Welcome Spring! Tolstoy’s Anna Karenina proclaimed, “Spring is the time of plans and projects.” Here at the School of Nursing, we welcome spring with new projects and ideas for other future projects.

We are excited to launch a pilot project of our International Nurse Remediation Program (INPR). This program will help internationally-trained nurses qualify to sit for the California NCLEX exam. As a Scholar in the Sigma Theta Tau International (STTI) Experienced Nurse Faculty Leadership Academy, Dr. Gayle Kipnis, SON Assistant Director, identified a need to provide courses specifically designed to meet the needs of internationally-trained nurses. Our first cohort of six students will enroll in obstetrics theory and clinical courses this summer. We hope to grow INPR for other specialty course needs in the future.

Dr. Paul Herman, SON Assistant Director, is also engaged in a STTI Leadership Academy. As a Scholar in the Emerging Education Administrator Institute, Dr. Herman plans to create an environment of shared support and caring to help endear community, preserve scholarship, and cultivate teaching practices at the School of Nursing and is developing a mentoring model.

The School of Nursing is collaborating with community colleges in our service area to explore the idea of adding a Concurrent Enrollment track to our RN to BSN program. This plan was borne out of a joint meeting of nursing directors at community colleges and universities where we discussed benefits of a streamline approach for associate degree nursing students to obtain a bachelor’s degree by working on both degrees concurrently. Jan Ellis, RN to BSN Coordinator, the CSU Chico Research and Sponsored Programs, and I coordinated with nursing directors at College of the Siskiyou, Mendocino College, Shasta College, and Yuba College to submit a grant to explore this option for the north state. Stay tuned for updates!
Spring is also a time to welcome new life and new life adventures.

Congratulations to Candice Sawyer, Administrative Support Assistant, on the birth of her daughter, Willow Rose, who was born of February 13th. Welcome to the School of Nursing family, baby girl!

While Candice has been on leave, we have been fortunate to have Chloe Maday step in. Having worked at the CSU Chico Mathematics Department, Ms. Maday has brought a wealth of knowledge and skill to help us this spring semester.

Kappa Omicron Chapter of Sigma Theta Tau International (STTI) will induct new members on May 4th at the Enloe Conference Room. If you are a nurse leader and interested in becoming a member of STTI as a community leader, please contact me before April 19th.

Dr. Fay Mitchell-Brown, Associate Professor, will be taking sabbatical next year to conduct research in Oaxaca Mexico. She will create a toolkit for faculty and students to use for diabetes self-management in diverse populations. Congratulations are also in order for Dr. Mitchell-Brown for receiving the University’s Professional Achievement Honor. President Hutchinson noted that this honor “recognizes exemplary teacher-scholar achievements on our campus.” Dr. Mitchell-Brown was recognized for her passion for engaging students locally and globally, including focusing on health challenges in Ghana, teaching a Global Health and Culture class in Costa Rica, and using digital storytelling as an innovative way to engage Chico State nursing students.

We recognize our retirees for their contributions to the School of Nursing and to the nursing profession. Alice “Jean” Shackelford retired from her faculty position last fall, but continues to coordinate the RN Refresher program at the Rural SimCenter. During her time at the School of Nursing, she served as our Assessment and Evaluation Coordinator where she gathered and interpreted data from students, employers, and faculty to assess and evaluate the quality of our courses and our programs. We appreciate your commitment to quality assurance.

Dr. Irene Morgan and Mr. Carl Pittman will be retiring as tenured faculty but both will remain with the School of Nursing part-time through the University’s Faculty Early Retirement Program (FERP).

Dr. Morgan, Professor, has been teaching at CSU Chico since 1988. Dr. Morgan serves as the Graduate Program Coordinator and was the honorary commencement Marshall in 2016. She has taught graduate courses including nursing research and theory, advanced nursing role, instructional process in nursing, and research thesis proposal, as well as...
served on many graduate thesis committees as chair and as second reader. She has also taught pediatrics, family nursing, and community health nursing for our undergraduate students. In addition, Dr. Morgan also serves on the College of Natural Sciences Personnel Committee.

Carl Pittman, Associate Professor, has taught a variety of medical-surgical nursing courses and serves as the advisor for the Men in Nursing club. He is active in the University’s California Faculty Association as the representative for the School of Nursing, and has taken on the role of Faculty Rights Chair. In addition, Mr. Pittman is also a member of the Senate and serves as Chair of the Faculty and Student Policies (FASP) Committee.

Deanna Persaud will be wrapping up her 5th year of FERP status and will be full-time retired after this spring semester. We appreciate Ms. Persaud for her expertise in medical-surgical nursing and her commitment to excellence in nursing education.

We are fortunate to have the opportunity to hire two new tenure-track faculty who will join our outstanding team in the fall. We are currently conducting interviews and will announce our decision later in the spring.

Thank you for all you do to support student learning and excellence in health care.

In health,
Karin L. Lightfoot

Kären Embrey Edwards
CRNA, MS, EdD.

Dr. Embrey Edwards joined the CSU Chico Nursing faculty part time in January 2019 where she is co-teaching section 2 of Nursing 400 with Dr. Sherry Fox.

Before joining CSU Chico, Dr. E was an associate program director and assistant professor of clinical anesthesiology in the Doctor of Nurse Anesthesia Practice Program of Nurse Anesthesia in the Keck School of Medicine of the University of Southern California where she was on faculty from 2006 to 2019. She has recently relocated to the Chico area after her husband retired from a long career in automotive design.

Dr. E is a prior graduate of the USC Program of Nurse Anesthesia Master’s Program in 2006. She received her Doctor of Education from the USC Rossier School of Education in 2012.

From 2006 to 2017 she enjoyed full time clinical practice as a faculty CRNA (certified registered nurse anesthetist) at the Los Angeles County LAC+USC Medical Center, where she provided instruction for anesthesia trainees (paramedics, graduate nurse anesthesia students, medical students and oral surgeons) as well as direct clinical services for a wide range of patient populations including emergency and trauma surgical cases. Prior to this she was a Trauma Nurse Specialist, Mobile Intensive Care Nurse and emergency department nurse manager.

Dr. E’s research interests involved cognitive task analysis to inform instructional design of an anesthesia practice skill, tracheal extubation, and application of this instruction in the simulation laboratory with anesthesia trainees. Her clinical interests include trauma and neurosurgical
Sherron Prosser is one of the newest faculty here at the SON. She is co-teaching N283 and team teaching N284- both Semester 1 Nursing Fundamentals. She is also co-coordinator for the Skills Lab. Sherron is honored and blessed to be here. Her nursing education / career is a rather long & winding road. After earning her LVN and ADN-RN at Butte College she entered the BSN program here at Chico State, and finally earned her MSN.

