

Nursing Voice

Outstanding Nurses

Webster defines a friend as someone who favors or promotes a cause. Friends of Nursing is an organization that promotes the advancement of the practice and image of nursing.

Selection of award recipients is done by a process of nomination and selection of professionals who display outstanding qualities in their nursing practice. This process culminates with the presentation of awards.

The selection process itself is a challenging task. As a member of this committee, I found this to be a very difficult, yet pleasant, experience. It was difficult because each nominee brought his or her own very special talents, personality, and enthusiasm for the professional practice of nursing. The high quality of nominees made choosing award winners nearly impossible. The selection process confirmed my belief, and the belief of my fellow committee members, that we have many fine, outstanding, caring, skilled professionals at The Allentown Hospital. The award recipients deserve special recognition for the quality of their professional practice and contributions to patient care. But the selection process showed many more nurses at The Allentown Hospital who display the same outstanding attributes in their daily work. They do not think of themselves as special or outstanding. They care.

Friends of Nursing Recognizes Nurses

Eight Allentown Hospital nurses were recognized for their dedication to patient care and nursing professionalism at the Friends of Nursing first annual presentation awards ceremony. Friends of Nursing is a new HealthEast program developed for the recognition, promotion and educational advancement of nursing professionals. This new organization will also promote nursing as a positive career choice. *"The Friends of Nursing awards ceremony gave us an opportunity to recognize some of the many nurses at our Hospital who have worked diligently to enhance the quality of patient care," said Darryl R. Lippman, Hospital president. "Their compassion and dedication are what the nursing profession is all about."* The Friends of Nursing awards were presented to the following Allentown Hospital nurses:

Denise M. Bodish, L.P.N.

Denise received the Mrs. Joseph Potts Outstanding Licensed Practical Nurse Award for showing enthusiastic behavior in the delivery of healthcare, and for pursuing further nursing education.

Dolores M. Hahn, R.N.

Dolores received The Allentown Hospital Medical Staff Nursing Practice Award for demonstrating exceptional nursing skills and clinical competence which contributes to the nursing management, well being and comfort of her patients. *(please turn to page 2)*

Nurses in Transition

On June 1, 28 graduate nurses and four registered nurses began their employment at The Allentown Hospital. All of these individuals have been experiencing challenging role transitions. The new graduates have been eagerly assuming the role of the practicing nurse, leaving behind beloved student days. The experienced nurses have been busily acquainting themselves with The Allentown Hospital policies and procedures which may differ from those of their previous institutions.

*Congratulations
to the award
recipients and to
all nurses at The
Allentown Hospital
for the fine
professional care
you give your patients.*

Andrea Geshan, R.N.
Nursing Education

At The Allentown Hospital, the initiation of expanded competency-based orientation program has assisted in providing a smooth transition to the role of staff nurse for all the orientees. In order to individualize the orientation to meet the needs of each participant, a learning resource lab has been established in Room 525 on 5T. The orientees are encouraged to use the lab and avail themselves of the numerous learning options housed there. Through the use of various types of equipment, self-learning packages, *(please turn to page 8)*



**The Allentown
Hospital**

A HealthEast Hospital

17th & Chew Streets
Allentown, PA 18102

Summer 1987

Guest Editorial

Friends of Nursing

(from page 1)

Stephanie E. Oravec, R.N.

Stephanie received The Allentown Hospital Medical Staff Nursing Research Fellowship for pursuing a research project that will contribute to the advancement of nursing. She will develop an assessment tool that will be used to evaluate a patient's risk for falling.

Pamela K. Repetz, R.N.

Pamela received The Allentown Hospital Medical Staff Nursing Scholarship for her commitment to her educational growth in the nursing profession. The award supports a professional nurse in the pursuit of advanced nursing education.

Patricia A. Burdette, R.N.

Patricia received the Mr. and Mrs. Abram Samuels Nursing Compassion Award for her sensitivity in approaching and interacting with patients, families and co-workers. She easily adapts to unpredictable emotional situations and she shows a genuine concern for the welfare of others.

Ellen M. Reker, R.N.

Ellen received the Mrs. and Mrs. Abram Samuels Nursing Ethics Award for consistently integrating ethical concepts into her nursing practice. She has often gone out of her way to talk and act on the patient's benefit.

Darla L. Stephens, R.N.

Darla received the Mr. William H. Hacker Nursing Patient Teaching Award for her exceptional performance in patient and patient-family education. She simplified difficult teaching strategies that meet the needs of her patients in their own homes.

Suzanne Corriere R.N.

Suzanne received the Ms. Barbara A. Sherman Nursing Management Award for her exceptional leadership in the management of her nursing staff. She was awarded for her excellent communication skills and has become known for her fairness and caring attitude that is fostered by her unit.

*Maria Pillsbury
Public Relations*



The kaleidoscope is truly a remarkable invention. As children, we are dazzled with joy and bewilderment as we watch this wonderful combination of mirrors and colored glass bits create constantly changing images before our eyes. Amazing how the kaleidoscope makes the whole picture seem far greater than the sum of its tiny parts.

