

# S.O.N. TIMES

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School of Nursing

Volume 1, Issue 1

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## Calendar

Check the website for graduation information  
[WWW.STONYBROOK.EDU/GRADUATION](http://WWW.STONYBROOK.EDU/GRADUATION)

- Graduation Day is May 19th
- Pinning Ceremony is May 17th
- Research Day is March 27th and will be held in Lecture Hall, Level 2, with the poster presentations in the School of Nursing
- Check Summer Course Offerings now available
- Lobby Day for New York state midwifery students is April 25th, make plans now to attend
- AWOHNN is June 24th in Baltimore
- American College of Nurse Midwives (ACNM) annual convention is May 26th in Salt Lake City
- All Graduating students are eligible for the "Best Paper of a Graduating Student Award". If you have written a paper while a SON student, ask a faculty to recommend the paper to the Awards committee. One paper will be chosen from each student level and will be announced at the graduation ceremony. Good luck!
- Please send your opinion on "The Value of Management Papers on the Clinical Experience" for next issue of the SON Times, May edition.

## Our Community

Welcome to the first edition of 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 newsletter will be published twice a semester. Each newsletter will contain a section with important dates, a spotlight on one of our faculty, student achievements, nursing issues, student opinions about topical issues in nursing and education, and a student editorial about a clinical experience.

In this issue, there is an interview with Dean McClean, a faculty spotlight on Dr. Shurpin, an interview with Chief Nursing Officer of University Hospital, Dr. Xippolitos, an interview with a nursing student, and a touching paper written by a midwifery student.

We hope that you enjoy the newsletter. We are very proud of our student community. It is the hope of the editors that students will contribute their opinions and share their

stories with us.

The School of Nursing celebrates the future of education. The School is committed to meeting the needs of the nursing profession now and in the future by preparing excellent nurses at critical levels.

Plans are underway to add a Doctorate in Nursing Practice (the DNP) degree. The School also plans to add a PhD program in the near future.

Our students and our graduates continue to provide a valued contribution to the profession. We are confident that our future plans will continue the tradition!



## Interview with the Dean

A Dean of a School has many responsibilities and assumes many roles. One of the important roles is as leader of the student and faculty community. She is responsible for setting the tone for the learning environment. So, it was with the warmest reception that the School of Nursing welcomed Dr. Lenora McClean back to her position as Dean of the School of Nursing this year.

Dr. McClean has been a nurse for forty-six years. She began her career in psychiatric nursing. While working in the Bronx, she combined clinical practice and teaching in her role as faculty at Teachers College. There, she was appointed lead counselor in the nation's first suicide prevention program, "The Nation Save a Life League". Reflecting on that experience, the Dean acknowledged, "Boy, did I learn a lot!"

Dr. McClean came to Stony Brook by way of the Northport Veteran's Administration where



### Stony Brook Day in Albany: A Student's Perspective



Senior Nursing student, Tamika Joseph was excited about her experience in Albany. "We dominated!" Although other universities were in Albany, such as NYU, Stony Brook students stood out— the nursing students were readily identifiable by their white lab coats. Ms. Joseph found it to be an "amazing adventure".

Initially, getting up at 5:30 in the morning seemed problematic, but there were many

perks. The bus ride was comfortable, there were movies on the bus and "they fed us well". Stony Brook provided a continental breakfast, a box lunch, and the beloved chocolate fountain later in the day.

Ms. Joseph's experience was heightened by the fact that she saw her own legislator, Vivian Cook. About twenty students sat in Ms. Cook's office and spoke to their legislator about funding for Stony Brook. Important issues of clinical sites, faculty increases, space, and equipment needs were discussed.

This was Ms. Joseph's first time going to Albany, but she lobbied like a pro! Ms. Joseph enthusiastically states this was a great day and she would go again.