Sherron has been married to her wonderful husband, John, for 44+ years. They have 4 children (2 boys/2 girls) their oldest daughter, Katie, passed away in 2006. Their sons, Thomas & James, are both Chico State alum (one English major, the other Computer Science). Their youngest daughter, Melodie, graduated from Sac State with a BS in Social Work.

Sherron was born in Nashville Tennessee. She loves animals, music, and crafting (mostly stamping & scrapbooking). Her horse, Tobias, is her self-care! She is a vocalist and loves to sing! In fact she earned a full ride scholarship to San Jose State for music as a senior in High School- but I wanted to be a nurse (that was a very difficult conversation to have with my parents, turning down that scholarship). Her husband is a musician and they have had several bands over the years.

When not teaching or with her horse, she works part time at Enloe in Case management. Due to the Campfire Sherron and her husband have relocated from Magalia to an apartment in Red Bluff. They are enjoying driving around and discovering the area.

She has worked in various capacities as a nurse: hospital, private duty, skilled nursing facility, hospice nurse, Hospice Director, Clinic Nurse, Conference Presenter, Public Health Nurse CCS Case manager, and 15 years working for various tribal entities in Butte County as a PHN/Outreach Director/Emergency Preparedness Coordinator in the Native American Health Clinics within the community.

She is a member of Sigma Theta Tau/Kappa Omicron, speak sign language and a bit of my native Cherokee and Choctaw. She is also learning to sing in Cherokee. Since 1996 she has been the chair of the annual Paradise Pow Wow. Unfortunately with the fire that is on hiatus for the time being.

She looks forward to meeting each of you & learning about you all.

Rich Burton RN, BSN

As an Alumni of CSUC nursing program (Dec 2013), Rich is thrilled to begin his teaching career at his alma mater. After graduation, he has worked for Enloe Hospital. Most of his time has been spent on the Surgical Unit, but his last stop was at Enloe Rehabilitation center, which he enjoyed very much.

Rich graduated in December 2019 with his MSN in Nursing Education from Capella University. Currently he is a part-time faculty member teaching N284 Nursing Fundamentals. He is excited to advance his career in nursing education, so far it has been a wonderful experience. Teaching is something he has always saw himself doing later in life, but he very glad he made the transition into education earlier in his career than anticipated.
I remember being in middle school telling my friends that one day I was going to go to Chico State. I had chosen the school because it was far enough away from home and it had a beautiful campus. I guess you could say that I was one of those children that liked to plan. It made my life much more stable knowing what would happen next. I wish someone would have told me to relax. When I transferred to Chico State from a community college, I was really excited to finally attend the school I had dreamed of and get accepted into the nursing program. My first semester of applying to the nursing program was a dud. I got rejected or maybe not rejected just encouraged to apply again the following semester. So I did. I was ready to begin this new adventure and to check off another dream off my list. However, life has a way of showing you that rigidity can push you to the point of breaking.

During my years in the nursing program, I suddenly felt my career path shifting. I spent most of my time wondering why people were coming to the hospital in the first place. How could I prevent this from occurring? When I asked my nursing instructor these questions, she encouraged me to look into public health. After graduating from Chico State’s nursing program, I decided to take a leap of faith and pursue a Master of Public Heath degree at Drexel University. During my time in graduate school, I found that having a nursing background really placed me at an advantage for opportunities over other students. I had an internship at a children’s hospital to assist the quality improvement department in understanding their readmission rates. I spoke directly with families about their needs and concerns regarding their child’s readmission and many spoke about feeling unheard or dismissed for their concerns during discharge. This internship led me to helping a managed care organization, Camden Coalition of Healthcare Providers, with their readmission rates among medically complex children. I think it’s important to note that as you continue in your educational journey your previous work experience sets the precedent for other opportunities.

What am I doing now?

I am a Public Health Nurse Home Visitor for Nurse Family Partnership. Our clients are low-income first-time mothers, who enroll in the program during their pregnancy and are assigned a nurse, like myself, to visit them in their homes and provide health, wellness and social services until their child turns two. During this time, I screen children for developmental delays and provide parents with information to support their child meeting these developmental milestones. My job is flexible in what we are able to do for our clients. We have a number of established committees dedicated to addressing issues that arise in the population we serve. I serve on the policy committee which examines system-wide issues that our clients encounter. Most recently, I agreed to testify on behalf of children exposed to lead-based paint and contaminated dust during Philadelphia City Council hearing.

Over time, I realized that nurses have incredible insight into what happens on the ground whether that is in the homes, in the hospital or in community centers. Leveraging our knowledge to impact policy legislation has been an interest of mine along my career journey. Prior to my time at Nurse Family Partnership and Camden Coalition of Healthcare Providers, I served as a Public Health Nurse for the Children’s Hospital of Philadelphia. During my time there, I collaborated on a pilot project to support children with lead-based paint exposure. From this experience, I learned the importance of advocating for policy changes to support children and families impacted by lead.

In my current role, I am a Public Health Nurse for Nurse Family Partnership. Our clients are low-income first-time mothers, who enroll in the program during their pregnancy and are assigned a nurse, like myself, to visit them in their homes and provide health, wellness and social services until their child turns two. During this time, I screen children for developmental delays and provide parents with information to support their child meeting these developmental milestones. My job is flexible in what we are able to do for our clients. We have a number of established committees dedicated to addressing issues that arise in the population we serve. I serve on the policy committee which examines system-wide issues that our clients encounter. Most recently, I agreed to testify on behalf of children exposed to lead-based paint and contaminated dust during Philadelphia City Council hearing.
California State University, Chico Nursing students offer volunteer aide and assistance to displaced people in one of the Nation’s largest wildfires in modern time. The Camp Fire was the deadliest and most destructive wildfire in California history to date. It was also the deadliest wildfire in the United States since the Cloquet fire in 1918, and among deadliest wildfires it was the fifth-deadliest U.S. wildfire overall. Named after Camp Creek Road, its place of origin, [the fire started on November 8, 2018, in Butte County, in Northern California. The fire caused at least 88 civilian fatalities, injured 12 civilians and five firefighters, covered an area of about 153,336 acres, and destroyed 18,804 structures, with most of the damage occurring within the first two days.

People choose to volunteer for a variety of reasons. For some it offers the chance to give something back to the community or make a difference to the people around them. For others it provides an opportunity to develop new skills or build on existing experience and knowledge. What is so great about volunteering?

In our professional life, volunteering many times provides a means of networking, collaboration, and even resume building with those in the communities in which we live. In our profession, it is often said that nurses like to take charge and get things done! Nurses develop leadership and managerial skills in volunteer positions they commit to. Student nurses find that many skills learned “on the job” as a volunteer to be directly transferable to nursing and healthcare in the future. These experiences may profoundly alter their nursing practice in ways that cannot be predicted. However, more than all else, volunteering touches our hearts and drives us to...
make a difference in the lives of those in need. We simply find meaning in volunteering. Finding meaning in life is a reason that cannot be overstated. As healthcare providers, educators and leaders, we nurses see and learn so much in the course of schooling and careers. While, we can, find meaning in nursing, it is also important to seek meaning outside of the workplace, and volunteerism is a powerful avenue for such a purpose. From assisting at the shelter or serving meals in the local soup kitchen or food pantry, volunteerism feeds our souls.

