

# S.O.N. TIMES

May 12, 2006

School of Nursing

Volume 1 Issue 2

## Inside this issue:

|   |   |
|---|---|
| The DNP Program: Q and A with the Planning Committee                                | 1 |
| Faculty Spotlight   | 3 |
| Letters to the Editor: A Clinical Debate- Patient Identifiers in the Health History | 2 |
| Professional Influences: Who Will You Inspire?                                      | 2 |
| Summer Offerings  | 4 |

## Editorial Staff

Denise Snow, *Editor*

Lori Escallier, *Editor*

Jeanette Coane, *Contributor*

## Calendar

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

- Graduation Day is May 19th
- Pinning Ceremony is May 17th
- Summer Course and Continuing Education Offerings now available (see page 4)
- AWOHNN is June 24th in Baltimore
- American College of Nurse Midwives (ACNM) annual convention is May 26th in Salt Lake City
- Dean McClean will be the host for "Fridays at Five" on May 26th at the Union Café in the Student Union Building.

## Our Community

### FACULTY/STUDENT ACHIEVEMENTS

Welcome to the second edition of the School of Nursing Newsletter! The purpose of the newsletter is to distribute information about our students and faculty, to announce events and achievements and to foster a sense of community within the School. The first edition printed in March was distributed in a printed version on campus. Efforts are underway to distribute the newsletter in an electronic format to our distance students and faculty.

In this issue there is a discussion of the Doctorate in Nursing Practice (DNP), a faculty spotlight on Dr. Debra Sansoucie, students' reflections on professional inspirations, and a balanced debate on a common health history topic.

The editorial staff is looking for students who have an interest in reporting or writing to join us in September. Think about it— we need you and it would be a great experience!

The American Academy of Nurse Practitioners has announced the selection of **Dr. Lenora J. McClean** as the 2006 recipient of the New York State Award for Excellence as a Nurse Practitioner Advocate.

**Dr. MaryAnne Dumas** has been elected to the top leadership role in the National Organization of Nurse Practitioner Faculties. Dr. Dumas will serve two years as Vice President/President Elect followed by a two year term as President.

**Dr. Lori Escallier** has been selected through CCNE as a site reviewer for accrediting schools of nursing. She will be a member of the onsite team at the University of Texas in September.

**Kerin Culver** was given the Leadership Award. This award is given to a student who has assumed leadership roles in a variety of University organizations.

**Danielle Bellucci** and **Deanna Echavez** earned the Community Service Award. This award is given to students who have given generously of their time for the benefit of the University and surrounding community.

**Danielle Bellucci**, **Winnie Chau**, **Kerin Culver**, **Carly Davis**, **Andriana Deitsch**, **Saskia Padgett**, **Shari Torres**, **Jennifer Toscano**, and **Philip Travaglia** earned Campus Life Awards.

### STUDENT AND ALUMNI ANNOUNCEMENTS

Masters completion student, **Kimberly Drakes**, celebrates the birth of twins, Kaila and Kaiden born April 10th.

## The DNP Program: a Q and A with the Planning Committee

Q: What is a DNP?

A. A DNP is a Doctorate in Nursing Practice similar to the clinical doctorate of physical therapists, podiatrists, and chiropractors.

Q: Why was the DNP degree developed?

A. The DNP was developed because healthcare is complex. NPs need to be prepared in this complex healthcare world, this requires additional knowledge beyond. This complexity has demanded that educators add more and more to their Masters programs to include the ever-increasing content. One result has been that there are not enough credits in master degree programs.

Q: What is the principle difference between a Masters and a DNP degree? (*Continued on page 3*)



### Who Will You Inspire?

Nurses are the guardians of patient safety. With that role comes a responsibility to speak out for those who are not able to speak for themselves. This responsibility thrusts nurses into the role of patient advocate and requires nurses to become politically active at all levels of decision making.

An interview of a class of graduate students revealed some of the influences in their nursing careers that helped them attain that role. It is important to hear their responses as you begin your career, the editorial staff is confident that you will serve as mentor to others in the not so distant future:

*"It would be great if one of the clinical nurse specialist at my hospital asked some nurses in a unit what they thought about something and how we could try to change or fix it. We just need that little nudge and some guidance to kindle that passion."*

*"I have found communication among peers to be informative and often inspiring. That has motivated my involvement in healthcare issues."*

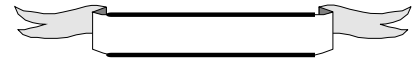
*"...nurses who take an interest in current events and enjoy discussing their opinions regarding public policies"*

*"I think if you don't get exposed to that "spark" through out you career it goes out. An inspiring speaker at a professional meeting will get me every time!"*



*Congratulations*

*to the Class of  
2006!*



## Hot Topics..... Letters to the Editor

### Clinical Debate: Patient Identifiers

We are all familiar with the format for writing a health history. There are some variations, but for the most part, we use standard identifiers of biographical data of gender, age, race, marital status and occupation to describe our patient, i.e., "23 y. o. single, white ,female, cashier.... ". A clinical instructor who was supervising a group of nursing students on the Maternal Child unit was challenged by the RN on that unit. She asked the instructor why the students include ethnic background as the very first identifier of the patient. (Gender would also be irrelevant since all the patients in Maternity are female.) The RN on that unit thought the patient's ethnic background would not have any bearing on her nursing care and should not be included in the documentation. *Do you agree?*

The experience led to a debate on why we do include ethnic background as one of the very first patient identifiers. Students had differing rationales for the practice and were for the most part, evenly divided on the issue. All students agreed it is useful information under certain conditions.

