What Is Nursing?
THE DEAN: Dr Samir E
Nurses save and improve lives as front line members of the health care delivery team. They independently assess and monitor patients, and taking a holistic approach, determine what patients need to attain and preserve their health. Nurses then provide care and, if needed, alert other health care professionals to assist. For instance, emergency department nurses triage all incoming patients, deciding which are the sickest and in what order they require the attention of other health care professionals. Thus, nurses coordinate care delivery by physicians, nurse practitioners, social workers, physical therapists and others. Nurses assess whether care is successful. If not, they create a different plan of action.

One of the most important roles of the nurse is to be a patient advocate—to protect the interests of patients when the patients themselves cannot because of illness or inadequate health knowledge.

Nurses are patient educators, responsible for explaining procedures and treatments. For instance, nurses teach patients and their families how to eat in a healthier way, take medicines, change wound dressings, and use health care equipment.

Nurses empower patients, guiding them toward healthy behaviors and support them in time of need. When patients are able, nurses encourage and teach them how to care for themselves. Nurses provide

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Welcome......
To the first issue of nursing newsletter, A Meeting Place for News & Views. We are proud to present it and hope you will find it interesting. This will be an avenue for you to express yourself. Each issue will keep you up-to-date on the latest happenings at the Healthcare System and nursing filed. This newsletter will be published quarterly. Comments and suggestions are encouraged.
physical care only when patients cannot do so for themselves.

As patients near the end of their lives, nurses provide dignity in death by advocating for sufficient pain medication and the opportunity to die at home to allow them to spend meaningful time with family members in their final days.

Hospital nurses are responsible for discharge planning, deciding together with other health professionals when patients can go home, and helping patients adapt to their conditions and work toward full recovery.

Nurses, especially those working in community settings, work to prevent illness through education and community programs designed to decrease transmittable illnesses, violence, obesity and tobacco use, and provide maternal-child education—to prevent some of the leading health problems of our time.

Some nurses are independent scholars whose work is at the forefront of health care research. Many nurses obtain Master's and Ph.D. degrees in nursing, then work as scholars, educators, health policy makers, managers, advanced practitioners such as Clinical Nurse Specialists or Nurse Practitioners, or sit on Boards of Directors.

**Very small list of things that nurses do to make the world a healthier place.**

- **Nurses catch and stop** the infection that would have killed you.
- **Nurses diagnose** an ICU patient's wide complex tachycardia, call a code, and defibrillate—saving the patient's life.

- **Nurses triage** ED patients based on their own expert evaluation of how sick the patients are—saving patients' lives.
- **Nurses give powerful medications and vaccinations**—saving patients' lives.
- **Nurses are the caregivers most likely to be there when patients are screaming, crying, laughing, or dying.**
- **Nurses manage that violent, intoxicated patient alone until security gets there**—if security gets there.
- **Nurses are the hospital caregivers most likely to be assaulted.**
- **Nurses persuade that psychiatric patient to stick with the program.**

- **Nurses persuade** a poor young mother to save her baby's life through prenatal visits and breastfeeding.
- **Nurses provide** adequate pain medication for terminal patients.

- **Nurses catch and prevent the medication error** that would have killed you.
Nurses provide expert support in your final hour.
Nurses teach you how to avoid getting AIDS, and how to live with it if you do.
Nursing students spend years in demanding science programs that test their sanity and cause some to quit or fail.
Nursing scholars struggle to get grants, publish groundbreaking research and get tenure.
Nurses serve as the chief executive officers of large hospitals.
Nurses spearhead efforts to help your teenage son not start smoking.
Nurses deliver babies in JORDAN. Teaching hospitals.
Nurses explain what that physician was trying to communicate--saving countless lives.
Nurses, as commissioned officers, manage complex military care operations around the world.
Nurses found and run new health systems for underserved urban and rural communities--saving countless lives.
Nurses train and mentor nursing students and new nurses.

