Be seated. File in Sharon Telban folder ③

As I call your name, please come forward and receive your membership certificate and sign our membership book. The order shall proceed as listed in the program. Several people not identified as being inducted in absentia were unable to attend this evening, therefore their names will not be announced. Should I have missed an absentee - I shall call the next name. Should no one rise following signing of the membership book, you may resume your seat.

Criterion for ~~Scholastic Excellence~~ Excellence:

Undergraduate members:

The purpose to recognize the achievement of scholarship of superior quality and demonstrated of ability in nursing. Membership at this level is based primarily upon scholarship.

Also ~~undergrad~~ members are enrolled in the educational unit in nursing which has ~~been~~ accredited by the National League for Nursing.

these members have completed one-half of the required curriculum and have earned at least a 3.0 on a four point scale (or 3.25 for junior students). The number of members may not exceed 1/3 of the total number expected to graduate in each class.

— Names —

Criteria for Community Leaders:

The purpose of this category of membership is to recognize leadership, creative work, support for professional standards, and commitment to scholarly nursing. This is the only membership category which does not recognize achievement in scholarship but rather achievement in other areas related to the society's purposes.

Nurses, with a minimum of a baccalaureate degree, who have demonstrated marked achievement in education, practice, research or publication.

Membership may be extended to:

1) Faculty in schools with existing chapters or without chapters who have achievement in teaching, curriculum development, developing courses, evaluation process, clinical practice, research, or publishing

2) Practitioners who are outstanding clinicians

3) Administrators of nursing service who are individuals who create a climate for nurses to practice professional nursing or

administrators of educational programs who create a positive climate for Mexican-American educators

4) Authors, individuals who have published, contributing knowledge of nursing, or have successfully interpreted nursing to the public.

or

5) Leaders in professional organizations who have made contributions to improvement of the status

of professional nursing.

All categories are representatives here this evening and have submitted their vitae to the membership committee.

- Names -

This concludes our regular induction ceremony - but at the time I would like to call Mr McHenry forward.

As the moving force behind this honor society - we wish to add to your elected membership in honor societies - in recognition of her years of effort + her achievements in many a lifetime membership in the Wilkes College Honor Society of Nu

Invitation to Reception -

As we honor our new members - we invite all of you to partake of our light refreshments. We extend our ~~thanks~~ appreciation to all of you who have helped to make this program a meaningful part of the professional lives of our members.

Thank you - please enjoy yourselves in social fellowship

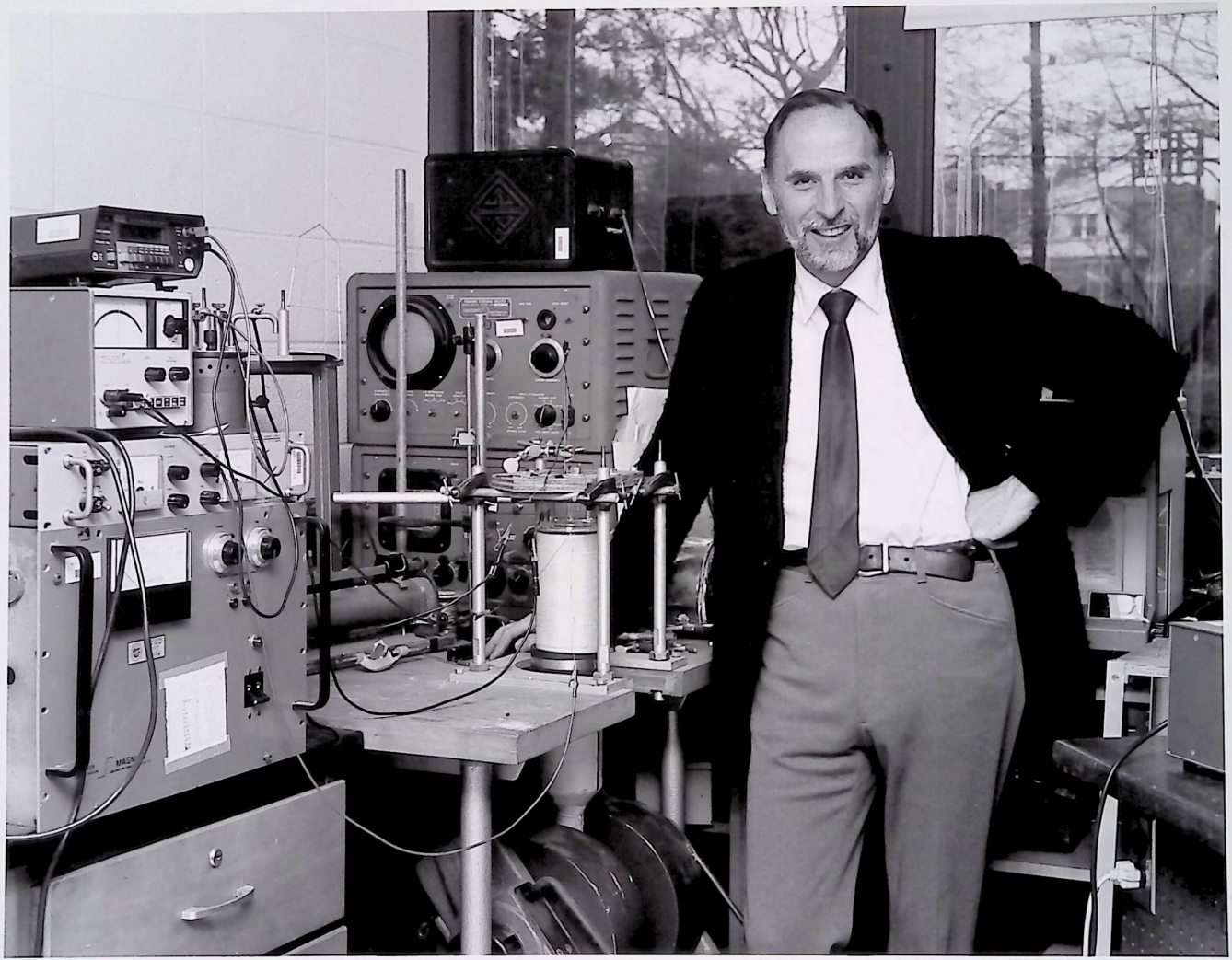
Induction Ritual

As our candles are lighted I would ask all those who have received invitations to membership please rise.

The purposes of this society are to recognize superior achievement in nursing, to recognize the development of leadership qualities, to foster high professional standards, to encourage creative work, and to strengthen commitment to the ideals and purposes of the profession.

You have been selected to become members of the Wilkes College Honor Society of Nursing because you have shown and we believe will continue to demonstrate leadership in these areas. In accepting membership, do you promise to further the purposes of the society?

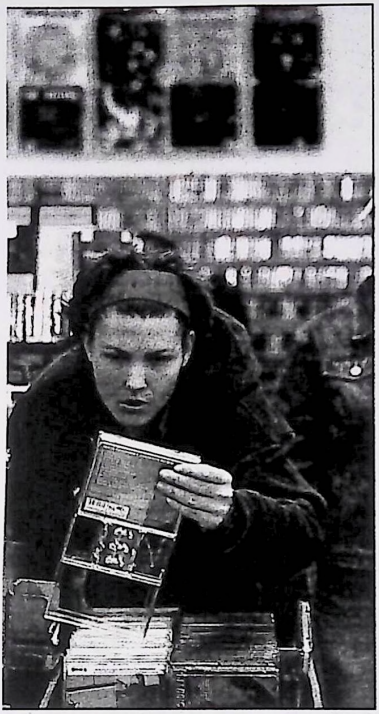
It is a privilege to grant you membership in the Wilkes College Honor Society of Nursing.



T.L. 8-24-01

companies testing copy-proof CDs

the music



AP PHOTO

es through a bargain bin of CDs at Amoeba Records in San ay. The five largest record labels are testing new CDs an impervious barrier against the Internet music free-for- CD burners made so popular.

ed some copypro- ropean market — y. Sony confirms CDs in Europe any on U.S.

media analyst nd Associates, doomed to fail. portable," he nto the car and ice, and the losing battle pying." n 1 million CDs ion technology Midbar Tech d — including sed in the lovakia late last s.

e copy-protec- racks from a CD puter for listen- ing but not moved to another PC or shared online.

Another Israeli company, TTR Technologies, Inc., has developed a way to add distortion that it claims is undetectable to even the music industry's golden-eared experts. Cassette tape copies would sound just fine, but the distortion would create annoying pops, clicks or hissing in unauthorized digital copies.

TTR founder and chief executive Marc Tokayer says the technology, called SafeAudio, is being tested by each of the top record labels — including one that put 200,000 SafeAudio-protected CDs on store shelves in Europe.

Sami Valkonen, senior vice president of new media and business development at BMG Music, says his company is not looking to eliminate music from computer desktops — but rather

See MUSIC, Page 2C

Bill would end forced overtime for nurses

By KENNETH P. VOGEL
Times Leader Harrisburg Bureau

HARRISBURG — There aren't enough nurses to go around, so hospitals often force nurses to work overtime. Industry observers blame the long hours and stressful conditions for driving away current and prospective nurses.

Mandatory overtime is "one of the leading cause of the nursing shortage," said Sharon Telban, a registered nurse and director of the nursing master's program at Wilkes University. "The ones that are left have to work twice as long and twice as hard."

State Sen. Charles Lemmond, R-Dallas, wants to put an end to mandatory overtime, which he said can lead to medical errors. He is co-sponsoring a bill that would prohibit hospitals from firing or disciplining nurses who refuse overtime.

As it stands, "if the nurse refuses, she can be fired," said Lori Anne Artz, spokeswoman for the Pennsylvania State Nurses Association, which helped draft the bill. The association is asking the state's 204,000 nurses to lobby their legislators to support the bill, which is pending before the Senate Labor and Industry Committee.

The bill faces opposition from hospital groups, which say mandatory overtime is needed, and legislators sympathetic to their cause.

Sen. Raphael Musto, D-Pittston Township, said several nurses have told him they "do not agree with that legislation."

See OVERTIME, Page 2C

Nursing conference addresses shortages

By MARTHA RAFFAELE
Associated Press Writer

HARRISBURG — Penn State University nursing professor Rebecca Beatty worries about how well her students can make the transition from classroom to real life under Pennsylvania's current nursing shortage.

A former student recently called her for advice after taking a job in a hospital where she quickly found herself overwhelmed on the 3 p.m. to 11 p.m. shift, taking care of 30 cancer patients with no one to help her.

"She said, 'I was calling to ask you if my job was normal,'" Beatty said. "I have a sense of guilt right now that I'm leading the lambs to slaughter. I didn't even know what to say to her. I did recommend that she quit."

See SHORTAGES, Page 2C

OVERTIME

Continued from Page 1C

A majority of hospitals in the Wyoming Valley force nurses to work overtime, according to Telban, who serves as a site inspector for the Commission on Collegiate Nursing. She said nurses here average 50 hours a week, with some pushing 60, making for tired nurses who are "more likely to make mistakes."

"Do you want someone who's tired providing care or do you want nobody?" asked Roger Baumgarten, spokesman for the Hospital & Healthsystem Association of Pennsylvania.

Baumgarten said his group, which represents 250 health-care providers, opposes the bill because "such overtime may be needed. Legislating away that flexibility could hurt patients who "don't get sick according to a clock."

It "does not add up mathematically (because) you're going to need more people" to fill the newly unstaffed shifts, Baumgarten said.

"It's a band-aid (solution)," agreed Telban, who urged hospitals to be more creative with their staffing policies.

Geisinger Health System's hospitals in Wilkes-Barre and Danville try to fill shifts through pools of floating nurses and voluntary overtime at 1 1/2 time the normal pay rate. Mandatory overtime is "our very last staffing strategy," said Roxie Shrawder, a nurse recruiter for Geisinger.

Shrawder, an R.N. herself, said some nurses are able to function at a high level over long shifts, though Geisinger prohibits them from working more than 16 consecutive hours.

But Sen. Lemmond said the only time nurses should be forced to work overtime is in emergencies. He noted the bill allows mandatory overtime then.

Kenneth P. Vogel, the Times Leader's Harrisburg reporter, can be reached at (717) 238-4728 or kvogel@leader.net.

SHORTAGES

Continued from Page 1C

Beatty was among 40 nursing educators and administrators who met Thursday to discuss ways to solve the shortage at a forum sponsored by the Pennsylvania State Nurses Association. Margarete Lieb Zalon, the association's president, said about 75 percent of the state's 165,000 registered nurses are working in nursing — the lowest work force participation rate in the nation.

"We've had a long history of cyclical shortages," Zalon said. "Rather than looking at ways to redistribute the nursing supply from one health care center to another, we need to look at core issues related to the quality of care."

Rural areas are experiencing the most severe nursing shortages, with some hospitals running newspaper advertisements for up to two years without seeing any applicants, said state Rep. Pat Vance, R-Cumberland.

Vance is on the House Professional Licensure Committee, which has been conducting hearings on the shortage and plans to issue a report to the Legislature in October. One possible recommendation might call for hospitals to establish a "career ladder" to provide advancement opportunities for nurse's aides, whose wages are generally among the lowest within the profession, she said.

"Being a nurse's aide is not glamorous work. There has to be a way to give them some kind of upward mobility so they can stay in the facility where they're working," Vance said.

The state budget that Gov. Tom Ridge signed in June sets aside $3 million of Pennsylvania's tobacco settlement money to establish loan forgiveness and scholarship programs for nurses who agree to work in the state after graduation. Bills that the legislature has introduced to improve working conditions include measures that would ban mandatory overtime.

MUSIC

Continued from Page 1C

wants to control how it gets there.

"A lot of people enjoy their music digitally these days," Valkonen said. "We would never ever in the U.S. have the situation where people would not have the ability to enjoy their music as digital files."

The various methods employed to protect content on compact discs do not, however, appear destined to make handling digital music any easier.

One involves disguising the disc's directory of songs so that popular CD-ripping programs can't find the tracks to extract.

SunnComm Inc. of Phoenix used this method to protect 50,000 copies of a Charley Pride CD released in May, and the company president says its technology has withstood the test of would-be hackers.

But it didn't please fans who weighed in on Amazon's Web site where the CD is sold, saying the Pride disc was unplayable on their home stereos.

Also in the United States, as many as 200,000 copies have been sold of CDs protected against digital duplication by Macrovision Corp., which has worked with several top labels, said spokeswoman Miao Chuang of the Silicon Valley company.

