

CLINICAL HOT TOPICS

Disparities in Minority Health Care Outcomes Why is this so?

Nurses strive to improve healthcare outcomes to the patients in our communities. Despite our commitment, there exists a discrepancy in healthcare outcomes for minority patients. Many indicators of a community's health such as maternal and infant mortality, low birth weight infants, and decreased life expectancy are higher for minorities. Why is this so?

Because nurses have a unique bedside vantage point of patient care, we asked for their thoughts on factors that may influence the discrepancy in healthcare outcomes for minorities. The nurses identified language barriers, family obligations, educational gaps, a lack of insurance, a lack of continuity for primary care and screening, and economic problems as issues affecting minority patients. One nurse acknowledged the difference in care given to minorities in her metropolitan area hospital as a contributing factor.

In their own words —

"I think when it comes to healthcare, for many considered as a minority their attitude is that it will pass. If whatever ails them still permits functioning, it's considered as not being serious. The issue does not involve health insurance as one would assume. I am a minority, and often just dealing with every day responsibilities is all I can handle on my plate. It's a day to day survival issue that drives many to ignore all that's important. I think this is the reason why so many end up in the hospital a bit

late with advance stages of the disease state." — Peter Duperval, RN

"I think a lot of the minorities especially the ones from other countries face challenges that prevent them from seeking healthcare. Aside from cultural and language barriers, they worry about financial issues such as not having medical insurance or not being able to pay for their care. Due to their illegal immigration status they are scared to go to the hospital or even apply for health insurance benefits. As a result they don't seek preventative health services until they get sick and sometime, it is too late by the time they go to the hospital. This is called the sick care system instead of the healthcare system." — Nana Mensah, RN

"I believe that one of the reasons for poor healthcare in the minority population is that this population becomes fearful in seeking help for health related issues, due to language barrier, lack of health education, immigration issues and trust issues (especially of late, with increased raids on immigrants). They will often wait until their health issues become a major problem before seeking care. They come to the ED in the middle of the night seeking care— many don't have a primary care provider. This can lead to a longer hospital stay. They often don't give complete medical history/ previous hospital stays or contact information as a way of protecting themselves and their personal information." — Kathie Keller, RN

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CALENDAR

May 4 – Sigma Theta Tau Induction at 2:00 pm in Lecture Hall I

May 5, 6 & 7 – Midwifery/ Perinatal Women's Health and Pysch/Mental Health orientations

May 20 – Pinning is at the East Winds Caterers in Wading River

May 23 – School of Nursing Convocation and University Graduation

June 2 – DNP orientation begins

June 4 – Wine Tasting at the Setauket Neighborhood House. – Sponsored by the Kappa Gamma Chapter, Sigma Theta Tau International – 6:00 PM

September 6,7,20 & 21 – CE Certificate Program in Teaching Clinical Nursing

September 25, 26 & Oct. 2, 3 – CE Certificate Program in Nursing Administration
Email: Philip.tarantino@stonybrook.edu for details

October 5 – Founders Day Celebration, Sigma Theta Tau, at Molloy College featuring Sigma Theta Tau President.

EDITORIAL STAFF

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Dr. Arleen Steckel
Dr. Debra Sansoucie
Contributors

“Outcomes are worse for minorities because most of them are uninsured or underinsured. Their only access to care is in the ER or whatever clinics are available. In either case, mostly the scope of care is limited. They don't get the quality of care they need such as the appropriate tests to accurately diagnose their condition. They may apply for medical assistance on an emergency basis, again, there is some red tape which will require patience to follow the steps to obtain assistance.

Many times when poor people are referred, they aren't given adequate information they are told to try the hospital clinic without being given the phone numbers or specifics of how to go about doing this. Many simply won't bother. In most cases to obtain care through a specialty clinic at a hospital, you must first apply for medical assistance and then present the letter stating you have been turned down before you can schedule an appointment for charity care. For the small percentage who have the persistence to go this far, most hospitals have social workers for the clinics who will help them do what they need to do to obtain care through the clinics. Another factor is the bigger the facility, the higher the volume of patients needing to be seen, with longer wait times.

