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December 2012 volume 22, number 4

– My View –
Reflections from ACN's President

VJ Gibbins, RN, BScN, MS

This marks my last address to you as President of the Association of Camp Nurses and Chairman of its Board of Directors. I am eternally grateful for the honor and privilege it has been to work with such dedicated, smart, and talented people. I wanted to write about some of the changes, growths, and opportunities I have seen in camp nursing over my last 15 years as a camp nurse, and specifically over the last six years of my time on the Association's Board of Directors.

First though, I would like to take this opportunity on behalf of both the outgoing and incoming Boards of Directors to extend our sympathies, good will, and best wishes to our members on the east coast who have been impacted by Hurricane Sandy and the subsequent nor'easter. We know that some camps were damaged by the storms, and that some camps opened their doors as shelters to those who had been evacuated or had lost everything. Moving forward, I urge all camp professionals to consider the implications to your campers, staff, families, and to your physical property had this storm system happened when camp was in session. If you are not in "hurricane country," consider the impact of a wildfire, a tornado, a severe thunderstorm, or an earthquake. Where would you have gone? What resources would you have had? Who would you have called for information? What role would you have played? What resources can you as an individual, or your camp as an organization, lend to such an effort? For many of us, these questions often generate more questions and we end up looking for answers from outside our families and organizations. I strongly suggest looking at the resources available from the American Red Cross (www.redcross.org) for both preparedness items as well as volunteer opportunities. Also reach out to your local emergency preparedness agencies (available by calling your local town/city office) and talk about your combined plans and resources. Camp people know that an emergency is one thing, but the greater disaster is in not having a plan for dealing with it.

Camp Nursing has grown so much over the 15 years since I began as a new graduate. Certainly there are camp nurses who have done this for far longer and may even remember a time when the nurse at camp wore the customary white uniform and cap. We have grown away from the uniforms and past the infirmary mindset. We have become members of our leadership teams and are integral to the daily milieu of the camping experience. This didn't just happen because we took off the caps! I believe it to be a function of two forces, the first being the expectations of families and the growing complexity of the idea of health as wellness. We see a greater number of special needs campers being completely integrated in the social fabrics of our mainstream camps. The expectations are that those campers receive an equally rich and vibrant social and activity-filled experience as all other campers. If wellness is considered to be a mix of social, emotional, and physical health, then the role of the nurse must transcend mere responsive actions to illness and injury and take on forward-leaning, proactive positions in the planning and evaluation of camp programs.

We are, of course, all at different places on the continuum of responsive healthcare provider to proactive wellness leader. This is where the second factor I mentioned earlier comes into play. If family expectation of the healthcare provided at camp is what is driving the industry toward wellness, then the professionalization of camp nursing as an institution within the camping industry is what is steering the individual providers. The Association of Camp Nurses, our professional body, has been growing its programs and influence exponentially every year! For those readers who have been longtime members, I am sure you can attest to the increasing depth of our professional resources and activities. *CompassPoint* has grown from a newsletter to a journal. The Symposium has grown from a one-day meeting to a multi-day event with several options to accommodate "novice to expert" participants. We have rewarded research published in the realm of camp health and wellness and we recognize the unique contributions of writers

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and researchers who propel our discipline onward. We have developed educational programs and are exploring new formats and technology to increase our ability to interface with our members and bring our message to those who don't yet know us.

It is sometimes difficult to describe the work of a board as anything other than the tangible products that members consume. For us, *CompassPoint* and the annual Symposium are the two largest products of ACN. The Board, however, has less to do with those items than you may think. Certainly the Education Committee, which is a Board committee, is responsible for the symposium but that is the work of a committee and not the board itself. I wanted to take a few sentences to describe some of the work ACN's Board has undertaken. During the Board Advance this past October, the meeting where the outgoing and incoming boards come together to shape the strategies of the next three year term, we were presented with several discussion topics. I will share a few to illuminate the role of forward thinking your Board takes on behalf of the Association.

1. What are the hallmarks of a Healthy Camp Community?
2. What immunizations should be requirements for camp participation?
3. What should be included as core curriculum for a post-secondary certification in camp nursing?
4. How can we position ourselves to use existing and future technologies to best connect with and represent our members?