In a letter to the students and faculty who volunteered at the Neighborhood Church evacuation center, Dr. Karin Lightfoot, Director of the School of Nursing at California State University, Chico recently wrote:

I want to thank you again for all that you did at the shelter in response to the Camp Fire evacuation. I am so proud to have each of you represent the CSU Chico School of Nursing! The work you did provided much needed care and support during such a difficult time in the lives of our friends and neighbors.

From the first day of the shelter and all through the first week in operation, 24 hours around the clock, 79 student-nursing volunteers and 20 faculty logged more than 985 student hours and 200 faculty hours. Many more behind the scenes hours by the school of nursing staff made this effort a truly selfless and giving time in our community’s greatest hours of need.

On November 30th, The School of Nursing hosted a Post-Shelter volunteer gathering to express our gratitude for the generous gift of time and talent. This allowed students to debrief, share thoughts, and provide support to each other. Dr. Gayle Hutchinson, President, California State University, Chico addressed the students and faculty and expressed her thanks and gratitude. She expressed in her comments she couldn’t be more proud of the students, the School of Nursing, and the University as we truly exemplified the meaning of community and the spirit of the nursing profession during this terrible time.

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The faculty and staff of the School of Nursing would also like to extend to you our personal thanks, appreciation, and gratitude for your service beyond yourself. You are truly amazing young men and women and we know you will continue to make a difference in our world.

Respectfully Submitted,
Paul C. Herman
Assistant Director
Associate Professor of Nursing
Master’s in Nursing

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Congrats! Fall 2018 Grads

Congratulations Fay!

Faculty member Fay Mitchell-Brown was awarded one of the University’s Professional Achievement Honors, which recognizes teacher-scholar achievement at CSU Chico.
Dozens of cots lined the church gymnasium in tidy rows, a stark contrast to the chaos from which Camp Fire evacuees fled. Every face reflected the effects of exhaustion mixed with terror, the air of uncertainty as thick as the smoke outside.

Anna Lee was careful to visit as many evacuees as she could. She was one of many Chico State Marriage and Family Therapy (MFT) graduate students and School of Nursing students who mobilized to support Camp Fire evacuees’ mental and physical wellness as the need to provide a wide range of care became abundantly clear.

The vast majority of evacuees were tired of talking and rehashing the horror. Some were approaching the mental breaking point of being cooped up with nowhere else to go, and others expressed suicidal ideation. After counseling those she could, Lee turned to other simple yet important tasks. She walked dogs, made pharmacy runs, and fed children dinner so parents could take 30 minutes to talk about what lay ahead.

“I hope people realize that you don’t need to be in an MFT program or have initials after your name to be useful during this time,” she said. “You have to be a human being that cares, you need to be able to listen, you need to be able to make eye contact, and you need to be able to provide empathy and understanding.”

The instant exodus from hills of Butte County following the deadliest and most destructive fire in state history exposed many of the area’s most vulnerable of residents, including older adults with mobility issues, those who were being medically treated at the time of the evacuation, and those...
In the early hours of the Camp Fire evacuation, Chico State nursing faculty and students established a clinic at centers like Neighborhood Church. Here, student Isaac Padilla, faculty Darcy J Hostetter-Lewis, and student Jennifer Lefort triage those who were displaced and need medical attention.

Mobilized by Butte County Public Health, Chico State nursing students arrived at another evacuation shelter across town and began pulling tables from storage spaces to create triage counters for the hundreds of patients they would soon have. They also helped haul in skilled nursing equipment and other supplies being unloaded in the parking lot.

Nursing student Derek Reichel, who expects to graduate this month, helped address basic needs with primary healthcare, triaging and taking vitals, and addressing immediate medication essentials.

“A lot of people just had to leave [Paradise], and they left their pill boxes at home,” Reichel recalled. “The first couple of days we were doing medication reconciliation and finding out where to fill prescriptions for medications from other places.”

As the shelter shrank from around 600 evacuees to about 300 within the first few days, the students continued treating patients and streamlining operations. Reichel, a former Marine who served from 2008 to 2012, helped establish isolation rooms inside the church to limit the spread of norovirus while supporting other needs as they arose.

One night, a shelter security officer reported finding a woman lying inside her van in the parking lot. Overnight temperatures in Chico had dipped to near freezing, so Reichel joined other nursing students and a nursing instructor to inspect.

“It turns out she had late-stage dementia, and she wasn’t really sure what was going on,” Reichel said. “We don’t know how long she’d been in there.”

The woman was lying awake with no heat, and her only source of warmth were her two black Labrador retrievers huddled on either side of her. After assessing the woman, it was clear she needed additional care, so she and the dogs were driven to a nearby Red Cross shelter.

“I highly suspect that if those dogs weren’t keeping her warm, she probably would have died,” he said. “She was about 200 feet from the evacuation center.”

The nursing students, who had been scheduled for a disaster preparedness simulation the following week, found themselves immersed in a real-world scenario while also collaborating with other agencies. It wasn’t uncommon, Reichel said, for licensed nurses and physicians to ask the students for direction on what to do.

“I’m a student in scrubs that say Chico State... This is the first event where being a student didn’t really matter as much,” he said. “It actually made me feel like a real nurse for the first time.”

Chico State Marriage and Family Therapy (MFT) students Joe Smith (top), Victoria Burke, Anna Lee, and Inna Lukyanov (left to right) volunteered to help those recently displaced by the Camp Fire.
And the general and varied nature of the work Reichel did put what he’d learned to this point into perspective.

“It’s not just passing medications or doing procedures,” Reichel said. “It’s being there and listening to people.

The MFT students also did their best to provide hope in an otherwise overwhelmingly difficult situation.

“When I was there, I was just tuning in to people,” Lee said, “being there as a human being, providing eye contact and empathy, letting them know any feelings they have are normal.”

“It was like we were first responders for emotional support,” added MFT graduate student Victoria Burke.

This support could mean digging through mounds of donated clothes in search of a single shirt to fit an exhausted evacuee, driving someone to a pharmacy to fill a much-needed prescription, and cleaning cat litter boxes.

As the days crept by, Lee noted evacuees grew increasingly agitated, asking when and where they could go, as the close quarters were beginning to fray at nerves of many who were so used to living in more isolated situations.

“Let’s face it, if they had somewhere else to go, they would be there,” Lee said.

Acknowledging and understanding that framework sometimes meant pulling aside someone who was disrupting others and walking around the block with them, or driving around town just so they could vent.