### The Top Ten Reasons to Go to Nursing School

- 10) The Krebs's Citric Acid Cycle
- 9) Learn a little Greek and Latin
- 8) Body Fluids
- 7) Practice self- diagnosis in psych class
- 6) Drug Math
- 5) Get to know exotic microorganisms (that will kill you)
- 4) Meet your friend, the NCLEX
- 3) Find out how surprisingly well you do with very little sleep
- 2) Get to wear your favorite color: white
- 1) Two words: Care Plans

### Clinical Concerns: An Eritrean Experience by Daniel Ghebretinsae

At this exact moment at least one female infant, daughter, or woman is screaming and writhing in pain at mercy of an antique tradition. Female genital mutilation is a harmful traditional health practice that constitutes all procedures which involves partial or total removal of the external female genital organs whether for cultural or any other non-therapeutic reasons (WHO, 2001). It is a deeply entrenched cultural tradition practiced by various ethnic groups in more than 28 countries in the African continent. It is also found among populations in the countries in the Arabian Peninsula, in the Middle East, in south East Asia, as well as in immigrant and some indigenous communities in parts of Asia and the Pacific, North and Latin America and Europe. This practice affects an estimated 130 million women and girls worldwide and continues within a complex web of social, cultural and psychosocial consequences (RACOG, 1997).

Eritrea is one of the poorest countries in the world with women representing a disproportionate number of those living in poverty. It is a patriarchal society where women are discriminated against at all levels. Socio-cultural traditions often ensure that women's public roles are secondary and are simply an additional activity to their domestic roles of housewife and mother.

Eritrea is inhabited by nine different ethnic groups that belong to distinct language families. These ethnolinguistic groups include the "Afar", "Bilen", "Hedareb", "Kunama", "Nara", "Rashaida", "Saho", "Tigre", and "Tigrinya".

The Eritrean society can also be classified on the basis of descent organizations. On the basis of such a criterion, the societies can be categorized into patrilineal versus matrilineal societies. At present most of the societies with the exception of the "Kunama"—who are a matrilineal society, follow patrilineal descent systems. Women represent a disproportionate number of those living in poverty.

Eritrea has one of the highest maternal mortality rates in the world with approximately 1000deaths/100,000 births. A main contributor to this elevated mortality rate is the high incidence of obstructed labor. The rural nature of Eritrea, with poor communication and transportation infrastructure in the outlying areas, results in 80% of deliveries occurring with out a physician or trained midwife. FGM is commonly practiced in such areas compared to the urban. As such, many women labor for days, resulting in high maternal and fetal mortality as well as a high incidence of birth trauma (Assefaw, Gebrenariam & Melekebirhan, 1999).

Eritrea is among the countries, which have the highest prevalence of female genital mutilation in the horn of Africa. FGM is almost universal in Eritrea, with 89% of Eritrean women 15-49 years of age having been circumcised (EDHS, 2004) The practice of female circumcision has often been mentioned as a custom that contributes to the subordination of women in many Eritrean societies.

The origins of the practice are unclear. It predates the rise of Christianity and Islam. There is mention made of Egyptian mummies that display characteristics of FGC. Historians such as Herodotus claim that in the fifth century BC the Phoenicians, the Hittites and the Ethiopians practiced circumcision. It is also reported that circumcision rites were practiced in tropical zones of Africa, in the Philippines, by the Incas in Mexico, by certain tribes in the upper Amazon, and in Australia by women of the Arunta tribe. It also occurred among the early Romans and Arabs. As recent as the 1950s, clitoridectomy was practiced in Western Europe and the USA to treat "ailment in women as diverse as hysteria, epilepsy, mental disorders, masturbation, nymphomania (seeking sex very often), melancholia (depressed and worried by unnecessary fears) and lesbianism

