

PULSE

the

Shoreline Community College
Association of Nursing Students
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Nurses Day celebrates efforts of international nurses and highlights student awards

SCCANS hosted another successful Nurses Day on Tuesday, May 7. As a part of Nurses Week, the event highlights accomplishments by nurses, announces scholarship winners, and honors nursing faculty and staff.

This year's event featured two speakers. Mary Catlin, MPH, BSN, RN shared experiences of providing care in South America and Africa. She speaks multiple languages, and has experienced political turmoil first-hand during her time abroad.

LaRelle Catherman, RN, MSN is a Shoreline nursing graduate, former 6th-quarter instructor, and now Executive Director of Medrix, a nonprofit organization saving lives and improving the quality of life in Southeast Asia. Her presentation included illustrations of her perspective as a nurse, a SCC graduate, and an International Nurse working in Vietnam.

Program Director Lynn Von Schlieder announced the recipients of the annual Shoreline Foundation nursing scholarships. More than a dozen scholarships, representing thousands of dollars, were awarded to students. See page 8 for a full list of recipients.

Faculty and staff were recognized for their work, and door prizes were distributed to audience members.

In this issue:

- *SCCANS updates and activities*
- *Advice for landing a job after graduation*
- *Student & faculty profiles*
- *How healthcare changes will affect your clinical care*

Learn from everything

By Marcus Engley,
4th Quarter
SCCANS Co-president



*Marcus Engley & Annemarie Raker
are our SCCANS co-presidents.*

It was during the fourth week of third quarter, after making a stupid mistake in clinical and getting a lecture from the RN I was working with, that I finally realized that I didn't know what I was doing. My problem wasn't that I didn't take good care of my patients. I showed them respect, I attended to their needs, I kept them safe. My problem was that I wasn't as good as I thought.

I had just finished an excellent, confidence-building rotation in fall quarter and I was doing my best to keep the momentum going after the break. I felt smart, like I had it together -- look at me, look how awesome I am! I know how to do this.

Then I got smacked down, rightly so, and my expectations turned upside down. I wasn't perfect. I did not know how to do this - not really. I wasn't THAT good. I had gotten lost in the fine details of patient care and couldn't see the big picture.

Getting dressed down right by the nurse's station humbled me, but it was done and I needed to deal with it. With some help from my classmates and my instructor, I decided what lesson I could take from the experience, and I let go of the frustration with being imperfect. Instead, I embraced my mistakes and tried to view them as the learning opportunities they could become.

In hindsight it seems so obvious. We're all here in school to BECOME excellent nurses, but we are not there yet. This is the time where we can push hard and challenge ourselves to make those mistakes, with the safety net of "Student" on our ID badges. There is a lesson in everything. I tested this theory myself just last week, when I made my first big mistake in fourth quarter clinical. It works, I swear.

SCCANS Updates

For the latest calendar updates and meeting locations, check classroom blackboards or the SCCANS website: www.shoreline.edu/sccansweb/calendar.html

Clothing Drive: During winter quarter, nursing students ran a clothing drive, collecting gently used and like-new clothing for donation. The final tally was 15 bags of clothing collected over two weeks. The clothing was donated to SHARE's Tent City 3, where it was enthusiastically and gratefully accepted. The next clothing drive is planned for Fall 2013.

Food Drive: The spring quarter food drive raised close to 600 pounds for Northwest Harvest. Congratulations to 2nd quarter, who won the pizza party for bringing in the most pounds of food!

Spring Graduation: All are invited to join in celebrating with the 6th quarter students as they complete the program. The ceremony takes place at 4 pm on Thursday, June 13 at the Campus Theater in the 1600 building.

Summer BBQ: A BBQ is in the works for late August. Highlights include kickball, Frisbee, refreshments and general shenanigans. More details soon. Don't miss it!

New RN-to-BSN program at Olympic College

SCCANS hosted a representative from Olympic College in Bremerton at a brown bag presentation about Olympic College's RN-to-BSN program. Among the points of interest, Olympic College offers three levels of class load, ranging from full time (program completion in 4 quarters) to part time (program completion in 8 quarters) and 'very part time' (program completion in 12 quarters).