Students responses:

"The first statement about a patient should be a group of significant but basic facts about the presented patient before the details of her health status. Race and ethnicity data are important in certain situations such as genetic screening; blacks having risk of sickle cell disease, should have a Sickle decks or hgb electrophoresis performed in pregnancy, whites carry the highest risk of cystic fibrosis, French Canadians and Jews should be offered Tay Sachs screening due to the higher prevalence in these populations, certain ethnicities have a higher risk of diabetes. There are many more examples where ethnicity and race having an impact on medical care. But in most situations race or ethnicity is not significant when initially presenting the patient's health status. Unless the visit reads, "24 y.o. black female is here for genetic counseling", there should be few other situations where race/ethnicity are needed in the initial statement. Other than situations similar to the ones listed above, what purpose does it serve?

This information can offer very little benefit to the encounter. Until recently cultural competence and beliefs weren't included in health assessments. Its addition was to better serve the patient, not because significant data was missing when attempting to perform medical care. It was not added so that it could become the first questions of an assessment. It is a supplement to holistic care. An initial "labeling" of the patient is almost akin to racial profiling. There is a greater risk of provider bias, regardless of if the provider is aware of this or not. In completing an application, whether it is for a job or college admission, racial information is not required. Why, because it's impossible to know if this knowledge somehow effected the selection process. The same principles can be applied to health care. Could we possibly change how we perceive a patient because of her race/ethnicity? Absolutely! Therefore, not only is it **not necessary to include this info at the initial statement** but, in reality, it is probably better care if we do not include this data. **-Kathy Troczynski**

"I think the race/ethnicity identifier **should** remain for two reasons: we are who we are, and we "are" who people perceive us to be. There is no question of whether age or sex should be documented as identifiers even though age changes, gender can change, and for the intersexes, one's true gender can be questioned. However, one's race/ethnicity is immutable. It is a major part of our identity. Quite simply, we are who we are. *(continued page 4)*

***“The DNP will focus on Systems and Policy, Epidemiology, Global Perspectives, and Legislative Issues”***

## The DNP: Q and A

Continued from page 1

A. The principle difference is that the DNP will focus on Systems and Policy, Epidemiology, Global Perspectives, and Legislative Issues. The DNP represents a higher level of overall knowledge and responsibility and the same accountability and scope of practice as other clinical doctorates.

Q. is there a clinical component to the DNP degree?

A. Yes, a clinical component is essential to the DNP because with high level of clinical expertise, there is strong theme of accountability and responsibility in the clinical areas.

B. Q. How many credits are needed for the DNP degree?

A. Between 31-40 additional credits currently required for the Masters degree.

Q. When does Stony Brook plan to begin the DNP program?

A. The first class will be admitted in June of 2007.

Q. What will happen to the current Masters Program?

A. Students in the Masters Program will have an option to opt for the DNP degree after completion

of the clinical portion of the NP requirement.

Q. How do faculty feel about the changes?

A. Faculty feel that this is a very exciting time. A doctoral degree is absolutely an essential for quality, and accountability, and excellence in clinical practice Offering the DNP program also helps us prepare for the future PhD program.



### Faculty Spotlight on

### Dr. Debra Sansoucie

Dr. Debra Sansoucie is Program Director for the Neonatal Nurse Practitioner Program. She began her nursing career in 1984 at Cornell Hospital's Neonatal Intensive Care Unit (NICU) in New York City. Dr. Sansoucie came to Stony Brook in 1985 to work in the Stony Brook's NICU as a staff nurse. At that time, there were no Neonatal Nurse Practitioner programs in the State of New York. Yet, Dr. Sansoucie was determined to become an NNP. Her commitment led her to enroll in the University of Pennsylvania's program for her masters and certification as an NNP.

She returned to Stony Brook University Hospital in 1990 as an NNP. Dr. Sansoucie believed that Stony Brook, as a prime leader in nursing education should offer an NNP program. In 1992, she met with the Dean and Dr. Carole Blair, the Associate Dean at that time, wrote a New York State grant to fund the program and began her efforts to develop the program.

The Neonatal Nurse Practitioner Program opened in 1993. There were eleven students, all were Stony Brook University Hospital nurses. The program was initially offered in the a traditional on-site format until Dr. Judith Treistman who pioneered efforts leading to distance education, began the Pathways to Midwifery Program. The NNP distance program opened in 1994.