What Academic Coaching Is
Professional coaches provide an ongoing partnership designed to help clients produce fulfilling results in their personal and professional lives. Coaches help people improve their performances and enhance the quality of their lives. Coaches are trained to listen, to observe and to customize their approach to individual client needs. They seek to elicit solutions and strategies from the client. They believe the client is naturally creative and resourceful. They provide support to enhance the skills, resources, and creativity that the client already has. The coach holds the student accountable to the student’s agenda.

Nurses refuse to give drugs that will hurt that fetus, or any other patient.
Nurses regularly have intense interactions with physicians about patient care. For instance, nurses may identify symptoms physicians have overlooked, and they may struggle to convince physicians that those symptoms exist.
The individual coaching client is someone who wants to reach one or more of the following: a higher level of performance, learning, or satisfaction. The coaching client can take action to move towards a goal with the support of the coach.

A coach relates to the client as a partner. Coaching is designed to help clients improve their learning and performance and enhance their quality of life. Coaching concentrates primarily on the present and future. Coaching assumes clients are capable of expressing and handling their emotions and that the presence of strong emotional reactions to life events may be present during a coaching meeting. Coaching can be used concurrently with psychotherapeutic work Coaching is designed to provide clients with a greater capacity to produce results and a greater confidence in their ability to do so. It is intended that clients do not leave coaching with a perception that they need to rely on a coach in order to produce similar results in the future.

What Academic Coaching Is Not
Academic Coaching is not academic tutoring, counseling donning, advising, or academic accommodations but can be a useful support along with these services. Coaching is not consulting or facilitating. While individuals from various parts of the university can ask coaching questions, the coaching dynamic is such that he/she cannot coach the student because he/she is part of the accountability structure of the university. The Coach is not held accountable for the outcome of the client's actions. This means that a Senior Tutor or a College Don cannot coach one of his or her students because the Senior Tutor is accountable for the outcome of the student's actions and the College Dons are often called upon to discipline/hold accountable students for their respective actions. The client is not seeking emotional healing or relief from psychological pain. The successful client is not excessively limited in the ability to take action or overly hesitant to make this kind of progress.
A coach does not relate to the client from the position of expert, authority, or healer. Coaching does not focus directly on relieving psychological pain or treating cognitive or emotional disorders.

Coaching does not focus on the past or on the past's impact on the present. Coaching uses information from the client's past to clarify where the client is today. It does not depend on resolution of the past to move the client forward.

Coaching is not psychotherapy and emotional healing is not the focus of coaching. Coaching is not used as a substitute for psychotherapeutic work. Coaching is a finite relationship.

The above information was adapted from information on the ICF website to apply to academic coaching.

Tips for Survivors of a Traumatic Event
What to Expect in Your Personal, Family, Work, and Financial Life
Things to Remember When Trying to Understand Disaster Events
Dr Omymaia .A

No one who experiences a disaster is untouched by it. It is normal to feel anxious about you and your family’s safety. Profound sadness, grief, and anger are normal reactions to an abnormal event. Acknowledging our feelings helps us recover. Focusing on your strengths and abilities will help you to heal. Accepting help from community programs and resources is healthy. We each have different needs and different ways of coping. It is common to want to strike back at people who have caused great pain. However, nothing good is accomplished by hateful language or actions.

Signs that Stress Management Assistance Is Needed

- Disorientation or confusion and difficulty communicating thoughts.
- Limited attention span and difficulty concentrating.
- Becoming easily frustrated.
- Overwhelming guilt and self-doubt.
- Depression, sadness, and feelings of hopelessness.
- Mood swings and crying easily.
- Difficulty maintaining balance.
- Headaches/stomach problems.
- Tunnel vision/muffled hearing.
- Colds or flu-like symptoms.
- Difficulty sleeping. Poor work performance.
- Reluctance to leave home.
- Fear of crowds, strangers, or being alone.
- Increased use of drugs/alcohol.
**Ways to Ease the Stress**

Talk with someone about your feelings (anger, sorrow, and other emotions) even though it may be difficult. Don’t hold yourself responsible for the disastrous event or be frustrated because you feel that you cannot help directly in the rescue work. Take steps to promote your own physical and emotional healing by staying active in your daily life patterns or by adjusting them. A healthy approach to life (e.g., healthy eating, rest, exercise, relaxation, meditation) will help both you and your family.