As our Association grows, both in members and in maturity, we will continue to see changes and challenges to rise and grow from. Camps are continually growing to meet the needs of a shifting clientele base and so too must the healthcare providers at those camps. We are proud of the fact that camp nurses are increasingly recognized by their camp colleagues as having an increasing role to play in the operation of their camps. This does raise the responsibility profile and complexity of the role of the nurse and the operation of health centers. However, camps and camp nurses are challenging old paradigms and creating new and innovative programs to meet the needs of their diverse clientele. Increasing student nurse opportunities, use of distance/tele health technology, and modernizing documentation systems to ease nursing workflow are all strategies that have come about over the last decade.

The professional practice of camp nursing continues to evolve as do the individual providers and professional leaders. As I finish my time on the Board of Directors of the Association of Camp Nurses, I find I am spending less time looking back on a series of accomplishments and challenges that were overcome. Instead, I find myself looking forward to the next horizon. What will we be tested with next? What questions will be posed to future boards to ponder? How will we be challenged to move through the next evolution in our development as an organization and as a discipline? How will I continue to grow as a Camp Nurse? I look forward to exploring those questions alongside you as a member of the Association of Camp Nurses. Together we move forward. Together we will achieve. Together, we are camp nurses.

VJ Gibbins, RN, BScN, MS has been President of the Association of Camp Nurses and its Board of Directors since 2007. He has been the Health Services Manager at Camp Cedar in Casco, Maine since 1998, and a volunteer nurse at several other camps around the country. He is the co-creator and lead faculty for the New England Camp Nurse Workshops and has presented numerous times at regional and national conferences of the Association of Camp Nurses and the American Camp Association.

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Today's Camp Nurse: Information Gleaned from ACN's Member Survey

Linda E. Erceg, RN, MS, PHN

Abstract: *Utilizing an organizational assessment done by the Association of Camp Nurses (ACN), this article extracts information that informs and updates elements associated with contemporary camp nursing practice. An expanded client age range, supporting credentials held by camp nurses, increased management tasks done by camp nurses, and the reinforcing benefits of ACN affiliation are among addressed topics. Utilization of such information allows one to assess individual camp nursing practice for timeliness, provides strategies for enriching and developing the camp nurse role, and suggests research topics.*

Every once in a while it's good to rattle one's paradigm a bit. I suspect this is especially true for practices–like camp nursing–that tend to be steeped in tradition. So when ACN conducted its member survey this past autumn, an interesting opportunity presented. While the survey was designed to inform the Board in its strategic planning process (which it certainly did), the survey also cast light on some aspects of contemporary camp nursing. It asked questions about the tasks done by today's camp nurses and the supporting credentials held by them. It defined the age range cared for in today's camp Health Centers and elicited a list of wants by camp nurses. In other words, the survey provided a snapshot about contemporary camp nursing practice.

Knowing this content can broadly inform camp nursing practice–but only if the information gets passed along. That's the purpose of this article. Before addressing that, however, it's important to know that 122 ACN members completed the survey, which translated to a 29% response rate. According to Instructional Assessment Resources (2012), that's average for online surveys.

Most responders (84%) were nurses but a healthy 16% represented associate (non-nurse) members. Interestingly, 37% of respondents have been with ACN for two or less years, just over 30% were affiliated for 3-5 years, and 33% reported six or more years of ACN membership. That rough breakdown by thirds was unique to this Member Survey; previous surveys demonstrated almost no respondents in the 3-5 year affiliation bracket and heavy participation by newer and long-time members (Erceg, 2009).

Camp Nurse Education and Credentials

Having a baccalaureate degree in nursing was reported by 33.8% of respondents. The next highest category was a Masters in nursing (19.7%) followed by completion of an associate degree (13.1%) or diploma program (11.5%). Doctoral degrees in nursing were held by 4.1% of respondents and 3.3% represented LPN/LVN programs. For those watching the numbers, that left 15.6% of respondents who reported no nursing education.

Survey respondents reported quite a collection of other credentials. By far, being first aid and CPR credentialed topped the list (74.6%). With regard to other emergency services, this was followed by being a first aid/CPR instructor (27.1%), holding a Wilderness First Aid certificate (17.8%), being a Wilderness First Aid instructor (8.5%), and being an EMT or Paramedic (5.0%). Instructor status in courses such as bloodborne pathogens, oxygen use, advanced first aid, EMT and/or wilderness EMT was held by 13.6% of respondents. This robust connection to emergency skills indicates a strong pattern among camp nurses to augment their classic education so it includes this area for effective camp work.