Then ... we grow up and philosophical messages that can be derived from a simple toy are lost, for we become far too busy in a rapidly changing world.

I would like to suggest that the kaleidoscope is an excellent analogy to our current health care system. The image of health care we see today will not be that of tomorrow because the hand of change is rotating the kaleidoscope's mechanical tube. And each of us knows that change loves to present new challenges, many of which will be fun and exciting and some that will be painful.

In the past year I have been very fortunate to have had a glimpse through the kaleidoscope entitled "nursing." In my role as the head nurse of our Intensive Care Unit and as the president of the local chapter of the American Association of Critical Care Nurses, I have been blessed with numerous meaningful interactions with nurses throughout the Hospital, as well as the entire country. There is not another profession in existence that allows one such freedom and flexibility to choose which piece of glass he or she would like to explore. We have, at our fingertips, so very many bits of glass ...

One may choose to practice clinical nursing in a maternal-child, medical-surgical or critical care setting or as a nurse midwife, nurse anesthetist, home care nurse or nurse practitioner. One may elect to travel an educational path as a professor, clinical instructor or researcher. One might also try integrating learned nursing knowledge into a management role. If someone is willing to take only one risk and explore one of many bits of glass, he or she will never become bored.

Each one of us plays an important, actually critical, role in the image of this magnificent profession. The sum of our parts, or the whole image, is glorious and powerful. Since we are strong alone, we are therefore strong together. And, as a whole, we can begin to address the many issues constantly facing nursing in an ever changing health care arena.

I am proud to be a nurse and proud of the nurses with whom I work. We have so very much to offer. We are truly the key to quality in caring ... yesterday, today, and most definitely tomorrow. I salute each of you.

*Eugenia Pearson-Gilbert, R.N.
Intensive Care Unit*

Continuing Education

LPN Pharmacology Course

Ralph Waldo Emerson once said, "The reward of a thing well done is to have done it." As nurses, we have opportunities daily to give and to care for others. In fact, often so much of our energy is expended in giving that we do not take the time to reward ourselves for our achievements. We have some nurses at The Allentown Hospital who deserve special attention for their achievements, not just because they got something done, but because they got it done right.

Back in November, 15 licensed practical nurses (L.P.N.s) sat together in a classroom for their first Pharmacology Class. They were quite apprehensive of what their futures might hold.

Some of the them were meeting officially for the first time even though they may have worked at the Hospital for years. Anxieties ran high even after they realized that they could pass the tests and that they were capable of learning again. Some studied during breaks and lunches, and certainly everyone sacrificed evenings at home to learn all the new information.

Sandra Smith, the pharmacology instructor, helped in every way to make the information more palatable and easy to understand.

The class continued to meet weekly through the end of April. There were probably many occasions of frustration and discouragement, but never once did anyone give up. When Thomas Edison said that
(please turn to page 8)

Certification: A Worthy Challenge

Have you, as a professional nurse, concentrated your energies on acquiring special knowledge and skills in a specific area of nursing? Have you cultivated those skills to attain a higher level of competence? If so, why not join the thousands of your professional colleagues becoming certified within specialty areas?

The National Specialty Nursing Certifying Organization has defined certification as, *"The process by which a non-governmental agency validates, based upon pre-determined standards, an individual registered nurse's qualification and knowledge for practice in a defined function or clinical area of nursing."* Established specialty nursing organizations have identified the distinct body of knowledge used by competent nurses within a designated area, and have designed their certification process based on this essential content.

Certification signifies to consumers, peers, administrators, and other health care-related professionals that you have met the profession's standards. It can add credibility to your practice.

In 1983, I became certified in critical care nursing by passing the Critical Care Registered Nurse examination. This represented a significant accomplishment both personally and professionally for me.
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Pursuit of a Bachelor of Science in Nursing Degree

Many of our nurses are taking courses in pursuit of a Bachelor of Science in Nursing (B.S.N.) degree. Several nearby colleges offer B.S.N. programs.

Cedar Crest College in Allentown is the closest, and for added convenience the college has offered courses on-site for the past two years. Contact the Office of Continuing Education at 437-4471 for additional information. This program is accredited by the National League for Nursing (N.L.N.).

Another nearby college, Allentown College of St. Francis de Sales in Center Valley also offers an N.L.N. accredited B.S.N. program. Call the Admissions Office at 282-1100 for information.