Dr. Sansoucie embraced her career in academia. She felt she needed a stronger theoretical basis for education and in 1999 she earned her EdD from Columbia University. The combination of her clinical experience coupled with her teaching role led to exciting international experiences. She was chosen for a USAID project to elevate educational circumstances in Vietnam. While there, she developed a program at the Baccalaureate level for nurses. This program was approved by the Ministry of Health and was soon implemented. Through Dr. Sansoucie's pioneering efforts, she was able to break through barriers to professional practice. She also taught neonatal physical assessment. This was no small achievement since at that time, nurses were not permitted to physically assess newborns. In fact, nurses were not permitted to use stethoscopes! Dr. Sansoucie, however, taught newborn health assessment and successfully changed policy and practice.

Her current achievements are no less inspiring. Along with the position of Program Director for the NNP program, she works full time as an NNP at University Hospital and is actively involved with development of the DNP program. This leaves her with very little time to relax, but her goal is to eventually relocate to Florida and pursue her academic and clinical endeavors.

## Patient Identifiers

*Continued from page 2*

In terms of cross-cultural perceptions, it can be said that we "are" who others think we are. That is to say, if a person subscribes to a ridiculous stereotype about Black women, then when they see me, I "am" -- in their eyes -- who they think I am (unapproachable, angry, long-suffering, libidinous, etc.). There is a good chance that no matter what I do contrary to that belief, that person will remain steadfast in their perception, or merely view me as an exception to the rule. In all fairness, I firmly believe that it is impossible to be human without some level of bias; and, more specifically, improbable that an American will not have a significant degree of sociocultural bias.

At my job, one nurse admitted that when she has a Hassidic client, she skips the part of the admission interview that asks about use of tobacco, alcohol, or recreational drugs. "The answer is always *No*," she asserted. "So why bother?!" Ironically, this very nurse admitted that she once worked in a HIV/AIDS clinic where she cared for a Hassidic woman who contracted HIV via heroin needle-sharing! It is not a compliment to Hassidic women when they aren't asked about substance use (there's no such thing as a *positive* stereotype), rather it is a disservice to the Hassidic women -- no matter how few -- who never tell because they are never asked; and because there was no early intervention, they end up with HIV, hepatitis, an overdose, or dead.

In a country and world where so much discrimination and so many "-isms" have made us painfully aware of even the most infinitesimal differences between us, it would be patronizing to omit on paper what we obviously are keenly aware and observant of in our thoughts. A change in documentation is not going to effectuate a change in perception and actions.

All we can hope is that clinicians remain professional, responsible, accountable, caring and compassionate and deliver the same level of care to all clients; and that cultural sensitivity workshops and ethics committees remain intact for those clinicians who not." -**Ophelia Singleton**

**YOUR OPINION COUNTS! WE ARE SEEKING YOUR COMMENTS AND VIEWPOINTS TO THIS ISSUE'S *HOT TOPICS*. PLEASE FORWARD YOUR LETTERS TO DENISE SNOW@STONYBROOK.EDU**

### New This Summer....Continuing Education On-Site

#### *Advancing the Nurse Practitioner's Role in Managing and Owning their Practice: Tools of the Trade*

Robert C. Fritts, FNP-C; Philip Tarantino, PhD, MBA, RN  
June 23, 9:am-4:00pm  
Contact Hours 7.5  
Rm 229  
\$149

#### *Contemporary Legal Issues in Nursing Practice*

Denise Snow, JD, MS, RN CNM  
June 2, Friday 9:00- 5:00  
Contact Hours 7.5  
Rm 229 \$149

#### *Certification Review Course for Women's Health Nurse Practitioner and Midwife Graduates*

Denise Snow, JD, MS, RN, CNM  
May 20, 21  
Saturday, Sunday, 9:00 – 5:00  
Rm 229 \$249

#### *10<sup>th</sup> Annual Breastfeeding Conference, Breastfeeding and Medications: An Update*

Thomas W. Hale, RPh, PhD  
Friday, June 16<sup>th</sup>  
Charles B. Wang Center

#### *Over-the Counter Drugs: Implications for Patient Care*

Nancy Balkon, PhD, RN  
Friday 9:00am – 12 noon; August 11<sup>th</sup>  
Contact Hours 3.9  
Rm 229 \$70

#### *So Your Patient is a Drug Abuser? A Guide for Common Clinical Practice Issues*

Nancy Balkon, PhD, RN  
Friday 9:00am – 12noon; July 21<sup>s</sup>  
Contact Hours 3.9  
Rm 229 \$70

#### Watch for other summer CE Offerings!

- *Understanding the Process of Clinical Research: An Overview*
- *Spanish for the Health Care Professional*
- *Overview of Geropsychiatric Nursing*

Please call 631- 444- 2644 or e-mail us at  
**CE\_Info@notes2.nursing.sunysb.edu**

Please address all correspondence, opinions, and comments to: [denise.snow@stonybrook.edu](mailto:denise.snow@stonybrook.edu)