Kevin Gray, a recording engineer for Hollywood, Calif.-based Future Disc Systems who does work for all five major record labels, opposes inserting "undetectable" pops and clicks into the music of his clients, which include Madonna and Cher.

He says adding any distortions to music, no matter how seemingly indiscernible, is a mistake that would be "very audible" to clued-in listeners of jazz or classical recordings, for example.

Gray also thinks hackers will find a way around most CD copy protections, a point that even Peter H. Jacobs, SunnComm's CEO, concedes.

SunnComm's solution adds a sufficiently high enough hurdle to frustrate the bulk of casual music fans, said Jacobs.

STANDARD-SPEAKER
HAZLETON, PA
FRIDAY 24,000
NOV 5 1999

Jewish Center hosting program on aging

P22.5FT

The Jewish Community Center is sponsoring a program on normal aging vs. disease at 2 p.m. Nov. 14 at the center, 99 N. Laurel St., Hazleton.

The lecturer is Sharon G. Telban, associate professor at Wilkes University. Telban teaches classes on gerontological nursing for undergrads and graduates, gerontological care nursing – long-term care settings, and several other courses. She has her doctorate from Penn State in higher education with a minor in nursing.

Based on the presenter's background in gerontology and nursing, this program will explore the process of normal aging. It is designed to help present and future senior citizens differentiate between normal age change and illness. Opportunity for questions and discussion will be provided. This presentation will help dispel some of the common myths about growing older and describe some positive adaptation to age changes.

Reservations are preferred. The cost is free to JCC members and there is a nominal fee for non-members

Call Laurie at 454-3528 by Thursday to sign up. Refreshments will be served.

Wilkes University News

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Wilkes-Barre, Pennsylvania 18766
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e-mail antosh@wilkes1.wilkes.edu

Wilkes University's International Nursing Honor Society Inducts New Members

(Editors, Note Your Coverage Area)

Wilkes-Barre - Wilkes University's Nursing Department admitted 14 new members into Sigma Theta Tau - the Zeta Psi Chapter of the International Nursing Honor Society - at a recent induction ceremony held on campus.

Sigma Theta Tau International seeks out and rewards all students in baccalaureate or higher degree nursing programs who have demonstrated ability in nursing as evidenced by superior academic achievement. It also encourages, fosters, and actively supports further professional development, thus promoting nursing scholarship, leadership, creativity, and commitment to nursing.

Undergraduate students must attain a grade point average of 3.0 to be eligible for membership and graduate students must achieve a 3.5 G.P.A. A community nurse leader with a minimum of a baccalaureate degree, who has demonstrated marked achievement in nursing education, practice, research or publication, shall be eligible for membership in any chapter.

-MORE-

1st Add: Wilkes Inducts New Members into Sigma Theta Tau

Photo:

1st Row left to right: Christine Shimp, secretary of Sigma Theta Tau; Ryan Lopez, senior from Dallas, Pa.; Elaine Moran, senior, Plymouth, Pa.; Jean Littzi, B.S., R.N., graduate student, Pittston, Pa.; Jamelle Nebesky, junior, Scranton, Pa.; Diana Tarone, R.N., Hazleton, Pa.; Daria Kroptavich, senior, Scranton, Pa.; and Sharon Schneider, vice president of Sigma Theta Tau.

2nd Row: Kimberly Kondraski, senior, Wilkes-Barre; Bernadette Gately, R.N., senior, Shavertown, Pa.; Christie L. Yurko, B.S., R.N., Community Leader, West Pittston, Pa.; Cheryl McDonald Sweet, B.S., R.N., Community Leader, Clarks Summit, Pa.; Crystal Marchetti, junior, Sugarloaf, Pa.; Terry Alberico, junior, Swoyersville, Pa.; Susan Maculloch, B.S., R.N., graduate student, Shickshinny, Pa.; John Lewis, R.N., senior, Frackville, Pa.; Dr. Sharon Telban, associate professor of nursing at Wilkes and president of Sigma Theta Tau, Avoca, Pa.; and Elaine Slabinski, director of Nursing Learning Center at Wilkes, Shavertown, Pa.

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060499

STANDARD-SPEAKER
HAZLETON, PA
MONDAY 24,000
MAR 22 1999

New from Hazleton Area Public Library

Hours:
Monday to Thursday
9 a.m. to 9 p.m.
Friday
9 a.m. to 6 p.m.
Saturday
9 a.m. to 5 p.m.

Phone: 454-2961
Fax: 454-0630

April programs

"Popular Topics in Astronomy" April 12 at 7 p.m. in the HAPL community room. Speaker: Dr. William Drumin from King's College.

"Caregiving Support" — April 21 at 7 p.m. in the HAPL community room. Speaker: Dr. Sharon G. Telban, associate professor of nursing at Wilkes University.

"Italian Lifestyle" — April 22 at 7 p.m. in HAPL'S community room. Speaker: Dr. Paola Bianco-Sobejano, assistant professor of foreign languages and literature at Wilkes University.

All three programs are open free-of-charge to the public. However, reservations are recommended for each program. Please contact the reference desk at HAPL at 454-2961.

Watch this column for additional information regarding each program.

Elderly Population in N.E. Pennsylvania

Pennsylvania

Population–	Total	Age 65+	Age 85+
1990 –	11,895,491	1,829,491	170,629
1996 –	12,058,112	1,912,220	208,113
Change –	160,621 (+1%)	82,729 (+5%)	37,484 (+22%)

Pike

Population–	Total	Age 65+	Age 85+
1990 –	28,835	4,434	326
1996 –	38,139	6,077	523
Change –	9,504 (+33%)	1,643 (+37%)	197 (+60%)

Lackawanna

Population–	Total	Age 65+	Age 85+
1990 –	219,043	43,184	3,879
1996 –	213,323	44,038	4,684
Change –	-5,720 (-3%)	854 (+2%)	805 (+21%)

Susquehanna

Population–	Total	Age 65+	Age 85+
1990 –	40,501	6,210	609
1996 –	42,002	6,722	768
Change –	1,501 (+4%)	512 (+8%)	159 (+26%)

Luzerne

Population–	Total	Age 65+	Age 85+
1990 –	328,510	64,766	5,613
1996 –	321,309	66,307	6,786
Change –	-7,201 (-2%)	1,541 (+2%)	1,173 (+21%)

Wayne

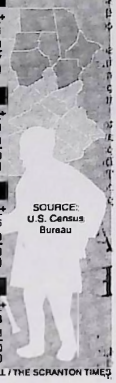
Population–	Total	Age 65+	Age 85+
1990 –	40,186	6,806	726
1996 –	44,718	7,783	949
Change –	4,532 (+11%)	977 (+14%)	223 (+31%)

Monroe

Population–	Total	Age 65+	Age 85+
1990 –	98,702	12,632	1,070
1996 –	119,581	16,055	1,547
Change –	22,789 (+24%)	3,423 (+27%)	477 (+45%)

Wyoming

Population–	Total	Age 65+	Age 85+
1990 –	28,126	3,546	343
1996 –	29,362	3,851	433
Change –	1,236 (+4%)	305 (+9%)	90 (+26%)



SOURCE: U.S. Census Bureau

KEVIN O'NEILL / THE SCRANTON TIMES

Experts: Guilt Often Arrives When Mom, Dad Move Out

P22SFF

BY VINCE COVELESKIE
THE SCRANTON TIMES

Getting loved ones involved in the selection process and family members to help with ongoing care is essential to making a successful transition to a nursing home.

But getting over the guilt is another matter, according to health care professionals.

"Nursing homes have longer visiting hours than hospitals," says Dr. Alice O'Neil, assistant professor of Health and Human Resources at the University of Scranton. "Let them (family members) come in and volunteer. Try to involve them as much as possible."

Research by noted gerontologist Elaine M. Brody suggests that most children do the very best they can for their parents and grandparents, but they are doing it for more years than ever before because their elders are living longer.

According to the U.S. Census Bureau, Lackawanna County's elderly population remained relatively stable through the mid-1990s for residents between the ages of 65 and 85. However, the number of residents 85 and older jumped 21 percent, from 3,879 in 1990 to 4,684 in 1996.

When you're over 85, the chances of spending some time in a nursing home increase dramatically. But Dr. Sharon Telban, director of the master's program in nursing at Wilkes University, downplays the notion that everyone will be destined for an institution.

"The current numbers point to only a minority of elderly living in nursing homes, and this generation of older adults will be healthier," she said.

Nationally, only about one in four people 85 and older live in a nursing home, according to the federal Health Care Financing Administration. However, about half of the population of nursing homes nationwide is made up of residents in that age category.

In 1993, nursing homes in Lackawanna County had 1,145 residents between the ages of 60 and 84, according to the Foundation for Excellence in Long Term Care.

That figure grew to 1,245 by 1995, an increase of nearly 9 percent in just three years.

Meanwhile, nursing home residents 85 and older jumped from 1,027 to 1,129 over the period, an increase of 10 percent.

Pennsylvania ranks fourth in the United States for the number of residents 65 and older — a position the Census Bureau expects the state will hold for the next 30 years behind California, Florida and New York.

ENORMOUS CHANGE

A gut-wrenching decision awaits those who can no longer care for an aging relative, or whose deteriorating health requires attention that only a nursing home can provide.

And moving an aging relative out of the old homestead may be misinterpreted as spurning by the family.

"The reality is that many elderly people actively participate in the decision to enter a nursing home, and that many families continue to care for an impaired older person under conditions of such severe strain that there is deprivation and suffering for the entire family unit, according to "Managing Institutional Long-Term Care for the Elderly," a college textbook by Maurice I. May, Edvardas Kaminskas and Jack Kasten.

The transition represents an enormous change for family members.

"For some, relationships improve significantly as adult children no longer panic at the ring of the telephone, knowing that their aged mother or father is safe and well cared for," the text said.

"Children may have the first opportunity of their adult lives to see their parents make a successful adjustment to entirely new and unfamiliar circumstances and may marvel at the existence and resiliency they never knew was there. In other families, relationships rupture entirely, and children withdraw emotionally or physically, or both," the authors wrote.

"The adjustment is better if it's voluntary," Dr. Telban said. "If it's my decision, I will do better when I get there."

Promising never to place a loved one in a nursing home is often a hollow pledge, because sometimes it's the best move.

"There is a lot of frustration, because the family feels they lost control. There is fear about the quality of care from some of the public portrayals of nursing homes. People think the best ones are the worst ones," she said.

"In families with one caregiver, guilt is often transferred to that person by siblings who blame them for not taking care of Mom or Dad. But people have to understand that sometimes because of the amount of care they need, the only place they can get it is a long-term care facility."

'NOT A PIECE OF CAKE'

"Nursing home placement is an adjustment, no matter who you are or where you're from," says Mary Alice Cosgrove, social services director at the Jewish Home of Eastern Pennsylvania in Scranton.

"It's not a piece of cake," adds Rabbi Samuel Sandhaus, the home's executive director. "It's emotional for families. They hold us to high standards, and I understand where they're coming from."

The ability to help Mom or Dad adjust to a nursing home is critical, said Maria Hastie, administrator at the Blakely Pine Health Care Center. Mrs. Hastie worked for several years as the Lackawanna County long-term care ombudsman, a trouble-shooter for nursing home residents and families who encounter problems.

"Acceptance is a big part of the whole process," she said. "At some point, the younger people realize that they can no longer provide the kind of care that Mom or Dad needs."

The decision, however, is rarely easy.

"It's like a lot of other decisions we have to make, though. Sometimes we don't want to take medicines or have surgery or even have a tooth drilled, but we have no choice," Mrs. Hastie said.

The best way to overcome the guilt and the difficulties that come with the decision to admit someone to a nursing home is to try to find the nursing home that matches the needs of the person who will be the resident there, she said.

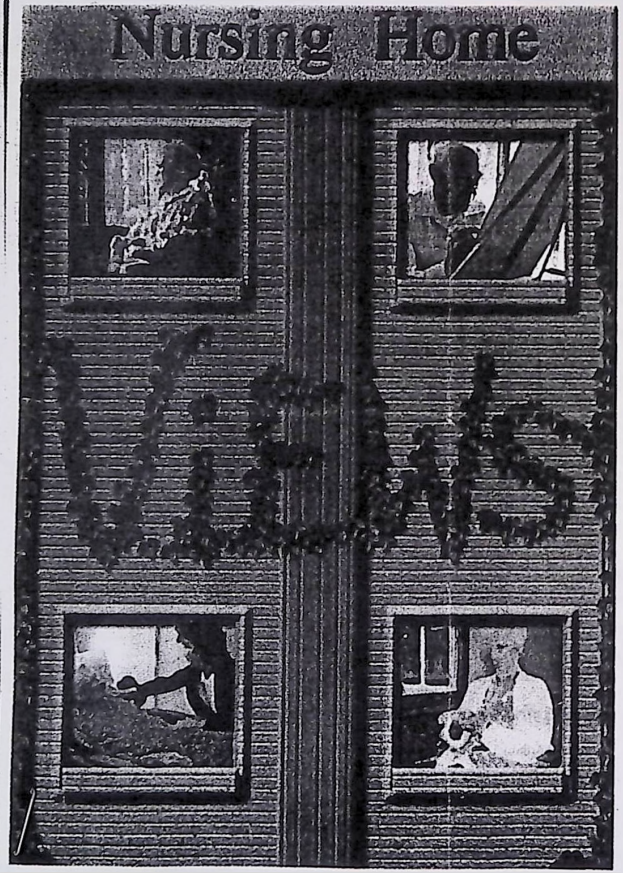
If it's at all possible, shop around. Visit the nursing homes, get a feel for how noisy or quiet or crowded or active the people are there, she recommended.

"Mom or Dad has to live there 24 hours a day," Mrs. Hastie said. "The earlier the family accepts the fact that Mom or Dad will need extensive care, the earlier they can make plans or arrangements for a place where Mom or Dad will be comfortable."

SUNDAY TIMES
SCRANTON, PA
SUNDAY 83,651
OCT 4 1998

Facts, Figures and Families

Inspections, Experiences, Surprise Visits Reveal Much about Lackawanna County's 17 Nursing Homes



BY GINA THACKARA
AND VINCE COVELESKIE
THE SUNDAY TIMES

Bernard Kleinberger of Scranton has seen an incredible transformation in his 83-year-old sister since she moved into the Jewish Home of Eastern Pennsylvania nine months ago.

