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ON THE COVER: Registered Nurse Melinda Davey came to the United States as a travel nurse with health care staffing agency O'Grady Peyton-International. See the full story, page 17.



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FEATURES

5 Wound Care Nursing: Bringing Experience and Technology to Healing

BY CHERYL MODER, *NURSEZONE* CONTRIBUTOR

Specially trained wound care nurses are at the forefront in the treatment and prevention of chronic wounds in virtually all practice settings. Education, technology and involvement by nurses have brought wound care to new heights.

6 Nurses Who Walk on Water

BY JULIE BENN, *NURSEZONE* FEATURE WRITER

8 Nurse Travels to Pakistan to Help Afghan Refugees

BY ARDEN MOORE, *NURSEZONE* CONTRIBUTOR

Registered Nurse Fary Moini's life dramatically changed one day last fall when she witnessed the televised plight of homeless Afghan women and children trying to reach refugee camps set up in neighboring Pakistan.



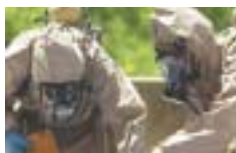
9 From Jumpropes to Stethoscopes: Nurses Interest Students in Profession

BY DEBRA WOOD, RN, *NURSEZONE* CONTRIBUTOR

SPECIAL REPORT

10 September 11—One Year Later

BY KRISTIN ROTHWELL AND JENNIFER LARSON, *NURSEZONE* FEATURE WRITERS



U.S. Hospitals, nursing schools and caregivers have revised their disaster plans, their preparations and their way of thinking when it comes to treating patients and being prepared for any disaster—natural or terrorism-related. This special report takes a close look at what nurses can do to be ready.

DEPARTMENTS

4 DEVICES & TECHNOLOGY

IBM Technology Helps Students Monitor Activity

14 TRAVEL NURSING

Registered Nurse Follows the Wind;
Living to Travel, Traveling to Work

16 STUDENT NURSE CENTER

You're Ready to Graduate — Now What?

17 NEXT STOP: AMERICA

Interest in Medical Aid Nursing Brings
Australian RN to U.S.



18 CARING FOR YOURSELF

Nurses Are So Important;
The Nurse's Soul: First Injection;
How Can You Increase Morale Today?

Dear nurses, students and other friends,

While traveling around the country these past few months to various trade shows, the *NurseZone* staff was pleased to affirm what we'd already heard and suspected—that you, our nation's nurses are proud of your profession. And, although working amidst a nursing shortage, you still love what you do—healing and enriching the lives of patients and their families.

We enjoyed meeting so many thousands of you who stopped by the *NurseZone* booth to pick up your first edition of the *NurseZone* magazine. Some of you recognized stories about your peers and many others told us that you want to hear, see and read more stories about nurses.

We answer that call with this edition of the *NurseZone* magazine. The pages of this publication provide you with stories about nurses on the job in wound care, bedside nursing, volunteerism, technology and more. We also feature a special section, "Sept. 11—One Year Later," devoted to the victims and heroes of Sept. 11, 2001.

We all remember where we were on that ill-fated day last year. We all remember what we felt. And, we join with you in honoring those who lost their lives and respect those who worked to save lives—just as they do each and every day.

This special report touches on the caregivers who were at Ground Zero, provides a view of today's preparations for disaster, and also offers a glimpse into what's ahead for nurses on the frontline. We trust that you'll join us in paying homage to your fellow colleagues of Sept. 11.

And, while we show you nurses on the job in this edition, we would be remiss if we didn't also show you nurses "off the job"—most of whom understand their profession crosses all parts of their lives.

We hope you enjoy this magazine and that you'll make *NurseZone* (www.nursezone.com) part of your everyday life.

Carol Burke, Editor

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FOR WORK. FOR LIFE.

IBM Technology Helps Students Monitor Activity

| BY JENNIFER LARSON, NURSEZONE FEATURE WRITER |

In a middle school, somewhere in America, a student is eating a bag of salty potato chips. He'll wash down the chips with a can of high-calorie soda that he bought from a vending machine on campus. He'll leave school at the end of the day without ever having broken a sweat in a gym class or even ventured outside the classroom.

This scenario is played out every day in schools all over the country. The children's faces are different, but the bodies are starting to look remarkably similar: too heavy and out of shape.

Something must be done, according to experts. Regular exercise is crucial to maintaining good health, but many people, including young people, don't listen to such advice, according to the

U.S. Department of Health and Human Services.

Officials and researchers from the National School Fitness Foundation, IBM and Stayhealthy Inc. have collaborated to create a possible solution to the ever-expanding problem of obesity in America's youth.

The result is a program that combines a customizable exercise program with the



When students place their hands on the new Web-enabled kiosk's stainless steel plates, a slight electrical current passes from the left hand to the right hand, measuring lean body mass and weight, using bio-impedance, the measurement of the body's electric conductivity. Jennifer Larson photo

latest technology to inspire and motivate young people to take a proactive role in improving their physical fitness.

At the center of it is a new device: a seven-foot-tall Web-enabled kiosk that lets kids measure their own heart rate, muscular strength and endurance, cardiovascular capacity and body composition and view the results via two computer monitors. The computers then track each child's information.

"That's the whole idea: to show them that they're making progress," said Mike Shore, spokesman for IBM, which created the kiosk at the request of the National School Fitness Foundation.

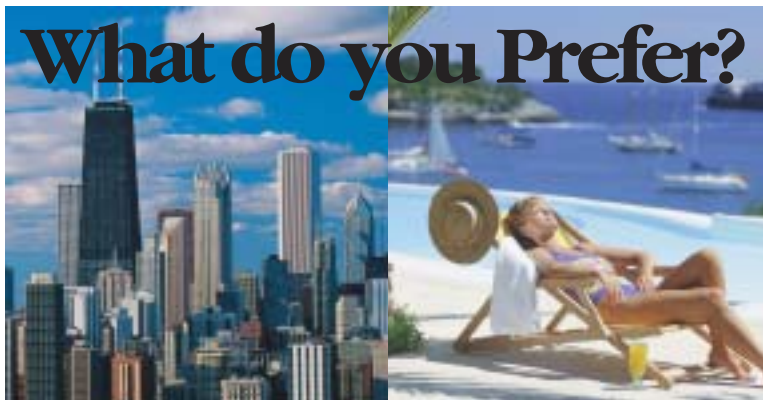
The kiosk looks like an oversized arcade video game. There is one computer monitor in the middle of the kiosk, while another one is located near the top to display fitness hints and suggestions.

Here's how it works: you stand on the kiosk's floor. Then you scan your thumbprint into a special reader, while the computer determines your unique identity from already-established information.

Next, you place both hands on two stainless steel plates on the kiosk. A very slight electrical current passes from your left hand to the right hand.

The kiosk measures such factors as lean body mass and weight by using bio-impedance. Bio-impedance is the measurement of the body's electric conductivity. Electricity is conducted differently and at different speeds depending on the body's composition. The body acts as a resistor to the

See IBM TECHNOLOGY, page 7



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Wound care nurses must be up on the latest therapies.

Wound Care Nursing: Bringing Experience and Technology to Healing

| BY CHERYL MODER, NURSEZONE CONTRIBUTOR |

For patients with diabetes, poor circulation, or conditions which require long periods of bed rest, non-healing wounds can lead to infection, loss of a limb, or even death. Specially trained wound care nurses are at the forefront in the treatment and prevention of chronic wounds in virtually all practice settings.