Maintain a normal household and daily routine, limiting demanding responsibilities of yourself and your family. Spend time with family and friends. Participate in memorials, rituals, and the use of symbols as a way to express feelings. Use existing supports groups of family, friends, and spiritual/religious outlets. Establish a family emergency plan. It can be comforting to know that there is something you can do. A disaster or traumatic event can have far-reaching effects in several major areas of our lives, making rebuilding our emotional lives extremely difficult. However, sometimes just knowing what to expect can help ease the transition back to a normal life. As you and your family begin to rebuild your lives, you may face any or all of the situations described below.

**Family Relationship Changes**

Relationships may become stressed when everyone’s emotions are heightened, and conflicts with spouses and other family members may increase. When homes are destroyed or damaged, families may have to live in temporary housing or with relatives and friends, leading to overcrowding and added tension. Family members or friends may be forced to move out of the area, disrupting relationships and usual support systems. Parents may be physically or emotionally unavailable to their children following a disaster or traumatic event, because they are busy cleaning up or are preoccupied, distracted, or distressed by difficulties related to the event. Parents may become overprotective of their children and their children’s safety. Children may be expected to take on more adult roles, such as watching siblings or helping with cleanup efforts, leaving less time to spend with friends or participate in routine activities, such as summer camp or field trips.

**Work Disruptions**

Fatigue and increased stress from preoccupation with personal issues can lead to poor work performance. Conflicts with co-workers may increase, because of the added stress. Businesses may be forced to lay off employees, or company work hours and wages may be cut. Reduced income may require taking a second job. Daily travel and commute patterns may be disrupted, because of the loss of a car or road reconstruction.

**Financial Worries**

Those who experience work disruptions may be unable to regain their previous standard of living, leading to financial concerns and unpaid bills. Seeking financial assistance to rebuild and repair damages adds to the already high levels of stress caused by the disaster or traumatic event, and the hassles of dealing with a bureaucracy can add to the frustration.

**Personal**

**Uncertainties**

Feeling mentally drained and physically exhausted is normal and common.

The loss of a home, business, or income may result in displacement and confusion about the future. Unresolved emotional issues or pre-existing problems and previous losses may resurface. Anniversaries of the disaster or traumatic event remind us of our losses. This reaction may be triggered by the event date each month and may be especially strong on the yearly anniversary of the event.
How to Be a Survivor

Regardless of individual circumstances, everyone needs to complete several steps to recovery from a disaster or traumatic event. Accept the reality of the loss. Allow yourself and other family members to feel sadness and grief over what has happened. Adjust to a new environment. Acknowledge that the person or possessions lost are gone forever. Put closure to the situation and move on. Do not continue to let the loss take its physical, emotional, or spiritual toll. Have faith in better times to come. You and your family have survived a traumatic event. That doesn’t mean your lives are over or that you don’t deserve to be happy again. Return to doing things you enjoy with friends and as a family. Reestablish the routines of your life. Make commitments and keep them. If you or a member of your family still has trouble coping, ask for help. Consult a counselor or mental health professional. In the workplace, you may be able to get assistance from your human resources department or your company’s Employee Assistance Program. For help with financial matters, contact a financial advisor.