"When she went in, she was really in bad shape. She called her son and threatened suicide," he said of his sister, Evelyn Kleinberg, who moved back to Scranton after retiring with 40 years experience as a nurse in New York.

"But now, she's the best patient in the place," he said. "She has the run of the place. She takes care of her 92-year-old roommate. She's involved in all of the activities. She even got an award for it. She has a phone in her room, but I don't know why. She's so busy, you can never get her."

Mimi Tanner of Scranton also saw a dramatic change in her mother after she moved into the Taylor Nursing Home: a rapid decline.

"Something has to be done," Mrs. Tanner said. "Mom has been in the Taylor Nursing Home since May, and there just aren't enough people to take care of her."

Mrs. Tanner said her mother, Clare O'Neill, depended on help at mealtimes and needed assistance in getting to the bathroom.

Mrs. O'Neill died in August at age 90. Her family members said she fought until the end but never suffered pain. Before her death, however, those same family members struggled to help her at the nursing home.

"I go there twice a day," Mrs. Tanner said in July. "I can help her. But what about those poor people who don't have anybody to help them?"

Undoubtedly, Mrs. Tanner speaks for countless others coping with having a loved one in a local nursing home: "I can't take care of her by myself. I cried — but I had no choice. I wish there was something they could do to make things better for my mother."

Two families, two radically different experiences with local nursing homes.

Conditions and care inside Lackawanna County's 17 licensed nursing homes vary widely.

To document those differences, *The Sunday Times* used two strategies for this investigative series:

- The newspaper reviewed three years' worth of inspection reports by the state Health Department for every nursing home in Lackawanna County. Highlights from those reports appear in a special section published with today's newspaper.
- Reporters Gina Thackara and Vince Coveleskie made surprise drop-in visits at every nursing home and requested an immediate tour. All but four nursing homes complied — Adams Manor, Holiday Manor and the Northeast Veterans' Center in Scranton and the Laurel Hill Nursing Home in Dunmore.

Experts say those two techniques — a review of inspection records and an unannounced visit — give consumers the best information when it's time to make the painful decision to place a loved one in a nursing home.

REFORM ON HORIZON?

Reformers, however, hope to give families a lot more information and to enact measures they say will improve the quality of care in nursing homes across Pennsylvania and across the country.

In Pennsylvania, Auditor General Robert P. Casey Jr. of Scranton has embarked on an aggressive campaign to change the way the Health Department handles complaints about nursing homes and to enact measures designed to give families more peace of mind about conditions inside the homes.

Gov. Tom Ridge responded with a push for increased surveillance of nursing homes. And state lawmakers have called for creation of nursing home report cards, which would provide more information to consumers about the kind of care available in individual homes.

Please see **NURSING HOMES**, *Page A6*

A four-day series examining Lackawanna County nursing homes.

Today- Making the Grade
Monday- First Encounters
Tuesday- Helping Hands Full?
Wednesday- Diagnosis: Reform

Inside

Also

NURSING HOMES

FROM PAGE A1

Federal officials, too, including President Clinton, have called for a closer look at nursing home care across the nation.

In Pennsylvania, there are no report cards available, no standardized list of criteria, no guides to nursing home care.

Right now, nursing home choice in Pennsylvania is a game of chance.

Prospective residents and their families have to depend on word-of-mouth, shared information from friends and neighbors. Even the official reports often provide inaccurate information. Family members find themselves admitting an older relative to a nursing home because a bed is available or because it is the nursing home the family can afford.

While the number of nursing home residents has not changed dramatically in the past 30 years, the ages of the residents and their conditions have changed significantly.

The 17 nursing homes in the county fill roughly 95 percent of their 2,440 beds.

"It used to be that anyone who couldn't stay at home was sent to a nursing home," said Colleen Lando, administrator at St. Mary's Villa in Elmhurst. "Now, there are personal care homes, assisted living, a variety of care options available. Only those who need the most acute skilled care are in the nursing homes."

But as the population of the county ages, more nursing home beds may become necessary because age brings with it the likelihood of increased frailty and the need for special care.

The number of residents 85 and older increased 21 percent from 1990 to 1996 in Lackawanna County, just about the same as the statewide jump of 22 percent.

That surge in the oldest residents came at the same time there was a 3 percent drop in overall population in Lackawanna County and a 1 percent decrease statewide.

NO MORE HORROR STORIES

In Lackawanna County, for the most part, nursing homes seem to be doing their jobs. There is little in the way of abuse or neglect. Overall, families credit nursing home workers for treating difficult older residents with kindness, patience and respect.

Some observers cite inherent regional qualities of care and compassion that have been instilled from earlier generations of immigrants. They were taught at an early age to treat their elders with the utmost respect.

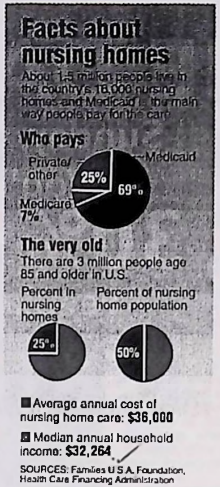
"The horror stories don't exist any more," said Rabbi Samuel Sandhaus, executive director of the Jewish Home. "We're a small community that tends to be vigilant. People are not lost in the throngs on anonymity."

There has not been a major fine or major sanction imposed on any nursing home in Lackawanna County in recent years. That can be either an indication of good quality care or a weak enforcement system of state and federal regulations — or a combination of both.

The newspaper's investigation did uncover problems with local nursing home care. Many homes cannot keep workers on staff because of low salaries. This is a particular problem with nurse's aides, the people who perform most of the hands-on care.

Residents' family members and some employees have noted that nursing home administrators historically are able to shore up staff and clean up the homes in time for the annual visit from Health Department inspectors.

That's because inspections take place at roughly the same time each year in about the same order, said Jack Johnston, state council member for the Service



Employees International Union, which represents many nursing home workers.

"We can't help but think that administrators talk to each other, too, and let each other know when the inspectors have made their visit," he said.

A review of inspection reports revealed that it's typical for a nursing home to have its annual inspection in the same month every year — giving administrators a chance to make sure the best possible face is put on the home that month, while possibly allowing conditions to slip the rest of the year.

DIFFERENT PERSONALITIES

Inspections show that a few of the homes in Lackawanna County have serious problems. Some need to pay more attention to cleanliness. Others need to reassess their patient care in dispensing medication and providing meals. Still others would benefit from remodeling to make the homes more welcoming to residents.

Nursing home workers, especially those who deal most closely with residents, tend to be the lowest-paid on the staff. They also tend to be the most likely to leave for other jobs to make a living wage, Mr. Johnston said.

Potential residents and their families, however, often lack information about nursing homes. Most are unaware that each home must make its latest state inspection report available on request.

Administrators in several homes noted they do not refuse to let families and visitors see the reports, but do not make them readily available in a visible spot such as a central bulletin board.

While each nursing home has its own personality, Dr. Sharon Telban of Wilkes University said corporate-owned nursing homes tend to focus on the bottom line.

"Sometimes their care is excellent, but they are in business to make money," she said. "Church-related and even public nursing homes exist to care for people, but the financial world being as it is, some will have to merge in order to survive."

And Dr. Telban, an associate professor of nursing, offered this advice: "The quality of care is not always related to the cost. You could be in a county home getting Cadillac care."

'GIVE US A CHANCE'

The decision to send Mom or Dad, or Aunt Mary or Grandpa, to a nursing home isn't easy for anyone.

No matter how many reasons for the move, families often make the difficult choice of nursing homes while coping with guilt, fear and pain.

Add to that the fact that strangers — not family — will soon be taking care of an older relative. Factor in the possibility of abuse or danger or neglect, and the decision becomes even harder.

Perhaps those people won't keep Mom clean. They may forget to give her prescribed pills. Or worse, they may give her the wrong ones.

"These people aren't here because they want to be," said Mary Ann Alabovitz, administrator at the Mountain Rest Nursing Home on Linwood Avenue. "They're here because they *have* to be here. And it's our job to take care of them."

Personnel try their best to reason with guilt-ridden families. "We say, 'Give us a chance, you will see how happy they are here.' They will see a change in their loved ones," said Maureen McCoy, director of social services and admissions at Mountain Rest.

Geriatric depression is one of the biggest problems facing nursing homes in Scranton and elsewhere.

Residents — most without spouses — must come to grips with the fact that they no longer are living in their own home.

They have given up a solitary lifestyle in a home or apartment and are now living in a small room, usually with at least one other person, a total stranger, who has his or her own illnesses, aches, pains and problems.

Some no longer have the ability to participate in favorite activities.

Muscles atrophy and leave residents without basic abilities, like walking or talking. Hearts, livers, bladders and lungs no longer function with the strength they had earlier. Eyes succumb to glaucoma and cataracts.

Some nursing home residents no longer recognize their friends and family, but live in confusion — or a world of memories.

Once strong and independent, they now have to rely on others for care.

"We're not miracle workers," said Karyn E. Hildebrand, administrator of the Green Ridge Nursing Home on Sanderson Avenue in Scranton. "We can't fix these people, but we can offer them help, and hopefully, they'll adjust. Sometimes, they just need a hug."

ATE LIKE 'HUNGRY ANIMAL'

When Judy Seymour admitted her mother into the Laurel Hill Nursing Home in Dunmore, she said a woman there came to them and warned: "Watch it here. If they don't like what you're doing, they won't feed you."

Mrs. Seymour said she didn't believe the woman, but began to question her own credibility. Her mother complained about the food, and one afternoon, Mrs. Seymour decided to take some treats to her mother. She also happened to have a videocamera along.

"We have a videotape of our mother eating like a hungry animal," she said. "It was just before she died (in 1993)."

Mrs. Seymour said her mother wanted to be admitted to Laurel Hill, but the family doubted her decision almost from the outset.

"She was there four or five years," Mrs. Seymour said. "Our experience wasn't very good."

In contrast, she said an aunt lives at Adams Manor.

"She's been treated wonderfully," she said. "She's getting good care there."

Same family, two dramatically different experiences in local nursing homes.

NEPA NEWS
The Scranton Times • Tribune
For more coverage see our complete "Nurture or Neglect" series on our Web site at http://www.nepanews.com

SUNDAY TIMES
SCRANTON, PA
SUNDAY 83,651
OCT 4 1998

Inspectors Walk Fine Line

Surveyors Try To Keep All Facilities Open and Operating Safely

BY VINCE COVELESKIE
THE SUNDAY TIMES

The state Health Department says no serious fines or penalties have ever been assessed against any nursing home in Lackawanna County.

That means either enforcement is weak in the inspection system or the quality of care is acceptable at all nursing homes in the county.

Or some combination of both.

Dr. Alice O'Neil, assistant professor of Health Administration and Human Services at the University of Scranton, has students who work as interns at local nursing homes. "The Department of Health is very thorough and the level of care provided here is excellent," she said.

Dr. Sharon G. Telban, associate professor of nursing at Wilkes University, agrees.

"For the most part, the care is consistently satisfactory," she said. "We don't have some of the problems that make it to television."

State Health Department spokesman Richard McGarvey said no reports exist of any serious enforcement action taken against any Lackawanna County nursing home. The same held true after checking with the U.S. Health Care and Finance Administration's regional office in Philadelphia.

Across the state, the Health Department has generated an average of 117 sanctions a year over the past four years. Sanctions were split between problems found during annual inspections and in investigations of specific complaints.

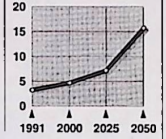
Deficiencies can lead to sanctions including limited admissions, fines or closure of the nursing home.

The Health Department recently revoked the license of Cobbs Creek Nursing Center in West Philadelphia for serious health and safety violations — the first time the state had taken such drastic action since 1989. The last instance involved State College Manor in Centre County.

Long-term care neglected in major health-care proposals

Most of the health-care proposals surfacing in congressional committees fail to address the growing need for long-term health care for the elderly and those with disabilities. In the first half of the next century, as Baby Boomers age and people live longer, America will face a dramatic increase in people older than 85 — the largest percentage of people who need long-term care.

▶Growth in population older than 85

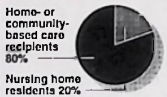


▶Americans surveyed indicated need for long-term health coverage

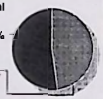
- 57 million say they have had to provide long-term care for an immediate family member during the past five years.
- Nine in 10 say long-term care should be included in health-care proposals.

▶Most who need long-term care are not in extended-care facilities

Some receive care in nursing homes, but the majority get help through community-based programs or care-givers who come to the person's home.



▶Residents of long-term health-care facilities



▶Percent of elderly population needing long-term care

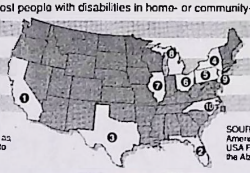
Percent of Americans older than 65 who lived in nursing facilities in 1990 (latest numbers available):

Age 65 to 74	1.4%
Age 75 to 84	6%
Age 85 and older	25%

▶More than 2.6 million people will need home- or community-based care benefits by 2003

States projected to have the most people with disabilities in home- or community-based care programs:

1 California	274,000	6 Ohio	117,000
2 Florida	184,000	7 Illinois	115,000
3 Texas	174,000	8 Michigan	78,000
4 New York	165,000	9 New Jersey	76,000
5 Pennsylvania	150,000	10 North Carolina	74,000



NOTE: Numbers given do not include individuals with cognitive disorders such as Alzheimer's disease, who are expected to further expand the totals.