***“Age is irrelevant. Health, attitude and using one’s mind is key”***

## Interview with the Dean

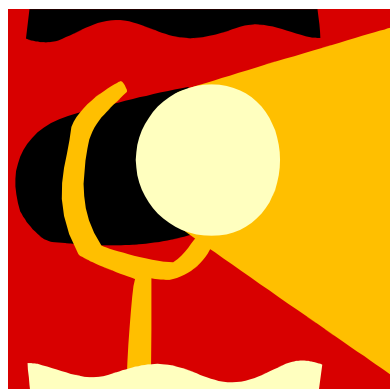
She regularly lead the clinical grand rounds as clinical specialist/therapist. Dr. McClean came to Stony Brook in 1973 to develop the graduate nursing program. The program opened in 1975 with ten students. The was during the era when New York City defaulted on its loans and as a result, five of those students were not able to continue their program and the first class graduated five students! Another obstacle encountered in starting the graduate program was the negativity of the School of Medicine. At that time, there existed a bias that nurses did not have the I.Q.s to compete. The School of Nursing

graduate program had to reflect on important issues. prove that it could compete. Foremost is the concept of That is the reason the program required a whopping 72 credits for graduation (the current requirement is 45 credits).

As many of the readers know, Dr. McClean took a year off—her plan was to retire and relax. However, she came to understand that people have certain personality skills. She realized that she did not develop the leisure skills necessary for a relaxing and well deserved retirement. She even tried volunteering but found that volunteers were not in demand.

But her year off enabled her to

age. Dr. McClean feels that age is irrelevant. Health, attitude and using one’s mind is key. “70 is the new 50” thanks to the progress of science. That is where nursing fits in. Nursing is changing so fast because of the changes in science and increase in information. Nurses will adapt to new roles, for example, nurses are involved in the process of mapping DNA. That is the reason it is essential that Stony Brook prepares research nurses through the Doctorate in Nursing Practice (DNP) program .



## Faculty Spotlight on Dr. Kathy Shurpin

Dr. Shurpin began her nursing career in 1970. She started by going to Adelphi University. As a new nurse, she was hired as a staff nurse in oncology patient care at Sloan Kettering. There, the hospital was organized by “systems”. The system for which she gained her expertise was gynecological oncology. Dr. Shurpin then moved to Suffolk County and took a position at a local hospital and quickly became a supervisor. She maintained her competency by counseling patients. During that time, she went back to school for her clinical degree as a nurse specialist. She was assisted in her endeavor by a Heath, Education and Welfare (HEW, which is now two separate departments of

Health and Human Services and the Department of Education) grant that provided tuition and a stipend. At that time, the government determined nurses were needed in teaching.

Fortunate for us, she happened to read an advertisement that the university medical center was looking for a clinical specialist for the acute surgical area. A bonus of the position was that our own Dr. Balkon was the first clinical specialist in medicine. Both Dr. Shurpin and Dr. Balkon were hired a year before the hospital opened to they could write protocols, order supplies and most importantly, hire staff. The plan was to have a clinical specialist on every unit of the hospital and to hire an entirely Baccalaureate educated nursing staff. In preparation for “real patients”, they performed mock situations to determine their readiness. Dr. Shurpin recalls that this was the “most exciting time of my life”.

Innovation continues to be a hallmark of Dr. Shurpin’s qualities. In the School of Nursing, Dr. Shurpin takes a unique approach to teaching students. One example can be found in her class for the Nurse Practioner students. She recently had a group of ovarian cancer patients speak to the class about their symptoms (which for ovarian cancer can be vague and hard to articulate) and experiences. The students received a first hand account of the diagnosis. Dr. Shurpin feels the best way to teach is through patients who have experienced the phenomena.

Dr. Shurpin’s enthusiasm for teaching students is evident. When asked about her thoughts on teaching, she responded, “the best part of teaching is the privilege of watching students exceed expectations and to provide nursing care”. Her pride in her students’ accomplishment was expressed through a patient. The patient told Dr. Shurpin that the “ best nurse I ever had was one of your students”. She also received an “incredible letter” for the Emergency Department doctor about how good our students are. Although she may disagree, we feel that Dr. Shurpin can take some of that credit!

## Interview with Dr. Lee Xippolitos, Chief Nursing Officer at University Hospital

Dr. Xippolitos' transitions throughout her professional career is a narrative that tells us much about the evolution of the nursing profession and is a mirror of where we are, and where we are going. Her career reflects the various roles nurses have assumed, yet central throughout, is the view that "this is the best time for nursing".