Two universities within a 45 to 60 minute drive from Allentown also offer B.S.N. programs. Kutztown State University usually offers off-campus courses in the Allentown-Bethlehem area. Kutztown's program is not N.L.N. accredited. Contact the Office of Continuing Education at Kutztown for information, 683-4250. East Stroudsburg State University offers an N.L.N. accredited program. Call (717)424-3542 for information.
(please turn to page 7)

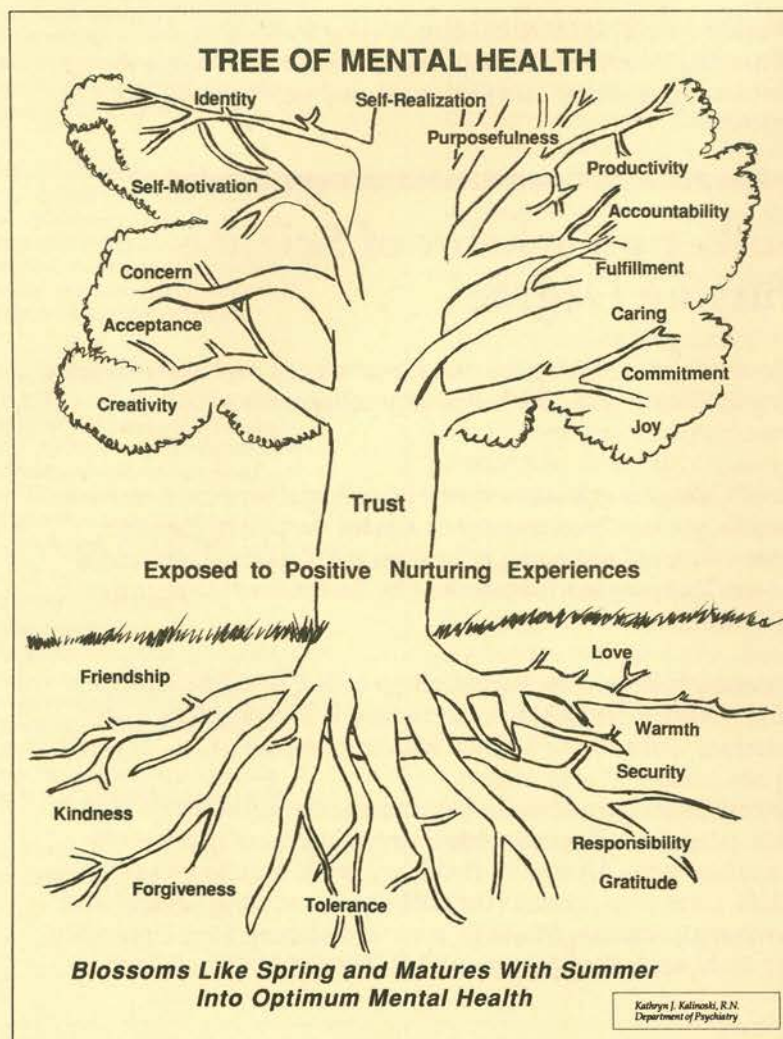
Clinical Rounds

A Commitment to Care and Concern

Nursing is a profession involving the care of people. It is a goal-directed process in which the primary objective is to develop a relationship between the care provider (nurse) and the care receiver (patient) for the purpose of maintaining a level of health, preventing an illness, and/or restoring an individual to an optimal level of functioning. It takes into account the biological, psychosocial, and environmental context of the patient, and uses the interaction between the patient and those with whom he comes in contact. In the total spectrum of mental illness — significant differences, vast variation of specific symptoms of illness, numerous possibilities of interpretations of behavior, and the deceptive nuances which spread the communication of thoughts and feelings — serve as a sturdy background for the practice of nursing.

Psychiatric-mental health nursing is identified as a specialized field within the practice of nursing. The uniqueness attributed to this field is depicted in the symbolic representation of the Tree of Mental Health. The outcome of what happens to

an individual exposed to positive nurturing experiences and a strong trusting relationship illustrates the maturity of optimum mental health. The focus of psychiatric mental health nursing is corrective in that it provides individuals and families who are experiencing various degrees of emotional or psychosocial disequilibrium an opportunity to engage in a therapeutic process with active participation. It is preventive in that it undertakes the educational aspect of the interpersonal and role model exemplification to preserve equilibrium and promote optimum mental health. Psychiatric-mental health nursing incorporates and reflects the theoretical framework upon which the foundation of all nursing is based.



This practice of nursing requires that nurses commit themselves, without reservation, to the basic concepts implicit within the nursing process. For example, the client is a person who has a right to the best possible care and a right to be included in the planning of that quality care. The fundamental satisfaction the nurse achieves is based on the implementation and realization of this philosophy. In an effort to achieve self-actualization, the patient is entitled to participate and strive toward the fulfillment of his or her physical or emotional well-being. Nursing of today maintains and affirms that a patient is cared for in terms of his or her totality (a head-to-toe assessment) and not in terms of bodily parts. In the progressive changes of nursing, nurses have maintained, supported and reinforced the philosophy that patients are human. We, as nurses, cannot talk around, above or beneath them, nor talk for or about them. We must communicate directly on a one-to-one basis with our patients.

Another concept which we believe is important in developing criteria for care is that behavior has meaning.
(please turn to page 5)

Clinical Rounds

A Commitment to Care *(from page 4)*

We must never lose sight of the fact that what a patient says or does is in response to perceived external and internal stimuli.

The speech and actions of the patient may appear to be without purpose and meaning, but as we look at the patient as a whole, we know that these spoken words plus the nonverbal ways in which a patient portrays himself or herself hold purpose and meaning for that patient. Intervention requires that the nurse be vitally concerned with finding the meaning in what is communicated.