SOURCES: News reports, Census Bureau, American Health Care Association, Families USA Foundation, Gallup Organization poll for the Alzheimer's Association

Knight-Ridder Tribune/KEN MARSHALL and STEPHEN RAVENSCRAFT

POSSIBLE PENALTIES

State Health Department inspectors have various sanctions available against nursing homes that violate regulations:

- **DENIAL OF PAYMENT**— Restricts funding for current Medicare and Medicaid residents.
- **DENIAL OF PARTICIPATION** — This remedy could apply to a nursing home that lost its agreement and decided to re-apply for Medicare or Medicaid payments.
- **ELIMINATION OF A PROVIDER AGREEMENT** — The state acts as an agent for the federal Health Care Finance Administration and, if problems are discovered, a nursing home can be cut off from Medicare and Medicaid. Eliminating funding from those programs, which are generally major sources of income, effectively can close a nursing home.
- **IN-SERVICE TRAINING** — The state mandates training for nursing home employees, a remedy that does not happen very often.
- **STATE MONITORING** — Inspectors will pay more frequent visits to the home. Instead of a full team, one or two surveyors will visit the home at random times for a few weeks to see if problems are solved. Inspectors may stay in the home during business hours.
- **TEMPORARY MANAGER**— If problems still exist, the state could appoint an administrator to fix problems in the home without taking away funding or closing the facility.
- **CIVIL PENALTIES** — The state can fine nursing homes up to $100 a day for each violation. Health Care Finance Administration penalties range from $50 to $3,000 a day, while more serious infractions range from $3,050 to $10,000 a day.
- **LICENSE REVOCATION** — This action essentially closes a home, and residents are transferred to other facilities. More than 130 residents of Cobbs Creek, a recently closed nursing home in West Philadelphia, are being relocated.

"We'd much rather work with — than close — a home," Mr. McGarvey said. "It's not something we do often, and only after a great amount of thought. It's an action we take very rarely."

Inspectors, called surveyors, make "unannounced" visits throughout the year to every licensed nursing home in the state.

However, those visits may not be much of a surprise.

A review of inspection reports for Lackawanna County nursing homes for 1995, 1996 and 1997 revealed a fairly routine pattern at most homes. For instance, inspectors might make their "unannounced" visit in June every year at one home and in October every year at another home.

Critics say that predictability allows nursing home operators to gear up for inspectors, who may not get a true picture of what care is like at the facility throughout the year.

The inspection team, headed by a registered nurse, usually consists of three to five licensed professionals and includes social workers, nutritionists and dietitians. The state has 117 inspectors responsible for monitoring 820 nursing homes with more than 87,000 residents.

Inspectors don't just burst in like storm troopers.

"We announce ourselves and speak to the administrator. We try to be civil about it," Mr. McGarvey said.

"They're extremely professional, very polite, and there's no doubt they're regulators," said Janet Brier, administrator at Mountain View Care Center in South Scranton. "They're doing their job and they take it very seriously."

Investigations of specific complaints can come at any time. When a problem is discovered, inspectors must determine the seriousness of the offense.

"A loose handrail is not enough to cause a fine. If every handrail is loose, it could put them on a provisional license. It depends on what kind of deficiencies we see," he said.

On the surface, some state regulations seem a bit extreme.

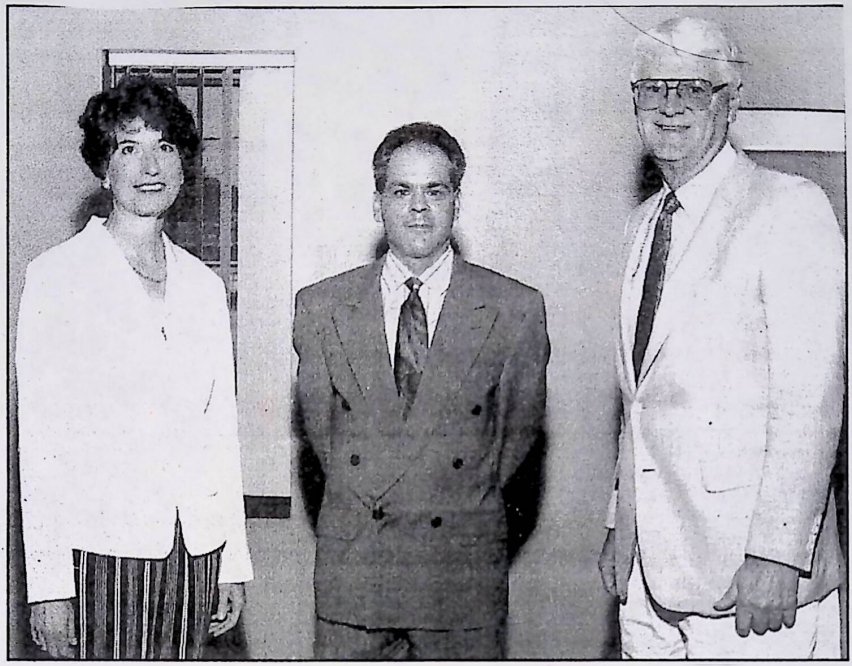
In one instance, a resident at Allied Services who did not want the evening meal of tuna salad was offered a ham sandwich by a nursing assistant. The resident indicated she didn't want the sandwich, but did not want to be a bother. She ate only the bread and dinner roll from her plate. Allied was cited because the planned alternate menu item —kielbasa with mashed potatoes — was not offered to her.

"Picture for a second if that person was on a diet restriction," Mr. McGarvey said. The aide was just being kind, but may have given the resident something she shouldn't be eating.

"Although it sounds minor, we have to cite specific deficiencies. It all has to do with how the home works and the individuals there," he said.

The system is designed to ensure that nursing home residents do, indeed, have a life.

"Any time a resident complains to the Health Department, we, as policy, investigate, no matter how trivial or serious," he said.



Alzheimer's Association hears talk on disease C.V. 7-4-97

The Northeastern Chapter of the Alzheimer's Association conducted its ninth annual seminar at Wilkes University recently with Dr. James Kaufer giving a keynote address entitled "Advances in the Diagnosis and Treatment of Alzheimer's Disease."

The program was designed to assist family and professional caregivers cope with the unique and ever-changing challenges of Alzheimer's Disease. Kaufer, from the University of Pittsburgh Alzheimer's Disease Research Center, was joined by a local staff of professional educators and service providers that included Dr. Ann Kolanowski and Dr. Sharon Telban, Wilkes University; Dr. David Fields, geriatrician; and Attorney Jerry Chariton of Chariton and Keiser.

Also conducting workshops were Brian Thomas of the VNA Hospice and Kathy Skrinak of the Luzerne/Wyoming Counties Bureau of the Aging.

From the left are Dr. Ann Kolanowski, Dr. Daniel Kaufer and Tom Brown, chair of the education committee.

Wilkes University News

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Wilkes Senior Nursing Students Plan Health Fairs

Wilkes-Barre -- A group of Wilkes University senior Nursing students will participate in a series of local Health Fairs.

Dates and locations of the screenings include:

- Wednesday, November 20, from 10 a.m. to 1 p.m., at The Twins, 50 & 70 West Jumper Street, in Hazleton; and
- Thursday, November 21, from 10 a.m. to noon, at the Sherman Hills Apartments, 300 Park View Circle, in Wilkes-Barre.

The Wilkes Nursing students arranged the fairs which will include free health screenings, displays by local health care professionals and educational activities.

The public is invited, free of charge to take advantage of blood pressure, hearing, diabetes and blood sugar screenings. Professionals on hand will answer questions on nutrition, stress management, exercise, relaxation techniques and other topics.

For more information, call the Wilkes Nursing Dep[artment at (717) 831-4070.

-MORE-

1ST ADD - Wilkes Senior Nursing Students Plan Health Fairs

PHOTO:

Seated, from left -- Megan Stair; Gina Solensky; Jody Brozoskie; Melissa Bommer; Mona Yale; Kathy Kent; and Heather Hahn, Wilkes senior Nursing students.

Standing -- Shannon Rygielski; and Darlene Laumeyer, representatives from Sherman Hills Apartments; Iris Mare; Cathy Rusynyk; Danyelle Hughes; Tamatha Curry; Amy Leighton; Tara Keegan; Tanyia Mychak; Michelle Solovey; Shawn Havens; and Melissa Rickard, Wilkes senior Nursing students; and Sharon Telban, associate professor of Nursing at Wilkes.

-30- 111396

The Lives We Touch, ½" videocassette/17 min/color/1993 and *The Country of Old Age*, ½" videocassette/21 min/color/1992. Producer, St. Clare Productions. Distributor, Benchmark Publishing Company, P.O. Box 67, New Glarus, WI 53574-0067. 800/475-4545. Sale $199, rent $55.

The Lives We Touch is a gentle, 17-minute video presentation of the powerful role of physical touching in caregiver-patient interactions. It is designed to enhance caregiver use of effective touch as a routine part of patient care. The needs of the individual and the skills of the caregiver are portrayed.

The vignettes demonstrate how the need to be touched or held is often unspoken but deeply felt. The poignant changes that occur in aging are thoughtfully pictured. The loneliness felt by some elders is clearly identified. The discomfort of the caregiver in introducing the intimate contact engendered in touching another person is similarly discussed.

The human side of health care and its providers is communicated during emotional situations that are encountered in patient care. The caring touch has a universal ability to break barriers and communicate our concerns. The impact of uncaring, task-oriented touch is identified at all levels of development. Touch is essential for human growth at all stages of life. It is a need that does not diminish with age. The threatening, anxiety-producing environment of a hospital makes the need for caring touch an essential avenue of communication.

The need to assess receptivity to being touched is also an important aspect of care. Respect for personal needs, privacy, and space is an integral part of the privilege shared by health care providers. Touch is essential to compassionate caregiving.

Caregivers' experiences with touch are movingly included as reflective of the learned nature of touch. The eloquent memories of both caregivers and one elderly woman (through a poem) bring their feelings to life.

Although the potential of caring touch to heal has not been measured, we know that patient care is inadequate and incomplete without it. The need to "touch" the lives of patients cannot be overemphasized.

A Facilitator's Guide accompanies the video. It includes suggestions to develop a more satisfying and effective facilitator role as well as discussion questions. The post-screening exercises are especially useful and meaningful for those in a practice setting. The Personal Action Planning Center included in the packet could be used to assist individuals with personal growth.

The Country of Old Age is a 21-minute introduction to some of the common physical changes that occur as people grow older. The video was designed as part of a training package for caregivers who serve elderly patients in an to the development of *patient* goals as the center of caring. She does note that many hospital systems do not currently support this approach even though its effectiveness has been demonstrated. One point of interest involves the posting of goals in the patient's room where everyone involved (patient, family, caregivers) can readily see them.

Professional caregivers describe adaptations needed to build trust and provide high quality care. Discharge planning, begun on admission, is viewed as essential to patient well-being. The need for an interdisciplinary approach where everyone shares their expertise is crucial to the effectiveness of this venture. The feelings of the elderly are not to be overlooked. The setting of realistic goals, based on past and future functions, concludes the process.

Poignant vignettes of elders demonstrate their concerns and needs, and bring the discussion to meaningful closure.

The greatest strength of this offering is its ability to raise the awareness of paid caregivers to the special needs of elderly patients in order to assist them in reaching optimum levels of functioning. It is just an introduction, however, and requires development of more comprehensive programming.

The video is accompanied by a Facilitator's Guide which, despite its overly optimistic objectives, can be quite useful in making the program effective. The post-screening discussion questions and exercises provide excellent opportunities for the participants to explore their personal attitudes toward aging as well as positive and negative behaviors which impact on patient care. The suggestions can be readily adapted for groups and focused on individual settings. The Action Plan that ends the program brings the discussion to an applicable level in the participants' work setting.

Together these video programs and discussions meet their advertised expectations. Sensitive and compelling, *The Lives We Touch* demonstrates intense moments of patient need. *The Country of Old Age* points the way to improved acute care. They have the potential to enhance elder care in many settings.

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Wilkes University News

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Wilkes University Nursing Students to Conduct Health Fairs for Senior Citizens

Wilkes-Barre -- Wilkes University nursing students will conduct free health fairs at area citizen housing centers during October.

The students will offer a variety of services including blood pressure, cholesterol and diabetes screenings, nutritional counseling, eye and dental exams and discussions of senior citizen health topics.

On Thursday, October 12, a fair will be held in the Wilkes-Barre Citizen Center, Wilkes-Barre, from 9 a.m. to noon. On Friday, October 13, fairs will be held in Lincoln Plaza, Wilkes-Barre, from 10 a.m. to noon, and in Vine Manor, Hazleton, from 10 a.m. to 2 p.m. Additionally, on Thursday, October 19, fairs will be held in Park Avenue Towers, Wilkes-Barre, from 10 a.m. to noon, and in The Twins, Hazleton, from 9 a.m. to noon.

PHOTO:

Pictured are the Wilkes University senior nursing students and faculty who

-MORE-

coordinated the health fairs for each senior citizen center.

Sitting from left to right: Kelly Vespico, student coordinator; Michele Ambruso, student coordinator; Christine Rodgers, student coordinator; and Carol Weale, patient, Wilkes-Barre.

Standing from left to right: Ann Marie Kolanowski, chairperson, Wilkes University Department of Nursing; Paula Praschak, student coordinator; Sharon Telban, faculty coordinator; Lisa Martin, student coordinator; and Mary Ann Merrigan, faculty coordinator.

-30- 092295

appetizers, entrees, soups, baked goo...
and desserts there will be numerous door prizes, ... Linda Ross.

Wilkes students to conduct health screenings for elderly

Wilkes University senior nursing students will hold free health screenings at three area senior citizen highrises in October.

The students spent several weeks conducting assessments of residents to determine what screenings were needed. Tests that will be conducted include blood pressure, cholesterol, safety and hearing. The general public is invited.

Screenings will take place from 10 a.m. to 1 p.m., on Wednesday, Oct. 12, at Lincoln Plaza, Wilkes-Barre; from 9 a.m. to noon, Tuesday, Oct. 18 at The Twins, Jumper Street in Hazleton; and from 9 a.m. to noon, on Tuesday, Oct. 18, at Sherman Hills, Wilkes-Barre.

Tests at each location vary. For more information contact the Wilkes University nursing department at 831-4070 or 1-800-WILKES-U, ext. 4070.

Coordinators, first row, from left: Dr. Sharon Telban, Moosic, associate professor of nursing; Mary Ann Merrigan, Hazleton, assistant professor of nursing; and Dr. Ann Kolanowski, Kingston, chairperson of nursing.

Group leaders, second row: Damian Sher, Mt. Holly, N.J., senior nursing student; Jackie Stafanowicz, Duryea, senior nursing student; Cindy Kowalski, Hazleton, senior nursing student; and Denise Kowalski, Dickson City, senior nursing student. Coordinator is Ellen Dennis, Larksville, visiting assistant professor of nursing.

CV 10/5/94

TL 3/23/93

NUTRITION

Area senior centers dish up food advice

By MARK E. JONES
Times Leader Staff Writer

After all these years, they're still being told to eat their fruits and veggies.

Senior citizens — whose age would seem to indicate they've learned to eat right — are often munching on the wrong foods or dining on less than ideal diets, according to health experts.