Additionally, Olympic College has a lower tuition rate than larger colleges (\$2503.90 for full time, compared to \$3970 for full time at UW-Bothell), and requires five fewer elective credits than UW-Bothell's bridge program. Olympic College is located on a direct public transit line from the ferry dock, which allows students from the Seattle area to walk on the ferry and catch a bus to school on the other side.

Further information can be found at

<http://www.olympic.edu/Students/AcadDivDept/MESH/HealthOccupations/Nursing/BSN/>

What would you like to see in *The Pulse*?

We'd love to hear from you. Possible topics for the next edition include:

- Nursing events around town
- Student profiles and perspectives
- Tips & tricks to share with other students
- Political activities/events that relate to healthcare or nurses
- News from recent SCC grads about what it's like to be a new nurse

Please contact Karyn Vicker at kvicker@go.shoreline.edu with ideas or to get involved in writing or design.

What is SCCANS? It's the Shoreline Community College Association of Nursing Students. It is a student-led organization by and for past, current and future nursing students at Shoreline Community College in Shoreline, Washington. SCCANS is a chartered organization recognized by Shoreline Community College.

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The path to becoming a พยาบาล (nurse!)

By Joanna Cerar, 6th Quarter

"I thought I'd be in the U.S. for one year," says U-sa Somboonoo – now a 5th quarter nursing student at Shoreline. What started as a student exchange opportunity transformed into a new career path, in a new country.

U-sa grew up in Bankrag, a village located between the cities of Bangkok and Chiang Mai. Her parents owned a grocery store and gas station,

where she worked, too. The village had a small health clinic with a doctor and nurse. Primary care check-ups and immunizations were

often provided through the school. "My parents are educated and thought it was important to take care of our health," she says.

At 18, U-sa entered Chiang Mai University. She loved the independence and new opportunities. "The first year, the grades were not so good," she says, laughing. But she figured out a balance and graduated with a degree in biology.

From there, U-sa completed one year of a master's program in environmental science, then took a year off to work as a

nanny in a student exchange program on the East Coast. She wanted to learn about the people and the language here, then return to Thailand to complete her master's program.

However, she wanted to experience more. "One year wasn't enough." U-sa also decided she would become a nurse. "I was a nanny, I took care of a lot of sick babies. I wanted to know more, I was curious about them," she says. U-sa liked

the flexibility nursing offers, and the opportunities to work with many different people.

"And eventu-

ally, when I'm older and have enough knowledge, I can return to Thailand and apply it to people there."

For the next two years, U-sa worked 40-hour weeks and completed English language school and nursing pre-requisite classes at night. "I was so busy, I was really skinny then," she says.

During that time, she also met Jason, who later became her husband. She applied to nursing school and was accepted. Then U-sa and Jason moved to the Northwest, and she found out she had to take *more* pre-requisites to be able to apply to schools here. So she did, and completed the application process again. Getting into Shoreline, "I was so happy I got accepted. I'm almost there!" she says.

Of course, nursing school is tough – especially if English isn't your primary language. Reading assignments take time. "I remind myself, I have to put more effort in. Even though I'm going slow, I don't want to give up," U-sa says.

She's developed strategies to get through. "I'll sit and think, 'what are my priorities?' Then I organize. A lot of it is attitude. I tell myself that everybody can do it, I can do it." U-sa's support network includes Jason, school friends and other friends: "They're my family."

U-sa's favorite part of nursing school is clinical. "I communicate with the patient; this is what it will be like as a nurse." Her



ideal job would be working with moms and babies, or in med-surg, and maybe in the NICU later in her career. "But the bottom line is getting a job," she says.

When she has time, U-sa loves to travel, dance, cook and garden. She creates delicious Thai meals, including vegetarian adaptations of traditional dishes.

When I'm older and have enough knowledge, I can return to Thailand and apply it to people there.

This spring, she's balancing school-work and time with her mom, who's visiting the U.S. for the first time. The two hadn't seen each other in person for seven years, and are making up for lost time. "Family time is the most important time," U-sa says. She hopes her father and brother will also be able to visit the U.S.