MFT graduate student Inna Lukyanov walked around the shelter checking in with evacuees and asking if they needed anything, whether a bottle of water or navigating smartphones provided by Verizon and T-Mobile so they could connect with loved ones, often checking in for the first time since leaving Paradise.

“A lot of them had never used a smartphone before,” she said. “I showed them how to text their children, make calls, and turn the volume up and down.”

And yet, in the face of their own despair, Lukyanov noticed many evacuees expressing concern about their neighbors, asking about an elderly couple down the street, or following up on friends they weren’t able to check in with before they fled.

“It shows humans are caring creatures in a way you don’t always see in day-to-day life,” she said.

As the Camp Fire and its fallout are inevitably replaced by new headlines, the students agree the need to address and help the physical and psychological well-being of evacuees will remain for the foreseeable future.

“It doesn’t just stop here because school’s back in session. It doesn’t stop here because the news doesn’t talk about it,” Burke said. “The need will be here for many months, if not years, to come.”

“I think we’re all realizing that our work is just beginning,” Lee said.
Red skies illuminate Adventist Health Feather River hospital on Nov. 8, 2018. Photo courtesy of Paul Weingartner

BY PAUL WEINGARTNER

NOTE: The Camp Fire tore through Paradise, Calif., the morning of Nov. 8, 2018. At least 48 people have been confirmed killed at the time of publication, with more still missing. What follows is a personal account of Paul Weingartner, formerly of Moscow, Idaho, who is a nurse at Adventist Health Feather River in Paradise. Some details may be disturbing.

I was at work in the emergency department at Adventist Health Feather River hospital on the morning of the fire. Those of us who arrived at 6:45 a.m. to start our shift noticed the initial plume of dark smoke rising over Feather River canyon. Due to extremely dry conditions and high winds, and the fact that the hospital sits on the edge of the canyon, we immediately activated our Incident Command Center and prepared for an evacuation of the hospital.

All patients had to come through the emergency department: patients in wheelchairs awaiting scheduled surgeries, an intubated ICU patient and other critical patients in hospital beds, a brand new mother after a cesarean birth, and several newborns from the Birthplace Center, etc. Evacuation was completed via private vehicle, ambulance, and law enforcement vehicle by about 8:30 a.m. as the fire glowed and thick black smoke began to hover over the hospital. At 8:45, officials strongly recommended that hospital employees evacuate as well.

By this time, Feather Canyon clinic, the “old” hospital between the canyon and the new hospital, was on fire, as were several other outbuildings — education, human resources, physical plant — and the open grass areas around the helipad and adjacent to the parking lot were burning.
Embers the sizes of small stones were dropping on the cars lined up to leave the parking lot.

By the time I pulled out, the road we were instructed to take away from the hospital was impassable due to the high traffic volume of the general evacuation, and I was abruptly rerouted in the opposite direction. This put me on my normal route away from the hospital and was mostly free of traffic. I felt relatively safe.

This was a short-lived feeling, however. The crossroad that would take me over to the main highway back to Chico is a road that dips down into a deep gully. The land and homes on the passenger side of the car were already burning, and the smoke had created the profound darkness of night. As I got to the bottom of the ravine, I was in a line of cars that slowed to a near standstill.

Soon the fire jumped the road, and I found myself at a standstill in between 60 to 70-foot-high evergreens in flames. Embers and debris were dropping everywhere, and the smoke and heat made it difficult to breath. The wind sounded like the exhaust of a jet engine, and the car was buffeted steadily. Drivers began to move slowly from roadside to roadside to avoid flare ups, and we began using both lanes, fearing (I presume) that we would not be able to get out of the gully before it was completely engulfed.

I began to realize that I might not make it out, that I would be burned in my car or, my worst fear, suffocated. I had no cell service in the ravine, and I couldn’t call my family to say goodbye.

As these thoughts were coming into my head, and I was trying to resign myself to a stupid death, the side door burst open and a guy jumped into the passenger seat. I recognized him immediately as Josh, a hospital employee. He quickly explained that his car, several vehicles behind mine, had stalled and caught fire and he had to abandon it. It was too hot to run in that heat.

We made our way, inch by inch, up the road out of the ravine. A driver in a VW Bug in front of us kept stalling and finally got out of her car and into a truck next to her.

Then she got out, reached back into her car, and pulled out a small dog. She placed the dog in the truck, then reached again into her car and pulled out another small dog. At this time, flames are lapping at the rear of my car, and I am concerned the gas tank might explode. We had already heard several explosions, probably airbags, gas lines, propane tanks, etc. She placed the dog into the pickup, and once again climbed into her car.

All of this seemed to happen in silly slow motion. It only took a few seconds, seconds that felt like minutes turning into hours, before she pulled a very reluctant and large furry dog—looked about 80 or so pounds—out of the car, and hefted it up into the pickup. Then she finally climbed in herself. I went around her car when I could and, following the pickup, continued up the grade, in fits and starts, hoping I would not stall my own car.

The truck I was following went to the left around another pickup that had been abandoned but then had to stop. I skirted the abandoned truck on its passenger side, driving onto the hillside, through the fire, before pulling back in front of the truck. I noticed another pickup ahead and, to my left, in flames, its passenger door opened and a charred leg sticking out.

From behind me I heard the unmistakable sound of tractor treads and soon saw a bulldozer with a CalFire employee coming up from behind and pushing abandoned and burning cars off the road.

I followed the tractor to the top of the hill.
Once at the top, I was ordered by CalFire to follow several other vehicles to the left into a large field. I sheltered here with about a dozen other vehicles for about 5 minutes or so before we were instructed to return the way we came and head back to the hospital parking lot.

The road we had been traveling on toward the main highway was apparently blocked, and the main crossroad was engulfed. I did not want to go back into the ravine, but I followed directions, driving over burning tree limbs, downed power lines, and a road filled with embers.

At the bottom of the gully we passed Josh’s burning car and then made our way back up out of the ravine to the road that the hospital is on, passing burned-out, smoldering homes, and homes still in full-flame, ducking the fallen power lines.

When we arrived at the hospital parking lot, I got out of the car to look at the damage. Modern cars melt. The headlights and taillights were shriveled, the rear bumper was melted, the front quarter panels were warped and the wheel-well linings rubbed the front tires. The formerly gray paint was now a brilliant burnt bronze, cracked and flaking off. The antenna atop the car was melted to the roof.

At the hospital we set up a makeshift ER in the parking lot, under the large canopy entrance. Dr. Peck, the ER physician of record that morning, tasked me with being the charge nurse. We had several other nurses available to help: Cassie, an ER nurse; Jeff, the nursing director of the surgical unit; Allen, the nursing director of ICU; Sarah, the nursing house supervisor; Eva, our vascular access nurse; and Nichole, a surgical department nurse who also worked in the ER, and a couple others. Several pharmacy staff members were helping as well, as was our ER unit secretary for the morning, Darren.