ASSERTIVE AND NONASSERTIVE STYLES OF COMMUNICATION
Dr Soria R.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Assertive</th>
<th>Nonassertive</th>
<th>Aggressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude toward self and others</td>
<td>I’m OK &lt;br&gt;You’re OK</td>
<td>I’m not OK &lt;br&gt;You're OK</td>
<td>I’m OK &lt;br&gt;You’re not OK</td>
</tr>
<tr>
<td>Decision making</td>
<td>Makes own decision</td>
<td>Lets other choose for him or her</td>
<td>Chooses for others</td>
</tr>
<tr>
<td>Behavior in problem situations</td>
<td>Direct, fair confrontation</td>
<td>Flee's, gives in</td>
<td>Outright, assaultive</td>
</tr>
<tr>
<td>Verbal behaviors</td>
<td>Clear, direct statement of wants; objective words; honest statement of feelings</td>
<td>Apologetic words; rambling; failing to say what is meant</td>
<td>Loaded words; accusations; superior, haughty words; labeling of other person</td>
</tr>
<tr>
<td>Nonverbal generally</td>
<td>Confident, congruent messages</td>
<td>Actions instead of words (not saying what you feel); looking as though you don’t mean what you say</td>
<td>Air of superiority; flippant, sarcastic style.</td>
</tr>
<tr>
<td>Voice</td>
<td>Firm, warm, confident</td>
<td>Weak, distant, soft, wavering</td>
<td>Tense, shrill, loud, cold, demanding, authoritarian, deadly quiet.</td>
</tr>
<tr>
<td>Eyes</td>
<td>Warm, in contact, frank</td>
<td>Averted, downcast, teary, pleading.</td>
<td>Expressionless, narrowed, staring.</td>
</tr>
<tr>
<td>Stance</td>
<td>Relaxed</td>
<td>Stooped; excessive leaning for support</td>
<td>Hands on hips; feet apart</td>
</tr>
<tr>
<td>Hands</td>
<td>Gestures at appropriate times</td>
<td>Fidgety, clammy</td>
<td>Fists pounding or clenched</td>
</tr>
<tr>
<td>Pattern of relating</td>
<td>Puts himself or herself up without putting others down</td>
<td>Puts himself or herself down</td>
<td>Puts himself or herself up by putting others down</td>
</tr>
<tr>
<td>Response of others</td>
<td>Mutual respect</td>
<td>Disrespect, guilt, anger, frustration</td>
<td>Hurt, defensiveness, humiliation</td>
</tr>
<tr>
<td>Consequences of style</td>
<td>I win, you win; strives for “win-win” or “no lose” solutions</td>
<td>I lose, you lose; only succeeds by luck, charity of other</td>
<td>I win, you lose; beats others at any</td>
</tr>
</tbody>
</table>
MANAGING YOUR STUDY TIME

There are only so many hours in a day, a week, and a term. You cannot change the number of hours, but you can decide how to best use them.
To be successful in school, you must carefully manage your study time. Here is a strategy for doing this.

At the beginning of a term
* prepare a Term Calendar.
* Update it as the term goes on.
Here is what to do to prepare a Term Calendar:
* Record your school assignments with their due dates and your scheduled tests
* Record your planned school activities.
* Record your known out-of-school activities.

Each day before a school week
* prepare a Weekly Schedule
* Update it as the week goes on.

Here is what to do to prepare a weekly schedule:
* Record your daily class
* Enter things to be done for the coming week from your Term Calendar.
* Review your class notes from the previous week to see if you need to add any school activities.
* Add any out-of-school activities in which you will be involved during the week.
* Be sure to include times completing assignment working on project and studying for test completing assignments,

* These times may be during the school day, right after school, evenings, and weekends.
* Each evening before a school day
* Prepare a Daily Organizer for the next day.

* Place a √ next to each thing to do as you accomplish it. Here is what to do to prepare a Daily Organizer:
* Enter the things to do for the coming day from your Weekly Schedule.
* Enter the things that still need to be accomplished from your Daily Organizer from the previous day.
* Review your class notes for the day just completed to see if you need to add any school activities.

Add any out-of-school activities in which you will be involved the next day.

* Your Weekly Schedule should have more detail than your Term Calendar.
* Your Daily Organizer should have more detail than your Weekly Schedule.

* Using a Term Calendar, a Weekly Schedule,

The Smile of a Nurse
by Janet Reistay, VAPHS Volunteer

It’s wonderful what a nurse can do.
A nurse can cheer you when you’re feeling blue.
Medicine can help take away the pain,
But the smile of a nurse is right as rain.