U-sa plans to visit Thailand next year, and to return to her village. She'd like to do some simple assessments as a nurse – or "payaban" in Thai. "Whether rich, poor, disabled, attitude, angry, whatever," she says. "I know that I like people."



From Shoreline Nursing Student

By Mica Toyota, RN, UWMC
Shoreline Nursing Graduate 2012

As a Shoreline nursing student, your journey up to this point has likely been both rewarding and challenging. First quarter redefined who you thought you were (nope, not a straight-A student anymore)! The rest of the program, for me anyway, refined the reasons for becoming a nurse. Then, just when I'd 'figured out' how to be a great (ok, let's be honest, a passing) nursing student, it was time to graduate and (eek!) *find a job as a RN!* The following is a summary of my lessons learned during my own transition from a SCC nursing student to an employed RN at University of Washington Medical Center.

SCC Nursing:

As a SCC grad, we have a few advantages over our competition:

Shoreline Tests = NCLEX. Seriously. Those pesky test questions actually DO mirror NCLEX questions. They're not pulling your leg.

SCC clinical hours are plentiful and consist of a high percentage of direct patient contact hours – more than many other local programs.

NCLEX:

Don't freak out! You've been preparing for it every time you take a nursing test. I firmly believe most SCC nursing grads could pass the day they graduate, without studying.

Studying: But I did study, and so will you. I registered for the first available test time, which was about 10 days after graduation, and spent 5-6 hours each day doing practice questions out of Kaplan & Saunders NCLEX books. I did NOT re-read lecture notes or texts. I answered a total of ~ 2,000 questions and read the rationales for the ones I missed.

Day before & day of the test: I did NO studying the day before or the day of my test. Instead, I got good sleep, ate good food, exercised, and tried to relax. The day of my test, I took myself out to a tasty breakfast and made sure to arrive at the testing center early. My test shut off at 75 questions, the whole outing took less than 2 hours. Oh, and I passed!

Job Hunt

Networking & Connections: Like any career, landing your first job as an RN requires a LOT of networking and taking advantage of every connection you have. I made a list of everyone I could think of that either worked at a hospital or care facility (including friends' sister's spouses' etc.), then slowly worked to develop those relationships over time. An offer to take someone out for coffee works miracles. The goal is for each contact to lead you to others within that institution.

Nurse Tech / NAC / Volunteer: Direct experience at a facility will give you an advantage when you apply for a position. If you are lucky enough to land a Nurse Tech

or NAC/aid job somewhere, that's the obvious path. I chose to volunteer, which ultimately fostered a relationship with a nursing manager who eventually offered me an interview and finally a job!

Research & Planning: Do your research early! Decide where you want to work, and find out their New Grad RN hiring policy. Do they have a residency? When does it begin? When can you apply? Who is the recruiter? This is where your networking can really make a difference: is there someone who will encourage the hiring manager or nurse recruiter to call you for an interview? THAT is the goal!

Resume & Cover Letter:

A plethora of books/websites are available on how to write cover letters & resumes. My top takeaways:

It's a marketing piece – the goal is to inspire someone to invite you for an interview! It is NOT a history of your life. Focus on their needs, not yours. Why should they interview YOU out of all their applicants?

Customize it for the institution and job title – a chore yes, but you don't want it to read like you copied/pasted and sent it to 10 different places.

Most resumes get scanned, not read. If you don't grab the reader's attention in the first half of the page, it will get set aside. Put your most impressive stuff toward the top.

Review / Proof read: Ask MANY people to review and edit your documents. Avoid spelling / formatting mistakes.

Interview:

Woot!! You have an invitation to interview. Now what??

PRACTICE!! Do a dress rehearsal! Find a friend or family member who's actually interviewed people and made hiring decisions (in any field), and have them interview you. It gives you a chance to articulate things like why you want to work for XYZ Institution, why you're a good candidate, etc.

"Tell me about a time": Remember all the logs you wrote?? Find all those stories to answer questions like, "tell me about a time when you ..." (made a mistake, advocated for a patient, resolved a conflict, etc.).