The nurse also has an obligation

to render the best possible care, and this concept must also be re-emphasized. Obligation is a form of responsibility which demands the nurse's personal investment. It implies the courage of one's convictions, the willingness to communicate through action, and the desire to invest effort into care. Obligation entails the knowledge of what quality care is and how it is provided.

With the proper quality of care, nursing requires the assessment of individual needs on a personal, interpersonal, and intrapersonal basis.

Nursing modifies the environment to meet the needs of the individual and produces, with the client, a change in attitudes, expectations and possible outcomes. Finally, nursing employs evaluation and judges its effectiveness on the application of the principles derived from the theoretical framework. An awareness of these processes involved in human behavior influences the practitioner in the kind of care, the quality of care, and the responsibility of not only the treatment of illnesses, but equally important, of the prevention of illness.

*Kathryn Jean Kalinoski, R.N.
Department of Psychiatry*

Nursing Quality Assurance and The Unit-Based Approach



The concept of quality assurance has been of great interest to providers, payers, and recipients of health care. Among the reasons for this interest are the public's concern about the quality of health care services and the payer's concern about the high cost of such services. Because the public's scrutinizing eye is focusing upon nursing practice and care, nurses, above all others, should be evaluating their own practices objectively and systematically. By virtue of their profession, nurses have made a commitment to accept responsibility and accountability for their individual practice. This commitment continues to be an urgent priority within the nursing profession.

In the Nursing Department at The Allentown Hospital, the avenues to enable each staff nurse to self-evaluate by taking responsibility for their nursing practice are provided through the quality assurance system. Using the medicus quality assurance module, the head nurse and staff of each unit have the opportunity to identify problem areas within nursing practice and make improvements and corrections as necessary.

Since quality assurance is not a rigid concept, and creativity within the program is encouraged, nursing units may advance with their unit quality assurance at their own rate, identifying problems and improving their care.

Through staff conferences held on the individual units, quality issues can be addressed and the nursing staff can participate directly in deciding the resolution of these issues. Certainly this stimulates dedication and creativity, and the nurses become committed to the plan that they helped create. A sense of responsibility and ownership of the plan develops, making implementation a worthwhile project.

Striving for the unit-based approach is the goal of the quality assurance program at The Allentown Hospital. With the assistance of a dedicated and committed nursing staff, this goal can soon become a reality.

*Stephanie Oravec, R.N.
Nursing Education*

The Role of A Nurse ... in 1887

The following directives were given to floor nurses by a hospital in 1887: In addition to caring for your 50 patients, each nurse will follow these regulations:

- 1 Daily sweep and mop the floors of your ward, dust the patient's furniture and window sills.
- 2 Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business.
- 3 Light is important to observe the patient's condition. Therefore, each day, fill kerosene lamps, clean chimneys and trim wicks. Wash the windows once a week.
- 4 The nurse's notes are important in aiding the physician's work. Make your pens carefully; you may whittle nibs to your individual taste.
- 5 Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m., except on the Sabbath on which day you will be off from 12 to 2 p.m.
- 6 Graduate nurses in good standing with the director of nurses will be given an evening off each week for courting purposes or two evenings a week if you go regularly to church.
- 7 Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop, or frequents dance halls will give the director of nurses good reason to suspect her worth, intentions and integrity.

Reprinted from Murray, Malinda. *Fundamentals of Nursing*. New York: Prentice-Hall, 1976.

Nursing Voice

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Hospital Departments

Social Services

A couple has waited nine long months ... anticipating ... planning ... dreaming ... Then reality strikes. "Your baby has died," they are told. These words from a physician leave behind them a deluge of emotional responses...shock, despair, anger, emptiness. The big question is, "Why?" For the professional who is involved within these first few hours or days after the loss of a baby, the questions are, "How should I respond...should I respond?," "What should I say?," "What can I do?"

In July 1986, a small gathering was held at The Allentown Hospital. Members of the community provided input on the needs people have while experiencing the loss of a child through miscarriage, stillbirth or neonatal death. Also present at that meeting were members of the departments of Social Service and Pastoral Care.

Shortly thereafter, the director of Social Service brought the identified concerns to the attention of a number of representatives of the Nursing Department. As a result, The Allentown Hospital Perinatal Loss Committee was formed and has met periodically over the past 10 months to discuss the need to develop policies and procedures for handling perinatal loss as well as to identify the educational needs of staff. The purpose of the committee is to assure that quality and consistent care be given in these cases, which are often extremely sensitive and difficult for many people to handle.

Some of the tasks undertaken by the committee include:

- 1) *Development of a core group of staff interested in acting together as a Perinatal Loss Team, primarily to become involved with direct counseling as needed and to coordinate follow-up.*
- 2) *Development of a checklist for assisting parents. This reminds staff of the various options to be offered and acts as a quality assurance tool.*
- 3) *Development of a patient education packet. Some of the information included would be about miscarriage/stillbirth as appropriate, bereavement and support groups.*
- 4) *Coordination of staff education. Arrangement of inservices for general staff and training sessions for Perinatal Loss Team members.*

Maureen Sawyer, director of Social Service, and Rev. Gregory Palmer, Pastoral Care, have both recently completed a three-day counselor certification course given by "Resolve Through Sharing," a support program developed at LaCrosse Lutheran Hospital, LaCrosse, Wisconsin. They will be using information obtained to begin training with The Allentown Hospital staff and formalizing procedures developed to ensure patient support.