“There are opportunities for wound care nurses in acute care, outpatient care, home care and long-term care settings,” according to Robin Telez, RN, director of the Wound Care Healing Center at Aventura Hospital & Medical Center in Aventura, Florida. Telez should know, as she has spent her entire career working in the field of wound care and is the immediate past president of the American Academy of Wound Management, an organization that offers board certification for wound care practitioners.

“My first nursing job was in a county hospital. I saw many patients with bedsores and in those days, we didn’t know what we do now about wound care,” Telez recalled. “The science is now much more advanced and nurses play an important role in every aspect of wound care.”

Today in hospitals, wound care nurses conduct inpatient consultations to determine the cause and complexity of wounds. Assessment may include a complete patient history and physical, along with monitoring of oxygenation and arterial flow to the extremities. Documentation may involve measurement of the length, width, and depth of the wound, as well as photos. Wound care nurses then work collaboratively with other team members to determine the appropriate treatment options.

In an inpatient setting, wound care nurses may also be called upon to consult on the appropriate use of specialty beds and other equipment designed to prevent chronic wounds, or to work on quality improvement

projects such as reducing the incidence and prevalence of pressure ulcers.

“In home care and long-term care, prevention of wounds is key,” said Telez, who has worked in both settings as a regional wound specialist teaching nurses wound care techniques and developing treatment protocols.

In outpatient wound clinics, patients come in weekly and are followed until their wounds heal. This setting offers an expanded role for wound care nurses, including case management and liaison with home health agencies and social services.

“Patient education and family involvement are crucial since these patients go home with wounds and need someone to provide home care,” said Ann Moore, RN, MSN, CWCN, director of the Pomerado Wound Care Clinic in Poway, California.

Moore also pointed out the importance of biotechnology in the field of wound care.

“We’re working with state-of-the-art, cutting edge technologies that other disciplines don’t use,” said Moore.

Some of the latest therapies include human skin equivalent and growth factors that work with chemicals and cells in the body to stimulate the healing process.

“Technology has brought wound care to new heights,” added Telez. “Wound care nurses must be up on the latest therapies and be able to select the right product for each patient.”

The American Academy of Wound Management offers three levels of certification and the Wound, Ostomy

and Continence Nursing Certification Board offers credentialing in the areas of wound, ostomy and continence care nursing. ●



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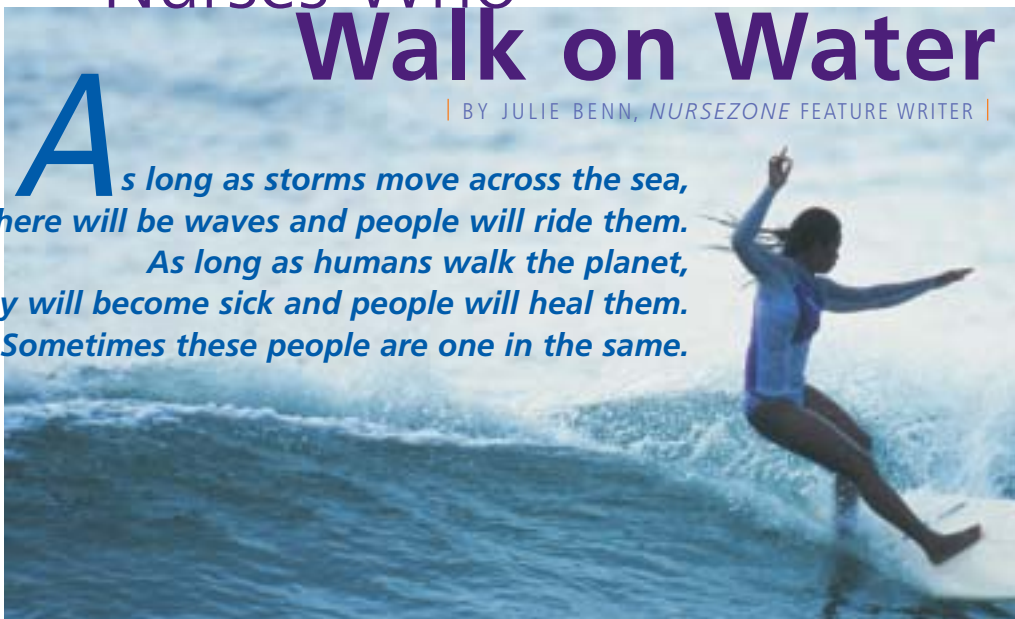


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Nurses Who Walk on Water

| BY JULIE BENN, NURSEZONE FEATURE WRITER |

As long as storms move across the sea, there will be waves and people will ride them. As long as humans walk the planet, they will become sick and people will heal them. Sometimes these people are one in the same.



Above, professional surfer and ICU/ER nurse Mary Bagalso, RN, believes that nursing is the perfect career choice for wave riders. At top, Pete Scholl, RN, enjoys the freedom his nursing career gives him, both in and out of the water. *Jim Pidgeon photo*

Beneath the surface of both surfer and nurse is the spiritual side of humankind. There is an innate caring, communion and lifestyle that is the unique hallmark of being a wave rider and being a caretaker.

“In surfing, you use the energy in the form of waves to surf. In healing, you use an energy that comes from your inner self and surfing contributes to good inner energy that...benefits others in a healing process,” said registered nurse Holly Cassell, 33, an occupational health nurse

and Southern California wave rider.

East Coast surfer and psychiatric nurse, Todd Winne, RN, 49, agrees.

“I am a big believer that people have rhythms. I often try to tune into the rhythms of my patients—it helps me connect to them therapeutically. The ocean has a rhythm as well. Swells come in many shapes and sizes. [Tuning into those] rhythms helps you connect to what is happening in the ocean.”

At its most elemental level, the ocean is a series of spectacular walls of water that crest and fall in an ancient pattern, marking time with their cadence and cycle. But those same waves that soothe the soul also hold the power to break the body. It is, at best, a beautiful and tenuous dance.

According to world-renowned surf photographer and surfer, Aaron Chang, the test of a good surfer comes at a subconscious level. It is “how well you intuitively react to situations and how quickly you react—and how you react with style and grace.”

Not unlike nursing.

Professional surfer and ICU/ER Nurse Mary Bagalso, RN, 28, of Oceanside, California, understands the concept of intuitive reaction very well. As a surfer,

she has charged 20-foot waves off the shores of Waimea, Hawaii, and said the critical thinking skills she’s learned in nursing have paid off for her in the water time and time again.

“I thought I’d died a couple of times in the water,” she recalled. “I’ve sliced my leg open and been held under for more than a minute. My body blacked out and it would take three strokes up to reach the surface. At that point, I had to pull into a mental zone and this is where nursing helped me as a surfer.”

“I could prioritize, think, and not use up my oxygen and that’s the same way I have to take care of my patients that are on the edge. With the cut, I knew enough medically to realize I could stitch it and that I didn’t sever a major artery. If I didn’t see this stuff everyday at work, I probably would have freaked out.”

Extreme living with a balance

Like many nurses with “salt water in their veins,” Bagalso has taken her sport and her profession to the edge. “Nursing is extreme and surfing is extreme too. I get a rush from pumping on someone’s chest and pushing eppy down them, but then I need to relax after that so I go

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J. Causey photo

Surfing nurse Holly Cassell, above left, builds positive inner energy from a session at her home break in La Jolla, California. Above right, ER nurse, Gidget Ferrera, RN, doesn't let snow drifts or 32-degree water keep her from hitting the surf in Rhode Island.

surfing. Now, if I want a rush surfing, I charge [the extreme waves] and hope I have a mellow day when I get back to work—one has to balance the other out.”