That's why local senior citizen centers tagged March as nutrition month. They're trying to encourage older Wyoming Valley residents, particularly those who live alone, to break the "tea-and-toast syndrome."

"Instead of preparing a well-balanced meal, (seniors) will settle for something easy like tea and toast," said Linda Kohut, director of Senior Center Services in Luzerne and Wyoming counties.

Such a habit, over time, deprives a senior of much-needed vitamins, minerals, proteins and other nutrients.

As part of senior centers' good nutrition month celebration, Luzerne and Wyoming county residents age 60 and up are invited to attend a noon meal at their local center on Thursday, March 25. Centers require a reservation, made one day in advance, and ask for a $1 donation. For more information, call the center nearest you or call 822-1158.

Aging often causes social, economic and biological changes that alter the nutritional needs of seniors, said Wilkes University associate professor of nursing Sharon Telban.

Women who once cooked for a family of four or more lose the desire to pick up a spatula for a one-person meal.

See SENIOR, Page 3B

Nutritional health checklist

These warning signs can help determine if your nutritional health may be at risk.

- ☐ **Disease.** Any physical illness or disease that causes you to change the way you eat could put you at risk. Also, depression often decreases appetite.
- ☐ **Missed meals.** Eating too little, skipping meals or skimping on fruits and vegetables will decrease your nutritional health.
- ☐ **Dental trouble.** Rotten teeth or poorly fitted dentures make it hard to eat and digest foods properly.
- ☐ **Low income.** Spending less than $25 to $30 each week on food probably indicates you're missing foods needed to stay healthy.
- ☐ **Loneliness.** Lack of social contact lowers morale and lessens the likelihood of eating well-balanced meals three times a day.
- ☐ **Medication.** Some drugs alter the way foods taste, thereby decreasing appetite. Medicines also may cause diarrhea or nausea.
- ☐ **Weight change.** Gaining or losing many pounds without trying should not be ignored.
- ☐ **Poor mobility.** People who have trouble walking, shopping or cooking food are less likely to buy and prepare well-balanced meals.

If you believe you are not eating a proper diet, talk to your doctor or dietitian for tips on nutrition.

This checklist was created by the Nutrition Screening Initiative, a collaborative project of the American Academy of Family Physicians, The American Dietetic Association (ADA), and the National Council on the Aging, Inc.

The ADA operates a hotline with registered dieticians to answer questions. Call 1-800-366-1655.

Senior

(Continued from Page 1B)

"People who eat alone tend to want things that are easy to prepare and those foods are generally higher in calories but lower in nutritional value," Telban said. "They're going to choose the way of preparing foods that is quicker because they have smaller portions to prepare. They'll fry something as opposed to roasting it."

Older men may be at an increased risk, particularly if they relied earlier in life on a spouse to perform the cooking chores.

"Very often, they didn't give much thought to what they ate," Telban said. "They ate what was prepared for them or what they liked."

Bill Pascoe, 74, of Wilkes-Barre eats most of his noon meals at the Senior Center at Market Square Plaza. For evening meals, he frequents area restaurants and occasionally cooks for himself. "I make a good stew with potatoes, carrots and celery," he said.

A doctor recently advised Pascoe to scale back to 1,800 calories per day, he said. "(The doctor) told me not to eat as much. He said, 'push yourself away from the table.' "

Some area seniors find creative ways to keep their cooking skills sharp and make sure their nutritional needs are met.

"I cook like an army cook sometimes," says Helen Glomb, 69, of Wilkes-Barre. "If I have leftovers, I'll share with my neighbors."

> **"People who eat alone tend to want things that are easy to prepare."**
>
> **Sharon Telban**
> Wilkes University associate professor of nursing

Glomb lives in an apartment building with other senior citizens and finds herself swapping meals of homemade soups, rice puddings and other nutritious fare, she said.

But even cooks like Glomb will stop for a hot, noon meal at one of the 16 local senior centers, which serve between 800 and 1,000 people each weekday for only a donation. The meals provide at least one-third of the Recommended Daily Allowance of nutrients and also offer a chance for seniors to socialize.

"It's the company that's really the tonic for me," said Maryann Woynoski, 75, of Nanticoke. "When I was a kid, I never went to parties, now I'm at a party every day."

Dining with friends at centers and churches "fills a social need as well as a nutritional one," said Telban, who noted that eating with a companion generally improves morale and appetites.

As the body ages, it undergoes changes that make eating less desirable for some, Telban said.

Taste buds that relay information about sweets and sours diminish in number, causing seniors to eat more goodies to get the same eating sensations they experienced when younger. Also, medicines taken by many seniors can decrease appetite.

But while many older Americans need to alter their diets, they keep a close eye on what they digest, many others need not worry.

"If you're 95 and you have bad eating habits, they can't be that bad," Telban said. "There's nothing we can do to correct them."

I don't have a crystal ball, but I know the day is going to come when I have to put her in a nursing home, but that is the last thing I want to do.

9/29/98

Stories by Kim Strosnider

Caregiving is a relentless responsibility

Carole Samson, a 50-year-old Harveys Lake secretary, is trapped by what government reports call "one of the most difficult forms of family responsibility."

She's caring for her mother, an 82-year-old widow in the end stages of Alzheimer's disease.

"My mother comes first," says Samson. "Then my husband and the cats split second. Then the job. Then the house — washing, cleaning, ironing, the whole routine."

"The one thing I feel constantly is the responsibility of it all. You have to be responsible enough to guess, 'Is she warm? Is she cold? Is she hungry? Is she thirsty?'"

Taking care of the nation's 4 million Alzheimer's victims falls to some Americans by a cruel roulette, much as their loved ones were unfortunate to get the now-incurable brain disease.

Caregivers interrupt careers, burden marriages, stress their own health and stretch finances as they see their loved ones dwindle away, slowly forgetting everything they ever learned.

Judy Jones, a 58-year-old Scranton schoolteacher, has spent many nights at her 83-year-old mother's home. Dorothy Smith, diagnosed with "senile dementia" several years ago, can stay up for 36 to 48 hours at a stretch, her daughter estimates.

"At three o'clock in the morning, she's a whirling dervish," says Jones. Either she or her sister Vivian sleep in an adjoining bedroom every night.

Like Judy and Vivian, caregivers must be ever-vigilant, lest Alzheimer's causes their loved ones to wander away or forget to turn off the stove.

They must be strong enough to hoist once-independent adults into bed and the bathtub.

They must be patient enough to answer the same questions over and over, and to instruct their loved ones on buttoning a button or lifting a fork.

They must be knowledgeable enough to maneuver through medical and social service circles that may be unfamiliar, even bewildering.

And they must do all this for people who eventually will forget their names.

"This disease cripples the family and it puts the victim, or the patient, in another world, thank God," says an Ashley man, whose sister has Alzheimer's. "Maybe 'cripples' is not the word. Maybe 'devastates.' It could just rip apart the whole family."

Perhaps cruelest of all, Alzheimer's is not a quick death. The disease can take up to 20 years before its victims die, usually of an infection.

"It's a slow death, and you see the families almost dying along with the

■ See CARE, page 3B

Trends limiting number of potential caregivers

- Declining birth rate
- Rising divorce rate
- More mobile families
- Aging population
- More working women

Care

(Continued from Page 1B)

client," says Janet Melnick, president of the Northeast Pennsylvania chapter of the Alzheimer's Association.

Yet families are all-important in Alzheimer's disease, since there is no formal, coordinated caregiving network. Families render most of the care for Alzheimer's victims, tens of billions of dollars worth each year.

But that informal network of caregivers could be endangered, according to the Congressional Office of Technology Assessment, by the following trends:

- A declining birth rate means there are fewer potential caregivers.
- Rising divorce rates and remarriages complicate the issue of who will deliver care in some families.
- More mobile and geographically dispersed families make caregiving more difficult. Already, an estimated 1 million Alzheimer's victims live alone.
- An increase in women working outside the home means that daughters, wives and daughters-in-law have less time to be caregivers.
- The children and spouses of those who are now in their 80s — the time when people are most at risk of getting Alzheimer's — are getting old. They are less able to provide care, and more likely to need it for themselves.

Dr. Gene D. Cohen, acting director of the National Institute on Aging, said in a telephone interview that studies have shown from 25 to 80 percent of Alzheimer's caregivers become clinically depressed, and that caregivers see doctors more often and take more medication than their non-caregiving peers.

The pressures of Alzheimer's on caregivers, Cohen said, represents "a major public health issue in its own right."

Sharon Telban

But in the flurry of concern about Alzheimer's patients, the caregivers are often overlooked, says Sharon Telban, an associate professor of nursing at Wilkes University. From throughout the region, here are their stories.

'We're getting squeezed'

Barbara Reel knew Linda Burgess from high school.

Now, the two Tunkhannock women share more than school-day memories: both Alzheimer's caregivers, they attend meetings of the same support group.

Reel's father, 79-year-old retired farmer Chester Wisniewski, had been "acting crazy" for a decade, says Reel. The 46-year-old teacher attributed her father's erratic behavior to alcoholism.

Time and again, he would bug courthouse workers about his property assessment. He would get lost. He would ruin machinery, forgetting where to add gas and oil.

"I'm relieved to put a label on it," says Reel, who lived across a field from her parents. "Every personality trait was just magnified. He was horrible, just unreasonable."

Barbara's 76-year-old mother wasn't able to help much with her husband's care, therefore leaving Barbara with more to do.

Barbara would ask her mother to make some calls — to arrange van service, adult day care or a doctor's appointment — only to find she hadn't. She was accustomed to relying on her husband, not vice-versa.

Finally, Reel put her father in a nursing home.

Burgess, the 42-year-old daughter of Alzheimer's victim Susan Pherreigo, is still caregiving for her mother with her sister, 45-year-old Sarah Sidoreck.

Unlike Reel's father, their 72-year-old widowed mother was always "meek and mild," the sisters say.

When their mother was diagnosed with Alzheimer's, "It was like being kicked in the face," says Linda. The two sisters shuttled her back and forth between their houses in the Tunkhannock area. But that just further confused an already confused woman.

Now, they spend more than $3,000 a month for two companions to care for their mother around-the-clock in her own home.

TIMES LEADER/LEWIS GEYER

PART OF THE JOB — Although Allied Services provides laundry services, caregiver Mary Castanaro prefers to do her mother's herself

Eight hours a week, the sisters care for their mother without any help. They struggle to get her to bathe, and agonize over the little pieces of life their mother seems to be losing.

She forgets how to button a button. She forgets how to sit on the couch. She looks askance at the beautiful view outside her window and says she is trying to straighten the picture.

Beyond caregiving for an Alzheimer's patient, both sisters have their own work and family obligations, as does Reel.

"We're the sandwich generation," says Reel. "And we're getting squeezed."

'It's not right'

Hazel had always been independent, by her daughter's account. A widowed Sunday school teacher, she lived in Old Forge with another daughter, who was retarded and needed care.

But in the mid-1970s, Hazel started to forget. She'd pause during Sunday school and ask her class, "What was I talking about?"

When she had to go to the hospital, her daughter Beryl, a Scranton-area woman who asked that her last name not be used, went to Hazel's house and found her mother's personal records in disarray.

By mistake, Hazel had bought insurance policies month after month from the same salesman. Beryl was able to get part of the money back.

"I have this funny head," Hazel would tell Beryl. "Maybe I wore my brain out when I was young."

Gradually, Beryl started doing more and her mother less.

The laundry hamper was overflowing. Beryl began doing her mother's wash.

Hazel would duplicate her grocery purchases. Beryl started

BTE play explores caregiver experience

As Elizabeth Dowd let herself descend into Alzheimer's disease. She shuffled around, looking down at her clunky shoes. She was easily distracted.

But Dowd didn't really have the incurable brain disease. She had a part with the Bloomsburg Theatre Ensemble, in its production of "Day Trips" last spring.

The play, by Tennessean Jo Carson, is based on real life for millions of Americans, including Carson herself. She and her father both cared for Carson's mother, who has Alzheimer's and is now in a nursing home.

Performed on a stage almost devoid of props, "Day Trips" explores the feelings a caregiver named Pat has toward her Alzheimer's-afflicted mother, Irene, and her grandmother, Rose.

Although Pat dreams of their deaths, she continues as a caregiver caught between the tragedy and humor of her situation.

Ensemble director Leigh Strimbeck says the actresses felt a connection to the play. Their parents are getting older and the possibility of caregiving "is looming on the horizon."

"[It] is similar to what happens when you have a child," says Laurie McCants, who played Pat. "You realize you have made a turning point in your life and there is no turning back."

A. Elizabeth Dowd

Dowd visited a nursing home and worked with an Alzheimer's activity group to prepare for her role. She also viewed a Home Box Office special on Alzheimer's at least four times.

Many of her actions, and responses by Pat and Rose, elicited laughter from the audience that Dowd says was unlike any she has heard from the stage.

"Individual laughs would just ring out and we would go, 'That happened to that person.' 'That was his grandma.'"

— *Kim Strosnider*

shopping for her.

Then Beryl noticed food she bought wasn't being eaten. Beryl's sister, who relied on Hazel, was hungry and her clothes dirty. Beryl had to assume responsibility for both.

For years, Beryl traveled back and forth the 13 miles to her mother's and sister's house, while she also raised two of her own children. Beryl's husband ran the family businesses without Beryl.

Beryl didn't realize she was trying to do too much until she blacked out one day while driving. "It scared the hell out of me," she says.

So, she moved her mom and sister to an apartment over her house, where they lived for two years, sometimes with a paid companion. Hazel also went to adult day care for awhile.

Now, Hazel is in a nursing home. Beryl has visited her faithfully there for the last six years, regularly checking every inch of her mother to make sure she is receiving good care.

Despite years of caregiving, Beryl says she feels guilty her mother must live out her final days among strangers.

She also wishes her mother's 19-year ordeal with Alzheimer's would end.

"I wish God would take her," says Beryl. "It makes me sad to see her diapered and bathed and spoon-fed. It's not right. She should be at peace."

'The day is going to come'

Beryl's agonizing dilemma over putting her mother in a nursing home is agonizing reality now for Edward, a 79-year-old Wilkes-Barre man who also asked that his last name not be used.

He would rather people remember his 77-year-old wife Dorothy for the person she once was: a businesswoman in the heavy equipment industry, a pianist and organist, an officer in several societies, a mother and a wife.