This translates into larger volumes of patients for the clinicians to see, which means less time for each patient, and likely less patient satisfaction with the quality of care received. For those who are struggling just to survive, to work, to feed and take care of their families it all involves so much of their time; the runaround they get trying to schedule appointments and attend to their own healthcare needs takes low priority.” — Laura Zitzer, RN, CNM

“Not having primary care for preventive care, only seeking medical attention for emergency needs such as maintaining immunizations and checkups.” — Lisa Emond, RN

“Patient teaching (self-care deficit) in the post-op setting can be a challenge. The language line has proven an effective tool that is employed. Staff that are bi-lingual are also asked to interpret. Patients and families who speak little to no English are greatly affected. How does the staff really know how much the patient or family has comprehended regarding patient care.” — Gloria Porcelli RN

“Healthcare is a huge problem for everyone across America, especially among minorities on Long Island. Many minority groups only come to an emergency room when it is absolutely necessary and pay cash, but get virtually no follow up do to lack of coverage. Outcomes cannot be measured if the patient cannot follow up.” — Deb Mendolia, RN

“Fewer opportunities for basic "wellness", e.g. fewer grocery stores in poor/minority neighborhoods stock fresh fruits and vegetables; less financial autonomy = more hours working to make ends meet = more stress = less sleep, etc. Low-fiber, high sugar, high fat diet. Cigarette smoking. Distrust of the medical community. Potential language barriers. Transportation issues. Many factors have to do with simply not having enough money to go around.” — Geraldine Kelly, RN

“The largest obstacle is the lack of continuity of care. Our clients are poor, uninsured or underinsured. They attend clinics and see

different practitioners at almost every visit. This is frustrating and ineffective. The attending physician is also different at each clinic and has their own opinion on how things should be done. The nursing staff is the only constant and often must intervene on behalf of the patient. It is time consuming to repeat the patient's history at each visit but it helps to ensure a better outcome. The patients often wait several hours to be seen and this causes many of them to miss appointments. They often cannot get off from work and cannot afford to miss work. The care is fragmented and very time consuming for the client. They have to go to a separate clinic for each problem and also schedule diagnostic tests at different times and then return to the clinic for the results. Also due to Medicaid law they cannot attend more than one clinic a day. This means repeated trips to the hospital, often by bus or taxi. All of these obstacles really diminish patient compliance. — Anonymous

S.O.N. Times

FACULTY/STUDENT ACHIEVEMENTS

Congratulations to **Dean McClean** and all faculty who worked hard to make the DNP program a reality! The program will admit its first class of students in June.

Dr. Lee Anne Xippolitos was awarded the Outstanding Alumni Award from Farmingdale University.

Dr. Philip C. Tarantino was awarded the Veritas Medal from Molloy College.

Dr. Marie Ann Marino was awarded the Stony Brook University School of Nursing Distinguished Alumni Award.

Gene E. Mundie was awarded Distinguished Alumni Award for Community Service by the Stony Brook University Alumni Association.

Denise Snow was appointed to the Board of the Suffolk County Minority Health Action Coalition and the Board of the National Perinatal Association.

Aline Gambeski (ANP student) ran the NYC Marathon this fall. Runners have to qualify to run this event. Aline completed the race. Quite an achievement!

Carolyn Terry (NNP student) was awarded the very prestigious, very competitive Nurses Educational Fund scholarship for her dedication to nursing care of the high-risk neonate. The Fund recognized that “she is widely recognized as an excellent care provider and patient advocate...with an ability to forge, lead, and motivate...”

Congratulations to alumni from the first graduating class of the School of Nursing's Midwifery program as they celebrated their ten year anniversary.

Congratulations to the School of Nursing, Class of 2008 on publication of “Homeostasis” (see *Book Review*).

Gene E. Mundie was appointed BLS Regional Faculty by the American Heart Association, New York City-Long Island Region, March 2008.

Abandonment in Nursing: When duty to self and duty to patient collide

By Denise Snow

What do ten registered nurses, a President of a foreign country, a United States Senator, the governor of New York, the Suffolk County District Attorney, the New York State Education Department, the New York State Health Department and a jury all have in common? They are all acutely involved with determining what is “abandonment”.

The American Nurses Association is clear- “the nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety...” (ANA Code of Ethics for Nurses, 2001). A nurse will provide the best care to patients if he or she is mentally, physically and emotionally balanced. It is hard to maintain this balance when chronically fatigued and stressed from overwork and under staffing.