Pete Scholl, RN, 42, has been a nurse for eight years and flew search and rescue helicopters for the U.S. Coast Guard prior to that. He now works in the ER, and Interventional Radiology when he's not out board surfing and windsurfing Australia, South Africa, Hawaii, Baja, Mexico, or his home break in San Clemente, California.

“I love being out in larger surf, or summer days with just my friends out. It's much better than going to church [for me]—more therapeutic. I live five minutes from Trestles, which is one of the best surf breaks in the United States.”

Gidget Ferrera, RN, 43, is also an ER nurse with a passion for surfing that knows no bounds. This hardcore Rhode Island surfer regularly sports a wetsuit and booties twice as thick as her West Coast counterparts wear, and braves 32 degree water, 26 degree air temperature and wind chill factors as low as eight degrees to do her magic dance with the sea.

Even with the winter cold, Ferrera insisted it is relaxing.

“Surfing is a great release for stress. I mean, your car could be on fire and it's OK. In the water, I'm not a nurse, I'm not a mom...I'm me. There's no rank here. We're all surfers, we're all one.”

She added that what she learns in the water complements what she does at work in the chaotic trauma unit.

“No two waves are exactly alike and you never have the same day out in the water,”

she said. “It's the same with nursing. If you can adapt to the changes in the ocean, you can adapt to the changes of nursing. You have to stay flexible, especially in the ER, and, just like with surfing, your heart has to be in it.”

Monica Todd, RN, 36, is a teaching nurse in Grays Harbor, Washington. She diffuses the challenges of nursing—keeping up on new skills, treatments and patients living longer with chronic illnesses—with the joys of surfing.

“I love the feel of catching a good wave,” she explained. “There's nothing like it. It clears my mind and makes me feel great. Surfing is a relaxing lifestyle. In the water, I think more creatively...it brings peace and comfort [to my life].”

The wave, the nurse, the bond

A miracle is defined as an extraordinary occurrence, a marvel—just like a wave that journeys thousands of miles to caress a shoreline. And just like a helping hand that eases pain and brings compassion. The common thread between surfing and nursing is more than a metaphor—it is a way of life for those who dive into both worlds.

“I am proud to be a surfer and proud to be a nurse,” said cardiology and case management nurse, Kyle Belloni, RN, 50, of Orange County, California. “[Surfers] have a camaraderie that is unspoken, but strong. I know of several nurses who surf, and it is so cool to be out with them.”

Bagalso added that she loves how surfing and nursing have helped her develop as a person.

“I'm stoked on life because of it.” ●

IBM TECHNOLOGY

Continued from page 4

electrical current, so the kiosk can use the current to show how lean the person's body is.

“It travels a little faster for lean mass or water...than it does for fat,” said Andrew Peterson, the foundation's project coordinator.

The results then appear on one of the kiosk's two computer monitors. Children will be assigned a unique password, so they can access results and chart their progress from their home computers via the Internet.

Also, this will allow the computer to customize information and suggestions for each child.

The kiosk will be used as one component of a comprehensive fitness and curriculum program that the NSFF hopes to implement in schools all over the United States.

The National School Fitness Foundation hopes that the program's technology will especially inspire kids to take a more active role in monitoring their own health and to start exercising regularly, while having fun.

Making activity fun can be one key to success, said pediatric nurse practitioner Linda Jonides, RN. Kids are more likely to stick with fun activities and incorporate them into their daily lives, she added.

The kiosks are being used in several pilot programs across the United States.

The kiosks should be up and running in the first wave of schools by January 2003. ●

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Nurse Travels to Pakistan to Help Afghan Refugees

| BY ARDEN MOORE, NURSEZONE CONTRIBUTOR |

Fary Moini's life dramatically changed one day last fall when she witnessed the televised plight of homeless Afghan women and children trying to reach refugee camps set up in neighboring Pakistan.

Moini, 52, a registered nurse and native of Iran who now operates two formal wear shops in San Diego, California, could hear the cries for help spoken in Farsi by these women. It is a language she spoke when serving as an operating nurse in Iran, before she came to the United States in 1983.

"There was an interpreter speaking in English on camera describing the situation, but I could hear a mom speaking Farsi in the background," Moini said. "She was saying that she and her child had been running through the mountains and the rubble with no shoes and no food for five days. It broke my heart."

And it prompted Moini into action.

"My main goal was to go over there and help these women and children," she said. "I argued with myself. Should I go? Am I crazy to want to go? But I decided that I must go there. I must do this."

Moini, an active member of the La Jolla Golden Triangle Rotary Club, approached Steve Brown, a Del Mar, California, attorney who spearheads many local and international Rotary Club activities.

Brown helped coordinate Moini's

two-month mission to Pakistan by working with international Rotarian officials and Zamarud Shah, past president of the Rotary Club Uni Toan in Pakistan. That club served as host for Moini during her stay in January and

February. Moini's local club raised \$7,000 to buy medical supplies and other needs for the refugees.

Moini left her VIP Formal Wear business in the care of her store manager while she headed for the war-torn part of the world—much to the amazement and admiration of her fellow Rotarians.

"Fary was so moved by the plight of the Afghan women and children refugees that she was willing to travel by herself into the danger zone of the world," said Jan Percival, president of Scribe Communications and a fellow member of

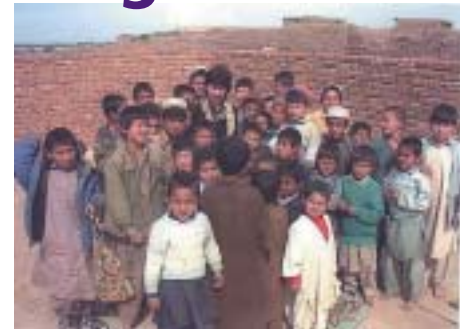
La Jolla Golden Triangle Rotary Club. "Her courage and determination took everyone aback from our Rotary club."

Although Moini became a businesswoman in Southern California, she maintained her nursing license, which proved handy when she arrived at the camps.

"My nursing skills kicked in," she recalled. "Back in Iran, I was the chief nurse for a 200-bed hospital in Dubis.



"I feel sad, numb and shocked that these conditions are allowed to continue. Donations of warm clothes, food and medicine are needed."



Nurse Fary Moini, above, stands among the Afghan children she helped in Pakistan and hands out donations, below left.

It felt great to be able to put my nursing skills to good use, to help these poor women and children."

Moini worked in medical clinics at Pakistani refugee camps in Shamshatu and Peshawar. The obstetrics clinic in Shamshatu only had six beds and a delivery room without heat, hot water or basic medical equipment, desperately being run by five doctors and two nurses. Working with Rotarians, Moini was able to provide the clinic with a generator, 15-gallon hot water tank, sink, kitchen equipment, bed sheets, patient gowns, bed stools and a small library for the doctors.

Moini witnessed children with sores, boils, insect bites, lung disease, chickenpox, fever, diarrhea, dehydration and malnutrition.

"I feel sad, numb and shocked that these conditions are allowed to continue," she said. "Donations of warm clothes, food and medicine are needed."

Moini knew she couldn't accomplish her goals in two months. She plans on returning this fall to help build a school for Afghan girls in the refugee camps. Her motivation: a 14-year-old girl who approached Moini with the plea for an education.

"She had such pain in her face," recalled Moini. "I gave her a hug and promised her that I would try to do something for her. School for girls is really essential. I feel like I've found my calling, to help these women and children." ●

From Jumpropes to Stethoscopes:



At left, Beth Davis, RN, explains to students what to listen for when taking a blood pressure. Isaac Terrell, RN, below, explains the crash cart to middle-school student Rob Cygul.