Thank You – a "thank you" note goes a long way. Especially a hand-written note. No one does this, and it makes you stand out. You want them to remember you!

As I tell many of my friends who are graduating and looking for their first job as a RN – be kind to yourself, and patient. Sometimes it takes time – more time than you planned. Give yourself permission to experience this transition however it unfolds for YOU. There is a job out there waiting for you – it's just a matter of putting forth the effort to find it. In the spirit of Shoreline nursing, my best advice is Trust the Process – it's just as much about the journey as it is about the destination.

X to Employed RN

Watkins becomes Professor Emeritus

Nurse practitioner, activist, grandmother, gardener. These are a few of Hermien Watkins's roles and interests. As she retires as a Professor of Nursing this spring, she looks forward to having more time for some of them.

After 27 years teaching at Shoreline, Hermien will transition to Professor Emeritus. She plans to return next fall to instruct management clinicals for 6th quarter students. Management class, along with health promotion class in 5th quarter, are courses Hermien had a large role in developing at Shoreline. "I feel like they're my babies," she says.

Community outreach and social justice are consistent themes in her professional and personal life. In 1973, Hermien was the first NP to go into private practice in Northern California, focusing on OB-GYN care. While teaching, she has volunteered during the summers in local clinics and abroad. In Wenatchee, she delivered care for women in the migrant community by setting up clinics in orchards. In Snohomish county, she volunteered at the Tulalip Tribal Clinic for several years, enrolling women in the cervical/breast health study. She has also worked with Project Hope in Central Eastern Europe, and spent time in Guatemala.

Hermien considers nursing to be a combination of spiritual, art and science. "Taking those three, it allows me to make a change in that person's current situation," she says. "To be present means meeting the client where the client is."

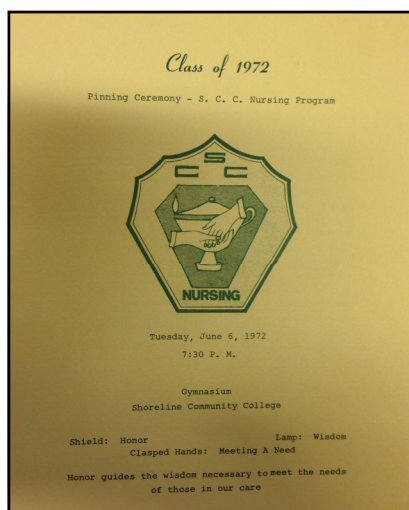
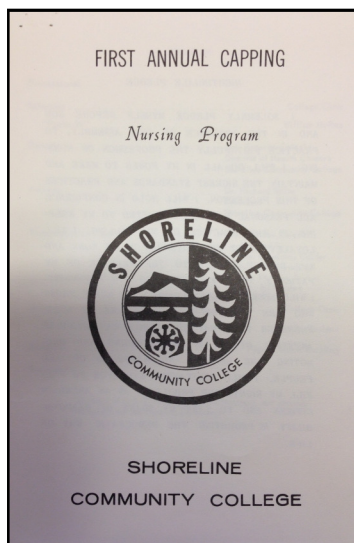
A native of the Netherlands, Hermien is well aware of the challenges students face when English is not their primary language. As a fairly new student in the U.S. still struggling as an English language learner (ELL) as well as being dyslexic, she failed her 2nd quarter nursing class, and had to develop methods of studying that helped her better comprehend the material. She now shares these techniques with students. "I find that many

ELL students I help often do not use my strategies as they are intended," she says. "What they tell me is that it is too much work. In part, I believe it is because often they feel different as well as isolated. I fully understand this....I too felt that way. However, to succeed it is critical."

Hermien's favorite part of teaching is "when I'm able to connect with students, and they're excited and can see my passion. I love it when that happens." She especially appreciates the varied experiences students bring to the program. "These are men and women who've made a choice to pursue nursing after they've often had other life experiences. They are mature and accomplished; the standard is high." She also enjoys how faculty members "buy into team teaching and collaborative work."