Health care facilities are responsible for providing staff for the patients they accept, respecting the legal and ethical obligation of nurses to protect the safety of patients. Managerial or supervisory personnel should make adequate provisions for competent staffing to ensure necessary patient care in routine situations. Facilities understand this but they also need to stretch staffing as far as possible to cover shifts. Nurses are often asked to work beyond their scheduled shifts. Even beyond the issue of fatigue, the nurse is often faced with the burden of deciding between family obligations and employment obligations. Most of the time, professional nurses accept this Hobson’s choice as part and parcel of professional responsibility. However, when intolerable patient conditions are added to this mix, the situation becomes a recipe for trouble.

A group of nurses experienced this first hand last spring on Long Island. Ten nurses who worked at Smithtown’s Avalon Gardens Rehabilitation and Health Care Center, pediatric unit, quit with complaints about pay, working conditions and hours. Their action has focused a lens onto the way in which we expect nurses to behave toward their patients, their employers, nurses within the legal system and the politics of nurses.

The ten nurses at Avalon Gardens came from the Philippines. They were just a few of the thousands of Filipino nurses in New York. Nursing is a chief export of the Philippines, in 2007, approximately 12,000 left to work abroad. Nursing is a popular choice for Filipino students. Many professionals are returning to school to become nurses. In fact, exporting of nurses has been a key reason for a stronger economy in the Philippines, which may help to explain why this case has received such high government interest.

The nurses’ story begins with an arrangement made between SentosaCare, an agency that staffs skilled nursing facilities, and the Filipino government. SentosaCare contracted with the Filipino government to provide nurses for its group of nursing facilities on Long Island. The nurses came to the

United States under this contractual agreement. These nurses were placed at the Avalon Gardens skilled nursing facility in the pediatric unit. The patients on this unit were children, most on ventilators, needing high level nursing care. The nurses allege that the conditions there were deplorable- mandatory overtime, inadequate nursing staff for the patient care and no paychecks.

The nurses complained for months to administrators about the nursing conditions. Nothing was done. A few of their colleagues left and went back to the Philippines. Not knowing how to proceed, the ten nurses consulted an immigration attorney about their options regarding the working conditions. He advised them to work their shift, give report to the next shift, then tell administration they were not coming back. That is what they did on April 10, 2007.

All ten nurses quit when their shift was over and their relief took over the patient responsibility. That meant the facility would have to find nurses to staff their position when they were scheduled to return. It is unclear when their next scheduled shift was to occur. Then nurses then complained to The Philippines Overseas Employment Administration (POEA) which was the agency responsible for sending the nurses to New York.

When they heard the nurses’ complaints, the POEA suspended the Sentosa Recruitment Agency from recruiting nurses. This action prompted United States Senator, Charles Schumer, to get involved. Senator Schumer wrote to the POEA. Less than a week later, the POEA lifted the suspension of Sentosa. Senator Schumer also wrote to the President of the Philippines, Gloria Macapagal-Arroyo.

When the nurses quit, the facility did not report the incident to the State Department of Health, which it is required to do by law if there is any “mistreatment, neglect, or abuse” of their vulnerable patients. In this case, the children of the Avalon Garden pediatric unit had profound nursing needs including ventilators. In fact, the Department of Health only heard about the incident after it was reported in the newspaper.

The nurses were eventually reported to the New York State Education Department which licenses and disciplines nurses in New York for the charge of abandonment. The legal definition of abandonment as found in [section 29.2\(a\)](#) of the Rules of the Board of Regents states that unprofessional conduct shall include:

“Abandoning or neglecting a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care, or abandoning a professional employment by a group practice, hospital, clinic or other health care facility, without reasonable notice and under circumstances which seriously impair the

delivery of professional care to patients or clients”.

The New York State Department of Education instructs that abandonment results when the nurse-patient relationship is terminated without making reasonable arrangements with an appropriate person so that nursing care by others can be continued. Further, a nurse-patient relationship begins when the nurse accepts responsibility for providing nursing care based upon a written or oral report of patient needs. A nurse-patient relationship ends when that responsibility has been transferred to another nurse and a report of patient needs has been communicated. Employer abandonment may occur if a nurse fails to give reasonable notice to an employer of the intent to terminate the employer/employee relationship or contract under circumstances that seriously impair the delivery of professional care to patients or clients.

