LEHIGH VALLEY
HOSPITAL

Nursing Voice

August 1993

Advanced Practice Nurses

The profession of nursing has certainly progressed further than its initial definition of "a person who is skilled or trained in caring for the sick or infirm especially under the supervision of a physician" (Webster, 1985, p. 812). No longer do professional nurses see themselves as working under medical direction. With the goal of maximizing health and quality of care, nurses and physicians are collaborative practitioners. As this concept of independence as well as interdependence between nurses and physicians has increased, it is only natural that nursing has needed its own specialists. A nurse in advanced practice is a specialist in a selected area of nursing who through study and supervised clinical practice at the graduate education level, has become an expert in a defined area of knowledge and practice (Boyd et al, 1991).

A graduate degree in advanced nursing practice includes indepth studies in nursing theory, concentrated clinical experience in a specific area, conducting research, and studying issues in healthcare. Competencies essential for advanced practice include assessment skills, synthesizing and analyzing data, providing expert teaching and guidance to work effectively with patients, families, and other members of the healthcare team in managing patients' physical and psychosocial health-illness status. The abilities to conceptualize and identify possible treatment options, solve complex patient care problems, diagnose and prescribe therapeutic measures, and consult with or refer patients to other healthcare providers as appropriate are also essential to the advanced practice nurse (NCSBN, 1992).

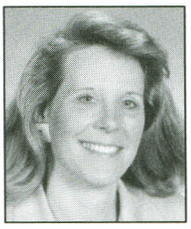
Two most commonly utilized advanced practice roles are clinical nurse specialists and nurse practitioners. Clinical nurse specialists (CNS) traditionally have functioned as advanced practitioners in inpatient settings. The CNS directly influences care delivery through interactions and collaboration with other healthcare providers (Fenton, 1990). Functional components of the CNS role are direct patient care, consultation, education, and research (Naylor & Brootin, 1993). Implementation of the role is varied. Direct nursing care is often provided to patients with special and/or complex needs. Consultation may be initiated by nurses, families, physicians or any other healthcare provider. Clinical nurse specialists educate patients, families and members of the healthcare team. Research activities include participating in nursing and interdisciplinary research studies and incorporation of current findings into patient care.

Nurse clinicians (left to right): Jayne Hatfield-Robinson, Beth Hyde, CRND and Mary Lou Snyder

Certified Registered Nurse Practitioners (CRNP) serve as comprehensive primary healthcare providers. Nurse practitioners are advanced practice specialists who independently function in an extended role in collaboration with the Medical Director/Attending Physician and the nursing staff. The practitioner's role may vary according to the particular specialty. Generally, the responsibilities will include: case management of patients, physical examinations, formulating differential diagnosis and implementing therapeutic procedures aimed at restoring optimal health while establishing provisions for discharge and follow-up care. CRNPs also have the responsibility to facilitate clinical research and to disseminate research findings.

Continued on page 8

The Real Reason



"Mom, why do you work?"

It was a very innocent question that came from my four year old as I was preparing to leave for work one evening. But being somewhat pressed for time, with my mind already at work and not really on his question, I answered with the first response that came to my mind. "I work so that I can make money". It was obviously a satisfactory answer to him and he went off to continue his pre-bedtime play.

But a short time later while I was driving to work our simple exchange crept back into my thoughts. As I recalled his question, my mind instantly became a sea of faces. I saw the face of my first labor and delivery patient anxiously searching mine after the birth of her baby, waiting for my words of assurance in her native spanish language, that all was well with her new son. I was a student nurse at the time and far from fluent in her language, but I was the only one there that knew any words that she could understand.

I saw the sorrow and fear in the face of a young girl whose sister had not survived the car accident they had been in. We talked about her sister and cried together that day and others as she recuperated. That young girl is now a young woman completing medical school, her experience as a patient being largely the impetus for that career choice.