Interestingly, 17.7% of respondents were camp directors and 12.7% identified as camp professionals. Since respondents were asked to check as many credentials as they had and since a camp nurse can also be a camp professional, it was interesting to note that many respondents did not identify themselves as camp professionals. That being said, 44.1% of respondents reported that they were also a member of the American Camp Association (ACA). Apparently there's a disconnect between membership in camp-affiliated organizations such as ACN and ACA and self-perception as a camp professional.

From a career perspective, survey respondents cited credentials such as college/university teacher (17.8%), school nurse (14.4%), public health nurse (10.2%) and nurse practitioner (10.2%). No respondents self-identified as physicians or physician assistants. Beyond this, additional credentials were quite varied and included such as PALS/ACLS certified, being a lifeguard, having a disaster nursing background, and working in school-based outdoor education programs.

About Nurses at Camp

A section of survey questions were directed specifically to nurses who work at camp. Of the 100 nurses who responded to these questions, 32% had 16 or more camp seasons to their credit. That's experience! In addition, 34% reported 6-15 camp seasons and 32% had completed 1-5 seasons. The balanced range of novice to very experienced is remarkable–and a keen testimony to the commitment of camp nurses.

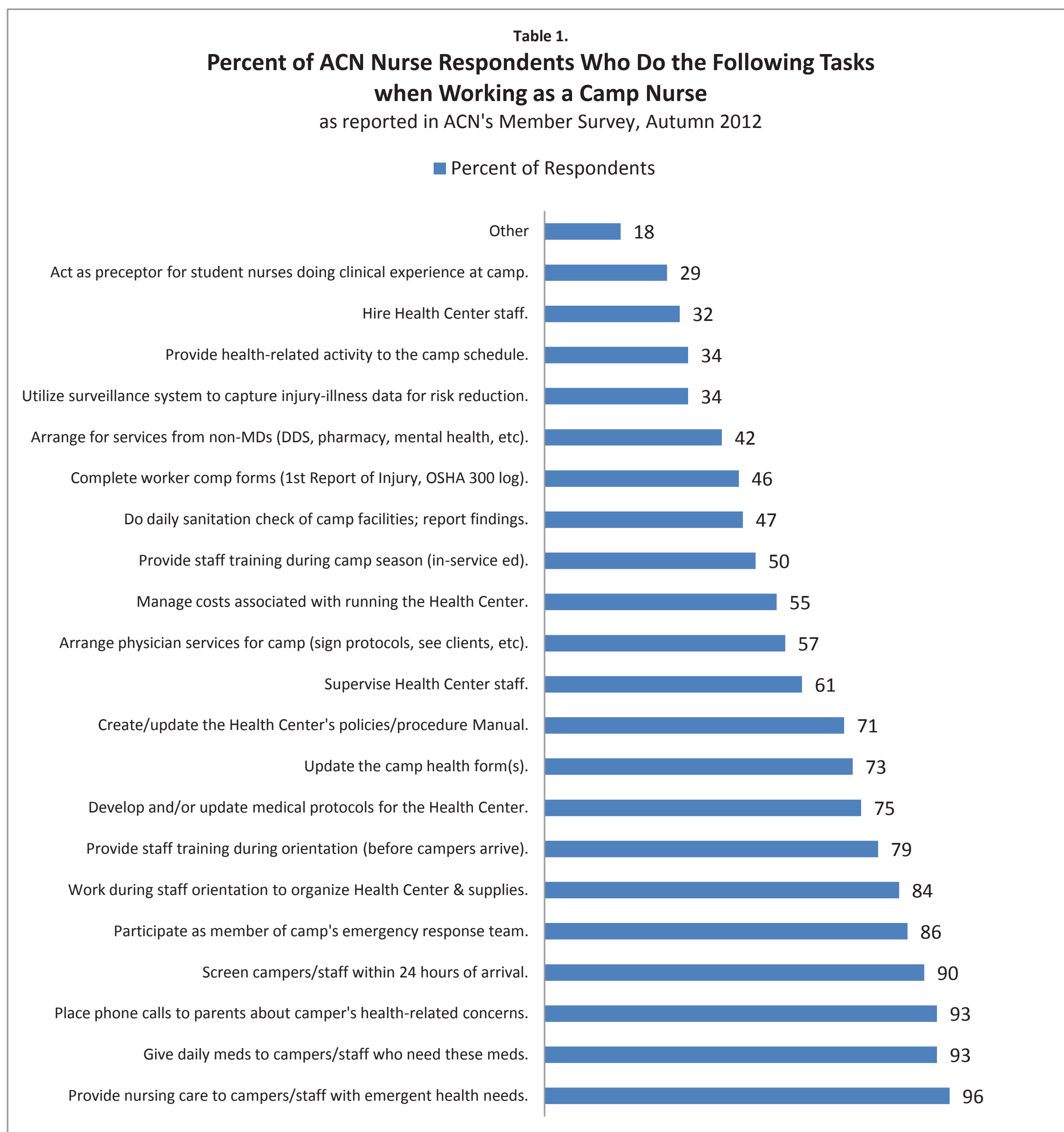
Based on survey results, many camp nurse respondents (21%) worked 5-8 weeks during each camp season. Working more than nine weeks was reported by 31% of respondents and 14% reported working year-round (8% full time; 6% part-time). Working two to four weeks was reported by 26% of respondents and 10% reported one week or less. It appears that ACN nurse members are quite connected to their camp work. Anecdotally, nurses have reported only being able to be at camp for a brief time, typically 1 to 2 weeks per season (Erceg, personal communication, 2011-2012). Survey results show a different picture.