Since Dorothy was diagnosed with Alzheimer's two years ago, Edward says she has rapidly lost her ability to perform the simplest tasks.

With the occasional help of his daughter, a schoolteacher who lives in New Jersey, Edward dresses, bathes and feeds Dorothy. For a few hours each weekday since January, he takes her to the Riverside Adult Day Care Center in Plains Township so he can run errands.

"I don't have a crystal ball, but I know the day is going to come when I have to put her in a nursing home," says Edward. "But that is the last thing I want to do."

Dorothy is now in a stage where she spends hours carrying clothes around the house, and emptying over and over a purse that Edward says he refills at least 25 times a day.

When he tries to read, he says, "She'll stand on the other side of the kitchen table and want to know about her pocketbook."

If he escapes to go to an office in their house, he says, "She's at the top of the steps (saying), 'Are you going to leave me?'"

Futilely, Edward sits Dorothy down with a pad of paper. He writes her name on it, then the name of her relatives, hoping to jog her dying memory.

"It didn't help too much," he admits. "It doesn't help at all."

Once in awhile, though, Dorothy is lucid. "Why can't we do the things we used to do?" she asks Edward.

'It's a 365-day job'

Many Alzheimer's caregivers do end up placing their loved ones in nursing homes eventually.

Frank Shultz and Betty Gerlak are the exception.

The 67-year-old Frank quit his job in a Pottstown pie factory to move with his mother, Elizabeth Shultz, to a rented house in Luzerne. He is now near his sister, 65-year-old Betty Gerlak, who shares the caregiving burden. Another sister helps on weekends, and the family has employed a homemaker from the Visiting Nurse Association for seven years.

Elizabeth is at the end stages of Alzheimer's, which she was diagnosed with eight years ago. The 100-pound widow alternates sitting in a recliner and lying in a bed, crossing and uncrossing her legs, eyes shut most of the time, mouth agape.

She almost never speaks, but sometimes Betty says Elizabeth calls her "Mommy."

"Now the baby's taking care of the mother," says Betty.

To provide that care, Frank and Betty have learned to put their mother's food in the blender, then serve it to her in a baster. They have discovered how to get her to take medicine.

At times, Frank has stayed up all night with Elizabeth, who went through a stage of sleeplessness. Despite both his and his mother's embarrassment, he also learned to diaper her.

"It's a 365-day job, right around the clock," says Frank, a bachelor who has long lived with his mother.

An avid traveler, he hasn't taken a vacation for 12 years.

He and Betty admit caregiving frustrations have sometimes boiled over into arguments. "This does cause a lot of friction among children," says Betty.

"The most devastating thing about it," says Betty, "is she doesn't know who we are."

But both say caregiving has been worth it.

"She did so much for me, how could I every repay her?" asks Betty.

Echoes Frank: "What she did for us all her life, it was time to do back."

COMING WEDNESDAY: *In the final day of the series, read about the financial impact the "disease of the century" is having on local families and the nation's patchwork system of long-term care, and about research efforts to stop the disease.*

Needs of mature adults addressed at Penn State conference

More than 50 persons learned the importance of interdependence in dealing with mature adults at Spring Conference '91: The Mature Adult, sponsored by Penn State Cooperative Extension in cooperation with Wilkes University.

Luzerne County participants also learned about communication, the normal changes associated with aging and nutritional needs of older persons. Presentations were given by faculty members of Penn State University, Wilkes University and King's College.

The program was an attempt to educate area residents and caregivers about the needs of adults as they mature. For more details, contact Penn State Cooperative Extension, Courthouse Annex, 5 Water St., Wilkes-Barre, 825-1701, or 459-0736, ext. 701.

From left: Mary Ehret, Extension Agent; Mary Bantell, MS, RNC; Dr. Barbara Davis; Justine Arnold, RD; and Sharon Telban, MS, RNC.

CV 7-12-91

Wilkes Professor To Address School Retirees

"Making the Most of the Bonus Years" including 20 good things about getting older will be the content and character of the speaker's presentation when the Luzerne/ Wyoming Counties Chapter of School Reitrees meet at the Gus Genetti Motor Inn in Wilkes-Barre on Thursday, for the spring noontime dinner-meeting. A special program has been planned.

Sharon G. Telban, M.S., R.N.C., associate professor and director of the graduate program in nursing at Wilkes University will share her expertise in gerontological nursing with the school retirees.

President Benjamim Davis has activated committees on membership and hospitality to encourage a large attendance at this meeting. Program chairman, Herman Shiplett, will introduce the speaker.

Telban is a graduate of the Pittston Hospital School of Nursing and a resident of Moosic. She is a doctoral candidate at Pennsylvania State University, has worked and taught at three universities, and has been associated with three highly renowned hospitals. Her leadership in professional and civic organizations has earned her wide recognition in her field of specialization.

Davis welcomes all school employees, their friends, and associates to attend this meeting.

6-2-91

Fact. File

Wilkes College News

OFFICE OF PUBLIC RELATIONS • WILKES-BARRE, PENNSYLVANIA 18766
TELEPHONE: (717) 822-8413

contact: Ken Swisher
Assistant Director
Public Relations

TELBAN BECOMES CERTIFIED AS GERONTOLOGIST NURSE

WILKES-BARRE--Sharon Telban, R.N., C, Associate Professor of Nursing at Wilkes College, recently became certified as a Gerontologist Nurse by the American Nurses Association. Based on assessment of knowlege, demonstration of professional achievement and recognition by peers, the ANA certification was established to provide tangible recognition of professional achievements in a defined functional or clinical area of nursing.

Gerontology is concerned with the health care needs of older adults, the planning and implementation of health care to meet those needs, and the evaluation of the effectiveness of such care. Its primary challenge is to identify and use the strengths of older adults and assist them in maximizing their independence.

Telban, a Moosic native ~~who now resides in Moosic~~, has recieved both a M.S. in Nursing Education and in Education from Wilkes, as well as a M.S. in Nursing from Penn State University.

lives in Moosic -30-

2889

Faculty Resume Information Sheet

Full Name TELBAN (Last) SHARON (First) G. (M.I.)

School or College and Department ARTS & SCIENCES _ NURSING

Age as of September 1, 1988, Date of Birth 44 - 5/10/44

Academic Rank ASSOCIATE PROFESSOR

Full-Time [X] Part-Time [ ]

Non-Wilkes College Teaching, If Part-Time

Earned Degrees	Name of Institution	Location	Area, Field or Major	Degree Received	Date Conferred
	Penn State University	Univ. Park	H. Ed.	Candidate	
	Penn State University	Univ. Park	Nursing	M.S.	1980
	Wilkes College	Wilkes-Barre	Education	M.S.	1979
	Wilkes College	Wilkes-Barre	Nsg. Educ.	B.S.N.Ed.	1969
	Pittston Hos Scl of Nsg	Pittston	Nursing	Diploma	1964

Teaching Experience Incl.Wilkes	Name of Institution	Location	Subjects/ Fields Taught	Full or Part-Time Rank	Dates of Service From—To
	Bryn Mawr Hospital	Bryn Mawr	Nursing	Full Inst	69-74
	Wilkes College	Wilkes-Barre	Nursing	FT Inst.	74-80
	Wilkes College	Wilkes-Barre	Nursing	FT Ast/Pr	80-87
	Wilkes College	Wilkes-Barre	MHA/Gerontology	FT/Asoc/Pr	87-Pres.
	Penn State Univ.	Univ. Park	Geron Nsg.	PT lectur	84-Pres.
			Leadership	Presenter/workshops	

Non-Teaching Experience

	Firm or Organization or Self-Employed	Duties	Title	Dates of Service From - To
Full-Time	Moses Taylor Hospital	Nursing	Staff Nurse	1964-1966
			Asst. Head Nurse	1966 - 1968
Part-Time	Private Duty Nursing	Nursing		1968-1969

List Major Consulting Activities

Bibliographic Citation of Principal Publications - Last Five Years

(OVER)

Memberships in Professional and Scientific Societies

Organization Name	Scope: Local, State, Regional, National	Offices Held
American Nurses Association	National	
Pennsylvania Nurses Association	Local	President 86-88
Sigma Theta Tau: Beta Sigma and Zeta Psi Chapters	National	
Phi Delta Kappa	National	
Assoc. of General & Liberal Studies	National & Phi Lambda Theta	

Teaching at Wilkes 1988-89 (including teaching overloads)

	Course Title	Hrs. of Lecture per Week	Hrs. of Recitation per Week	Contact Hrs. of Laboratory per Week	# of Day Sections; Enrollment	# of Evening or Weekend Sections/ Enrollment
Fall '88 Total of Students Taught 62	Nsg 301: Nursing Care of the Older Adult Client	2		12	1: 62	
Spring'89 Anticipated Total of Students Projected	HSA 561/Nsg 511 Perspectives on Aging	3				1
	Nsg 501: Theoretical Foundations of Nursing	3				1

Other Duties Performed for Base Salary, 1988-89 (Full-Time Faculty)

Duty/Activity	Hours per Week
Advising	5
Research/Scholarship	8-10
Committee Work	5-6
Department Chairperson	

# of Advisees: 35

Director of Master of Science Program in Nursing - 3 credits

Other Duties for Extra Compensation, 1988-89 (Full-Time Faculty)

Duty/Activity	Hours per Week

esc

9-26-88

Department Nursing
Appointed Lab. Asst. - 1974-75
1975 - full time

FACULTY PERSONNEL DATA

NAME SHARON GRACE TELGAN Date of Birth 5-10-44

I. RECORD AT WILKES:

	Date of appointment or Promotion	Date of Severance
Instructor	Sept 1975	
Assistant Professor	Fall 1980	
Associate Professor		
Professor		
Other	LABORATORY ASST 1974-75	

Other activities and responsibilities while at Wilkes:

II. EDUCATION:

	Degree	Institution	Date
Bachelor's Degree	BS Nursing Education	Wilkes College	1969
Master's Degree	MS "	Pennsylvania State	1980
Doctor's Degree			
Other Degrees	R.N.	Pittston Hospital School of Nursing	1964

III. STUDIES AND PUBLICATIONS:

Title	Publisher or Publication	Date

Name S. TELBAN

IV. EXPERIENCE Before Coming to Wilkes:

Teaching: - School or College	Position Held	Date
The Bryn Mawr Hospital School of Nursing, Bryn Mawr, PA.	Nursing Instructor	1969 - 1974

Business:

Moses Taylor Hospital, Scranton, PA	Staff Nurse	1964 - 1966
Moses Taylor Hospital, Scranton, PA	Assistant Head Nurse	1966 - 1968

Military: - Service	Rank	Year

V. PROFESSIONAL AFFILIATIONS (Indicate offices held):

National League of Nursing

American Nurses Association

VI. NON-PROFESSIONAL AFFILIATIONS:

Alumnae Association: Pittston Hospital School of Nu

Alumnae Assoc - Wilkes College

Wilkes College News

OFFICE OF PUBLIC RELATIONS • WILKES-BARRE, PENNSYLVANIA 18766
TELEPHONE: (717) 822-8413

contact: Kathy Harris
Student Assistant
Public Relations

WILKES PROFESSOR TO PRESENT RESEARCH PAPERS AT CONFERENCES THIS FALL

WILKES-BARRE--Dr. Leona Castor, Associate Professor, Department of Nursing, Wilkes College, will present research papers at two conferences this fall.

In October, Dr. Castor will present "Facilitators, Barriers, and Alternatives to Mentoring" at the 8th Annual District 12 V. A. Research Conference, which will be held in Miami, Fla. on Oct. 20-21, 1988. The paper is a presentation of the results of Dr. Castor's research conducted while she was pursuing her Doctorate of Education at Pennsylvania State University in 1987. The paper was taken from her thesis, "Mentoring: An Analysis of Facilitators, Barriers, and Alternatives."

In November, Dr. Castor will present a research paper to the National Honor Society of Nursing, Sigma Theta Tau. She will present the paper at the Sigma Theta Tau Fall 1988 Research Day at Villanova University on Nov. 4, 1988.

In addition, Dr. Castor and Sharon Telban, Associate Professor of Nursing at Wilkes, have been notified that their proposal, "Liberal Learning in a Post-Industrial Culture," has been included in the program of the 28th Annual Conference of the Association for General and Liberal

-more-

1stAD/WILKES PROFESSOR TO PRESENT RESEARCH PAPERS

Studies to be held in Wilkes-Barre on Oct. 13, 14, and 15, 1988.

Dr. Castor, who has been a member of the Wilkes faculty since 1987, resides in Wilkes-Barre with her husband, Joseph.

-30-

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PRESS CLIPPING SERVICE INC.
FEB 14 88

THE TIMES LEADER
WILKES-BARRE, PA
AD—65,194

Telban certified as gerontologist nurse

Sharon Telban, R.N.C., associate professor of nursing at Wilkes College, recently became certified as a gerontologist nurse by the American Nurses Association.

Telban, of Avoca, has received both an M.S. degree in nursing education and in education from Wilkes College, as well as an M.S. in nursing from Penn State University.

MUTUAL
PRESS CLIPPING SERVICE INC.
APR 1 3 86

Sunday Independent
WILKES BARRE, PA.
S—51.530

Alzheimer's Disease Topic of Workshop

Alzheimer's Disease will be the topic of a special regional workshop to be held at the Holiday Inn in White Haven, April 28.

The workshop is open to anyone who must deal with the disorder, both on a professional or personal level, including family members, clergy, counselors or social workers. This program has been approved by the State Board of Examiners of Nursing Home Administrators and the National Board for Certified Counselors for continuing education credits.

Instructor will be Sharon G. Telban, gerontology specialist and assistant professor of Nursing Education at Wilkes College. She will discuss strategies on how to cope with the dynamics of the disease and the special needs of the individuals involved.

Registration will take place at 8:30 a.m. with the seminar beginning at 9 a.m. Lunch is provided. The daylong workshop is sponsored in a cooperative effort of the Wilkes-Barre, Hazleton and Worthington Scranton campuses of Penn State.

For registration information, contact Betsy Townsend, Penn State Wilkes-Barre Continuing Education Department, P.O. Box PSU, Lehman, PA 18627.