Nurses must know their rights and their responsibilities as they balance duty to self and duty to their patients, especially when threatened by the employer to work overtime or take an assignment. It is inappropriate for nurses to be threatened with charges of abandonment to coerce them to work additional hours or care for patients beyond their expertise. The decision to accept or reject an assignment must be based upon a critical judgment by the nurse of the nurse's ability to provide competent patient care. When a nurse is assigned to care for a patient or group of patients that is beyond the nurse's level of physical or professional competence, the nurse should immediately notify the first-line supervisor in writing of the objections to accepting the assignment. It should also be noted that future assignments in similar situations will be refused.

The decision to charge a nurse with abandonment will depend on an examination of all of the circumstances surrounding a particular situation. Questions of fact finding include whether the nurse accepted the patient assignment, which established a nurse-patient relationship. Did the nurse provide reasonable notice when severing the nurse-patient relationship? Could reasonable arrangements have been made for continuation of nursing care by others when proper notification was given? In most cases, refusing to accept responsibility for a patient assignment(s) when the nurse has given reasonable notice to the proper agent that

the nurse lacks competence to carry out the assignment or refusing the assignment of a double shift or additional hours beyond the posted work schedule when proper notification has been given are *not* examples of unprofessional conduct.

The New York State Education Department along with the New York State Board of Nurses found the ten nurses did not abandon their patients. Also, the Department of Health found that the shifts were covered after the ten nurses quit and that the residents were not placed in jeopardy. Ordinarily, that would end the matter, but not in this case. Sometime in May of 2006, the Suffolk County District Attorney, Thomas Spota met with the nursing home's owner. The District Attorney began an investigation of the incident. On March 22, 2007 the nurses were indicted by the grand jury on the criminal charges they endangered the welfare of the children. They are currently awaiting trial on the charges.

So, many of us following this case are left wondering why is the New York State Department of Health and the New York State Department of Education found the nurses actions to be within the professional standards are these nurses scheduled to go on trial for their actions? Perhaps it is the political implications. Perhaps because the patients are the most vulnerable—profoundly ill children on ventilators. In any event, there can be no doubt that as the nursing shortage continues and skilled nurses become a scarce commodity, nurses can expect to receive more of this type of attention.

Code of Ethics for Nurses with Interpretive Statements, American Nurses Association, 2001, Washington, DC:ANA

“It is estimated that about 80% of all government doctors went back to school to train as a nurse” Frontline, 2008.

“The Philippine economy grew at its fastest pace in three decades with real GDP growth exceeding 7% in 2007. Higher government spending contributed to the growth, but a resilient service sector and large remittances from the millions of Filipinos who work abroad have played an increasingly important role” Retrieved from the Central Intelligence Agency (CIA) World Fact Book, March 9, 2008.

S.O.N. Times

ALUM IN THE SPOTLIGHT CHRISTINA KOCIS AND ROBERT ADAM LEONARD



Christina Kocis, CNM, is Director of the Midwifery Division in the Department of Ob/Gyn at Stony Brook University Medical Center and an Assistant Clinical Professor. The midwifery group at Stony Brook is vastly successful with approximately 680 babies born under the skillful care of the Stony Brook midwives last year, and over 5,000 total throughout its history. Thousands of women in Suffolk County receive prenatal and gynecological care from the Stony Brook midwives. A significant part of the department's reach and success can be attributed to Christina Kocis.

Chris has been a midwife at Stony Brook for ten years. During that time, she has witnessed the growth of the practice from five midwives in 1999 to eight today. Her skill and experience are the two central reasons for her success. Chris has been a nurse for almost thirty years. She has worked in Neonatal intensive care (NICU), postpartum, high risk obstetrics and naturally, labor and delivery. Totaling her combined experiences, she has observed or attended over 6000 births!

But numbers alone are not the reason Chris is a successful and skilled midwife. Philosophy is the third reason for her success. When asked about her career choice, Chris does not hesitate. "I love what I do! I love catching babies—being there and watching families welcome a baby into their lives." She states she is an "advocate for women in healthcare, encouraging women to have "a voice in their healthcare."

Does she believe everything is perfect? No, far from it. Problems exist in the entire medical system. Legal and insurance issues are daunting. There is a challenge to provide care that is different from the medical model (although she reports an "amazing relationship" with the Stony Brook doctors). This makes it all the more impressive that Chris finds continuous enjoyment and satisfaction in a challenging field.