Nurses Interest Students in Profession

| BY DEBRA WOOD, RN, NURSEZONE CONTRIBUTOR |

“Nursing is cool and fun. I like everything about it.” Perhaps not your usual comments after a day spent at the hospital, but typical of responses from sixth graders in Orlando, Florida, after shadowing nurses and learning some basic clinical skills.

Members of the Unit Advisory Council at Orlando Regional Sand Lake Hospital suggested inviting the students to the facility to watch and talk with nurses at work as a way of introducing young people to the joys and rewards of a health care career. Soon, other Orlando Regional Healthcare hospitals joined in, offering a Jumpropes to Stethoscopes program to students throughout Central Florida.

“I was amazed they were so interested and asked so many questions,” said Susan Thomas, RN, who served on the planning committee and came in on her day off. “They were fascinated by it. They will go back to school and tell the others. What a way to reach young people.”

Dozens of students from Orlando area middle schools looked on as registered nurses gave medications, monitored IVs, administered tube feedings, completed other nursing tasks and comforted patients. Earlier, patients gave consent for the children to watch and those that preferred not to participate were assigned to a different nurse.

“We’re trying to capture any audience we can capture right now to spur interest in the nursing profession and health care in general,” said Sue Reed, RN, administrator for nursing operations.

“The student with me was impressed that I like my job,” said PACU nurse Doreen Hawkins, RN, a 30-year nursing veteran. “She was genuinely interested. It made me happy that we gave her some food for thought.”

Nurses in departments throughout the hospitals participated, as did a few physical and respiratory therapists. Many nurses volunteered for the extra duties,

because they believe nurses must foster the next generation of professional caregivers.

“If we can catch them at a younger age, they may choose nursing as a career and not be afraid of it,” said Diana Schumacher, RN, who gave up her day off.

Each specialty area prepared storyboards explaining what takes place in cardiac catheterization labs, the emergency department and other units. The students could obtain an ECG and echocardiogram, rest on a kinetic therapy bed and don surgical caps while

touring the post-anesthesia care unit.

“It’s an opportunity for them to find out what really goes on in a hospital from the workers themselves,” said cardiac cath lab nurse Beth Davis, RN, who graduated from the health care system’s nursing school in 1969 and has worked in different positions within its hospitals. “There are so many avenues you can take as a nurse, so you don’t get bored.”

“Nursing is going to be fun,” said student Keri Harwell. “The nurse was fun to work with and caring with her patients.”

See JUMPROPES TO STETHOSCOPES, page 17



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U.S. Hospitals Strengthen Terrorism Response Plans, Nurses Act

| BY KRISTIN ROTHWELL, *NURSEZONE* FEATURE WRITER |

While all U.S. hospitals have disaster plans, the aftermath of Sept. 11 and the anthrax scares that followed dramatically redefined disaster preparedness.

Since then, hospitals across the country have taken greater steps to revise their disaster plans to be better prepared for the unthinkable—disasters that are intentional, involve large numbers of casualties and the use of chemical, biological or radiological agents.

According to the American Hospital Association (AHA), more than two-thirds of U.S. hospitals have incorporated bioterrorism into their disaster emergency plans to date.

To help build stronger public health systems and better prepare for bioterrorism, President George W. Bush signed a bioterrorism appropriations bill in January. That bill sent \$1.1 billion to 62 states, territories and three major cities (Chicago, Los Angeles and New York City) to strengthen local capabilities to deal with terrorism-related public health emergencies.

The federal funds will be used to improve the readiness of local hospital systems to deal with large numbers of casualties and expand public health laboratory and communications capacities.

Collaboration is Key

Currently, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) does not require U.S. hospitals to form cooperative planning with other health care organizations. However, several hospitals nationwide are forming partnerships to create a coordinated disaster response approach.

In Minnesota, 22 hospitals in the Minneapolis/St. Paul area have formed the Metropolitan Area Hospital Compact, a comprehensive cooperation and communication plan to deal with natural disasters or terrorist attacks.

Hospitals in San Diego, California, joined forces about eight years ago, in addition to forming partnerships with local fire and paramedic, law enforcement, public health groups, biotechnology companies and local universities.

“Unlike a lot of other pieces of the health care industry that are typically characterized as competitive, disaster-response is not a competitive event,” said Judith R. Yates, co-chair of the San Diego County Bioterrorism Communications Committee and a former nurse.

“Effectively managing a medical and health emergency requires a ‘systems’ approach when there’s a health or medical impact on a population,” said Cheryl Starling, RN, a disaster medical specialist and coordinator of California’s Hospital Bioterrorism Preparedness Program.

Children’s Hospitals, Rural Hospitals Prepare for the Worst

Children’s hospitals and rural health care facilities are also becoming more disaster prepared.

The Children’s Hospital in Denver, Colorado, began changing its emergency response plan in preparation for Y2K. According to Dr. Chris Nyquist, medical director of Infection Control at Children’s, not much had to be updated since 2000 to become bioterrorism prepared.

Nyquist said that Children’s currently has infection control plans in place.

“Pediatric hospitals in some ways are in a better place as far as how they think about infections than adult hospitals because kids come in with rashes all the time,” she said.

Like other U.S. hospitals, Children’s in



Nurses perform a HazMat exercise that will prepare them for a real mass-casualty incident.

Denver has held mock decontamination drills within the emergency department and staged mock case scenarios to see how nurses and attending physicians would follow infection policy protocol if a case presented itself.

In addition, the hospital is following state legislation to keep a 72-hour supply of medication to treat every person in the hospital in the event of an anthrax outbreak.

Rural hospitals also have special concerns.

According to Starling, rural hospitals often have less staffing, equipment and resources, and are further away than urban hospitals from those necessary resources. Rural hospitals must learn to be more proactive about ‘sounding the alarm’ earlier in order to make preparations for the worst, she said.

Trina Souza, RN, is a member of the bioterrorism preparedness team at Mountain Health and Community Services, a rural health facility that covers over 900 square miles in Campo, California. Souza said that it wasn’t until after Sept. 11 that her facility was aware of who to contact or where to go for help.

Now, the hospital works with the local sheriff’s department, the American Red Cross, Salvation Army and other organizations, which are all part of an incident command system.

What may be the greatest issue now for Mountain Health, and likely other rural hospitals in the country, is a lack of funding.

“Being rural, we have a really hard time trying to find funding,” said Souza, who explained that the hospital needs more equipment. “Without money it’s almost impossible to do anything.”

Nursing Schools Prepare Students for Future Disasters

| BY JENNIFER LARSON, NURSEZONE FEATURE WRITER |



Last fall, health care providers in New York City received a course in coping with a catastrophic event when two jetliners crashed into the World Trade Center's twin towers.

In the wake of the events of Sept. 11, and the subsequent anthrax scare, many nursing school leaders are teaching their students the importance of the Boy Scout motto: "Be prepared."

"Nurses are among the most important health care providers to educate," said Lenore K. Resick, RN, MSN, CRNP, an associate professor at Duquesne University School of Nursing in Pittsburgh, Pennsylvania.

With that in mind, universities like Duquesne are incorporating disaster preparedness into their curriculum to ensure the nation's future nurses will be equipped to deal with disasters.

Duquesne's nursing school leaders are incorporating disaster preparedness and mass casualty information into classes on both the undergraduate and graduate levels. Students will learn about bioterrorism, chemical terrorism, nuclear events and other types of mass casualties, and what they need to do as first responders.

Students at Johns Hopkins University School of Nursing in Baltimore, Maryland, have asked, "How do we go out and deal with this world [of] terrorism?" explained associate professor Linda Lewandowski, RN, Ph.D.

They also questioned if they could get the proper training in nursing school in these changed times.