I saw the gentle face of an elderly man who gave me a silver dollar one Christmas Eve in hopes that I may "never go broke". That silver dollar still lies in the bottom of my jewelry box where I put it many years ago.

And as the faces of those whose lives I have touched as a nurse continued to stream across my mind's eye, it became clear to me that I had not given my son the answer that he truly deserved although cannot yet understand. It is true that the most tangible result of my time spent at work comes in the form of a pay-check. But it is by far not the most meaningful. While my paycheck can provide my family and myself with material things to make us comfortable, it can never provide the knowledge of knowing you have made a difference in someone's life and the deep feelings that accompany that knowledge. And that, my son, is the real reason I work and the real answer to your simple but very complicated question.

Ginger A. Holko, RN
Co-Editor Nursing Voice

CALL FOR CREATIVITY

Last year Nursing Voice launched what we now hope will be an annual event - the free form WRITING CONTEST. Our enormous success has encouraged us to TRY IT AGAIN! So come on authors and poets we know you're out there! Sharpen those pencils and write - WE DARE YOU!

WHAT:	"Reflections on Nursing II". A writing contest about any aspect of the author's life that has been affected in some way by nursing.
WHO:	All interested persons are eligible. (Members of the Nursing Voice Editorial Board not eligible)
WIN:	1st Place writer wins $300.00 2nd Place writer wins $150.00 3rd Place writer wins $100.00
WHEN:	Deadline for entries is October 15, 1993. Entries must be legibly written or typed with a maximum length of 3 handwritten or 2 1/2 double spaced typewritten pages.
WHERE:	Submit entries to: Susan O'Neill c/o Shock Trauma Unit, CC & I-78 Extension 8930 or Ginger Holko c/o 5B, CC & I-78 Extension 8770

Winning and honorable mention entries will be published in the fall issue of Nursing Voice.
Funding provided by Friends of Nursing and the Professional Nurse Council.

CECE Goes to Washington

Report on Nurse in Washington Internship

I had the unique opportunity to represent our organization at the Nurse in Washington Internship program sponsored by the National Federation for Specialty Nursing Organizations. My initial response was definitely not one of delight. Having lived in Washington for three years during the Watergate era, I had the opportunity to watch policy development from the perspective of the *Washington Post.* It was a turbulent time, during which some of my enthusiasm for the way the government works was lost. However, grounded with strong philosophical roots from my native "Show-Me" state of Missouri, I packed my bags, stomped through the snow and headed for the nation's capitol.

So what was the end result? My initial detachment turned to intrigue and I found the internship so stimulating that I had to share it with you. Many new and exciting approaches to healthcare were discussed which have major implications for the future of nursing practice, particularly medical-surgical nursing practice. Washington is humming with new buzz words as the Clinton administration and Congress tackle the enormous issue of healthcare reform. As numerous as the Congressmen and lobbyists are, so numerous are the perspectives for new healthcare reform legislation. However, several key themes are consistent in each and every perspective that is being developed. These key themes include quality of care, broader coverage, preventive care, cost containment and managed competition. With the exception of managed competition, these terms are not at all new to nursing. Rather, they are issues that nurses have long supported and worked to achieve. What is new is that NOW the political climate is right for these key themes to be integrated into our healthcare system. NOW the climate is right for nurses to speak out on these themes that we have long valued and worked to incorporate into our practice.

Quality of life is a term that is new to the political and legislative arenas. Historically, medical treatment was considered effective if morbidity and mortality statistics were within an acceptable range. More recently, treatment was considered effective if the patient went home within the time frame projected by the Diagnosis Related Groups or DRGs. Now more attention is being given to patient outcomes such as physical functioning. Even more importantly, the psychosocial dimension of quality of life is being discussed as an essential element of patient outcomes. Nurses know about quality of life. Nursing research demonstrates the comprehensive conceptual view that has guided nursing studies on quality of life. Yet, nursing lobbyists are clamoring for more nursing research that specifically highlights the effectiveness of nursing care on quality of life and patient outcomes.