As she transitions to part-time work, Hermien looks forward to more time at home and with family. "I'm an avid gardener, and I'll have more time for that, and more time with my grandchildren and kids," she says. She will also author a history of the Shoreline Nursing Program, which was founded in 1966. Her office shelves include scrapbooks of program photos, articles, mementos and graduation announcements.

One other hobby to keep Hermien busy? "I love brewing beer and making liqueurs," she says. Specialties include rose, coffee and cranberry liqueurs. "And I'm damn good at making porter."



These graduation programs from 1968, 1972 and 1977 are part of the collection Hermien will draw from as she writes a history of the department, which will celebrate its 50th anniversary in 2016.

Program graduate returns to teach at Shoreline



The nursing program's part-time faculty members are not as visible to the general student body as the full-time faculty members are, but they bring so much to the program. Get to know our part-time faculty members better ... and look for more profiles in future issues.

Interview with Belle Moore, MSN, RN-BC

Q: What made you consider nursing as a career?

A: I was originally pre-med because I wanted to care for HIV/AIDS patients. I had read that many care providers were refusing to see these patients, I felt that was wrong, and I wanted to be different. I saw myself sitting at the bedside, holding patients' hands, and easing their suffering. I eventually realized that the kind of work I wanted to do was really nursing, and so I changed my direction.

Q: What was your career/education prior to nursing?

A: I hold a BS in Health Care Administration, but I interrupted my direction in that career to start a family. I worked in administration areas of health care facilities prior to this.

Q: Where did you attend nursing school?

A: Shoreline!!!

Q: What was life like for you during nursing school?

A: I had a lot of support from my husband and children. I had a good group of "study buddies" and we all got each other through. I also got through with a lot of anticipation of being an RN and making a difference, as well as a healthy dose of common sense.

Q: What advice do you have for current nursing students which will help them succeed in school?

A: Every single student I've had was highly talented, and many didn't know how good they already were. Realize that, at each level in the program, you have the tools to be successful. All of the faculty want you to succeed, and we will help you and support you in any way that we can. I, for one, remember what it was like to be in nursing school.

Q: What advice do you have for new grads which will help them succeed at their job?

A: Work with what you know, use your preceptor wisely, and ask questions when you don't know. We were all new once, and no one should expect you to know everything when you're new. Stay in your integrity and don't compromise your own professionalism.

Q: What area of nursing do you work in, or what area did you work in before you began teaching?

A: I've done HIV/AIDS, hospice, med-surg, and critical care. I most recently worked on a neuroscience/urology/nephrology/transplant unit. I'm currently working to begin practice as a legal nurse consultant.

Q: What is your favorite part of teaching?

A: Students bring such a joy and enthusiasm to the profession. I love seeing the spark of learning and recognition, and I thrive when students realize their own strengths and capabilities. This is the most fabulous job I have ever had. I learn as much or more from my students as they do from me.

Q: Which quarter(s) do you teach, and why?

A: I teach clinical and skills lab in 3rd quarter, and skills lab in 2nd quarter. I was originally hired for the 3rd quarter clinical slot, which has turned out to be the perfect match for me. This is when students move to more independence in their care and when they put all the pieces together that they have learned in 1st or 2nd quarter. My personality meshes well with how the students practice at this level.

Q: What made you decide to teach at Shoreline?

A: Since I graduated from Shoreline, I always wanted to teach. When I decided to take the step of pursuing my MSN, I hope that I would find employment here. I applied for the clinical position while I was still in graduate school. I also contacted the program to find a mentor for my Master's project and completed this project while I began my teaching position here. I am very happy that it worked out this way.

Q: What other areas of nursing are you drawn to, and why?

A: I'm interested in the possibility of legal nurse consulting and nurse delegation through the state.



TUTORING OPPORTUNITIES

The Shoreline Community College Tutoring Program is recruiting nursing students in good academic standing to assist fellow students as tutors. If you have a few hours a week to spare and are interested in working with other Students, please contact Donna Langley at 206-546-7852 or drop by the tutoring office in room 5216, FOSS building. Tutoring helps other students and is good NCLEX review for tutors. You can sign up now to tutor in the fall.