Students at the University of Texas at Austin School of Nursing had similar concerns.

"We decided the least we could do is try to help prepare our students for the future...which is an uncertain future in terms of terrorism," said Dolores Sands, dean of the school of nursing at the University of Texas at Austin.

Colleen Conway-Welch, CNM, Ph.D., and Betsy Weiner, RN, Ph.D., the

director and associate director of the International Nursing Coalition for Mass Casualty Education, agreed that nurses must be taught how to respond to a mass disaster.

The coalition is developing a comprehensive plan for educating not only nursing students but also practicing nurses.

There will eventually be seminars that will take place at a special training center in Anniston, Alabama. According to Weiner, this type of training will give nurses the opportunity to practice their new skills.

Weiner also plans to put courses online. She envisions a scenario in which nurses "can play a role in a simulated process, almost like my son plays video games."

Duquesne's Resick is working on transferring a new continuing education course on disaster preparedness to the Web. The course will also have three education modules designed specifically for nurse educators, nurse administrators and practicing clinicians. Resick said she expects the online course to be up and running sometime this fall.

The University of Texas at Austin School of Nursing has introduced a course in disaster preparedness for its undergraduate and graduate students.

The school staged a mock mass



Above, medical control officer Brook Butler, a senior in nursing, examines the simulated patient and interviews him about his possible level of exposure. At top, entry team member Michele Mata, a senior in nursing, is fitted with an oxygen mask and tank. In a real-life situation, the entry team would have the highest risk of exposure and require the most protective gear.

casualty event during the course to gauge what the students had learned so far. About 30 students signed up for the first installment of the new course.

On a warm July morning, the nursing students put on protective gear and participated in a staged event designed to test their reactions, stress levels and nursing skills. "Patients" were pulled from a mock-contaminated site in the nursing school's quadrangle, and the nursing students

triaged them to determine what type of care the patients should receive.

The course is currently an elective, but it may eventually become a requirement, Sands said.

Motivated by the terrorist attacks, the Johns Hopkins University School of Nursing last fall established a task force to examine the incorporation of emergency preparedness into its curriculum.

The task force identified a number of topics for the school to address, including chemical agents, nuclear agents, trauma assessment and treatment, crisis intervention, cultural stereotyping, psychological reactions to disasters, and specific biological agents such as anthrax, botulism, plague, smallpox and tularemia. The undergraduate and graduate curriculum committees are determining how to incorporate those topics into the school's programs. ●



Megan Weiss, RN

RN Recounts Her Days at Ground Zero, Finds New Appreciation for Life

| BY KRISTIN ROTHWELL, *NURSEZONE* FEATURE WRITER |

Just days after the events of Sept. 11, *NurseZone* spoke with registered nurse Megan Weiss, who recounted what it was like working at Ground Zero shortly after planes flew into the World Trade Center. One year later, *NurseZone* again spoke with Weiss to find out how her life was affected by what she saw and experienced in New York City.

Relaxing and enjoying the comforts of home in the small town of Dickson, Tennessee, Megan Weiss, RN, is gradually beginning to find peace after an emotionally and physically exhausting experience working at Ground Zero one year ago.

Weiss, who had taken a nursing position at New York University Medical Center in New York City just days before Sept. 11, found herself on that ill-fated Tuesday working at Ground Zero as a member of the Federal Emergency Management Agency's response team.

"To this day, I still don't know how [FEMA] found me," she told *NurseZone* last September.

An ambulance sent by FEMA picked her up at NYU and dropped Weiss and other FEMA members as close to Ground Zero as possible. They walked the remaining three miles on scalding hot streets filled with ash and debris the size of boulders. Once at Ground Zero, the nurses and other medical personnel provided immediate medical care to

the rescue workers.

Weiss spent much of that week tending to injured at Ground Zero and housing some nurses who were unable to leave the city. Although everything was difficult that first day and beyond, Weiss endured.

Even the effort to get to where she was needed proved difficult.

"It took two hours to walk the three miles because we were searching under and over things, including cars that had caught fire," Weiss told *NurseZone* soon after Sept. 11.

For her efforts, Weiss was recognized by her peers at NYU Medical Center in October with a St. Christopher's medal and tickets to the "Concert for New York City" benefit at Madison Square Gardens. She was also invited to a White House dinner honoring rescue workers held in June at the Washington Convention Center. Though she was unable to attend the dinner, she kept the invitation from Vice President Dick Cheney, which she plans to frame.

Weiss, who does not see herself as a hero, stated, "I never thought I would be recognized for something that is expected...[or] for something that every human should do."

Today, she is the newly appointed and youngest director of surgical services at Horizons Medical Center in Dickson. She credits much of her success to her experience as a travel nurse and her experiences at Ground Zero in New York.

"If I can handle that, I can handle an operating room," she said.

Looking back on the events of Sept. 11, Weiss said she still can't believe it happened but recognizes that it has significantly impacted her life. She now has a greater appreciation for life, family and the little things, like saying "thank you" and not letting issues go unresolved.

"It's unbelievable what can happen in a year," she said. "I am blessed every single day and I will never, ever forget that."

Weiss said she hopes to return to New York one day.

"New York will always be a big part of my life...[but for] now I'm in small town Tennessee with nothing to do except heal." 🍊

To read the complete story about Weiss, "Working at Ground Zero: From a Nurse's Viewpoint," log on to NurseZone and click on "You Saw It In Our Ads."

BE PREPARED TO RESPOND

Nurses, nursing students and other health care professionals who have an interest in working on the front lines in the event of a natural or man-made disaster are in demand today more than ever.

Cheryl Peterson, MS, RN, senior policy fellow for the American Nurses Association, recommends that nurses who want to participate in disaster response to join an organized system whether it be the American Red Cross or a disaster medical response team.

"[Nurses should not respond] as an individual where they might potentially get hurt or where their services might not best be utilized," she said.

How you can help:

- National Nurses Response Team/Office of Emergency Preparedness, www.nursingworld.org
- Federal Emergency Management Agency, (202) 566-1600, www.fema.gov
- American Red Cross, www.redcross.org
- USPHS Office of Emergency Preparedness National Disaster Medical System, (301) 443-1167 or 800-USA-NDMS, www.ndms.dhhs.gov
- Georgia Nurses Association/Georgia Nurse Alert System, (404) 325-5536, www.georgianurses.org (Only open to Georgia licensed RNs)
- Texas Nurses Association/Ready Texas Nurses, www.texasnurses.org, (512) 452-0645 (Only open to Texas licensed RNs)

Trauma, Stress: Nurses Can Be Affected Too

| BY KRISTIN ROTHWELL, NURSEZONE FEATURE WRITER |

On the morning of Sept. 11, 2001, Deborah Antai-Otong, MS, RN, NP, was traveling toward Long Island, New York, from Manhattan when the World Trade Center was struck by a plane. Not unlike those around her, she experienced intense feelings of fear, stress, shock and disbelief.

What is different for Antai-Otong is that she is a psychiatric clinical nurse specialist in primary care and mental health practice, and knows very well the effects that traumatic events can have on individuals. This time she understood that effect firsthand.

“It was a frightening experience,” said Antai-Otong, who was visiting New York from Dallas, Texas, at the time. Although she wasn’t in Manhattan at the time of the impact, she, like hundreds of others, was stuck in New York an entire week, frightened for her life and unable to leave.

She attempted to volunteer as a nurse and counselor for the victims. But because there were few survivors, her assistance wasn’t necessary.

“I was experiencing my own stress,” she admitted at the time. “The telephone would ring and I would jump.”

Antai-Otong is the director of the Employee Support Program and Critical Incident Team at VA North Texas Health Care System in Dallas. And, she oversees a trauma response team providing emotional support and stress education.