Disease prevention and health promotion are currently at center stage. Nurses could comfortably sit back and say "It's about time. We have known the importance of health promotion for decades." The "I told you so" mode, however, will not help nursing win reimbursement for healthcare services. What is needed instead, is a concerted effort to demonstrate that nurses know about and have been teaching disease prevention and health promotion since Florence Nightingale first instructed nurses on the importance of a healthy environment for recovery from disease and maintenance of good health. Our health promotion activities have been politically invisible since disease prevention was not a focus for reimbursement. Critical to our visibility in these areas are databases that include nursing interventions and related patient outcomes. Just as important, nurses need to create new health promotion delivery models that focus on primary care that nurses can so expertly deliver. Research that supports enhanced patient outcomes resulting from these new healthcare delivery models is essential in demonstrating our effectiveness in the arenas of health promotion and disease prevention.

Broader healthcare coverage for all Americans is a noble goal. American citizens would probably support the addition of "the right to healthcare" as an addendum to the Bill of Rights. Consumers want to spend less of their own money and have guaranteed, life-long access to the same or better care than they are now receiving (Kosterlitz, 1993). Statistics show that the majority of Americans (83%) do have some healthcare coverage (Kosterlitz, 1993), yet estimations suggest that there are still 32-37 million Americans that have no health insurance at all. (Democratic Policy Committee, 1993).

The goal that all Americans should have access to healthcare seems reasonable, yet such a statement is loaded with complex issues and questions. How can we guarantee healthcare coverage to all? Who will fund it if Americans themselves do not want to pay for it? Will coverage include all healthcare or basic healthcare? What encompasses basic healthcare?

Continued on page 5

A Tiny Heart Stops but the Caring Continues

A job in maternal-child nursing may conjure many images. Among them, patient rooms papered in pretty shades of mauve and blue, chubby cheeked full term babies nestled among pastel blankets and families admiring their infants through nursery windows. At the end of the short hospital stay, exuberant mom, proud dad and healthy baby leave the hospital as a family unit.

From a nursing viewpoint, peers in other specialties may be envious; no confused or elderly patients, no CVA patients immobilized in bed, no COPD patients sneaking a cigarette in the bathroom. What more ideal work environment could a nurse desire?

Seldom do we envision that maternal-child nursing may be heart-wrenchingly tragic. That tragedy being not the joyous beginning of a new life, but the end.

Perhaps we have experienced the death of a grandparent, parent, spouse or close friend. If we have not personally experienced a loss, we can certainly perceive of its significance. Seldom though, have we experienced the death of an infant or child. Our society equates death with old age, not a new life.

As nurses, we have dealt with death, grief and end of life decisions. However, the death of an infant or child may be a new experience. Nurses may be fearful or unsure of their own abilities to care for families who have experienced this loss.

A few years ago, Victoria Geiger (now the Lactation Educator), initiated a program called *Resolve Through Sharing*. The program provides physical and emotional support to patients, their families, and staff. The need for such a program was identified by talking with patients and their families that had experienced the loss of a child. "I felt this was an area of nursing where I could make a difference. There is more we can do to turn a negative experience into a more positive one. Our program allows families to validate the life of that child," states Victoria.

Resolve Through Sharing counselors are specially trained maternal-child nurses who care for and counsel families who have suffered a loss. The counselors work with families at anytime during the pregnancy or neonatal period. The counselors are familiar with the grieving process and are equipped to support and guide patients and families who, without their help, may not be able to successfully negotiate their grief. The counselor is often a nurse who has cared for the mother and/or infant prior to the loss.