One ER nurse and a friend named Chelsea arrived hobbling. She apparently had had to abandon her car and hurt her foot while running from the fire. Later I learned she had broken her foot. I got a 3D walking boot out of our ortho supply, and we fitted her with that so she could walk around easier.

We pulled out gurneys from the smoke-filled ER rooms and carts of supplies and equipment.

Someone went to the cafeteria and brought back flats of bottled water and carts of fruit, snacks, granola bars and candy. Most of the people who came — some by private vehicles, others by law enforcement vehicles and ambulance — were people who needed warmth and oxygen. We set up a walking-wounded area and began passing out blankets and connecting people to O2 cylinders.

Two more serious patients arrived. One was the previously mentioned woman with the fresh cesarean section whose evacuation ambulance had caught fire. She was brought back by another ambulance. Her pain was treated, and I found out her new baby and husband were safely at Enloe Medical Center in Chico. Another patient was an elderly woman with a reported stable brain bleed who was on palliative care. We got her out of the back seat of the SUV that had been tasked to evacuate her, placed her on a gurney, and treated her pain with morphine.

She died within the hour.

By now the rear section of the hospital was reportedly on fire. We decided to move everyone to the helipad, which is a large cement circle in the middle of a field behind the ER that had already burned. It took some time to move all the equipment and gurneys and patients down to the pad, but from there we watched as the rear portion of the hospital burned and sent thick black smoke into the air.
When we heard that a road out of the area had been cleared, we made plans to evacuate all of the patients once again, this time to Oroville, by law enforcement vehicle and ambulance. This took until about 1:30 p.m.

Once everyone was evacuated, and only law enforcement officers and firefighters stayed behind, I left to travel the same open road out of the area and back to Chico. It had only been about six or so hours since the fire had started, but most of Paradise was either burned out or still in flames.

As I drove, I saw burned-over lots and shells of homes and charred cars for miles from the hospital. Everything was either in flames or destroyed.

There are not sufficient words to describe the devastation I saw.

Paul Weingartner is a clinical faculty member for the School of Nursing at California State University, Chico. He is volunteering at the Red Cross evacuation shelter in Chico. Adventist Health announced that employees will be paid until February 5, 2019, with full benefits, retirement contributions and continued accumulation of paid-time off.

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Looking for ways to help?
The Chico State Wildcats Rise Fire Recovery Fund is set up to help students, faculty, and staff that were directly impacted by the Camp Fire. Donations will be used to provide for housing, food, school supplies, and more!

Donations can be made by texting WildcatsRise to 7177

Or

Visiting www.csuchico.edu/campfire
California’s Camp Fire: The disaster didn’t end when the flames went out

By Carol J. Huston | 04/02/2019

The sky above a Chico, California, street glows orange from the wildfire in Paradise, located 15 miles away.

It started like any other day. Little did I know the events of 8 November 2018 would impact my life and the lives of tens of thousands of other people in beautiful rural Northern California for years to come. For me, the day began uneventfully with a 7 a.m. committee meeting at Enloe Medical Center, where I serve as chair of the board of trustees. The center is located in Chico, a beautiful tree-lined community of about 100,000 residents. However, when I exited the conference center at 7:45, I saw a large black mushroom cloud off to the east. By the time I arrived home 15 minutes later, the cloud had changed to an amorphous, rolling bank of thick, black smoke that totally obscured the sun. Soon, small and large pieces of ash began falling—Armageddon-like—from the sky.

Trapped!
A quick check of local TV stations and county websites revealed that a fire had begun at 6:31 a.m. in Pulga, California, approximately 33 miles from Chico by car—21 miles as the crow flies. By 7:15, embers were setting houses ablaze in the nearby community of Concow. At 7:58, Butte County sheriff’s deputies reported being trapped, surrounded by fire in an area south of Concow. Dispatch advised them to stay in their vehicles.

By 8 a.m., Enloe Medical Center notified me that Adventist Health Feather River Hospital in
Paradise, a bedroom community 10 miles directly west of Pulga and 15 miles east of Chico, was being evacuated as a precaution. Because of extended drought and nothing but dry timber and pine needles to burn, the fire was spreading rapidly, accelerated even further by 40 to 50 mph winds. The medical center, together with local emergency and governmental agencies, dispatched every ambulance and helicopter available to aid in evacuating the 50-plus patients hospitalized in Paradise. No one realized how urgent the situation would quickly become or the personal risks these care providers would soon encounter.

**80 football fields a minute**
The next few hours are etched in my memory forever. The first official report of fire at the edge of Paradise came in at 7:59. Immediately, a dozen spot fires began within city limits. Los Angeles Times reporters Paige St. John, Joseph Serna, and Rong-Gong Lin II observed that the ember firestorm assaulted most of the town all at once—and that, within an hour, spot fires had spread halfway across Paradise, congealing into substantial house and yard fires. The firestorm, fueled by windstorms barreling in from the east, caused the Camp Fire—as it came to be known—to grow in the first few hours at a rate of almost **80 football fields per minute**.

There was little warning. A full evacuation of Paradise was never ordered. Emergency phone calls urging city residents to run from the massive fire failed to reach many who had signed up for notification. Indeed, phone logs show that the official warning system reached fewer than 6,200 of the 27,000 who lived in the ridgetop community. Documents released under California’s Public Records Act reveal that three of the city’s 14 zones received only warnings to leave—not mandatory orders—the morning of the fire. **No notifications** were sent to three other zones.

The problem worsened as the fire took down possibly as many as nine cellphone towers, and panicked residents jammed system capacity in the remaining towers. Many awoke to see flames licking at their doors, and the remains of scores of other residents were eventually found inside homes they never left. Some didn’t have cars; others wouldn’t leave pets behind. Some thought it was just another scare, and still others spent too long gathering things they couldn’t bear to leave behind.

**A maze of dead ends**
Escaping a fire in Paradise was always a concern. St. John, Serna, and Lin described the community as a “maze of haphazard lanes and dead end roads that paid no heed to escape” (para. 3). In fact, Paradise had only four exits, all requiring navigation along finger ridges and through forest canopy. The largest one exited due west toward Chico. In accordance with pre-established disaster planning guidelines, that road became a one-way, four-lane corridor out of town as soon as the emergency was declared.

News reporters set up cameras on that road, near the city limits of Chico, to talk with arriving evacuees. Those earliest to arrive told of driving through walls of flame and fearing for their lives. Soon afterward, cars with melted headlights, taillights, and tires began arriving. Car hoods and truck beds were on fire. Evacuees talked about the bedlam they encountered in fleeing Paradise: bottleneck traffic jams, streets made impassable by abandoned cars that had run out of gas, motorists trapped on dead-end streets, exploding transformers and propane tanks, and people running for their lives. They also saw hundreds of people seeking refuge in parking lots and commercial buildings never intended to be temporary shelters in a firestorm. Hundreds more had to ride out the fire until heavy equipment arrived to bulldoze escape paths for buses.