How reassured they make you feel
Sometimes agreeing when you don’t like the meal,
Encouraging you when the going gets rough,
Telling you it won’t always be this tough.

Long hours, long shifts, and holidays too,
Patients are many, nurses are few,
Sensitivity persists as they make their rounds,
Helping another their love abounds.

Where would we be without the smile of a nurse?
Patients no doubt would be at their worst.
Think about all that goes on in their day...

Give them a “Thank You” when they pass your way!

and a Daily Organizer will help you make the best use of your time.  Good luck
What is a tension headache?

Tension headache is the most common form of headache, affecting up to 39% of Americans. Tension headaches are often associated with a number of triggers, such as stress, fatigue, noise, and glare. Most people feel mild or moderate pain in the head, scalp, or neck, and their neck and shoulder muscles usually hurt, too. The pain, which can last from 3 to 7 days, affects both sides of the head. Some say it feels like a tight band around the head, pressing but rarely throbbing. Tension headaches can occur at any time of day, and they happen to men and women of all ages.

Migraine is a chronic condition that has a number of symptoms, but periodic attacks of head pain are usually the most prominent. During a migraine attack, the head throbs or pounds, generally on only one side at a time, and the sufferer will be nauseated and may vomit. Light and noise often make the pain worse. Women are about three times more susceptible to migraine than men are.

Cluster headaches come in groups or “clusters.” Sharp or burning sudden pain occurs behind or near an eye. Cluster headaches come and go during the day. Pain often peaks within 3 to 15 minutes and disappears in less than an hour. Men are about twice as likely to have cluster headaches than women. Legal feedback is to clearly define that these are very serious and that OTC drugs are not recommended. Sufferers should seek medical attention through their doctors immediately.

When Headaches Are Dangerous

Although painful and annoying, headaches are not normally dangerous. A headache that signals a potentially serious problem is one that:

- Involves sudden, violent pain. (It could signal an aneurysm.)
- Gets worse over time and includes other symptoms, such as nausea and vomiting, slurring of speech, or problems in moving arms or legs. (Although rare, it could be a brain tumor or a mini-stroke.)
- Includes nausea, vomiting, fever, and a very stiff neck. (It could be a sign of meningitis.)
- Involves a head injury.
- Occurs for the first time ever after the age of 50.

If you experience any of these symptoms, seek medical attention promptly.

Causes

Tension headaches often develop as a response to stress.

Here are some other factors to consider:

- Any activity that causes the head to be held in one position – such as typing, computer use, and close work with the hands
Sleeping in a cold room
Sleeping with the neck in an abnormal position
Eye strain
Fatigue
Overexertion

Some experts believe that depression or anxiety may also play a role in causing tension headaches.

Treatment

Tension headaches usually respond well to a variety of treatments without residual effects:

- Massage or heat applied to the back of the upper neck
- Resting with the eyes closed and head supported
- Relaxation techniques, such as meditation
- Biofeedback
- Stretching exercises
- Physical exercise (especially cardiovascular)
- Sleep
- Over-the-counter medications to relieve pain

Contact your healthcare professional if any of the following happen:

The headache is chronic (pain is frequent or lasts longer than a few days)
Appropriate doses of over-the-counter medications are not helping to reduce the pain.
Other symptoms or problems occur during the course of the headache.

Prevention

The most ideal prevention approach is to identify the stress or activity that leads to the tension headache. Most people choose one of three actions:

Modify the cause. Make the necessary changes to reduce or remove the stress.

Example: I am always stressed on my commute to work because if the traffic is not just right, I will be late. This happens frequently, and I arrive to work with a headache in the making. I will select clothes and make my lunch the night before so I leave earlier and will not feel so rushed.

Manage the cause. Using medication, diet, exercise, relaxation, massage, and other therapies to cope with or temporarily relieve the symptoms of stress.
Example: I have a public speaking engagement next week. I am always stressed the day before, and my muscles tighten up, giving me a headache. Starting the week before the presentation, I will do stretching exercises every day and schedule a massage the day before the presentation.

Avoid the cause. Make the necessary changes to avoid the stress.