When the loss is a nonviable infant, the parents are offered the opportunity to hold their infant or fetus and photographs of the family are taken. Special mementos such as a lock of hair, hospital bracelet, clothing, and blanket are given to parents. Parents mourn not only for their child, but also for unfulfilled dreams. They will never see their child roll over, smile or coo, pedal a bike or graduate from school. The treasured memories of the childhood they have anticipated are gone in the blink of an eye. To many families, the time they have had to hold and cradle their child and the mementos given to them are their only memories.

Parents of a dying infant are encouraged to help care for their child. Opportunities to hold, photograph, baptize the baby and provide actual care such as diapering and bathing are other ways families are able to "parent".

Families receive support from counselors not only during the hospitalization, but afterwards through cards and letters, phone calls, and/or visits over the next few months. Important dates such as the baby's expected due date, holidays, birth date, and the anniversary of the baby's death are always remembered. Counselors may be involved in assisting parents plan funeral or memorial services. Local support groups that parents can contact if they wish are also made known to them.

"Caring, supportive people can help these families move through the initial crisis toward re-establishing their life without their baby." This is the philosophy of *Resolve Through Sharing*. For nurses, this program is another refinement to the ART of nursing.

Barbara Werner, RN

CECE Goes to Washington *(from page 3)*

Will rationed healthcare be implemented? Who will manage healthcare services and reimbursement? How can we guarantee access to care when medical personnel and facilities are not always available?

Compounding these questions on broader healthcare coverage is the overriding demand for *cost containment.* Pressure to contain costs is being leveraged on all professions and suppliers of the healthcare industry. Healthcare institutions are streamlining services to manage costs. Healthcare suppliers, such as pharmaceutical and medical supply corporations, are justifying the cost of goods while "right-sizing" to manage the economic changes direct the marketplace. Healthcare professionals, particularly physicians, are examining cost-effective means to provide services. No one even remotely related to the healthcare industry has been untouched by the demand for an "overhaul" of the healthcare delivery system.

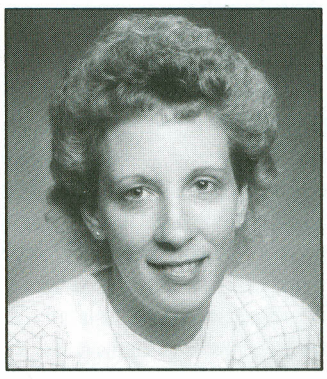
The Clinton administration is proposing that cost containment be accomplished through *managed competition.* It is proposed that providers and insurance companies form health partnerships which will be publicly accountable for costs and medical outcomes. A board would be established to set the scope of effective health benefits, standards of accountability, and standards for insurance. Health partnerships would be required to disclose cost and outcomes information to consumers so that they can shop for the most efficient healthcare. Essentially, large networks of doctors, hospitals, clinics and the like would be created. These networks, like "super-HMOs", would be scrutinized for cost-effectiveness and medical appropriateness. (Anderson, 1993).

Nursing's role in the reformed healthcare system will be shaped by the interpretation of these key themes in the legislation for healthcare reform. Nurses can and should be the people who have the most impact on these interpretations, but only if we develop the strategies to do so *now*.

Cecelia Grindel, RN

The unique needs of children in the hospital were recently highlighted during the 14th Annual Celebration Of Children and Hospital Week. The week's theme was "Commitment of Caring". An essay contest to accent nursing's commitment toward "humanizing" healthcare for children and their families was one of the week's events. CONGRATULATIONS ON YOUR WINNING ENTRY, DEE!

On Children



I have been a nurse on the Pediatric Unit at Lehigh Valley Hospital for over six years and find my job most rewarding. I have had some experience in other fields of nursing but did not find the satisfaction that I feel in caring for children. I have found that children, whether ill or well, are vibrant and full of life. I enjoy the satisfaction of seeing a child who comes into the hospital ill, and who leaves the hospital feeling better. Although perfect health is not always attainable in this profession, it will always be our goal.

Also, in working with children, I have been blessed with meeting many families who I admire. I have seen families endure much more than should be expected of them, yet they are grateful for any small thing I am able to do for them and their child.