Teachers loaded their cars with schoolchildren in an attempt to escape the quickly approaching flames, while school bus drivers battled the firestorms to pick up the rest of the students. Many called family members to tell them they loved them and to say goodbye. After calling 911, a pregnant woman in labor waited for help for nearly two hours in the panic-fueled escape from Paradise. The emergency dispatcher told her to lay on the horn and scream for help. The woman and her baby were saved when a biker, paramedic, sheriff’s deputy, and other strangers fleeing from the fire stopped to help. One school bus driver said he picked up 22 students at an elementary school, knowing they were directly in the inferno’s path. He tried to comfort and distract the students, but ignoring the flames was impossible for the young children, many of whom started to cry and pray. As smoke began filling the bus, some children said they felt tired and nauseous. Tearing off his shirt, the driver ripped the cloth into pieces, doused the fabric with water, and showed the kids how putting the makeshift filters over their noses would help them breathe. That driver was behind the steering wheel of his bus for five hours with traffic often at a standstill and smoke obscuring his view, but he eventually delivered all the children to safety, some 30 miles from where their journey began.
The objective for 5th semester nursing students is to practice as public health nurses to promote and preserve health in the community. For the community outreach project, our group has identified a need for diabetes education in the youth of Butte County. Obesity and inactivity of adults in Butte County has continued to increase over the years; 24% of adults are obese and 17% of adults are inactive in Butte County. Healthy eating habits and physical activity are the two most important modifiable factors in preventing Type 2 diabetes. Fifteen years ago, Type 2 diabetes was nearly unheard of in youth across the United States. Now, the number of youth diagnosed with Type 2 diabetes in the United States has increased by 21% between the years of 2001 and 2009. Due to these alarming statistics, our group has decided to provide diabetes education and prevention to the students in the Chico Unified School District.

The goal of our presentation is to educate the students about the definition of diabetes, the differences between Type 1 and Type 2 diabetes, modifiable and non-modifiable risk factors associated with the development of diabetes, the signs and symptoms associated with hypoglycemia and hyperglycemia, and lifestyle changes to promote optimal health. To determine whether our teachings have been effective, we created a pre-test and post-test for the students. By presenting to the students in the Chico Unified School District, we have identified that most the students have heard the term diabetes and know someone with diabetes, but very few could define diabetes. To further the students’ understanding of diabetes, we have incorporated interactive learning and trivia games during the presentation. This allows us to keep the listeners’ attention, while also receiving feedback of their education and the effectiveness of our presentation.

By practicing as public health nurses in the Chico Unified School District, we are promoting health in the youth of our community. Our aim is to decrease the likelihood of youth diagnosed with Type 2 diabetes in our community by providing early education and health promotion. Before our presentation, 0.16% of the students answered the pre-test questions correctly. At the end of our presentation, 75% of the students answered the post-test questions correctly. The results of our presentation have shown that our teachings have been effective. We hope that by providing early education to the youth in Butte County, we are decreasing the likelihood of Type 2 diabetes. By participating in the community outreach program, the fifth semester nursing students truly understand the importance of promoting and preserving health in the community through education and early prevention.
The National League of Nursing (2017) endorses education where nurses recognize cultural differences in populations and use of cultural competency to guide care of those individuals. Demographics in the United States is changing with an increasing number of ethnic and minority groups in our communities. Globally, a rise in health disparities in diverse populations, further emphasizes the need for nurses to provide cultural congruent care.

In today’s health care environment, part of the professional nursing role is to have ample knowledge to engage in culturally responsive care. The vision of the National League of Nursing (NLN) is to strengthen nursing education with the experiential pedagogy so nurses are proficient to care for people from diverse backgrounds. This vision became a reality last winter break when Dr. Fay Mitchell-Brown led six nursing students (Jacquie Marois, Eduardo Campos, Kylie Michaels, Brooke Marigo, Jazmin Castenada, and Lindsey Fenton) to the village of Cacalotepec, Oaxaca, Mexico to provide health care in an underserved population. This population comprised of mainstream Mexicans along with two ethnic groups, the Mixtec and Chatino. The group spent nine days in the community and provided services such as health care consults in a medical clinic and in people’s homes, interacted with children in a nearby orphanage, set up a mobile clinic in the Chatino village of San Martin village and engaged in cultural day trips.

This is Dr. Mitchell-Brown’s third trip leading students to Oaxaca. The highlight of this trip was providing diabetes education to the community because of the increase in the disease. The American Association of Diabetes Educators Self Care Behaviors (AADE7) framework was used to guide our project on diabetes education in this community. The AADE7 is a patient centered framework that guides the self-care behaviors for effective diabetes self-management. In educating the community
about diabetes, the group incorporated the seven self-care behaviors: Healthy eating, being active, monitoring, taking medications, problem solving, healthy coping, and reducing risks. Students worked in dyads to create a poster that focused on two of the self-care behaviors. The information on the posters were translated in Spanish and the information tailored to increase comprehension and retention. This included the using simple language, bright colors, and pictures. Other activities on this trip was that some students participated in a diabetes research study by assisting Dr. Mitchell-Brown with data collection for a diabetes self-management study. Students were also able to work alongside a physical therapist in the medical clinic providing clients with exercises to help improve their physical health. Setting up a mobile health clinic in the village of San Martin with Chatino Indians gave students the opportunity to be creative and resourceful. Our cultural trips included a visit to the museum in San Pedro Tututepec, and a boat ride to Lake Manialtepec. At the museum we learnt the history of the Mixtec, Chatinos, Amuzgos and Afro Mexicans. On Lake Manialtepec we took a boat ride and adventured in the phosphorescent waters of the Lagoon. The lake is known for its bioluminescence where the plankton reacts to movement and transform into radiant bioluminescence lights in the dark. Being able to experience the bioluminescence of Lake Manialtepec was magical.

From this experiential learning students are better positioned to apply culturally congruent care to clinical practice. Students were grateful for the opportunity of civic duty to give back to a community in need. This experience also taught students about health care delivery and how reform can be tackled in their local communities. Ultimately, the value of global and local engagements in marginalized populations lead to complementary and connected care, rather than exclusive, isolated endeavors and the lessons from this global service project will merge with our values in our local community.

Excerpts from our blog about the experience:

Jazmin Castenada- “In the evening we traveled twenty minutes east to visit a lake that has naturally occurring bioluminescent. Once it was dark, the group and I dived into the glowing salt and fresh water. With every motion the water glowed, and our skin glistened. This is easily one of the most beautiful places I’ve visited, and an unforgettable experience.”