Dr. Xippolitos began her nursing career like many of us— on the night shift. She worked med/surg in a teaching hospital. This was a 56 patient unit where there was one LPN and one aide to a "side". The team would go to one end of the hall and work their way down. This was a different time in hospitals— patients with cataract surgery had 7 day stays. This lasted six months. From there, she went to CCU and found she loved it. She then became the Head Nurse of a team that opened the first telemetry unit on LI. Working with cardiac patients introduced her to her first formal experience with teaching. Understanding that "something about the cardiac personality fascinated me", she obtained her MS in psych/mental health which she believes is the "best decision I ever made". This is how she became interested in addictions such as alcohol, eating and drugs. She then took a job in an Associate Degree program and simultaneously developed her own joint appointment in detox with the focus on working with families as a CNS. She then developed a CNS program at Southside Hospital where she worked clinically. In 1990, Dr. Xippolitos came to Stony Brook. She was hired as the Assistant Director of Nursing for the Psychiatric and Community Day Program. In 1995, she was "recruited" by the School of Nursing". Through the mentorship and support of Dr. McClean (who was Dean of the SON and CNO of University Hospital), she earned her PhD. She retained a joint appointment with the School and the Hospital. She recalls that "this was the best job I ever had"! In fact, her model was so successful, she presented it to the International Conference for Consultation Nursing Liaison Society. She then became the Director of Patient Care for Surgery. In that role, she learned that the life blood of the hospital comes out of the OR and honed her administrative skills. That experience positioned her for her current position as CNO of University Hospital.

Under her leadership, there is an unmistakable focus on patient safety, and quality. She feels strongly that nurses are assertive patient advocates. In her words, "they are the champions for safety". Her philosophy on the nursing role is probably a valid reason that University Hospital is experiencing a 4% nursing vacancy rate as opposed to the national average of 11%. Additionally, the University provides support for the use of evidenced-based practice— to give those individuals a strong voice which Dr. Xippolitos feels was "cut out in the '90s". Additional means of supporting University Hospital nurses are exhibited through the linkage with the SON for the Associate Degree nurses, supporting them financially. Although Dr. Xippolitos feels that "Nursing has been wonderful to me and my family, I would not change a thing in my career, I have been very lucky", those of fortunate enough to be her student, or nurse employee, or receive guidance through her mentorship know that we are also lucky.

### Clinical Concerns: An Eritrean Experience by Daniel Ghebretinsae from page 2

sm. In other words, the practice of FGM has been followed by many different peoples and societies across the ages and the continents (FCH, 2005). Therefore the history of FGM indicates that, there is no link between the practice of FGM and religion.

The immediate and long-term health consequences of female genital mutilation vary according to the type and severity of the procedure performed. There are limited epidemiological data to provide a reliable indication of the relative prevalence of different forms of FGM or of the incidence of complications. This is in part because women may not associate the health problems they experience with FGM or may simply accept them part of life (RACOG, 1997).

Immediate complications include severe pain, shock, hemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue. Hemorrhage and infection are usually the leading cause of death. More recently, concern has arisen about possible transmission of the human immunodeficiency virus (HIV) due to the use of one instrument in multiple operations, but this has not been the subject of detailed research.

Long-term consequences include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse) and sexual dysfunction and difficulties with childbirth.

According to a report from the UNICEF, in Eritrea, 84% of women report having been circumcised by a circumcision practitioner and 0.6% of girls have undergone the operation under medical care or attention. This reflects a slight 7% decline from previous findings in 1995. Based on WHO policy statements on FGM, nurses, midwives and other health care workers must be expressively forbidden to perform female genital mutilation and any nurse, midwife or other health care worker found performing, or reported to have performed, FGM should be brought to the attention of the appropriate authorities for professional discipline and or legal action.

As nurses, midwives and other health workers are often the primary caregivers and in many circumstances the only trained health care providers available especially in countries like Eritrea, they are of value in fighting the challenge and in treating health consequences imposed by the practice. They are of great [value as being] agents for change. *Editors Note: Daniel Ghebretinsae is a Class 18 Midwifery Student. He lives in Eritrea and is a distance student. This story was chosen to illustrate the vast dimensions of clinical variations of providing healthcare.*

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