Early in her nursing career, Chris was influenced by the Dean of her nursing program at Hartwick College in Oneonta, whom she describes as "visionary and ahead of her time." Her first job out of nursing school was in NICU at Albany Medical Center where she worked for ten years. After relocating to Long Island, she found her way into labor and delivery at Huntington Hospital where she stayed for the next ten years. Chris taught childbirth education to many of those who were her patients. Despite the demands of working in the hospital and maintaining a private childbirth practice, she was often called upon to do more. Her philosophy of "never say no, you never know where it will lead" led to varied experiences. She gained the reputation of a go-to person who could get the job done. Her love of caring for women led her to contemplate a career as a midwife, and when Stony Brook University began its Pathways to Midwifery program in 1995, Chris was one of the first to sign up. Last summer, Chris and her classmates celebrated their ten-year reunion as the first graduating class of midwifery at Stony Brook. It has been an amazing ten years!

Chris is certainly a role model for us—some of us more experienced as well as nurses starting on their journey. She advises those making any career choices to "make sure you love what you do." She also advises to work harder than you think you can, and most importantly, keep what is important to you.

Thank you Chris for your passion and commitment to women and babies!



Robert Adam Leonard is a 2007 graduate of the School of Nursing and is residing in North Carolina where he is presently working in PICU at UNC Children's Hospital. Adam is also applying to CRNA school at UNC Greensboro through Baptist Hospital in Wake Forest. He and his wife Margaret are expecting their first child in July 2008.

Adam is one of the most outstanding graduates that Stony Brook has been fortunate enough to have in its undergraduate class. He was presented with the Dean's Award for Leadership at the Sigma Theta Tau Kappa Gamma Chapter awards dinner in June 2007. Adam also worked on an independent study project in Belize, and his video documentation of the experience was the quality of a PBS production.

Throughout his tenure at Stony Brook, Adam served not only as a leader to his fellow students, but as an inspiration, encouraging them to reach within themselves and achieve greater heights. Adam's commencement speech from the 2007 School of Nursing graduation exemplifies his commitment to success of his cohort, and his commitment to the nursing profession as a whole. The text of Adam's commencement speech follows:

"Good Morning. What an awesome honor it is to be here as the voice representing the two year baccalaureate class of 2007, this class that I have come to love, this class I am so proud to be a part of. On behalf of my class I want to say welcome, and thank you for begin here. I am so grateful to be sharing this experience with all of you today.

Today is the pinnacle of so many years of hard work for all of us, we should savor every last second of this celebration and remember this day as one of our great successes. On behalf of my class I want to thank the entire faculty and staff that helped lead us through these last two years. What an outstanding faculty, without whose wisdom and guidance we surely would not have come so far. I would also like to thank all of our families and friends who have supported us through these last two years. This would not have been possible without your support and encouragement. Personally, I want to say thank you to my wife Margaret, my harbor in the tempest, my shelter from the storm that is nursing school. Not one second of this happens without you Margaret, thank you.

As a class we have been through so much together. In addition to our families we have been our own network of support. We have stood by each other through personal tragedies and we have celebrated each other in our successes and triumphs. We have celebrated marriages, engagements, and the births of children. But let's be honest: most of the time we celebrated just because it was Friday and Chili's had two-for-ones at happy hour. We really have been through so much together. I am so grateful to have been a part of this wonderful group.

As a group we have accomplished so much together. Soon, some of us will be called to the stage and given awards for our individual achievements, but I propose that few of these individual achievements would have been possible without the collective contributions for the many. Before we are recognized as individuals, I would like to speak about some of the accomplishments we have achieved as a group. The most impressive of these accomplishments is the fact that of the original 24 people who sat in

orientation in August of 2005, all 24 are graduating. We did not lose a single member of the class, in fact we actually gained a member, and a string and united class of 25 women and men now sit before you all. We have done some great things over the last two years: As a class we collected Christmas gifts for over 125 needy children in Suffolk County; we raised over 500 dollars for Habitat for Humanity, the most money of any group in the Health Science Center, and then we helped to make the dream of home ownership a reality for a needy family by donating our time to help build the house. We organized HIV screenings to at risk populations and presented multiple health promotion projects on topics such as obesity, and diabetes, smoking cessation, nutrition, dental hygiene and bicycle safety to marginalized communities. We have participated in clothing drives, food drives, and blood drives. We went to the Veterans Home and helped to make their lives a little better by sponsoring dances and dinners. And let's not forget the thousands of dollars we raised to throw that awesome pinning ceremony the other night. I am sure there are more things that I am forgetting, but truly we can say that we are leaving the community a better place than when we started nursing school. We have seen the power we have as a group, together we are stronger and greater than anyone of us could ever be by ourselves.