People often ask me, "How can you do it? It must be depressing." But I don't feel that way. I have been saddened by some things I have seen, but the rewards have outweighed any sadness I have felt. My heart has been touched by many of the children I have met, and they have made a lasting imprint on my life. I admire the ability of children to overcome insurmountable odds and still have enough energy to muster up a smile to make your day. It amazes me how much pain and struggle some children must endure from day to day, yet they are able to teach us something about compassion and faith beyond the medical profession.

I feel that I have gained much more than I have given over the past six years, and I will hold in my heart the names and faces of many of the children who have shared a small part of their lives with me.

Dee Fink, RN

"Tree of Hope"

Did you ever ponder the question: "If the environment can harm you, then perhaps it can also harbor the products to cure you?" I wonder how many substances there are that we encounter on a daily basis that may have unknown uses for care and treatment of disease.

Taxol.

Taxol is a drug that is made from the bark of the Pacific Yew tree. In January of this year, Taxol was given FDA approval for treatment of women having advanced stages of ovarian or breast cancer.

In December of 1992 the challenge of giving this then investigational drug to patients so hopeful for cure presented itself to the nurses in the Transitional Care Unit when we cared for our first Taxol patient.

At the time of our first patient, the use of Taxol was part of a clinical trial. The challenges nurses face are always unique, but the challenge of using an investigational drug brought with it many new and different feelings for our nursing staff. And with each new challenge comes new choices, legal issues and ethical dilemmas for nurses.

The staff of TCU had many questions regarding the effects and outcomes of Taxol use. It was clear that the staff's many questions needed thorough answers and so a collaborative approach between nursing and medicine began which helped to improve the quality of care for the Taxol patient as well as methods for administration of the drug. Although we know that Taxol is not considered a cure for ovarian cancer, it does offer many women hope of a longer life where very little hope existed before.

Gloria Reenock, RN, Lynn Grischott, RN and Pam Repetz, RN

With the experience of caring for Taxol patients came a unique research opportunity. With the assistance of researcher Cecelia Grindel, TCU embarked on our first research study, entitled "The Impact of Taxol Treatment On The Quality Of Life In Women With Advanced Ovarian Or Breast Cancer".

Data is collected for our study in a variety of ways. A personal interview is conducted with each Taxol patient prior to the onset of their first treatment cycle. Each participant then receives a series of surveys relating to their quality of life. The surveys are sent to their homes prior to each treatment cycle, which is currently every twenty-one days.

We have found that the pre-treatment interview alone can be of immense benefit to the nursing staff as it enables them to examine their nursing care and practice in a whole different way. Each patient has been unique in her expectation of this drug. I remember one patient telling me "Taxol is my tree of hope".

Many Taxol patients have entered our doors since beginning this clinical trial and close relationships with many of these women have developed. As we visit with these women in various stages of treatment one cannot help but wonder, how many more treatment cycles will there be for each one? Our visits have shown us many degrees of improved quality of life. We have found patients whose lives seem to be carrying on as usual; traveling, caring for their grandchildren, spending time with friends, as well as those who just do not have the strength to do the things they would like to do.

To date there have been no studies done regarding the quality of life for women being treated with Taxol. Our unit is excited and hopeful that our research will provide accurate quality of life information that can be useful in improving the care management of all women being treated with Taxol.

Our first Taxol patient has now passed away but her courage will always be remembered. Someone once said, "Everytime someone closes a door, God opens a window", and the staff of TCU has found this to be true. The courage of these women is uplifting, insightful and inspirational.

It is an exciting time to be in nursing, to discover new ways of treating patients and to become nature's "professional pioneers" for new methods of treating disease both now and into the future.

This article is dedicated to all our Taxol patients.

Pamela Repetz, R.