*Maureen Sawyer, A.C.S.W.
Social Service*

Continuing Education

Pursuing a Bachelor of Science Degree (from page 3)

Refer to the personnel manual for information on educational assistance and the college credit bank.

Deb Pomichter, R.N., is a float-er and offers encouragement to all of you plugging along toward

Certification (from page 3)

I acquired both an increased knowledge of critical care nursing while preparing for the examination, and expanded my awareness of the American Association of Critical Care Nurses (AACN). This triggered my active participation within the local chapter of AACN and reaffirmed my commitment to pursuing continuing education to develop myself as a critical care nurse.

The American Nurses' Association offers certification in 17 nursing practice areas. Additional certifications are provided by various specialty boards, such as: Nurses' Association American College of Obstetricians and Gynecologists (NAACOG) Certification Corporation, National Certification Board-Perioperative Nursing, and Board of Certification for Emergency Nursing. Contact your specialty organization to verify if it offers a certification exam, eligibility requirements, certification fees, registration deadline, and test administration dates.

There are nurses at The Allentown Hospital who have met the challenge of becoming certified in their nursing specialty. Why not take the worthy challenge?

Brenda Salatino, R.N.
Nursing Education

your degrees. Deb is a graduate of St. Luke's Hospital School of Nursing. She received 25 credits from Kutztown and then completed the B.S.N. program at Cedar Crest last May. She is currently enrolled in an M.B.A. program at Lehigh University.

At The Allentown Hospital there are many nurses enrolled in B.S.N. programs. Here are a few profiles of some of these nurses:

Marianne Yevak, R.N., Ambulatory Surgical Unit, has taken courses at Penn State and Kutztown and is now enrolled at Cedar Crest College. Her tips to you: the last 30 credits must be taken where you will complete

ANA Certification

The American Nurses' Association offers certification in the following practice areas:

- Adult Nurse Practitioner
- Child and Adolescent Nurse
- Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing
- Clinical Specialist in Medical-Surgical Nursing
- Community Health Nurse
- Family Nurse Practitioner
- Gerontological Nurse Practitioner
- Gerontological Nurse
- High-Risk Perinatal Nurse
- Maternal and Child Health Nurse
- Medical-Surgical Nurse
- Nursing Administration, Advanced
- Pediatric Nurse Practitioner
- Psychiatric and Mental Health Nurse
- School Nurse Practitioner

your degree. Also, check if credits can be transferred.

Nancy Tretter Long, R.N., 5T, is attending Cedar Crest College and is challenging nursing courses there. She is a graduate of The Allentown Hospital School of Nursing and has attended Delaware Valley College for two years.

Vicki Klausen, R.N., 5T, is working part-time while studying at Allentown College of St. Francis de Sales for a B.S.N. degree. She is a graduate of The Allentown Hospital School of Nursing.

Shelley Penchick, R.N., Operating Room, an Allentown Hospital School of Nursing graduate, hopes to complete her B.S.N. degree at Cedar Crest College in December.

Trish Weber, R.N., Ambulatory Surgical Unit, is pursuing courses at Cedar Crest College, working full-time, and raising three children, ages 2, 4 and 6. Trish is a graduate of Sacred Heart Hospital School of Nursing.

Mary Green, R.N., Ambulatory Surgical Unit, has graduated from St. Joseph's Hospital School of Nursing in Reading. She is working part-time and is taking a course at Cedar Crest College. She also has a six-year-old daughter.

We know there are many others enrolled in programs. In future issues, the *Nursing Voice* Committee would be happy to include your words of encouragement and tips for your colleagues already enrolled or contemplating enrollment. Good luck to all of you taking courses.

Anne Brown, R.N.
Recovery Room

Kay Fenstermaker, R.N.
Nursing Administration

Continuing Education

LPN Pharmacology Course *(from page 3)*

"genius is one percent inspiration and 99 percent perspiration," he was talking about these L.P.N.s.

May finally arrived and all 15 nurses successfully completed the course. They continued on to complete a minimum of 32 hours of clinical supervision where they were able to apply their newly-acquired knowledge.

All of those nurses deserve special acclamation for their efforts in expanding their professional growth. Their head nurses, their fellow staff members, and their families also deserve special attention for giving support and understanding. Hats off to all of you!

- Margaret Crissey (4T)
- Sandy Hebda (Pediatrics*)
- Mary Kunkel (5T)
- Daune Kunkel (6T)
- Jan Lawrence (3T)
- Lisa Marsilio (6T*)
- Linda Miller (Pediatrics)
- Deborah Nenow (3T)
- Colleen O'Boyle (4T)
- Fred Oberacker (4T)
- Joann Pastula (4T)
- Linda Pfeifly (Newborn Nursery)
- Marilyn Ruddell (5T)
- Luann Shuman (Pediatrics)
- Mary Ann Taylor (Newborn Nursery)
- Linda Trella (Psychiatry)
- Diane Tust (Pediatrics)

* course completed at LCCC

*Carol Mickey Midei, R.N.
Nursing Education*

Nurses in Transition *(from page 1)*

types of equipment, self-learning packages, and audio-visual aids, the individuals can progress at their own pace, acquiring the knowledge necessary to become an active member of a health care delivery team.