Now let's imagine that instead of 25 of us working together, we are 250,000 roughly the number of registered nurses in New York State, or greater still 2.9 million, roughly the number of RNs in the United States. As we move from students to professionals we must continue in this spirit of synergy and unity. We can do this by joining and actively participating in our professional organizations, namely the New York State Nursing Association and the American Nursing Association.

As a united organization, and only as a united organization, we can help address the pertinent healthcare issues we are facing today such as the nursing shortage, universal healthcare, the Medicare and Medicaid budget shortages, and lowering patient to nurse acuity ratios. Together we can once again prove that we are greater as a unified front than any one of us could be by ourselves.

Do you know who has the responsibility to make these changes? We do. Do you know who has the power to make these changes? Together, we do. We in this room, we graduates, we are the future leaders of the profession. These responsibilities fall on our strong and qualified shoulders. We will be the ones that continue to make a difference in our local and global community.

Now my fellow graduates it is our turn, as we move from students to professionals, let's remember the lessons we've learned here at this remarkable institution. Let's use the same tools we nurses have been using since Florence Nightingale first stepped foot in Scutari during the Crimean War. Let us use our ingenuity, our intelligence, our perseverance, our persistence, our dedication, and of course our compassion, and let us continue to work and rise together and let's elevate this profession with us.

Congratulations to all of my fellow graduates, and thank you again for this incredible honor. Thank you."

S.O.N. Times

RADIOLOGIC DIAGNOSTICS FOR NURSE PRACTITIONERS

By Arleen Steckel

The Radiologic Diagnostics for Nurse Practitioners course is designed to provide the Nurse Practitioner student with an overview of current state of the art radiologic diagnostics and related subspecialty procedures. Students become aware of the importance in developing a collaborative relationship with the Radiology Department. Emphasis is placed on acquiring a basic understanding of how various radiologic studies can be utilized in accurate diagnosis of a client problem. Rotation through the different areas of the radiology department helps the student develop a basic understanding of the various imaging modalities (eg. chest radiographs, nuclear medicine, interventional radiology, CT, MRI etc.) that exist and can be utilized in providing information needed to guide the clinician in diagnosing and managing patients. Students' knowledge base of normal anatomy is augmented enabling students to identify abnormalities as results of each exam are reviewed with a radiologist. Students acquire analytical thinking skills to correctly select radiologic studies, how to properly educate and prepare patients for the diagnostic procedure requested and the proper follow-up post procedure.

Interrelated services are examined and analyzed so that cost effective health care can be provided to a diverse population of clients.

This is an elective course that has been offered for over 10 years during the summer. It has received excellent reviews from all students enrolled who find the information gained is helpful in their practice. The plan is to develop an on-line course with slides included to provide all nurse practitioner students the opportunity to increase their knowledge and skills in this field.

USE OF RADIOLOGY GRAPHICS TO ENHANCE DISTANCE LEARNING

By Debra Sansoucie

Since its inception, the Neonatal Nurse Practitioner Program has used radiology graphics to facilitate learning for distance learning NNP Students. Lectures and case studies accompany more than 30 radiologic films detailing various aspects of x-ray interpretation to include: Assessment of optimal technique; approach to radiographic interpretation; interpretation of abdominal films; interpretation of catheter placement; interpretation of chest films, and interpretation of bony structures. This learning tool provides students with a unique opportunity to visualize actual radiologic films and use diagnostic reasoning and critical thinking skills to develop a list of possible diagnoses. Pertinent data that accompanies each film assists the student to rule out other diagnostic possibilities in making a final diagnosis. As our computer application moves on to its next level, we will be able to utilize these graphics in an actual testing situation. This will greatly enhance our students' ability to apply this knowledge when taking national certification examinations.