Jackie Mariois- “I’m having experiences I never thought I could or would. Tonight, I night-swam with my friends in waters that literally glowed all around us. Tomorrow I will be working in a rural Mexican hospital. We’ve visited museums that depict Chatino legends and history, and explored the plaza of a town called Tututepec while figuring out what to do when your van breaks down in Mexico. I’m getting to practice a lot with my camera, depicting the happiness and culture I am witnessing all around me. I’m furthering my Spanish language skills in a much more immersive and applicable way than I ever did in a classroom. I’m watching my classmates shine in their respective areas such as translating and patient care and compassion and fellowship. School and “la vida diária” can be so challenging, boring even and exhausting. But here in Oaxaca I feel anew. “

Brooke Marigo-“ The past few days to say the least have been humbling and inspiring. The 3rd of January we drove 20 minutes on dirt roads surrounded by jungle and small homes to the Chatino village in San Martin. I was able to spend the whole day with Betty in the pharmacy working on my Spanish and educating people on how and when to take medications that they were ordered by the doctor. This experience has given me confidence to now explain medication to Spanish speaking patient Estados Unidos. A couple ladies in the village made us a delicious chicken soup for lunch and the best handmade tortillas. Once getting back we, all headed down to the beach and had wonderful conversation. I
loved getting to know everyone on this trip and forming deep connections.”

Eduardo Campos—“By being disconnected we appreciate one another more. We are more connected not only with one another but with our surroundings as well. What might have seemed impossible (not using your phone) now becomes desirable to me. Although, the phone allows you to connect with a lot of people across the globe, it hinders your connection with the people right next to you (most of the time being the people you love and care about). What was once missed or overlooked, due to being stuck on my phone, is now appreciated and valued. Oaxaca has showed me what it means to sit at a dinner table and have a genuine conversation. What it means to give someone my undivided attention and what it means to truly bond with people you care about. I am constantly surprised by the fact that I keep learning new things about everyone every day. There is always something new to learn, all we have to do is listen and pay attention.”

Kylie Michaels—“It was a very humbling experience because the woman Jazmin, Jackie, Anya, Laura and I visited had Sclera Derma. It is an autoimmune disease, which makes her skin very taut and is accompanied by respiratory problems, tachycardia and other complications. She had two sons and told us she had eaten a tortilla an hour prior to our visit, which we assumed is all she had to eat. Then we drove back to the base and finished the night with some card games while listening to the waves and having meaningful conversations. Yesterday we drove to a town up in the mountains called San Martin and set up a clinic in their local church. I spent most of the day taking vital signs, while the others listened in on consults with the doctor and physical therapist. It was very organized and ran very smoothly. We were able to help a lot of the indigenous people get consultations, medications and education. The local people thanked us by making a delicious lunch for us.”

Lindsey Fenton—“I went with Fay, Randy, Anya, Brooke and Eddie. We visited a man named Ernesto and in the hour that we spoke (mostly translated through Eddie) we learned a portion about his story. Ernesto is a double amputee. He lives in poverty, inconceivable to many of us back in the states. His bed is made of sticks. He has no fridge. He has no ability to make money. He gets 50 pesos every 2 months from the government. That is less than $25. Every morning, he gets himself out of bed with an intricate network of string and wheels by himself to his old, barely functioning wheel chair to go to the super market. There he asks for money for food, or food itself. Normally, he only gets about 15 pesos, but sometimes, the kind woman down the street will

Providing important diabetes education

Exploring Lake Manialtepec
give him tamales. He has a friend who comes every other day to help him, but he revealed his friend has a drinking problem. He told us that he has three daughters, but he has not spoken to them in over 13 years. I could go on, but hopefully you are getting the picture. Every story he told about his life was full of pain, heartache and tragedy. As I looked around at my peers during this conversation I saw his pain reflected in their eyes and we were all filled with deep sadness and desperation. It was hard to know what to say to him, as comments like “things will get better,” or “change will come soon,” were fruitless and most likely untrue, so mostly we just listened. However, despite how little Ernesto had, he offered us the only food he had in his house, bananas. At first we didn’t understand what he was offering, but when we did, I think it is safe to say all of us were somewhat awestruck. Here before us, was a man with nothing, not even the ability to walk, and he is offering to us everything he has. To say that moment was humbling, does not properly do it justice. Ernesto’s story is one I still have to process and ponder as it continues to leave a deep mark on my heart, so potentially more to come.

Fay Mitchell-Brown, “I got some insight from the clients today on how they are living with diabetes, pretty challenging. This was very educational. It is also very sad to see the devastating complications of diabetes. I learned that in Oaxaca, it is a common belief that Moringa (a herb) can be used to treat diabetes either by using the seed to make a tea or eating the flower. And people do use it. I got to see what the Moringa tree looks like because Laura has one in her backyard.”

Dr. Karin Lightfoot, Dr. Gayle Kipnis, and Dr. Paul Herman attended the California Association of Colleges of Nursing (CACN) 2019 Spring Meeting in Sacramento. The theme of this meeting was California Nursing Academic Leaders-Powerful Advocates, Powerful Voices. The mission of this organization of Directors of Schools of Nursing is to lead in advancing California baccalaureate and graduate nursing education. One way the CACN members advocate for nursing education is by informing policy makers about nursing education issues. During the meeting, members visited with legislators at the state capitol to do just that! It was wonderful to speak with our legislators and answer their questions about important issues related to health care and trends in nursing education. Please see the link to download a copy of the Trends in Academic Nursing: California, a document we shared with the legislators. https://custom.event.com/67D8937710EF46B29322A2EAE6F5DD9/files/a1bf5dcd5ba2465ab5edf070f11bb42.pdf

Pictured left to right: Dr. Gayle Kipnis, Dr. Karin Lightfoot, and Dr. Paul Herman
Foreign Language Points

As mentioned in the previous newsletter, effective with the spring 2019 application review, schools of nursing can no longer prioritize languages when scoring applicants for knowledge of a foreign language. Applicants fluent in any foreign language will now be given equal points. We wondered what this change in policy would do to the applicant pool for spring 2019. An analysis of the initial top 40 applicants who submitted verifications for intermediate proficiency or fluency in a foreign language resulted in the following findings:

- Ninety-five percent of these applicants submitted for knowledge of a foreign language.
- Thirty of these applicants had knowledge of a “priority” language. In keeping with past application pools, the majority had either intermediate proficiency or fluency in Spanish. Other priority languages included Japanese, Chinese and Punjabi.
- Five of the applicants had knowledge of less common languages and the new policy helped them to make the point cut-off. These languages included French, German and Indo-European.

It will be interesting to see, going forward, if there will be an increase in top applicants who are fluent in less commonly used languages for our area.

Local Admission Priority

Also mentioned in the last newsletter was notification from the CSU, Chancellor’s Office of the mandatory implementation of local admission priority for nursing applicants who attended high schools or junior colleges within a CSU’s local admission area. The SON learned that in addition to Chico State’s local admission area, it must also accommodate applicants from Humboldt State’s service area, due to the closure of Humboldt’s basic BSN program. Implementation of local preference was to begin with the fall 2019 application review (which is currently underway).