Presently, the orientation program has the advantage of being able to utilize the service of instructors from the School of Nursing. These instructors are available on each of the four units that are being used for the summer orientation (4S, 4T, 5T, 6T). They serve as resources and facilitators of learning for the orientees. In addition, the instructors evaluate the orientees' skills and behavior expectations which have been identified as priorities for the core segment of the orientation period.

A new dimension has been added for the graduate nurses in this orientation. The length of the program has been extended to 13 weeks. During this time, the nurses rotate to each of the four units identified, as well as rotate to evenings or nights. By doing this, they are provided with a more in-depth perspective of the role of the medical-surgical nurse.

The registered nurses who started in June were hired for a particular unit, and they have remained on that unit for their orientation. Orientation for experienced nurses has not been increased to 13 weeks.

At the end of the summer, the graduate nurses will apply for positions on the medical-surgical units. Those interested in working in a specialty area will then pursue a three-month specialty orientation.

All of our orientees have brought with them a wealth of past experiences. The competency-based philosophy permits them to draw upon these past experiences and combine them with new educational experiences. It is our hope that the orientation period will promote their personal, as well as professional, growth and set the foundation for continuing education as an integral dimension of their nursing practice at The Allentown Hospital.

Our best wishes to the graduate nurses as they embark on a challenging and rewarding career and to the experienced nurse orientees who continue to promote the practice of professional nursing.

Welcome, all orientees, to The Allentown Hospital.

*Charlotte G. Cruse, R.N.
Nursing Education*

Nursing Voice Committee Members

P. Blaser	K. Fenstermaker	D. Pomichter
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I. Clauss	C. Moretz	M.L. Royal
C. Cruse	S. O'Neill	B. Salatino
S. Cruz	S. Oravec	P. Stein
		M. Ungrady

Recognizing

Barbara Supp, R.N., ACCU, and Debbie DeFrain, L.P.N., a night floater, were summoned for jury duty on May 4. A nurse from the Veteran's Administration (VA) and another unidentified nurse were also present.

A few minutes after the presentation of general information began, a man from the group stopped breathing. Barbara Supp and the VA nurse immediately began CPR. Debbie DeFrain and the unidentified nurse assisted.

The man was resuscitated, admitted to the nearest hospital, and later discharged. Judge Backenstoe sent a letter to Hospital President Darryl Lippman commending the nurses, and Lippman in turn sent a letter of praise to Barbara and Debbie. *Good job, Barbara and Debbie!*

Mary Ann Lush, R.N., School of Nursing, received her Master of Science degree in Nursing from Villanova University in May.

Jayne Mayes, R.N., 4T, recently graduated summa cum laude from Cedar Crest College with a Bachelor of Science degree in Nursing. She received the Cecelia Ryan Award for being the registered nurse with the highest grade-point average. Jayne is a diploma graduate of The Allentown Hospital School of Nursing.

Thanks to Carol Mickey Midei, R.N., Department of Nursing Education and Sandra Smith, R.N., Comprehensive Commun-
(please turn to page 10)

Caring

Realizing a Dream

Recently, I had a very different experience in nursing and life. I spent five weeks working in a missionary hospital in Haiti. Haiti is a small and very poverty-stricken nation in the Caribbean near Cuba. It is the poorest nation in the Western Hemisphere. The hospital where I worked was on a small and primitive island called La Gonave.

Conditions there brought me face-to-face with poverty as I have never seen before. The people live in stick huts. Donkeys are the main form of transportation. Two of every five children die before the age of five. Malnutrition is commonplace, since the island has been in drought for over a year. Even in good years, there is little rainfall. Besides malnutrition, there was malaria, an epidemic of typhoid, tuberculosis, trachoma, parasites, and the usual lacerations and fractures, which are frequently complicated by osteomyelitis.

The hospital was the only one on the island of 65,000 people. It consisted of 36 beds, a laboratory department (a microscope and urine dip sticks), radiology department (one x-ray machine), pharmacy, clinics, and surprisingly, two fairly well-equipped operating rooms.

Because of a shortage of doctors, nursing is very different than nursing in America. On clinic days we would see about 200 patients. The nurses deliver babies, suture wounds, and prescribe medications. They also run a nursing school for four to seven students, where they educate Haitians to administer medications, start IVs, take vital signs, do treatments, and attend uncomplicated births. These young women take a big load off the missionaries — two doctors, three nurses.

Much effort is put into patient education and prevention of disease: child care teaching in the pediatric clinic, hygiene instructions, and a monthly prenatal clinic. They provide birth control education and are also involved in famine relief. Quite a job!