While Antai-Otong was quick to point out that neither the critical incident team nor the employee support program are replacements for professional therapy, the programs do “offer people a way to normalize their reactions to an abnormal situation...[by providing] them an opportunity to process the event.”

And, after an event like Sept. 11 or another traumatic situation, nurses may find benefit in such a program.

The debriefing process at VA North Texas provides a forum where groups of people who have been through the same experience can share what happened, where they were, what they saw, smelled and heard, their first thoughts when the incident occurred, as well as their present feelings.

Nurses, according to Antai-Otong are

particularly prone to internalizing traumatic issues—often believing that what they experience is just part of the job—and in most cases do not seek the assistance they may need.

But, Antai-Otong stressed that nurses need to give themselves permission to seek help, care for themselves and deal with each incident effectively, whether it involves workplace violence, being attacked or witnessing a major disaster—like Sept. 11.

“I think as nurses we really minimize our own needs,” she said. “We tend to take care of other people but it’s really important to take care of [ourselves].”

According to the non-profit National Center for Post Traumatic Stress Disorder (PTSD), as many as 70 percent of adults in the United States have experienced at least one major trauma in their lives and 8 percent of Americans will experience the disorder at some point in their lives.

In response to the events of Sept. 11, several mental health organizations, as well as hospitals in New York City and Washington, D.C., provided mental health crisis services to rescue workers, victims’ families and friends, witnesses and others affected by Sept. 11, who were suffering from emotional trauma.

Suzanne Pugh, RN, nurse manager of emergency services at St. Vincent’s Catholic Medical Center in Manhattan, New York, said, “We’ve had a lot of programs for the staff, identified people who might need individual counseling, and the hospital has been really supportive in putting those things in place.”

Antai-Otong strongly encouraged anyone who has been through a traumatic experience—whether the result of Sept. 11 or another event—to participate in a support program, whether it’s a support group with co-workers, family members or an established organization.

“That’s where the normalization comes in,” she said. ●



Deborah Antai-Otong, RN, MS, NP, (not pictured), director of the Employee Support Program at VA North Texas Health Care System in Dallas, Texas, stressed that nurses need to give themselves permission to seek help when needed.

RESOURCES:

National Mental Health Assoc.
(703) 684-7722
<http://www.nmha.org>

National Center for
Post Traumatic Stress Disorder
<http://www.ncptsd.org>

American Psychiatric Assoc.
(202) 682-6000
<http://www.psych.org>

Anxiety Disorders Assoc.
of America
(301) 231-9350
<http://www.adaa.org>

National Institute of
Mental Health
(301) 443-4513
<http://www.nimh.nih.gov/>

National Organization
for Victim Assistance
(202) 232-6682
<http://www.try-nova.org/>

Sidran Institute
(410) 825-8888
<http://www.sidran.org/>



Registered Nurse Follows the Wind

| BY CHRIS ALVAREZ, NURSEZONE CONTRIBUTING WRITER |

Thousands of registered nurses today choose to take traveling assignments rather than work on staff at one hospital. With so many nursing opportunities in the nation for nurse travelers, RNs are usually able to follow their desire for exploration and adventure while on assignment. RN Sandy Shiffner takes that approach one-step further: she “follows the wind.”

Shiffner has worked as a traveling nurse for the past three years, and recently became enthralled with kite boarding, known as an “extreme” sport. While on assignment with a hospital in Florida, Shiffner decided that she needed to do something “crazy” for her 30th birthday. She chose kite boarding, a combination of surfing, waterskiing and wind surfing. The results, she explained, were spectacular.

“It’s the most phenomenal thing,” she said. “What a rush. There’s nothing like it in the world!”

That’s an accurate assessment.

Kite boarding involves strapping yourself into a harness and riding a board smaller than a standard surfboard across the water and jumping over waves. Oh, and one more thing: kite boarders are also attached to (what else?) an oversized kite, which, once it catches the wind, propels riders to dizzying heights and dazzling speeds.

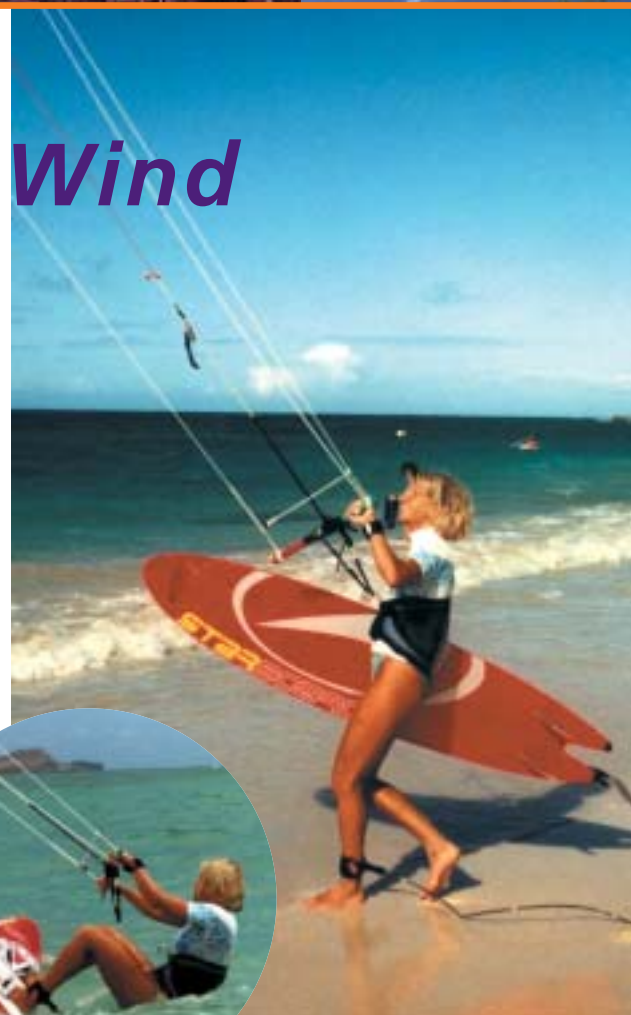
“Once you get the board under your feet, ‘dive’ the kite into the wind, and it picks you up in the air, it is the most fantastic feeling,” Shiffner said. “You zip across the water, jump waves. It’s so much fun I’m still excited an hour after I finish.”

A native of Lakefield, Ontario, Canada, Shiffner, a CVICU nurse, is a long way from home—currently on assignment in Hawaii as a traveling nurse. She chose Hawaii because of the great job at a local hospital coupled with the opportunity for kite boarding. She joined the Hawaii Kite Board Association and, proclaiming that she “follows the wind,” she’s on the beach every day.

Shiffner’s making the most of her travel opportunities. She plans on returning to Hawaii after going

back home to Canada for a while. The travel lifestyle seems to fit her perfectly.

“I’ve met some of the best people while I’ve been traveling with Medical Express (a nurse staffing agency),” she said. “Why be a staff nurse when you can travel and have so much fun? It’s all about living!” 🍊



Sandy Shiffner, RN, heads to the water for kite boarding in Hawaii, and Shiffner in action, left.

HAVE YOU CONSIDERED TRAVEL NURSING?

Many nurses, like Sandy Shiffner and Jim Coe, find traveling a perfect blend of lifestyle and career. For more information on how you can become a traveling nurse, visit NurseZone (www.nursezone.com) and click on Travel Nursing, or fill out the business reply card found inside this magazine.