It was left to each CSU nursing school to determine how to implement local preference. After much discussion, the SON decided to award three points to applicants from our local area high schools and junior colleges, which was in-keeping with the mandate. The mandate did not include currently enrolled Chico State students.

Once an announcement about the new policy was made public, concern was raised by applicants currently enrolled at Chico State who were not getting considered for local preference points because they came to the university from outside the local service area. Typically, applicants apply to the nursing program their third or fourth semester of attendance here, which means they have become Chico area residents for more than one year.
CSU, Chico has been in communication with the CSU Chancellor’s Office, requesting approval for the SON to award local admission priority to CSU, Chico enrolled students. Recently, the Chancellor’s Office granted a waiver for the fall 2019 application cycle. The SON set policy to award three points to applicants attending Chico State who have completed 30 units or more, and who otherwise would not qualify for local preference. This policy is currently only in place for the fall 2019 semester. The SON must readdress the matter for spring, 2020, and the semesters going forward. It will be interesting to see how the fall 2019 point cut-off will be affected by adding these local preference points. Stay tuned!

Recent Admission Statistics

For the spring 2019 BSN program admission process, the admissions committee reviewed 280 applications. The initial point cut-off was 92 points. Applicants from the alternate list filled twelve spaces. This resulted in a final point cut-off of 91 points, ending at alternate #24. Two applicants with 91 points and nineteen applicants at 90 points remained on the alternate list. The average cumulative GPA of the spring 2019 admit group was 3.85. The average TEAS score remained above 90%.

As mentioned, review of fall 2019 applications is currently underway. A total of 392 applications have been received. This is 22 more than in fall 2018. To date, 324 applications have made it to the review pool. Our goal is to have fall seat offers out May 1-15.

Join us on Sunday, September 29th for Chico States 3rd Annual Pre-Nursing Conference. This is a full day event in the Bell Memorial Union with different sessions of your choosing and nurse speakers. There will be a list of sessions for you to choose from of topics ranging from Tips for the TEAS, a glimpse into first semester, a student nurse panel, and many more! This is a free event and lunch will be provided so please join us for a day of insight into the nursing world and Chico States Nursing Program.

Facebook Page: Chico State Nursing Club
Eduardo Campos (4th semester) and Jasmine Taylor (3rd semester) were recipients of the College of Natural Sciences Floyd L. English scholarship award. They are pictured here at the scholarship ceremony held on April 12th, 2019.

Congrats for all the hard work!
Reggie Ottem and Kathleen Kirby joined Butte County Public Health Director, Monica Soderstrum and local Ophthalmologist, Dr. Alex Barthelow as panelists during an Indie Pop up Film Screening sponsored by KIXE Television. Several students joined other community members and health care providers on March 14 at Chico’s MONCA (Museum of Northern California Art) to view a shortened version of the film, “The Providers,” scheduled to air on April 8 on KIXE television. “The Providers” set in rural Las Vegas, New Mexico seeks to give insight into healthcare disparities found in underserved settings, due in large part to a shortage of health care providers. In addition, it casts a close look at the opioid epidemic and how this community of rural healthcare providers has decided to treat it in the primary care setting, just as they would treat high blood pressure or Diabetes.
California State University, Chico’s School of Nursing continues to strengthen its well-deserved reputation as one of the state’s elite programs, from its dedicated faculty and state-of-the-art learning equipment to the impressive pass rate of its licensing exam and the many service-learning opportunities around the North State.

The organization Registered Nursing recently recognized CSU, Chico’s School of Nursing in its annual ranking of “2019 Best RN Programs in California,” listing it at No. 17 out of 126 qualifying schools, up from last year’s spot at No. 20.

Other CSUs listed in the ranking’s top 20 are Sonoma State (No. 5); CSU, Channel Islands (No. 8); CSU, Long Beach (No. 9); Stanislaus State (No. 13); Sacramento State (No. 14); CSU, San Marcos (No. 15); and San Diego State (No. 19).

Since the NCLEX-RN exam, which is used by all state nursing boards across the country to assess a student’s competency, is required for licensure for nursing students to enter the field, Registered Nursing based its rankings on the exam’s pass rate of the state’s nursing programs. Once non-qualifying programs were filtered out, the rankings looked at exam pass rates over the last five years of a program and were weighted by how recently the exam was administered. Read more about the methodology.

Karin Lightfoot, director of CSU, Chico’s School of Nursing, said the program’s faculty members are experts in their fields and involve students in service-learning experiences and research opportunities locally and around the globe.
During the Oroville Dam crisis in February 2017, students from the University’s School of Nursing volunteered at an evacuation center at Chico’s Silver Dollar Fairgrounds to provide medical care for evacuees. And during November’s Camp Fire, nursing students once again answered the call, mobilizing to several evacuation centers that were serving the tens of thousands of displaced residents.

“Our students are dedicated to excellence and serving others,” Lightfoot said. “We have strong relationships with our community partners, which allows our students to engage in hands-on patient care in hospitals and other facilities from Chico to Oroville, Redding, and Marysville.”

CSU, Chico’s School of Nursing offers additional opportunities that are unique to anywhere in the state. The Rural SimCenter provides students with virtual learning experiences and employs state-of-the-art, high-fidelity simulators designed to challenge their critical thinking skills and improve patient safety.

Additionally, through the Rural California Nursing Preceptorship (RCNP) program, University nursing students are placed at rural and semi-rural hospitals around the state for 150 hours of valuable hands-on clinical experience, which also providing critical support for hospitals with limited staffing.

The School of Nursing offers a Baccalaureate of Science degree in Nursing (BSN) and a Master of Science degree in Nursing (MSN), as well as an online registered nurse (RN) to BSN program.

“Our online tracks also allow students to complete their clinical requirements within their local region,” Lightfoot said. “We also work closely with our community college partners to help Advance Nursing Degree graduates transition into the RN to BSN program.”

Every semester, the School of Nursing accepts 40 new students into its Basic BSN program and a cohort of 40 nursing students graduate.

For information on the University’s School of Nursing, visit its website, call 530-898-5891 or email nursstudent@csuchico.edu.
We're Nursing Students helping you discover your Pre-Nursing path.

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We hope your learning experiences at Chico State helped you to pursue a rich and satisfying career in nursing. Are you willing to help current students in the School of Nursing do the same? Many learning experiences at Chico State are being threatened by the State of California budget crisis. As a result, the Chico State School of Nursing is working harder than ever to provide the best educational experience possible for nursing students while managing an ever-decreasing budget. Are you able to help us purchase needed equipment with a gift to the School of Nursing? Please consider making a donation through the California State University, Chico online giving website. To access the site, please paste this address into your web browser: www.csuchico.edu/givetoNS under Gift Designations put the amount and percentage next to “School of Nursing.”

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