Conditions as I have described paint a pretty bleak picture. Many have never been off the island and seem doomed to repeat the same cycle of poverty as their parents before them. Voodoo is prevalent — a Haitian spends every day and night in fear of the dead. Because they feel these spirits want to harm them, the Haitians constantly work to appease them through food offerings and elaborate tombs.

The work of the mission is not only to give medical care, but also to break that cycle of poverty through education and famine relief. The missionaries also want to break the bondage of fear of spirits by presenting Christian beliefs, which the missionaries hope can release the Haitians from lives of fear and superstition.

I have also enjoyed meeting the Haitians. I have found them warm and giving, eager to share themselves and their culture, and thankful for the medical care. I am especially impressed by the Haitian nurses who, rather than leave the island for prosperity in the United States, as many do, have chosen to stay and help their people.

Will I ever go back? I hope so. In spite of the hard work and the bugs (I never knew they came so big!), it has been great to get to know the people and to do something about the poverty and suffering in our world. At times, with all that need and all those people, what I have done seems like a drop in the bucket. But, as I heard one missionary say, people die one at a time — and they can be helped one at a time.

Recognizing

(from page 9)

ity Cancer Center, for demonstrating much kindness, patience and understanding in presenting the L.P.N. Pharmacology Course.

Andrea Geshan, R.N., Nursing Education, presented a paper at the scientific session of the Society for Infection Control in Dentistry recently in Chicago. The paper is entitled, "*Infection Control Guidelines for the Dental Suite.*"

Vicki Leach, R.N., Comprehensive Community Cancer Center, presented a seminar at the 12th Annual Congress of the Oncology Nursing Society in Denver, Colorado. Her presentation, entitled "*Cancer Support Groups in a Community Hospital,*" highlighted the two support groups available for cancer patients at The Allentown Hospital. She discussed the cancer education and support group, which meets weekly before Oncology Clinic and provides structured education for cancer patients. This group was compared to the "*Make Today Count*" group which meets monthly and attends to the patient support needs.

Clip-A-Care Plan

Have you written a care plan of which you are proud?

Please share it with *Nursing Voice* in our new column "Clip-A-Care Plan." We hope you will enjoy and benefit from the creativity of your fellow nurses.

See Page 11

"Thank You" from The Nurse Recognition Committee

The Nurse Recognition Committee Members are most appreciative and extend thanks to the Hospital Medical and Dental Staff and the Alumnae Association of The Allentown Hospital School of Nursing for their financial support of Nurses' Week activities. Their kindness and generosity enabled us to provide flowers and a gift to all nursing personnel.

As always, **Dietary** did a superb job. The Nurses' Day receptions, the special menu and the ice cream sundae receptions were well-received and much enjoyed. **Engineering** picked up and returned cabinets for our use from the Lehigh County Historical Society. Phil Boandl from Engineering did a great job hanging our photo display boards in the Lobby. **Respiratory Therapy** provided us with helium tanks for inflating balloons. Scott Dornblaser assisted and advised us with picture taking, and **Public Relations** provided publicity about our activities.

The Lehigh County Historical Society loaned us three cabinets for the display of nurses' caps and pins. All the society requested in exchange was a photograph of the displays.

Additionally, we thank the staff, friends, businesses and nursing team members who generously donated gifts for a free raffle.

These contributors include:

From the Nursing Team

Ann Andres, R.N.
Elinor Barsony, R.N.
Charlotte Bauer, R.N.
Suzanne Corriere, R.N.
Peggy Dorney, R.N.
Marion Edwards, R.N.
Kay Fenstermaker, R.N.
Andrea Geshan, R.N.
LaDene Gross, R.N.
Priscilla Jacobsen, R.N.
Janet Kreller, R.N.
Patti Lehr, R.N.
Darlene Matthias, R.N.
Wendy McNelis, R.N.
Candace Rakow, R.N.
Sharon Repko, R.N.
Nancy Root, R.N.
Barbara Sherman, R.N.
Sharon Smetzer, R.N.
Bonnie Smith, R.N.
Jane Snyder, R.N.
Mary Frances Stahler, R.N.
Terry Thomas, R.N.
Myra Ungrady, R.N.

From the Nursing Staff

Miriam Blum, R.N.
Anne Brown, R.N.
Rosemary Gilbert, R.N.

Others

Burron Corporation
Clycraft Handbags
IMED Corporation
Edith McCormick
Med Escort International, Inc.
(Craig Poliner)
Pocono Whitewater World
Segan's Bloomin' Haus
Lona Swartzentruber
Talk of the Town Jewelers

"As chairperson, I applaud the Nurse Recognition Committee. Many came in on their own time to help. It was a pleasure working with everyone."

Kay Fenstermaker, R.N.