PersonalizATIONS

SensATIONS

Joanne F. McLaughlin, RN, recently received the Burn Prevention Award, sponsored by the American Burn Association (ABA). The award was presented at the ABA's 25th Anniversary Banquet Program in Cincinnati. Joanne holds a joint appointment with the Burn Foundation in Philadelphia and the Burn Prevention Foundation in Allentown as Director of Professional Affairs.

The program booklet from the banquet gives the following description of Joanne. "Her consummately professional style, which combines warmth and creativity with a disciplined focus, has inspired hundreds of human service professionals and firefighters, and has touched thousands of the general public."

Congratulations, Joanne, on this well deserved honor.

Terry Ann Capuano, RN, Administrator, Patient Care Services and *Kim S. Hitchings, RN,* Manager, Professional Development received the District 2 Pennsylvania Nurse's Association Nursing Research Award. Terry and Kim were recognized for their continuing studies on the Respiratory Nursing Diagnoses, as well as their involvement in a variety of other research related activities.

Kim Sterk, RN, Nurse Coordinator in the Helwig Diabetes Center received recognition for "Outstanding Achievement in Patient Activities", from the Pennsylvania Affiliate of the American Diabetes Association. This award recognizes an individual who has made a key contribution to the lives of persons with diabetes.

Nancy Eckert, RN, Nurse Coordinator, Neurosciences Center, was the primary speaker at the Bethlehem Steel Memorial Day Ceremony. Nancy, a veteran combat nurse, was the first woman AND the first Vietnam veteran to speak at this event. What an honor for you, Nancy!

GraduATIONS

The following staff were May, 1993 academic graduates.

Kelly Arndt, Unit Clerk, Emergency Department, CC & I-78 - Associate Degree, Nursing - Lehigh County Community College.

Nina Bergey, RN, 3C - BSN - Kutztown University.

Deborah Boorse, RN, Trauma Quality Assessment Coordinator - BSN - Cedar Crest College.

Susan Gallagher, Unit Clerk, GICU East - BSN - Cedar Crest College.

Diane Kocsis, RN, GICU-West - MSN - Allentown College of St. Frances de Sales.

Sandra Little, Unit Clerk, STU - Associate Degree, Nursing - Lehigh County Community College.

Debra S. McGeehin, RN, Diabetes Patient Education Specialist -MSN - Allentown College of St. Frances de Sales.

Linda Reinhart, RN, STU - BSN - Kutztown University

Susan Ressler, Unit Clerk, OHU - Associate Degree, Nursing - Northampton Community College

PresentATIONS

Nurses from throughout the country recently heard *Carole Moretz, RN,* Manager, Staffing, describe her investigation of the Restraint Free Environment. Carole presented a poster describing her research project at the American Organization of Nurse Executives Annual Conference in Orlando, Florida.

Debra M. Bubba, RN, Manager, Nursing Quality Assessment/Improvement and Safety recently presented two posters at the Quality in Nursing Conference in Washington D.C. One poster depicted QA/QI organizational structure and the other described the sentinel event/quality of care concern and peer review evaluation process.

Presenters at "Trends in Trauma '93" held recently in Philadelphia included:
Sharon Smith, RN, Trauma Nurse Coordinator "Care of the Pediatric Patient in an Adult Trauma Unit".

Deborah Boorse, RN
"Managing Quality in a Level I Trauma Center".

Mary Jean Osborne, RN, Trauma Clinical Nurse Specialist "Use of the Peripheral Nerve Stimulator to Assess the Neuromuscular Junction". Mary Jean also shared her expertise in Altoona, PA where she made two presentations: "Rural Trauma: What Old MacDonald Never Told You" and "Pulmonary Contusion: The Hidden Injury".

ExclamATIONS

Bonnie Kosman, RN, Nursing Supervisor in Home Care was named in "Who's Who in American Nursing, 1993-1994" and "Who's Who in American Education 1993-1994".