Given the amount of time ACN members reported being at camp makes one wonder if ACN membership reinforces camp nurses' affiliation with the camp world, thus increasing the likelihood that the nurse will remain in camp nursing practice. This observation was triggered by reading the many open-ended comments provided by survey respondents. If so, providing membership might be a strategy for nurse retention that could be used by camp administrators (e.g., provide ACN membership for returning camp nurses).

What do camp nurses typically do when working their camp nurse role? Table 1 provides insight to that question. Individual members might look at this data in view of their own position and compare what they do in relation to other camp nurses. Ideas will also be triggered for what might be possible within the scope of a camp nurse role. Camp directors may appreciate seeing this information too, especially as they seek to identify ways the camp nurse might contribute more to the camp experience.

Table 1 also provides information to ACN insofar as it is a barometer of the scope of practice for camp nurses. While clinical practice elements like seeing clients and overseeing medication distribution continue to be camp nursing's baseline, it's interesting to note the expanded management elements that have surfaced. For example, developing health forms, creating/updating the Health Center's manual, and supervising other Health Center staff are now fairly common tasks. As a result, perhaps ACN might consider developing more supports associated with management of camp health services.

Individual members should note that 34% of their camp nurse colleagues report providing a health-related activity to the camp schedule. Here's an area rich with opportunity! Whether that activity is as simple as posting weather information or an actual camp activity–like providing a babysitting certificate or first aid course to campers–the trend to be proactive and teach skills that are health promoting seem to be right up the proverbial alley for today's contemporary camp nurse.



Some respondents (18%) indicated that they had "other" tasks. These included things like providing health-related skits at evening campfires, treating animals at the camp's Nature Center, helping with Lost 'n Found, and "whatever camp needs me to do from working in the kitchen to being director on call."

Camp Nurse Trends of Note

In addition to items already addressed, survey responses indicated an expanded age span for campers. Specifically, 37.4% of respondents said their campers included adults (>18 years old). Gone are the days when the word "camper" refers only to youth. In addition, while all respondents indicated the classic age range for camp staff–specifically 18 to 25-year olds–76.1% reported staff over 35 years of age. These expanded age ranges for both camper and staff groups means that today's camp nurse needs adult as well as pediatric clinical skills and access to a range of age appropriate supports for medical protocols, medication doses, bandage sizes and so forth. Such breadth in a camp nurse's practice also raises the need for ready access to resources that include technologic supports.

ACN members are also sharing their *CompassPoint*. That sharing is a great multiplier of the publication's information. Single readers accounted for only 43% of respondents. Most (52.2%) reported 1-4 other readers and an additional 5% said their *CompassPoint* was read by five or more people.

Survey respondents also indicated that information about camp nursing remains largely the domain of ACN. It's not found in other places. Several written comments indicated that ACN is the resource for both information about the practice and for networking (feeling affiliated). As a result, practical, "how to" information was highly valued as well as strategies that promote connections among camp nurses. In addition, a segment of responses reinforced the need for continued championing of services that help camp professionals maintain the health of their individual camps, be that via ads for a camp nurse, access to information on ACN's website–and a desire for more of that–partnerships with other organizations to promote camp wellness, and/or the promotion of research.

Two trends surfaced in response to the question, "The thing I'd most like ACN to accomplish is [fill in the blank]." First, respondents wanted information that provides an evidence base for camp practice and, second, they expressed a desire for information that was easy to access and timely, especially regarding emerging health threats. For individual camp nurses, this indicates a need to examine current camp protocols and practices to determine if these are, indeed, evidence based. It's also a call to action for additional research since precious little exists that directs clinical practice in a camp setting.