(please turn to page 12)

Family Process, Alteration In

Nursing Voice
Summer 1987

Date Signature, Status	Assessment (Nursing Diagnosis)	Plan (Goals, Target Date)	Implementation (Nursing Orders)	Evaluation Date Signature, Status
6/10/87 W. Perich, R.N.	Alterations in family processes related to prolonged hospital stay.	Family member (wife) will: 1. Frequently verbalize feelings to staff. 2. Participate in care of husband. 3. Maintain functional system of mutual support for each other. 4. See appropriate external resources as needed.	1. Keep wife up-to-date with husband's progress. 2. Approach wife with warmth, respect and support. 3. Avoid vague and confusing advice, such as "Take it easy, everything will be okay." 4. Provide for a meeting place other than patient's bedside. 5. Acknowledge family strengths - react in positive manner to wife. 6. Involve wife in care. 7. Encourage verbalization of guilt, anger and hostility. 8. Enlist help from other professionals - clergy, social worker, etc. 9. Discuss stresses of hospitalization. 10. Aid family members in verbalizing their expectations of ill member in a realistic manner. 11. Prepare family for signs and symptoms of depression, anxiety, and dependency which are a natural part of the illness experience.	6/12/87 Continue* S.O'Neill, R.N.

*** Remember to document your evaluation on the Progress Record of the patient's chart.**

Wanda Perich, R.N.
Intensive Care Unit

Clip-A-Care Plan

Flossie's Forget-Me-Nots

Has Anyone Seen The Conductor?

A recent article written for the *Nursing Voice* entitled "The Conductor" prompted many to ask ... who? Most everyone who has been around long enough remembers tales concerning our Hospital poltergeist. Dressed in a long black coat and gray conductor's hat, his faceless image roams the sleeping hallways, visible to the terminally-ill, offering reassurance and comfort at their hour of death. So the story goes.

Upon an investigation, it was found that, indeed many people have had encounters and experiences with him.

Sometime in the late 60s there really was a patient on Ground North, presently the Emergency Center, who, by occupation, was a railroad conductor. He died in the room opposite the nursing station. Some say he had a prolonged illness, dying alone and unhappy.

Here is what others say:

"Ground North was always an eerie place. Initially, it was an isolation ward, often filled with iron lungs and polio victims. Later, it became the burn unit. It was so dark and quiet."

"For several days after he died his imprint could still be seen on the sheets of the bed, just as though he were still lying there."

"He started to appear to patients who were very ill and fearful of dying. They would say they saw the man with the hat, and he talked to them. Everything was okay then, and reassured, they would die peacefully."

"Someone saw him sitting in a rocking chair in the hallway."

"One of the supervisors chased him up the stairs and he vanished into thin

Dear Sari,

Just a short note. I have had so many people talking to me about 'The Conductor' since I wrote to you. My friend Sue and I decided to ask around and see if we could find out even more about him. I'll let you know what we find out.

Here is some news for you -- I just got word that renovations are going to be made in the old East Wing. There are many memories and characters that are unforgettable. Between us we could write a book!

I'll write again soon.

*Your friend,
Flossie*

Pat Stine, R.N.
4T

air. She would not admit it, but she was scared. He used to travel up and down the back stairs to the Intensive Care Unit and W1 before the Hospital was remodeled."

"I never believed any stories ... people just wanted to scare us."

"I was charting at the back desk in the Intensive Care Unit. The door was open. Suddenly, the curtains began to sway with an accompanying cold breeze. I went down the back steps to see if the outside door was open. It was not. A few hours later the supervisor told us the conductor was seen on W1."

"There were many strange happenings with the elevators. You can imagine how scary it is to see an empty elevator come and go ... sometimes every night."

"It seems he was there to help people feel comfortable with death. If there had to be a ghost around, I would want it to be him."

Incredibly true or just a ghost story? We would not be the first to experience the supernatural. Actually it is strange that we do not see more spirits in the Hospital. By the way, recently a patient on 6T was visited by a man wearing a gray conductor's hat.

Susan O'Neill, R.N.
Intensive Care Unit

Thank You

(from page 10)

Nurse Recognition Committee

Marcie Barnett, R.N., Peds
Charlotte Bauer, R.N., Nsg. Admin.
Josie Cannariato, R.N., G.I. Lab
Charlotte Cruse, R.N., Nsg. Ed.
Ann Cunningham, R.N., Nsg. Admin.
Wendy Dennison, R.N., School of Nsg.
Rosemary Gilbert, R.N., ICU
Faye Haas, R.N., 3T
Michelle Kerschner, R.N., School of Nsg.
Mary Kunkle, L.P.N., 5T
Patti Lehr, R.N., Nsg. Ed.
Cindy Mompie, R.N., Nsg. Ed.
Theresa Mylet, R.N., ACCU
Sally Oplinger, R.N., 4T
Regina Pickett, R.N., Nsg. Ed.
Maura Reinert, R.N., RR
Nancy Roe, R.N., Peds
Helen Seifert, R.N., Nsg. Ed.
Linda Sterner, R.N., L&D
Sue Urban, R.N., Dialysis Ctr.

Staff who assisted committee by taking photographs

Ann Fatzinger, R.N., OR
Carole Moretz, R.N., Nsg. Ed.
Susan O'Neill, R.N., ICU
Peg Parry, R.N., Poison Ctr.
Sharon Smetzer, R.N., NICU

Kay Fenstermaker, R.N.
Nursing Administration