Hospitals now on the hook for Medicare readmissions

By Danny Falls, 6th Quarter

As part of the Affordable Care Act, the way that hospitals receive reimbursement from Medicare and Medicaid has changed dramatically.

Beginning in October of last year, the federal government began withholding reimbursements for hospitals that have too many patients readmitted with the same condition within 30 days of discharge. The new law only applies to three conditions: acute myocardial infarction, heart failure, and pneumonia.

According to Kaiser Health News, nearly 1 in 5 Medicare patients are readmitted to the hospital within 30 days of discharge, costing the federal government about \$17.4 billion annually.

Under the old reimbursement method, hospitals actually stood to make money off of these frequent readmissions. Take, for example, a patient admitted to the hospital for pneumonia. The hospital treats her pneumonia, discharges her, and she returns a couple weeks later with pneumonia again. Using the old reimbursement model, the hospital was able to bill Medicare twice for pneumonia. Under the new model, the hospital would suffer a penalty for this patient coming back to the hospital so soon. The new rules reflect a change from a “fee-for-service” system that can encourage unnecessary care, to a “value-based purchasing” system that reimburses clinicians and institutions based on their performance against quality-based measures.

So, how many readmissions are too many? The Center for Medicare and Medicaid Services (CMS) uses a complex formula to calculate what it calls an “excess readmission ratio.” To calculate this ratio, CMS looked at three years of discharge data and also took into account patient demographics, co-morbidities, and “frailty”. Because of this, each hospital’s excess readmission ratio is different for every condition. The complexity of the data and calculations has led to errors that resulted in some hospitals receiving a lar-

ger penalty than they should have. CMS has had to revise their formula for reimbursement twice since the program was implemented six months ago.

How much money will the hospitals lose if they have too many readmissions? Currently, CMS is withholding up to 1 percent of reimbursement if a hospital is deemed to have excessive readmissions for the same condition. Next year, that penalty will increase to 2 percent, and finally increasing to up to 3 percent the year after. Many hospital administrators are not happy about this new reimbursement model.

Nearly 1 in 5 Medicare patients are readmitted to the hospital within 30 days of discharge.

Some point out that readmission rates are not necessarily a good indicator of quality care. For instance, if a patient dies before being readmitted, this would actually make the hospitals numbers look better than if that patient were alive to be readmitted. Additionally, some of the nation’s best hospitals have some of the highest readmission rates, such as Boston’s Beth Israel Deaconess Medical Center. Also, they note that in order to make this model work, hospitals have to take on social responsibilities that are far outside of the medical realm, such as arranging for patient transportation to appointments or

We may see a rise in a position called a nurse discharge advocate.

finding safe housing for discharged patients.

Despite the pushback by some, this new legislation has been enacted and hospitals must reduce their readmission rates in order to receive full reimbursement. So what does this mean for us in our future nursing careers? Recent studies have shown that higher nurse staffing levels and improving nurse’s working environments decreases the incidence of readmission for the three conditions that CMS is basing reimbursements on. So, we can at least hope that hospital administrators will see this data

and increase nurse staffing in hospitals.

Second, we can expect expanded home health nursing follow-up once patients who are at high risk for readmission are discharged from the hospital. A recent study showed a 40 percent reduction in readmissions for patients with lung disease that had a nurse visit them in their homes.

Many think we will see an increase in the use of nurse case managers to educate patients about their condition, medications, and follow-up care. Furthermore, we may see a rise in a position called a nurse discharge advocate. Nurse discharge advocates would take much of the responsibility of discharging a patient away from the bedside nurse, and place that into the hands of a nurse who is specially trained to discharge patients and keep them healthy once they leave.

Responsibilities of the nurse discharge advocate would include: educating the patient about their condition or hospital stay; helping arrange appointments and follow-up visits; educating about medications; and helping the patient with other obstacles that may result in readmission.

The role of the nurse discharge advocate differs from that of the nurse case manager in that the nurse case manager follows the patient mostly while they are in the hospital and assists with the discharge, whereas the nurse discharge advocate focuses exclusively on discharge teaching and helping the patient get the follow-up they need.