From this writer's perspective, these trends reflect both the maturing of camp health services as a concept as well as maturity of the role of a camp nurse. While many aspects have direct bearing on what a camp nurse does, there's a broader impact that's become apparent with the Healthy Camp initiative. To practice camp nursing in today's world means to focus on an evidence base, health promotion, and interaction with other camp nurses to move the practice forward.

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Thank You to the 122 ACN Members who Completed a Member Survey!

ACN's Board extends its sincere appreciation to the members who completed this autumn's Member Survey. While the article focuses on information germane to camp nurses, the survey was also rich with information that informed the Board Advance, our strategic planning session. The Association's future was influenced by member in-put. Thank you for caring enough to make a difference!

~ ACN's Board

ACN's CompassPoint Seeks Peer Reviewers

A Peer Review Process is being implemented to facilitate publication decisions. The Peer Review Team will be comprised of members volunteering for a two-year renewable term. Reviewers will read draft manuscripts submitted for publication consideration and make recommendations about manuscript acceptance. And, we want all levels of academic preparation represented.

Serving as a reviewer for a national publication is a great "resume builder" and it's fun to see a variety of topics and writing styles! It is anticipated each reviewer will be asked to review 2-6 manuscripts a year depending on the reviewer's areas of interest and expertise. A two-week turnaround time will be requested and all communication will be via e-mail. A blind-review process will be used in which reviewers do not know the author's identity and authors do not know the reviewer's identity.

Previous review experience is not needed. Volunteers new to the review process will be given assistance in getting started. Camp nursing experience is the best preparation for this process.

Interested?

Contact *CompassPoint* Editor Susan Baird at nursusan2@aol.com or 508-888-3249.

Summer Camp: The Impact on Quality of Life in Children with Epilepsy

Tracey C. Gaslin PhD, CRNI, CPNP

Abstract: *This study used a convenience sample of 31 children to examine quality of life indicators for children with epilepsy who attended a residential camp experience. Three research questions guided this descriptive correlation study: (a) What is the change in perceived support following a camp experience? (b) How does the camp experience impact self-worth of a child with epilepsy? and (c) Do children develop a change in attitude about living with epilepsy following a camp experience? The children, aged 9-15, completed a pre- and post- Quality of Life in Epilepsy for Adolescents (QOLIE-48) survey at the beginning and end of the six day camp session. Study findings indicated an improvement in perceived support, self-worth, and change in attitude regarding epilepsy. Quality of life was enhanced by the simple activities and support found in a camp experience.*

Summer camp is a rite of passage for children where much of what they do and learn about at summer camp helps shape their future goals and aspirations. They learn skills such as teamwork, compromise, and collaboration; all of which are essential to becoming productive adults. The camp experience is a time of self-discovery where fond memories are formed.

Some children have a medical condition or physical challenge that prevents them from attending summer camp as traditional camps are often not equipped to meet special health care needs. Items such as sidewalks for wheelchairs, lifts for transfers, and staffing support may not be feasible to meet some individual healthcare needs. Such limitations do not dismiss the fact that these children can still benefit from a camp experience.

This article addresses children living daily with epilepsy, a population with limited opportunities to experience normal developmental activities such as camp, due to several variables:

1. The requirement for parental involvement in medical care of the child.
2. Parental concern about the child being able to function in a different environment as new stressors, interactions, and events can trigger seizure activity.
3. The ability of a camp facility and camp staff to provide the necessary accommodations and staff to safely care for the child.

Purpose

There are medical camps now serving children with epilepsy. Medical camps boast the ability to care for some of the most critically ill children in a camp environment and provide parents with a sense of safety in their absence. Unfortunately, little is known about the impact of this experience on quality of life for this population. This study examined quality of life indicators for children with epilepsy attending a residential camp experience. Three research questions guided this study:

1. What is the change in perceived support following a camp experience?
2. How does the camp experience impact self-worth of a child with epilepsy?
3. Do children develop a change in attitude about living with epilepsy following a camp experience?

Review of Literature

The focus of many epilepsy studies is the frequency and severity of the seizures and the negative impact that epilepsy can have on a child. Looking beyond the physiology of the disorder creates an opportunity to better understand the deeper challenges and repercussions of this diagnosis.