Living to Travel, Traveling to Work

| BY CHRIS ALVAREZ, NURSEZONE CONTRIBUTING WRITER |

“live to travel.” No, that’s not the latest slogan promoting travel nursing. Those are the words of James “Jim” Coe, RN, who’s turned his love for exploring and adventure into an ideal lifestyle as a travel nurse.

Always a travel lover, Coe schedules his vacations far in advance. But despite careful planning, his nurse manager kept canceling his vacations.

Then he got a tip from some of his co-workers: If you become a travel nurse, they said, you could book all the vacations you want. Soon after that, Coe, as he said, “hit the road!”

“I don’t know of another job that lets you have this kind of lifestyle,” he said. “Once a friend told me that I could have 33 days off in-between assignments, I was sold.”

“Sold” meant Coe took the opportunity to criss-cross the United States, working at several different assignments in Florida, California, Colorado, Connecticut, Pennsylvania and New York. He hasn’t looked back since.

“When I started, I told myself I would travel for one year, then it was two years, then five years,” he said.

A fan of London, England, Coe takes a trip there every six months, then ventures across Europe. He loves exploring the different boroughs and towns, discovering flea markets and shops. He also loves England after dark.

“The nightlife is amazing,” he said.

A native of Rochester, New York, Coe has found that travel assignments provide the chance to see much of his own country as well.

“I like to get in my car and drive to my assignments,” he said. “It’s great to take an assignment in California and drive there from New York. It’s perfect for visiting friends and family. It’s especially allowed me the chance to

spend more time with my parents, too.”

Indeed, it does seem like Coe will be traveling for quite some time. “I can’t go back to a regular job after this,” he said. “In fact, I can’t believe any nurse wouldn’t want to do this!” ●



Jim Coe, RN, visits a shopping district in London.

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You're Ready to Graduate Now What?

| BY CAROL BURKE, NURSEZONE EDITORIAL DIRECTOR |

With thousands of student nurses poised to graduate from nursing schools this year and transitioning into the workforce, the question arises, just how prepared will these new grads be to step into their role as nurses?

Certainly the responsibility for helping new grads to be clinically prepared rests with nursing schools. However, when it comes to the new grad transition process, nursing schools can help, but in reality, the responsibility for a successful transition ultimately rests with the new grad.

Patricia Bennett, MSN, MBA, a nursing professor at Molloy College in New York, said that although Molloy has an intensive new internship program for students to give them real life practical experience, the school must cut the umbilical cord and the new graduate needs to be proactive and advocate for his or her own career.

At Molloy, the students learn about interviewing, role playing in various settings, delegating, issues of the day in nursing and the job outlook for nursing. Bennett said that it's a good start but not enough for the first time nurse. She recommends a training program on the job.

"Students usually have an average of

four weeks of training in the hospital," she said. "Is it ideal? I don't think so."

She explained that often because of staffing issues or other realities, new nurses are expected to step in to their new role—whether they feel prepared or not.

So what advice does Bennett offer to new graduates beyond getting as much training as possible at their job site?

"Listen to what's going on within their floor," she said. "The wisdom comes from the nurses on the floor."

But she added that nurses should not compromise themselves.

"Respect what you're taught but have a common ground and develop a mutual respect with your colleagues."

Carol A. Tingle, RN, MSN, a workplace advisory consultant encourages the new nurse to have patience—not complacency.

Tingle also explained that the transition period brings with it emotions ranging from exhilaration to anger to self-doubt and eventually satisfaction. It's important to identify and understand the emotions. She suggests transition strategies, including asking for help, using available facility resources, re-energizing with professional associations, staying in contact with friends, evaluating growth realistically and staying focused on goals.

April Makuch, RN, BSN, graduated in May 2000 from San Diego State University in San Diego, California and now works at Sharp Mary Birch hospital in San Diego. Makuch said that while she felt extremely prepared on many levels to become a new nurse, the one area that she lacked preparation in was her own confidence.

Aware that confidence would come with experience, Makuch took advantage of a preceptorship in her area of interest and gained the confidence necessary to be a competent nurse.

Nancy Roth, RN, a recent nursing graduate of Methodist Hospital School of Nursing in Memphis, Tennessee, said that she felt her instructors helped prep her for the steps necessary to get her first job and even let her know that she and her fellow students would feel uncertain about their skills the first few months on the job.

"They told us to get our feet wet," she explained. "They stressed that we [should] ask questions of preceptors, nurse managers or other nurses."

Although Roth, who is currently working in the continuing care area of the NICU at Baystate hospital in Springfield, Massachusetts, was thankful for the foundation she received in school, she heeded her instructors' warnings about the uncertainties she would experience as a new nurse.

Like Makuch, to help ease the transition, Roth's instructors suggested that she and her peers not hesitate to ask questions.

Roth took that advice to heart. She participated in an extensive orientation that helped raise her skill and confidence level, and suggests that other new grads do the same.

"I've been with a preceptor since I started," Roth said. "I would recommend that any new grad look for a good orientation program."

Roth had one final suggestion for new nurses looking for their first job.

"Ask what the policies are at the hospital and ask other nurses about their job," she said. "Examine everything." ●



You're ready to graduate from nursing school. What's Next?
Max Perez photo

Have a Question About Nursing School?



Visit Campus Corner and Ask Stephanie

Stephanie Thibeault, author and nursing school student, targets the topics you need and want to know about.

Visit NurseZone
(www.nursezone.com)
and click on **Student Union**
in the Student Nurse Center section
of the site.

Interest in Medical Aid Nursing Brings Australian RN to U.S.

BY SUSAN SCHNEIDER, NURSEZONE CONTRIBUTOR

A passionate interest in nursing spurred by a desire to aid victims of disasters, poverty and conflict brought Melinda

Davey, RN, to the United States from Australia.

"I spent time in Russia and Romania helping to set up clinics and realized I'd like to improve my skills in [medical aid]," Davey said. "The United States is host

to many global conferences and organizations that will help me achieve my goals. It is really the place to advance in medical aid nursing."

Davey also said that as an Australian,

traveling is in her nature. She considers it a shared trait of people from her homeland, and added that contract nursing is a great way to indulge an adventurous spirit.

She recently celebrated her first year anniversary in this country, with Denver, Colorado, as her home base. She heard about the opportunity to become a travel nurse through a health care staffing company, O'Grady Peyton-International, and said the company helped with all the details involved in relocating her in the United States.

Davey said there are many differences between working as a nurse in the United States and in Australia. For example, she is adjusting to having two ICU patients at a time, whereas she would only tend to one at a time in Australia. However, she said that in the United States you have more nursing team members so responsibilities are shared.

She also believes that nurses in the United States are much friendlier and willing to help one another, a professional camaraderie she enjoys very much. And she added that the maturity of the nursing staff is different in America, with nurses who "stay focused on patients rather than politics."

Davey has especially enjoyed the freedom to travel around the states and meet new people during the last year. She said that Americans are extremely friendly and that she feels completely safe in their country. She laughed about Australians' view of America as a violent place, thanks to what she terms as "action blow 'em up" movies, but added that security is no more of a concern here than it was at home.

She suggested that other nurses considering relocation: "Be smart and sensible, but don't be afraid. You'll miss out on too many wonderful adventures." ●



Melinda Davey, RN
Max Perez photo

JUMPROPES TO STETHOSCOPES

Continued from page 9

Isaac Terrell, RN, who showed student Rob Cygul the ropes on a med-surg unit, participated because he wants more men to join the ranks. He may have gained one recruit. Cygul arrived aspiring to become a neurosurgeon, but after an afternoon spent answering call lights, watching a blood draw and learning about the crash cart, he said, "I think it's a really cool job to be a nurse."