SCHOOL OF NURSING DISTINGUISHED ALUMNI AWARD LUNCHEON 2008



Daniel Suarez '74, Sara Torres '72, Marie Ann Marino '89, Norma Deane Armstrong '95



Norma Deane Armstrong, RN, MSN, ANP-C



Daniel Suarez, RN, MA



Gene Mundie, Dean Lenora J. McClean, Maria Marino, Liv Petersen



Daniel Suarez, Associate Dean Ora James Bouey, Liv Petersen



Sara Torres, PhD, RN, FAAN

**Student Governments –
2-Year Program Juniors: Class of 2009**

Class E-Board

President: Nichole Reyes
Vice President: Charles Sotovilla
Treasurer: Vonetta Bowen
Secretary: Jennie Lee
Class Representatives/Project Managers:
 Emmanuel Adjaloko
 Vontaye Smith
 Pamela Gyimah
 Tinequa Gyemibi

College Council of Nursing Students

Vice President: Varlene Sauveur
Class Representatives: Ronn Callala
 Diane Boateng

**Stony Brook University — Pre-Nursing Society Information
E-Board**

Faculty Advisor	Dr. Lenore Lamanna	School of Nursing Faculty
President	Sofia Reyes	soreyes@ic.sunysb.edu
Vice President	Melissa Radivonyk	angelle530@aol.com
Secretary	Olivia Ntim	livilicious6986@aol.com
Treasurer	Patricia Leveille	humblechild22@yahoo.com
Public Relations	Tiffany Reid	classykat84@aol.com

Website

This site will keep you updated on our community service events, meetings, and reminders.

http://www.xanga.com/SBU_Pre_Nursing

Facebook Group

Please subscribe to: **SBU Pre-Nursing Society 2007-08**

Community Service Events and Fundraisers

Each semester we try to do at least one community service or fundraiser per month. Our most popular community service event is the visit to the Long Island Veterans Home right on the East Campus (next to the hospital). We entertain the residents and help the nursing staff out at the facility and everyone ends up having a fun time. In the past year we've participated in the Walk for Beauty (for Breast and Prostate Cancer research at the hospital), March of Dimes WalkAmerica, and raised money for the Mental Health Alliance.

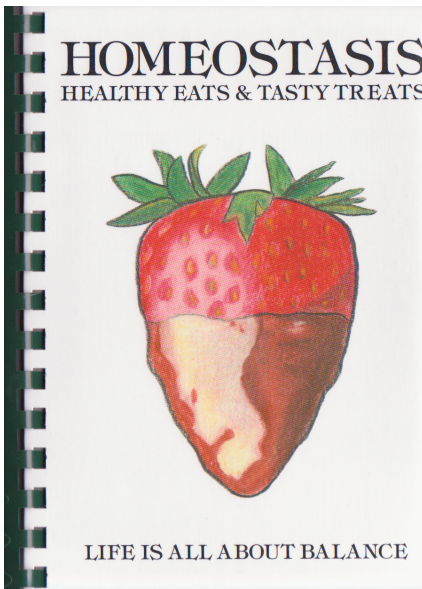
Pre-Professional/Academic Advising Appointments

Please call the School of Nursing at **(631) 632-7082** to schedule an appointment.

CONGRATULATIONS CLASS OF 2008!

Book Review

By Denise Snow



The featured book in this edition's review is HOMEOSTASIS: Healthy Eats & Tasty Treats," A Collection of Recipes by the Stony Brook University Nursing Class of '08.

The Nursing Class has hit a home run with this marvelous collection of healthy recipes. All of the recipes this author has tried have been delicious. The recipes are simple but elegant. The book contains all sorts of recipes ranging from beverages to desserts. Highly recommended are the Summer Corn Salad, the Chicken & Dumplings, and the Spanish Chicken & Rice. The Chocolate Trifle for dessert was a big hit. I made the super easy Pasta with Greens & Beans. It was delicious and guilt-free! I cannot wait to try all of the recipes—starting with the Summer Sangria and working my way to the Chocolate Chip Muffins.

The book is packed with cooking tips, artwork and most of all simple, healthful recipes. If you have not yet purchased this book, I suggest you run to buy it. You can order it through Jodi Moltisanti at manysaints@hotmail.com and please reference the cookbook in the subject line.