her to be a nurse. Dr. Long always wanted to be a teacher. Taking all of this into consideration she believed that nursing gave her the opportunity to teach and help people.

Dr. Long graduated St Vincent’s Hospital with a diploma in nursing. She then earned her Bachelors of Science from Adelphi University. Amazingly, she achieved this while raising her six children. When Dr. Long began the Adelphi program, she was able to challenge the med/surg components because of her clinical experience. Much to her dissatisfaction, Adelphi insisted she repeat the psychiatric component. That decision changed her focus and changed her life.

The psychiatric experience gave Dr. Long what she had been looking for in her nursing career- the connection to families. After earning a Masters Degree in Mental Health from Adelphi, she enrolled in the EdD program for counseling and education at St John’s University. Dr. Long was the first nurse enrolled in that program. Her mentor through the program was Shirley Griggs, EdD, a specialist in adult education. Through her relationship with Dr. Griggs and her Adelphi mentorship by Barbara Joyce, PhD, a clinical practice expert, Dr Long became interested in addiction counseling.

After earning her EdD, Dr Long began her clinical counseling practice with a focus on couples. She also began teaching at Molloy and Adelphi. However, she was interested in teaching at the graduate level and in 1986 she came to Stony Brook School of Nursing. Two years later, she became the Chair of the Psychiatric/Mental Health department.

Dr. Long remains committed to the clinical aspect of her career. She has a certification in Addictions; a certification as a Psychiatric Nurse Practitioner, and is a clinical specialist in Adult Psychiatric Mental Health. She feels that her clinical practice and her teaching role complement each other and through her work, she is able to instill a greater degree of awareness about addictions and treatment.

Dr. Long demonstrates an identical commitment to excellence in her teaching strategies. She feels that it is paramount to successful graduate education to challenge her students’ “comfort zones” for optimal academic and professional growth. Dr. Long sees many nurses in the program with lengthy experiences in the mental health field. She feels an important aspect of her role is to challenge these professionals and provide new experiences in the clinical settings. The results of this strategy provide not only excellent clinicians but wonderful preceptors for new students in the psych/mental health program.

Clinical Debate *continued from page 2*

"I believe that the majority of nurses should start out with a firm foundation in nursing, i.e. med/surgical floor nurse for at least one-year. Nursing school prepares us for the basics, but never really prepares you the real nitty-gritty nuances that you will encounter on a daily basis with multiple patients. I began my nursing career on a 36 bed medical floor, and learned so much in the first year. It was on that medical floor that I learned to apply what I learned in school (beginning of critical thinking) on a large scale; to assess and prioritize; the importance of teamwork". – Lisa McCaskell, RN

"Having gone straight to a specialty right out of nursing school in 1981 and still practicing in the same specialty since, (ob/gyn), I am strongly convinced that it is in no way a necessity for a new nurse to start out doing med/surg. If ob/gyn is your passion go straight for it!" – Debra Morgan, RN

"I considered myself to be fortunate in being allowed to go straight from college to becoming a labor and delivery nurse in NYC. However, when I moved to Florida 10 years ago, I didn't consider myself to be that fortunate any longer. In N.Y., I worked in a level three hospital where there was an excess amount of personnel all around you. An emergency was easily handled. However, a new reality hit when I relocated to Florida. Upon an emergency, it was your knowledge base, your experience, your judgment and a short prayer that would help you through. Due to this level of independence, in this type of environment, a knowledgeable med/surg background is essential in order to properly manage care of those with pertinent medical histories". – Madelyn Laboy

Nurse Residency Program *Continued from page 1*

and stepdown units. In the future, other choices may be offered.

The Nurse Residency program is a national program with a standardized curriculum. Here at SBUMC, we strive to tailor the program to the individual's request, an aspect that led to the program's success and growth. Last year, the program graduated nineteen nurses. Last July forty-five new nurses enrolled in the program.

May the Government require medical treatment

Continued from page 1

was diagnosed with Hodgkin's Disease. He followed a course of treatment with chemotherapy but found out the cancer had returned. Younger patients' reactions to chemotherapy are generally more pronounced than adults and Abraham was no exception. When he was told the cancer had returned, he did not want to pursue a second course of treatment of chemotherapy and radiation. Instead, he opted to enroll in an alternative treatment clinic in Mexico. The clinic utilizes diet and herbs as the treatment of choice. Abraham's parents supported his decision. However, his physician was opposed and as a result the county Department of Social Services obtained an order for Abraham to resume his conventional treatment. The Family Court Judge ruled that Abraham's parents were neglectful and made the county the custodian of Abraham. The county ordered him to resume treatment at the hospital against the personal choice of Abraham and his parents.

Teenagers have only limited rights of personal autonomy. Some of these rights include reproductive rights to contraception. In contrast, parental rights are considered fundamental constitutional rights. Parents have the right to decide what is best for their child. However parental rights may in certain circumstances be subordinated to what is in the best interest of the child. In those cases, the state stands in the shoes of the parent and makes decisions for the child. This is what the family court did in Abraham Cherrix's case.

Hodgkin's disease is highly treatable for most young people. The nausea, pain, and fatigue associated with treatment is usually short term therefore making it a logical treatment choice. Without the conventional treatment, it is possible Abraham may succumb to his illness. But Abraham and his parents made a thoughtful, well researched plan for his treatment based on what he had experienced and what they were told about his options. This is the essence of an informed choice. Abraham's care providers disagreed with the choice and believed they knew what was best for Abraham.

The family appealed this decision in Federal Court. The Circuit Court Judge reversed the Family Court decision and Abraham was returned to the custody of his parents. A full trial ensued in the Circuit Court. The decision was that Abraham could pursue alternative treatment and not based on constitutional rights. Rather, it was based on a compromise between Abraham's doctors and the alternative treatment clinic.

This case places all healthcare providers and patient advocates in the middle of the constitutional dilemma; individual liberties pitted against the possible loss of a young life. How far should our government should involve itself in constitutional right of privacy and in particular the most precious right of personal autonomy. Since this case was not decided on constitutional issues, it leads one to question how far our government's responsibility of our safety extends into our individual rights. If the case *had been* decided on the constitutionality of personal autonomy, how should it have been decided?

Please address all correspondence, opinions, and comments to: denise.snow@stonybrook.edu