Continued on page 8

Advanced Practice Nurses *(from page 1)*

The development of advanced practice roles were initially well defined and specialty focused. Recently, patient care needs have guided a change in the range of knowledge and skills required, as well as the domain of service within which the advanced practice nurse specializes (Sparacino, 1993). Current healthcare practices have resulted in overlapping of the roles. As a reflection of this overlap, the ANA Council of Clinical Specialists and the Council of Primary Health Care Nurse Practitioners combined to form the ANA Council of Advanced Nurse Practitioners in June of 1990. The merging of the clinical nurse specialist and nurse practitioner roles is probably a natural progression coinciding with the changes in today's healthcare. The movement of patient services from inpatient to outpatient will continue to mandate this blend in order to achieve optimal patient outcome.

Standing, left to right: Mary Jean Osborne, Karen Peterson, Patricia Matula, Cindy Rothenberger, Irene Ehrgott and JoAnn Haas. Seated, left to right: Kathy Lucke, Debra McGeehin, Karen Landis, Constance Molchany and Marian Hoffman.

Numerous studies have demonstrated the contributions of advanced practice nurses to patient and family outcomes as well as on the cost of care (Brooten, 1986; Alexander, 1988; Lipman, 1986; Pozen, 1977; Burgess, 1987; McCorkle, 1989; Kennedy, 1987; Meilinger, 1987; Naylor, 1990; Aiken, 1988; Mezey & Lynaugh, 1989; Shaughnessey, 1990; McCracken-Knight, 1989; Santmyer, 1991). As the focus of care continues to move from the hospital to the outpatient setting and as more complex patient care issues face healthcare providers, advanced practice nursing skills are vital to positive patient outcomes. Clinical nurse specialists and certified registered nurse practitioners must, therefore, function as leaders in the healthcare reform of the 1990's.

Contributors
Jayne Hatfield-Robinson, RN
Karen Landis, RN
Kathy Lucke, RN
Patricia Matula, RN
Constance Molchany, RN

References used in this article are available by calling Karen Landis at 402-1734.

PersonalizATIONS *(from page 7)*

Bill Karpowich, RN, Burn Center, *Carol Saxman, RN,* Clinical Nurse Facilitator, GICU and *Lori Yesenofski, RN,* Burn Center, recently passed the national certifying examination in Critical Care Nursing.

RepresentATIONS

Barbara Moyer, RN, Education Nurse Specialist recently participated as an item writer for NSNA NCLEX EXCEL! Computerized Pharmacology Q & A, a software package to assist new graduates to prepare for the State Board of Nursing examination.

ConsiderATIONS

Many of our nursing staff members considered the community's health by taking 375 (!) blood pressures during May Daze. Staff who were busy in the Health Tent were: *Anita Ambler, Tina Faller, Kim Hitchings, Roberta Hower, Maura Kresge, Mary Ann Krobath, Lenora Kroll, Madonna Michael, Carole Moretz, Joyce Najarian, Sally Pyne, Pat Rhoads, Jeanne Rudderow, Molly Sebastian, Danielle Shollenberger, Carol Sorrentino, Karen Yost and Jane Zuba.*

Children at Central Elementary School considered themselves fortunate to make the acquaintance of our four nurses who assisted in height and weight screening: *Linda Heist, Sally Pyne, Barbara Snell and Carol Sorrentino.*

Nursing Voice is published quarterly by the Department of Nursing, Lehigh Valley Hospital. For additional information, call 402-3000.

Mary Kinneman, RN, Senior Vice President, Patient Care Services

Susan Busits O'Neill, RN; Ginger Holko, RN— Co-Editors

Editorial Board: Cathy Bachert, RN; Anne Brown, RN; Mae Ann Fuss, RN; Kim Hitchings, RN; Carole Moretz, RN; Rose Nourse, RN; Andrea Parry, RN; Darla Stephens, RN; and Cathy Weber, RN.

Lehigh Valley Hospital is an equal opportunity employer. M/F/D/V