MUTUAL
PRESS CLIPPING SERVICE INC.
APR 21 86

CITIZENS' VOICE
WILKES-BARRE, PA
AM—50,000

Alzheimer's Disease PSU seminar topic

Alzheimer's Disease, what it is and how to deal with it, will be the topic of a special regional workshop to be held at the Holiday Inn in White Haven, April 28. The workshop is open to the public.

Instructor will be Sharon G. Telban, gerontology specialist and assistant professor of Nursing Education at Wilkes College.

She will discuss strategies on how to cope with the dynamics of the disease and the special needs of the individuals involved.

Registration will take place at 8:30 a.m. with the seminar beginning at 9. Lunch is provided. Workshop is sponsored by Penn State University.

For information contact Betsy Townsend, Penn State, P.O. Box PSU, Lehman, PA 18627 or call 675-2171.

Two other health care workshops on the Penn State schedule include Ethical Dilemmas in Health Care, May 6, at the Worthington Scranton campus, and Communicating with the Elderly, May 21, at the Sheraton Crossgates in Wilkes-Barre.

WILKES COLLEGE OFFICE OF PUBLIC RELATIONS

FACULTY-STAFF INFORMATION SHEET

1980-81

NAME TELBAN, Sharon G. POSITION Assist. Prof.

Date of Birth 5-10-44 Place of Birth JENKINS TWNSHP, PA.

Address 1500 N. MAIN ST. AVOCA PA 18641 (a moosic resident.) Home Phone 457-3953

Marital Status Single To Whom — When —

Children and Dates of Birth —

Date Joined Wilkes Sept. 1974 Other Positions Held at Wilkes (Include Dates)

AWARDED TENURE - MAY, 1981

INSTRUCTOR 1975-1980 LAB. ASSISTANT - 1974-75

Previous Employment (Institutions, Titles & Dates)

The Bryn Mawr Hospital School of Nursing - Nursing Instructor - 1969-74
BRYN MAWR, PA

Moses Taylor Hospital Staff Nurse 1964-66
SCRANTON, PA Assist. Head Nurse 1966-1968

COLLEGE INFORMATION

Colleges Attended	Dates	Degree	Major
Pittston Hospital School of Nursing	1961-1964	Diploma	Nursing
Wilkes College	1965-1969	B.S.	Nursing Education
Wilkes College	1974-1979	M.S.	Education
The Pennsylvania State University	1976-1980	M.S.	Nursing

High School Attended Moosic High (now Riverside School District) TAYLOR, PA.

Location Moosic, PA Years 1958-1961

FACULTY-STAFF INFORMATION SHEET
(Page 2)

Military Information (Optional)

Dates of Service — Branch —

Rank on Discharge —

List all Honors, Decorations, etc. —

Please list extra-curricular activities; professional memberships; honors or awards received; varsity athletics; business and social fraternities; scholastic Honors; etc. (Use reverse side if necessary.) Sigma Theta Tau; Member: American Nurses Association (PA Nurses Assoc.-District 3 Program Comm., Chr.) National League for Nursing; American Heart Assoc. Program Comm.; Elder - Moosic Presbyterian Church; Penn State / Wilkes Alumnae Assocs.

Please list research and teaching interests. (Use reverse side if necessary.)

1. Variables affecting attention
2. Relationship between death Anxiety and Attitudes toward Hospice
3. Adult Health & Aging
4. Gerontology
5. Registered Nurses' Knowledge of

Hometown Newspaper or Professional Publications to which you would like releases sent:

Scranton Times

American Journal of Nursing

Please add any additional information about yourself that would help us in keeping our files up-to-date.

AWARDED TENURE - MAY, 1981.

Please Return To:

PUBLIC RELATIONS OFFICE
WECKESSER HALL

'Disease of the Century'

Alzheimer's: Lives Unraveled. The first of a three-part Times Leader Special Report

Indiscriminately, Alzheimer's stalks an aging nation

Elizabeth Shultz has been dragged from adulthood, back through childhood, to infancy again.

Hauntingly, the 89-year-old Luzerne widow seems to be anticipating death as she did life: curled in a fetal position. She spends most of the day sleeping, occasionally mouthing the word "Mommy."

The once spirited and ambitious woman has Alzheimer's disease.

Presently incurable and already the fourth leading cause of death, Alzheimer's has been called "the disease of the century" because so many more Americans are expected to get it as they age.

The U.S. government itself warns of the "potentially catastrophic public health consequences of the disease." A group of scientists, the American Council on Science and Health, foresees "a large social and political crisis because of Alzheimer's disease as the baby boom ages." And the head of the National Institute on Aging has called Alzheimer's "by far the most threatening epidemic" the country faces.

Why the warnings?

An increasing number of Americans are living to 65 or older, when as many as 10 percent are likely to get Alzheimer's. About half of those who celebrate their 85th birthday will get the disease, which destroys brain cells.

With the brain cells go the names of loved ones, memories of work and marriage and an understanding of simple tasks, like how to tie a shoelace, button a button or take a bath.

Among Alzheimer's 4 million victims is Jerry Urban, a 57-year-old Kingston man. Instead of winding down his career with the municipality's street department, he watches Sesame Street on television and attends adult day care.

Another victim, 83-year-old Jennie Pastore, clings to a doll in a Scranton nursing home — thinking it is one of the children she raised.

And in Wilkes-Barre, a 79-year-old man named Edward mourns the decline of his wife Dorothy, two years his junior.

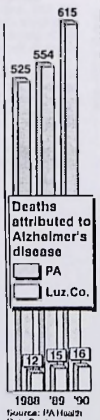
A former businesswoman, she now spends hours emptying the contents of her purse, which her husband refills at least 25 times a day. Dorothy also looks for her mother and puzzles over how to get to the second floor of their one-story home.

"My wife is an educated woman," Edward says. "She went to college and that didn't seem to stop this disease."

Now, there is nothing to stop the disease — no treatment, no surgery, no pill. An Alzheimer's diagnosis is a death sentence for all its victims.

"Alzheimer's is no respecter of persons," says Sharon Telban, a Wilkes University associate professor of nursing. "It doesn't matter if you're rich or you're poor or you're brilliant or

See ALZHEIMER'S, page 2B



9/27/92 TL

Alzheimer's–

(Continued from Page 1B)

you're not bright at all."

The only known risk factors are age and, for some families, genetics.

An illness few can avoid

Alzheimer's now affects one in three American families and costs the nation an estimated $80 billion a year, according to the Chicago-based Alzheimer's Association. More than 238,000 Pennsylvanians have been estimated to be afflicted with the disease, according to the Philadelphia chapter of the Alzheimer's Association.

Yet without a cure or effective treatment, Alzheimer's disease is bound to claim more victims as the population of elderly grows. The association estimates Alzheimer's could affect as many as 14 million Americans by the year 2050 — the equivalent of every man, woman and child now living in Pennsylvania, plus 2 million more.

"Chances are, this is going to catch up with you or your relatives or your friends," says Dr. David Fields, a Wilkes-Barre geriatrician.

"It's not just the medical profession is not ready, the country is not psychologically ready. This is an illness that's very many times greater than the problem with AIDS. It's an illness few families can avoid."

That is particularly the case in Luzerne County, where one in four county residents — 84,315 people — are 60 or older, according to the 1990 Census. Only four Pennsylvania counties have more of the oldest residents, those 75-plus, than does Luzerne County.

Dr. John Della Rosa

At the Geisinger Wyoming Valley Medical Center in Plains Township, Dr. John Della Rosa, a neurologist, says he diagnoses one or two cases of Alzheimer's a month in his office and more in medical center patients admitted for other reasons.

At diagnosis, Della Rosa says, "The family is somewhat shaken and the patient is like, 'Alzheimer's disease? What's that?'"

A profound loss of memory

Alzheimer's was first identified by German neurologist Alois Alzheimer 85 years ago. In a medical journal, Alzheimer described a 51-year-old woman who was jealous and thought someone wanted to kill her. She also shrieked and was forgetful.

For years afterward, the disease was called "senile dementia" or mistaken as "hardening of the arteries" and written off as an inevitability of old age.

Nowadays, neurologists and other physicians can diagnose probable cases of Alzheimer's only by excluding scores of other problems, like drug interactions, depression and stroke.

In the Aug. 22 edition of the British medical journal The Lancet, researchers from Indiana and California reported early success with a test that appeared to detect Alzheimer's in those with a rare inherited form of the disease.

Only six people were involved in the study. One of them, a 39 year old, had low levels of a protein in his spinal fluid, as did Alzheimer's patients who were studied. Further testing revealed the person had early signs of Alzheimer's: impairment in memory, information processing and conceptual reasoning.

But, the researchers noted, it remains to be seen whether the test will become generally applicable. They don't yet know whether the test will work for those with non-inherited Alzheimer's, the most common type.

For now, a diagnosis of probable Alzheimer's can be confirmed only by an autopsy. In some areas, doctors do brain biopsies while the patient is alive, but local doctors say that procedure is almost never performed here.

Among the most common symptoms of Alzheimer's are confusion, disorientation, the inability to communicate and a failing ability to perform even simple tasks.

But the trademark symptom is memory loss.

Patients forget little things at first, then more and more. Finally, they forget their achievements, their relatives, even their own names.

"It's not just trouble finding a word, which everybody does as you grow older, but forgetting that you forget," explains Dr. Joseph P. Chollak Jr., a family practitioner in Forty Fort and Centermoreland.

Living in the past

At the Riverside Adult Day Care Center in Plains Township, where most of the clients have Alzheimer's or another form of dementia (loss of mental functions), that short-term memory loss is painfully apparent in a morning reminiscing group.

Clients, many of whom don't remember what they ate for breakfast or how to dress themselves, can nonetheless dig deep into their memory, dredging up recollections of outhouses, old wringer-washers, quilting bees and long underwear with the drop-seat.

"My father worked in the mines and every night when he came home, I washed his back," says one woman.

Victims might undergo personality changes, too, or wander, another symptom of the disease.

Those who work with Alzheimer's patients say the patients seem to know something is amiss.

"We often hear patients say, 'I have a funny feeling in my head and I don't know what it is,'" says Diane Bartoli, founder of the Riverside Adult Day Care Center.

After a person has been diagnosed, Alzheimer's can drag on for up to 20 years, but is always fatal. At the end stages, victims lose controls of their bowels and bladder, ending in diapers. "Unable to move, to swallow, to think," they usually die of an infection, says Della Rosa.

'It wasn't my mother'

Deaths from Alzheimer's, though often attributed to other causes, have been increasing in both Pennsylvania and Luzerne County, according to the State Data Center in Harrisburg. In 1990, the last year for which statistics are available, 16 county residents and 615 Pennsylvanians died of Alzheimer's.

Nationally, the Alzheimer's Association estimates about 100,000 people a year die of Alzheimer's. The only bigger killers are heart disease, cancer and stroke.

Among the most famous victims have been Rita Hayworth and Norman Rockwell. But hundreds of thousands of lesser-known Americans — of all races, economic backgrounds and educational levels — have died from Alzheimer's.

The earliest diagnosed case was in a 28-year-old. But despite the jokes when a Baby Boomer misplaces keys, Alzheimer's is rare in people younger than 65.

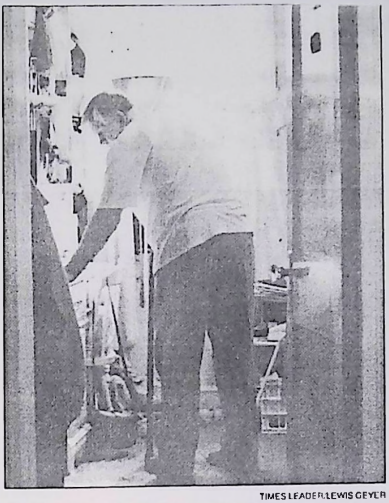
A typical patient was Anice Lupas of Plains Township, who was diagnosed with Alzheimer's at age 67 and died four years ago when her immune system failed.

Anice's daughter, Bartoli, noticed something awry when she and her husband took over an insurance agency Anice and Tony Lupas had run from their home.

"She started out by repeating herself a lot," says Bartoli, "and I noticed mistakes in the checkbook she normally wouldn't make."

After years of deteriorating, Anice Lupas was placed in a nursing home. Bartoli, now 53, still remembers how she'd sit in her car in the nursing home's parking lot, crying, unable to visit for more than a few minutes.

"It broke my heart to look at what she had become. She had shrunk to a person half her size who gazed into space. It wasn't my mother," says Bartoli, who



TIMES LEADER/LEWIS GEYER

■ Jerry Urban walks around his Kingston home with a cane

Chances are, this is going to catch up with you or your relatives or your friends.

— Dr. David Fields
Wilkes-Barre geriatrician

knows a little about what was going on in her mother's brain when she had Alzheimer's. Cells were knotted into "plaques and tangles that look something like spaghetti or yarn," she says.

Even scientists don't know a whole lot more.

A great mystery

Despite research that has gained steam during this decade dubbed The Decade of the Brain by President George Bush), basic aspects of Alzheimer's are not well understood.

"Alzheimer's disease is in many ways one of the great mysteries in modern medicine," said Dr. Gene D. Cohen, acting director of the National Institute on Aging, in a recent telephone interview from his Maryland office. "It's really emerged as a kind of whodunit."

Dr. Gene Cohen

Scientists do know that the "plaques and tangles" Barron spoke of are much more prevalent in the brains of Alzheimer's patients than in their peers who did not have the disease. Plaques are clumps of degenerated nerve cell endings. Tangles are masses of twisted filaments that clog brain cells.

Dr. Gary Ross of Scranton, the area's only neuropathologist, says that the brains of Alzheimer's patients look different.

Instead of being close together, the folds of the brain are further apart — separated like grooves in the shell of a walnut.

The brain's gray matter, where nerve cells are located, has shrunk because neurons (nerve cells) have died. Particularly hard-hit are the frontal and temporal lobes of the brain, which control thinking.

Everyone loses brain cells during their lives. But an Alzheimer's brain, Ross says, weighs less than a non-diseased brain: about 1,100 grams (2.42 pounds) compared to about 1,200 to 1,400 grams (2.64 to 3.08 pounds) for someone without the disease.

Using special stains, he prepares some brain tissue for closer examination. If the patient has Alzheimer's, Ross can see plaques and tangles under the microscope.

Theories abound about what causes Alzheimer's. Among some of the potential causes that have been implicated are defective genes, a shortage of certain brain chemicals, brain proteins that act oddly, a "slow" virus, aluminum that accumulates in the brain and defects in a person's immune system.