Example: Working with one of the volunteers makes me very stressed. She is so negative and unpleasant to work with. I like my volunteer position, but I’ve had to work with this person at least three times a week for the past three months. I will ask the volunteer coordinator to not schedule me to work at the same time as the other person.

Avoid unhealthy coping strategies – Steer clear of harmful activities, such as alcohol abuse, overeating, and illegal drugs, to ignore the stress.

Chronic Tension Headaches: Keep a Headache Diary

Keeping a headache diary is a good exercise for people suffering from chronic headaches. Chronic headaches occur frequently (more than a few times a month), or they last several days and over-the-counter medications do not alleviate the pain.

In the diary, keep track of the following:

- The date and time, the headache began.
- What you ate over the preceding 4 hours.
- How much you slept the night before and the quality of the sleep.
- What you were doing immediately before the headache.
- If you are feeling stressed and if so, identify cause.
- What medications you took, when, and what happened.
- When the headache ended.

Take the diary to your healthcare professional to discuss various treatment options and preventative measures.
What does it mean to think critically? Critical thinking is to think actively, with an awareness of potential problems in the information you encounter, whether it’s from the Internet, television, radio, something in print or any other source.

Attributes Of A Critical Thinker:
- Asks Pertinent Questions
- Assesses Statements And Arguments
- Is Able To Admit A Lack Of Understanding Or Information
- Has A Sense Of Curiosity
- Is Interested In Finding New Solutions
- Is Able To Clearly Define A Set Of Criteria For Analyzing Ideas
- Is Willing To Examine Beliefs, Assumptions, And Opinions And Weigh Them Against Facts
- Listens Carefully To Others And Is Able To Give Feedback
- Sees That Critical Thinking Is A Lifelong Process Of Self-assessment
- Suspends Judgment Until All Facts Have Been Gathered And Considered
- Looks For Evidence To Support Assumption And Beliefs
- Is Able To Adjust Opinions When New Facts Are Found
- Looks For Proof
- Examines Problems Closely
- Is Able To Reject Information That Is Incorrect Or Irrelevant

Critical Readers Are:
- Willing To Spend Time Reflecting On The Ideas Presented In Their Reading Assignments
- Able To Evaluate And Solve Problems While Reading Rather Than Merely Compile A Set Of Facts To Be Memorized
- Logical Thinkers
- Diligent In Seeking Out The Truth
- Eager To Express Their Thoughts On A Topic
- Seekers Of Alternative Views On A Topic
- Open To New Ideas That May Not Necessarily Agree With Their Previous Thought On A Topic
- Able To Base Their Judgments On Ideas And Evidence
- Able To Recognize Errors In Thought And Persuasion As Well As To Recognize Good Arguments
• Willing To Take A Critical Stance On Issues
• Able To Ask Penetrating And Thought-provoking Questions To Evaluate Ideas

There's a deep hole in the sidewalk.
I fall in, I am lost ... I am helpless;
It isn't my fault.
It takes forever to find a way out.

I walk down the street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place;
But it isn't my fault.
It still takes a long time to get out.

I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in ... it's a habit.
My eyes are open.
I know where I am.
It is my fault.
I get out immediately.

I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

I walk down a different street.
author unknown
**FACULTY NEWS**

Distribution of students according to enrollment and Graduation

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<tr>
<th>Academic Year</th>
<th>Enrollment</th>
<th>Graduation</th>
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<td>2002-2003</td>
<td>44</td>
<td></td>
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<tr>
<td>2003-2004</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>2004-2005</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>2005-2006</td>
<td>57</td>
<td></td>
</tr>
</tbody>
</table>

![Faculty of Nursing Organization Chart]

Please send idea & contact information to Dr Hayat I M Gommaa

**SUGGESTIONS**

Contributions, Suggestions and Announcements are welcomed and appreciated. What do you want to see in this newsletter? Please submit personal and inspirational ideas or requests for articles. Are you moving? Do you have any new additions in your family? Would you like to share the good deed of a colleague?