A common complaint among discharged patients is that they receive frag-

mented, sometimes conflicting information from many different people leading up to their discharge. Nurse discharge advocates may help to alleviate this perception and help the patient feel like there is one single person that they can look to for accurate information.

In the end, this new legislation is good for patients and nursing as a profession. We will hopefully see reduced readmission rates, healthier patients, and an expanded role of the nurse in patient’s lives after discharge from the hospital.

For instructor, clinical care is a family pursuit

By Carolyn Jones,
Shoreline Nursing Graduate 2012

Having taught 4th-quarter clinicals for more than a year, Peggy Engstrom is becoming a familiar face to more nursing students.

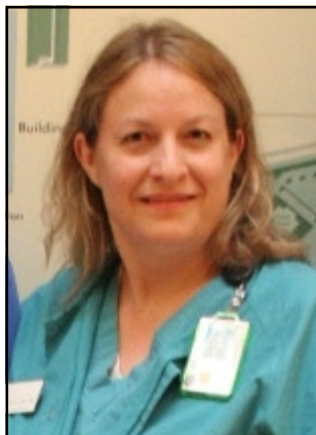
Peggy comes from a healthcare family. Her older brother is a neonatologist and her older sister is a family nurse practitioner. When Peggy saw how spiritually fulfilled her siblings were in their work, she decided to go into nursing – and “fell in love with it.” Her family provided support and encouragement during her journey to RN.

Peggy studied nursing at Bellevue (Community) College and went on to complete BSN and MN degrees at UW-Bothell. She appreciated the emphasis on social justice, ethics, and access to health care provided by the university courses. “It’s important to see the whole picture.”

Her specialties are infusion and pediatrics: she is a Certified Registered Nurse Infusionist and a Certified Pediatric Nurse. In addition she is ACLS and PALS certified. She is currently on the IV team at Overlake Hospital.

Peggy admits that she has always wanted to teach. “I just didn’t know it would come through nursing.”

A Master Gardener, Peggy lives with her husband on six acres in the foothills of the Cascades. They care for 30 fruit trees, two horses, and one dog.



Scholarship Recipients

Congratulations to all of the students awarded SCC Foundation Nursing Scholarships this spring! Each scholarship has a story about who it honors or who provides it; go to www.shoreline.edu/foundation/Scholarships to learn more. The next scholarship deadline will be early in spring quarter 2014.

Blavat Family
Kendra Crowe

Elizabeth R. Thomas
Cynthia Parrao
Ligia Pinzariu

Joan Heeter
Nicole Cooper
Julia Bell

Margaret Mallett
Anne Marie Raker
Teresa Schatenkerk

Sonia O Kemp
Karen Holmes
Paul Kohlenberg

Tammi O'Brien Shanks
Karyn Vicker

Vivian Wellman Batty
Noah Citron
Amara Monillas

Society of Forty & Eight
Adam Keisman
Elizabeth Heath
Susan Doyer

KCNA
Marcus Engley
Kari Hocker

Looking for more scholarship opportunities? Check out the SCCANS website for links to nursing orgs and scholarship postings. www.shoreline.edu/sccansweb

Second 10-quarter cohort graduates

Nursing's winter quarter graduation was a double ceremony, as both the 6-quarter and 10-quarter cohorts completed the program. Graduate Heather Layton shared her perspective on the 10-quarter program:

“Many of my peers have maintained a family, a job or both,” she said as she prepared for graduation. “I know that they are looking forward to spending more time with their loved ones and trying to bring a sense of normalcy back into to their lives. It will be nice to have a somewhat predictable life schedule again.”

Heather's cohort is the second to complete the 10-quarter option. They started in fall 2010 and “went all year

long – 10 quarters straight!” Classes often took place in the late afternoon or evening. The group started with 24 students, and with a few additions and subtractions, graduated 21 students.

“The nursing graduation reflects on the journey that was started,” Heather said. “We have key note speakers, both student and faculty, who will give different perspectives of the cohort's experience.

“Most of all, it's a big reflection piece that we are happy that we aren't required to log about. If anything, the ceremony celebrates the perseverance, the hard work and personal sacrifices that were made to become a graduate nurse.”