Each child left with a stethoscope and a new appreciation for nursing. Many who started the day thinking about a medical career admitted they now might give nursing a try. ●

Debra Wood is a registered nurse and writer living in Orlando, Florida, with her husband and two dogs. She has received the international nursing honor society Sigma Theta Tau's media award for excellence in journalism, as well as writer's association honors for her creative work.

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Susan Ford Bales

“Nurses Are So Important”

| BY CAROL BURKE, NURSEZONE EDITORIAL DIRECTOR |

Susan Ford Bales, daughter of former President Gerald Ford and breast cancer survivor Betty Ford, spoke to *NurseZone* about the importance of early detection and proper treatment of breast cancer and about the role nurses play in helping breast cancer patients. She also encouraged nurses to consider their own health when it comes to breast cancer awareness. **“I want them to realize how important they are,”** she said.

When former first lady Betty Ford was diagnosed with breast cancer in 1974, daughter Susan Ford Bales was only 17. And while Bales, who is now 45 and a national spokeswoman for breast cancer awareness, recalls the time as terrifying and intimidating, she also recalls that the nurses at the hospital and at the White House were “very sweet, very kind and very understanding” to her and her mother.

“They conveyed to me a sense of, ‘she’s not going to break,’” she said.

Calling nurses a support system for the doctor, the patient and the family, Bales believes it’s important for a patient to feel that he or she can pick up the phone and ask for a nurse.

“They’re usually one of the first contacts and they really can do a lot in terms of making you feel comfortable,” Bales said.

But Bales said there’s another message she’d like for nurses to understand: their

health is important too.

“If they don’t have mammograms I’d like to ask them, ‘why?’” she said. “We need to stay educated and aware. We’re doing a lot but women are still dying. We’ve not conquered it.”

Bales said she understands that some women may be afraid to have breast exams.

“People can make the difference,” she said. “Husbands can make the difference. He can drive her [to the exam] if she’s afraid to go. Breast cancer is not only about the patient but it’s about the entire family. I would encourage women to do it for your kids, your husband, your mother.”

Bales said that having two daughters, who, like her, are at an increased risk for breast cancer, has moved her to stay involved in advocating for detection and treatment.

“It’s a very rewarding thing to be involved in and I would be a fool to stick my head in the sand,” she said.

Bales said that during her 17 years of talking about breast cancer, she has heard many sad stories.

“I go home and I think, ‘I am so lucky, so blessed that today my mother is still alive [28] years later and that I haven’t been diagnosed with breast cancer,’” she said.

She has also met many nurses throughout the last 17 years—some who have survived breast cancer or whose mothers were diagnosed with breast cancer. Often, those experiences were the reason the nurses chose to get involved with detection and treatment of the disease, whether in radiation, oncology or some related area.

“Nurses are so important,” she said. “I just want them to realize how important they are.”

Read more about Bales’s and her mother’s impact on breast cancer awareness. Visit www.nursezone.com and click on “You Saw It In Our Ads.”

The Nurse’s Soul: First Injection

| BY BARBARA BARTLEIN, RN, SPECIAL TO NURSEZONE |

He who laughs, lasts. — NORWEGIAN PROVERB

I always wanted to be a nurse. From the time I was four years old I announced to anyone who asked, “When I grow up, I’m going to be a nurse.” My parents tried to nurture this dream. They would surprise me with little nurse’s kits. Contained in a small plastic case latched at the top was all the equipment needed to be a nurse: a thermometer permanently marked to 98.6, a pill bottle filled with candy (which would be gone in two hours), a stethoscope that didn’t work, and best of all, a syringe.

I loved that syringe. I would spend hours filling it up with water and “injecting” my little sister. I would “inject” the family dog and a very reluctant cat. No other single function represented nursing to me as well as giving injections. To me, giving shots was the epitome of what nurses do.

You can imagine my excitement, therefore, when we reached the part of my nurses training where we learned injections. I studied the techniques carefully and practiced on peaches. I practiced so much that the fruit at my

house had little water blisters all over that looked like scabies. I participated in the ‘return demonstration’ with my fellow nursing students. I claimed that her injection was painless so that she would make a similar claim when it was my turn.

The following week, I began my emergency room rotation at Penrose Hospital in Colorado Springs. One day, a handsome, tanned construction worker was admitted with a large laceration on his right arm. About 6’5” tall, 250 lbs, he had huge muscles and a grin to match.

See THE NURSE’S SOUL, page 19

How Can You Increase Morale Today?

| BY BARB WINGFIELD, NURSEZONE CONTRIBUTOR |

Increase morale today? Does that sound almost impossible? Increasing morale is not something that first needs to be discussed at a staff meeting and then approved for the upcoming year. Instead, it is something that you can work on everyday.

Some nurses feel morale is the responsibility of the administration or the doctor. But the truth is everyone is responsible for the morale, from house-keeping to the president of the hospital, morale is everyone's business. So what can you do today to increase morale?

Examine Your Attitude

First of all, examine your attitude. Attitude is your mental outlook on how you view life. So... what type of attitude do you bring to work everyday? Is it a cheerful upbeat approach to the day's responsibilities or do you view it as just another day until the paycheck arrives? Everyone has days that are challenging. Don't gloss over those days, but do take a step back and assess how you approach the problems of the day.

Be Positive Each Day

This seems obvious but what is your

'self talk' on the way to work each day? Self-talk is the little voice in your mind that talks to you about all types of situations. Too often without realizing it we get caught up in negative self-talk that sets a tone for a poor attitude rather than an upbeat attitude for the day.

Focus on Achievements

Many of us make 'to do lists' each day. When you clock out, celebrate what you accomplished, also recognizing the tasks you completed that weren't even on the list.

Keep Your Sense of Humor

Keeping your sense of humor can help diffuse a stressful situation and also lift your spirits. The employees at a very busy floral design shop take a break during their busy season to stomp on bubble wrap. This seemingly mindless activity brings laughter to a

time pressed business. Laughter is great therapy.

Improving morale today can start with you. You have many different opportunities throughout the day to choose to improve the morale in your work environment. The choice is yours. ●

Barb Wingfield, known as the Workplace Morale Specialist, can be reached at (888) 339-1712 or barb@moralebuilders.com.



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THE NURSE'S SOUL Continued from page 18

"I just sliced this a little with some sheet metal, ma'am" he reported. He lay on the exam table while the doctor sutured him with a dozen stitches. He listened intently while the doctor gave instructions for wound care.

And then the magical moment occurred. The doctor turned to me and said, "Nurse Bartlein, would you please give this gentleman a tetanus shot?" MY BIG CHANCE! A real injection on a real patient. I practically floated on air as I scrambled to the refrigerator and took out the tetanus vaccine. I carefully drew up the prescribed amount and returned to the patient.

I meticulously swabbed the site with an alcohol wipe and then expertly darted that needle deep into the deltoid muscle. I aspirated as taught and slowly injected the vaccine.

With a grin, the construction

worker said, "Thank you, ma'am" and stood up. I winked at him and he winked at me. He stood there for a minute and promptly crumpled to the floor unconscious. Oh, my God, I KILLED HIM! My first injection and I killed the patient. My impulse was to run out the door as far into the mountains as possible. Forget about being a nurse, forget about injections, I'll live off the land. No one will ever find me.


Everyone else came running, and slowly helped the patient to his feet. The doctor could see that I was quite shaken. He reassured me with a smile and said, "Don't worry, he's fine. The big ones always faint!" ●





"First Injection," excerpted from Chicken Soup for the Nurse's Soul. Reprinted by permission of Chicken Soup for the Soul Enterprises Inc. © 2001 Jack Campfeld and Mark Victor Hanson.

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