So far, scientists know of no effective treatment for the disease, though doctors can treat some symptoms, like sleeplessness and depression, with drugs.

Pharmaceutical companies meanwhile are scrambling to develop an effective treatment. Of 13 medications being developed, the one closest to public availability is tacrine (brand name Cognex) which some area physicians are now testing. It is awaiting approval of the U.S. Food and Drug Administration.

A Clarks Summit woman whose 69-year-old husband has just started using Cognex says her expectations are "as high as they can be." Her husband, an executive who is still working, has shown early symptoms of Alzheimer's, including short-term memory loss.

"The whole thought of it is terrifying," says the woman, who says she hasn't told even her closest friends about her husband's illness. "Nobody expects that is the way the so-called golden years are going to be."

Tacrine and some other still-experimental drugs work by bolstering a key brain chemical, or neurotransmitter, called acetylcholine. Essential to learning and memory, acetylcholine has been

In their own world

In the meantime, most Alzheimer's patients are being cared for at home, primarily by their spouses and children.

One such patient is Elizabeth Shultz, who is cared for by her 65-year-old daughter Betty Gerlak and 67-year-old son Frank. Frank quit his job for a Pottstown pie company to move with Elizabeth to Luzerne. He and Betty share caregiving responsibilities with an older sister, who helps on weekends.

Other Alzheimer's patients are enrolled in adult day care programs springing up across the country. And many live in nursing homes.

A study in the journal "The Gerontologist" last April reported that 70 to 80 percent of the nation's 1.3 million nursing home residents are thought to suffer from some form of dementia. (Alzheimer's is the most common form of dementia.)

Increasingly, nursing homes are adding special Alzheimer's units just for dementia patients. About one in 10 nursing homes now have such units, according to researchers.

The Jewish Home in Scranton, which takes residents of all faiths from throughout the region, is upgrading one of its floors into an Alzheimer's unit it will name after benefactors Harry and Jeanette Weinberg.

Saint Luke Manor in Hazleton, which is affiliated with the Lutheran Welfare Service, added a 26-bed Alzheimer's unit in 1987 with a grant from the church-affiliated Wheat Ridge Foundation.

Another that has added a special unit is the 180-bed Leader Nursing and Rehabilitation Center East in Kingston, part of a Maryland-based company called Manor Health Care.

Leader opened its 28-bed Arcadia Unit (Arcadia refers to a Greek province known for pastoral simplicity and happiness) in January of 1991. Eventually, Leader plans to expand the unit to 60 beds, says unit director Jacqueline Llewellyn.

In a morning orientation session, Activities Assistant Carol Coleman, cheerful as a cruiseship counterpart might be, welcomes residents to a circle where they toss an inflated ball, recite the Lord's Prayer and sing "You Are My Sunshine."

Though the residents may not be aware of the year or current events, some can recall that the jitterbug is a dance, that George Washington chopped down a cherry tree and that "still water runs deep."

At the region's largest Alzheimer's unit, a 60-bed floor of Allied Services Long Term Care Center in Scranton, residents love old movies, Lawrence Welk shows and children. They are in varying stages of decline due to Alzheimer's.

In one room, a man and his wife visit his sister. Mary, who will occasionally scream "Nature!" or "Irresponsibility!" Her relatives are puzzled by the significance of these words.

In another, an architect posts copies of intricate drawings he made in better times. "Mine," is all he can say when looking at them, says Charge Nurse Joy Yunko.

Down the hallway, some patients, accompanied by relatives who visit faithfully every day, are shuffling into the dining/activities room for lunch.

A relative observes that the residents seem at peace in their own world, while their loved ones suffer the impact of Alzheimer's on once-vital people.

A painting the residents chose seems to affirm that sentiment. Painted by Grandma Moses, it depicts idyllic pastures, mountains, streams and houses — a rural paradise, an Eden.

It's called "A Beautiful World."

COMING TUESDAY: *In a look at the caregivers, local families recount their experiences with Alzheimer's. "This disease cripples the family," says the brother of an Alzheimer's victim.*

SUNDAY DISPATCH
PITTSTON, PA
SUNDAY 12,500
NOV 2 1997

Wilkes University And PROJECT: HEAD To Sponsor Health Fair

PJ2SFP

The senior nursing students of Wilkes University are providing free health screenings at St. Cecilia's Church Hall, Wyoming Avenue, Exeter, on Thursday, Nov. 13, beginning at 9 a.m. and ending at noon. Rev. Daniel Hitchko, Pastor, is host.

Pictured from left are health fair participants, as follows: Debra Stemrich, Wilkes Barre; Theresa Cimino, Scranton; Lisa Nardone, Pittston; Teri Tryba, Wilkes Barre; Tara Gorman, Duryea and Will Shaver, Plains Township.

Standing from left are: John Amico, Pittston, Dorothy Wolfe, Wilkes Barre; Dr. Sharon Telban, Moosic, Wilkes University Faculty; Susan Maculloch, Sweet Valley; Mary Ann Daley, West Pittston, Project: HEAD Coordinator; Lillian Soverosky, Trucksville, Health and Welfare Chairperson, Project: HEAD Board and Dr. Ann Marie Kolanowski, Kingston, Wilkes University Chairperson, Department of Nursing.

For further information contact Mary Ann Daley at 822-7118. Project: HEAD (Help Experienced Adults Develop) is sponsored by Catholic Social Services of Wyoming Valley. Ned Delaney is Executive Director.

To: Jessica Bierbower
Intern For Human Relations

From: Sharon G. Telban
Associate Professor, Nursing

Date: April 2, 1996

Subject: WWW

Forgive me--I buried the original memo and when I uncovered it recently, thought I was far too late. Your reminder was indeed timely.

Origin: Moosic, Pennsylvania

Education: Pittston Hospital School of Nursing
Pittston, PA (diploma)

Wilkes (College) University
Wilkes-Barre, PA
B.S. Nursing Education
M.S. Education

The Pennsylvania State University
University Park, PA
M.S. Nursing (Concentration: Adult Health & Aging)
D. Ed. Higher Education (minor in Nursing)

Previous Work Experience:

Staff Nursing: Moses Taylor Hospital
Scranton, PA

Nursing Instructor: The Bryn Mawr Hosppital School of Nursing
Bryn Mawr, PA

Lecturer/Workshop Presenter:
The Pennsylvania State University

Instructor-Associate Professor: Nursing
Wilkes University

Organizations:

Sigma Theta Tau, International
Beta Sigma Chapter (Penn State)
Zeta Psi Chapter (Wilkes)
(currently)
Nominating Committee Chairperson
(past)
Faculty Advisor, Vice President

American Nurses Association
Certified: Gerontological Nurse
Pennsylvania Nurses Association
(currently)
Continuing Education: Reviewer
(past)
District #3 (Luzerne County)
President
Board Member
Nominating Committee

Presbytery of Lackawanna
Task Force on Older Adult Ministry
Committee on Preparation for the
Ministry

Moosic Presbyterian Church
Elder (Ordained)
Multiple Committees

S. Telban

Publications:

Professional Values of Nursing Faculty: An exploration of influencing factors. (D.Ed. thesis) UMI Dissertation Services #9428218, May, 1994.

Video Reviews: The Gerontologist, April, 1996

(complete bibliography if needed--call me at (H) 457-3953 or (O) 4084)

CL 1-13-02

From left are: AACN President Carolyn A. Williams, PhD, Mary Ann Merrigan, PhD, Chairperson of the Department of Nursing; Sharon G. Telban, DEd, Wilkes University Associate Professor of Nursing; Mathy Mezey, EdD, RN, Director of the Hartford Institute for Geriatric Nursing.

Wilkes Nursing Department is honored

The John A. Hartford Foundation Institute for Geriatric Nursing, in collaboration with the American Association of Colleges of Nursing (AACN) recently presented Wilkes University's Department of Nursing with an Honorable Mention Award for Exceptional Baccalaureate Curriculum in Gerontologic Nursing. Awards were given to three nursing schools: first place to The Medical College of Georgia; second place to The University of the Virgin Islands; and honorable mention to Wilkes University.

"To be chosen third in the country for the Hartford Foundation award is a testament to the quality of a Wilkes education in the Nursing field," said Mary Ann Merrigan, chairperson of the Nursing Department. "This is a great achievement for the department, the faculty, the University and the students."

Now in its fourth year, this national awards program was created to recognize model baccalaureate programs in nursing with strong focus on gerontological nursing and that exhibit exceptional, substantive, and innovative baccalaureate curriculum in this subject area. Beyond innovation, programs must also demonstrate relevance in the clinical environment and have the ability to be replicated at schools of nursing across the country.

"We are delighted to reward and showcase nursing schools at the forefront of preparing students through outstanding geriatric curricula," said Mathy Mezey, EdD, RN, FAAN, professor of nursing education and director of the Hartford Institute for Geriatric Nursing. "The 2001 winners should be proud of their contributions to geriatric care which serve as shining examples for other schools to emulate.

In its profile of the 2001 Award Winners, the Hartford Institute writes of Wilkes, "The philosophy of the Department of Nursing at Wilkes University encompasses the paradigm of nursing in a holistic sense. The focus on individuals within family units, within the greater community, provides the foundation for all practice courses. Nursing course s present normal human developmental processes, promoting health while introducing alterations from the healthy state. Human development with its accompanying crises and common maladies undergrids clinical courses which begin the sophomore year and extend for six semesters.

"The senior student enters the seventh semester with the skills and knowledge needed to meet the complex needs of the older adults in the community, in the home health setting, and as the frailest of elders in the nursing home. Content embraces normal age changes, problems inherent in the elderly population, the alternatives for living arrangements, financial resources, retirement, hospice care and dying. Students are made aware of services for elders as well as prevention activities which promote healthy aging."

> **"TO BE CHOSEN THIRD IN THE COUNTRY FOR THE HARTFORD FOUNDATION AWARD IS A TESTAMENT TO THE QUALITY OF A WILKES EDUCATION IN THE NURSING FIELD."**
>
> MARY ANN MERRIGAN
> CHAIR OF WILKES NURSING

Wilkes University's baccalaureate program in Nursing is approved by the Pennsylvania State Board of Nurse Examiners and is accredited by the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE).

Wilkes University is the only school in the region to offer an eight-credit course in gerontological nursing. The university also offers a Master of Science degree with a concentration in gerotology as well as a Post-Masters certificate in gerotological nursing.

For more information about the Nursing curriculum at Wilkes, call 1-800-WILKES-U.

WILKES COLLEGE OFFICE OF PUBLIC RELATIONS

FACULTY-STAFF INFORMATION SHEET

1980-81

NAME TELBAN, Sharon G. POSITION Assist. Prof.

Date of Birth 5-10-44 Place of Birth JENKINS TWNSHP PA

Address 1500 N. MAIN ST. AVOCA PA 18641 (a moosic resident.) Home Phone 457-3953

Marital Status Single To Whom When

Children and Dates of Birth

Date Joined Wilkes Sept. 1974 Other Positions Held at Wilkes (Include Dates)

AWARDED TENURE - MAY, 1981

INSTRUCTOR 1975-1980 LAB ASSISTANT - 1974-75

Previous Employment (Institutions, Titles & Dates)

The BRYN MAWR HOSPITAL School of Nursing - Nursing INSTRUCTOR - 1969-74
BRYN MAWR, PA

MOSES TAYLOR HOSPITAL STAFF NURSE 1964-66
SCRANTON, PA ASSIST. HEAD NURSE 1966-1968

COLLEGE INFORMATION

Colleges Attended	Dates	Degree	Major
PITTSTON HOSPITAL School of Nursing	1961-1964	Diploma	Nursing
Wilkes College	1965-1969	B.S	Nursing, Education
Wilkes College	1974-1979	M.S	Education
The Pennsylvania State University	1976-1980	M.S	Nursing

High School Attended Moosic High (now Riverside School District) LAVERNE, PA

Location Moosic PA Years 1958-1961

FACULTY-STAFF INFORMATION SHEET
(Page 2)

Military Information (Optional)

Dates of Service — Branch —

Rank on Discharge —

List all Honors, Decorations, etc. —

Please list extra-curricular activities; professional memberships; honors or awards received; varsity athletics; business and social fraternities; scholastic Honors; etc. (Use reverse side if necessary.) Sigma Theta Tau; Member: American Nurses Association (PA Nurses Assoc - District 3 Program Committee National League for Nursing; American Heart Assoc. Program Comm.; Elder - Moosic - Presbyterian Church; Penn State / Wilkes Alumnae Assocs.

Please list research and teaching interests. (Use reverse side if necessary.)

1. Variables affecting attrition
2. Relationship between death Anxiety and Hospice
3. Adults Health & Aging
4. Gerontology
Registered Nurse Knowledge of

Hometown Newspaper or Professional Publications to which you would like releases sent:

Scranton Times

American Journal of Nursing

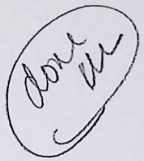
Please add any additional information about yourself that would help us in keeping our files up-to-date.

AWARDED TENURE - MAY, 1981

Please Return To:

PUBLIC RELATIONS OFFICE
WECKESSER HALL

Brief Resume
VIP Day Introduction



Sharon G. Telban

Live in Moosic, Pennsylvania

Academic Rank: Associate Professor, Wilkes University

Education:

Pittston Hospital School of Nursing: nursing diploma

Wilkes College:

B.S. Nursing Education

M.S. Education

The Pennsylvania State University:

M.S. Nursing: Concentration Adult Health and Aging

D.Ed. Major: Higher Education, Minor: Nursing

Fellowship: Delaware Valley Geriatric Education Center: Principles of Geriatrics for Educators: An Interdisciplinary Traineeship in Geriatric Education

Certification: Gerontological Nursing by the American Nurses Credentialing Center

Nursing Experience: Began as staff nurse at Moses Taylor Hospital, Scranton—became Assistant Head Nurse—left to return to school:

Taught medical-surgical nursing at The Bryn Mawr Hospital School of Nursing—Left for a position at Wilkes and to return to school again.

At Wilkes: held many positions: Director of Nursing Learning Resource Center, clinical and class faculty in medical-surgical nursing, in long term care, and in a variety of setting with senior practicum students. Teach content in undergraduate program related to aging, leadership, professional issues.

Specialty Area: Gerontologic nursing—working with elderly people. Coordinator of the Gerontologic concentration in the Master's Program in Nursing.