Jacoby (1992) conducted an early study regarding epilepsy and quality of life aimed at examining the relationship between individuals with well-controlled epilepsy and quality of life. Most participants had been seizure free for a considerable time. The researcher conducted a multi-center randomized controlled trial of 1021 adult patients recruited over a four year period of time from 39 neurology clinics. The participants were mailed several psychometric scales that examined affective state, social adjustment, social support, sense of well-being, and feelings of stigmatization.

Study findings highlighted that individuals who worry about their epilepsy (55% of sample) experienced the highest levels of distress. Thirty-six percent reported some social isolation and identified low levels of self-esteem. Jacoby found that low levels of confidence and over-protection by family may create social isolation and limit the opportunities to meet others.

Hartshorn and Byers (1994) conducted a study aimed at identifying variables that impact quality of life in individuals with epilepsy. The descriptive study design used an interview questionnaire with open-ended questions addressing overall life, health, family life, social/community/civic activities, personal development, and economics. Data was collected from 150 participants from three different sites.

Researchers identified that of all the variables examined, health status had the most significant connection on quality of life. Participants related good health to activities they could accomplish. Another finding was that participants wish to be treated as normal within an open, caring environment. There was a desire to be able to discuss the seizures and being treated with acceptance and care during seizure activity. Acceptance by family and friends was the best method to help the individual with epilepsy. Hartshorn and Byers found that if people view themselves as healthy and able to participate in activities, they are more like to positively view their quality of life.

Benavente-Aguilar, Morales-Blanquez, Rubio and Rey (2004) examined the quality of life for adolescents diagnosed with epilepsy by utilizing the Spanish version of the QOLIE-AD-48. The study participants included 66 adolescents who were 10-19 years of age of whom 30.3% had experienced a seizure in the past year.

The researchers administered a quality of life index and found that quality of life was negatively associated with severity of seizures, number of seizures, frequency of seizures, and age of onset. Neurotoxicity of medication also contributed to a negative quality of life in this population. The researchers encouraged further identification of predictors related to quality of life with seizure disorders in order to develop effective support and interventions.

Cramer (2004) examined the prevalence of depression in individuals with epilepsy. A postal survey was conducted with 775 individuals with epilepsy, 395 people with asthma, and 362 people with no chronic health condition. The participants were asked to answer a 20-item depression scale. Individuals with epilepsy reported a statistically significant higher level of depression than those with asthma or no chronic condition and reported taking more medication for depression in addition to their anti-seizure medication regimen. This data supports the notion of higher depression in those with epilepsy and helps to clarify that depression is not a consequence of having just any chronic condition.

Cramer went on to do a subsequent analysis with a community sample of individuals with epilepsy regarding the impact of depression on quality of life using a health related quality of index (QOLIE – 89). Results of this survey indicate clinical depression is significantly associated with poorer quality of life. The researcher found that diagnosis and effective treatment of depression could be an important contribution to health and wellness in individuals living with epilepsy.

Malhi and Singhi (2005) asserted childhood epilepsy to be one of the most significant and prevalent neurological conditions in the developing years. The authors discuss how the primary focus of treatment for children with epilepsy has traditionally been to manage the frequency and severity of seizures. They ascribe childhood epilepsy as a high risk factor for poor psychosocial outcomes thus promoting the consequence of an impaired quality of life for these children. The treatment for children with epilepsy should not only be concerned with the traditional methods but should also address the full range of a child's emotional and behavioral difficulties. The researchers performed a study of 43 children with epilepsy age 4-15 years and an IQ of at least 70. All of the children had been diagnosed with epilepsy for a minimum of six months and were on anti-seizure medications.

Malhi and Singhi administered three tools to participants: (a) Impact of Epilepsy schedule, (b) Childhood psychopathology measurement, and (c) seizures onset, frequency, duration, and treatment. The researchers identified major concerns about the child's present and future functioning and adjustment problems. The participants were found to be more anxious, had lower self concept, and had more depression and behavior problems than children with asthma. These children also held the perception of not being in control of the events in their life, were emotionally distressed and felt rejected by others. The findings of Malhi and Singhi suggested that interventions were needed to address the behavioral and emotional concerns. Efforts need to be made to help children with epilepsy prevent long-term effects on family life and function.

Baker (2006) studied the association of depression and suicide in adolescents with epilepsy. Signs of depression are often dismissed as "normal" and do not receive the attention or treatment often needed in this population. The researcher provided a systematic review of several studies that highlighted the association of epilepsy and depression and that several depression factors impact the overall quality of life. Adolescents with epilepsy have challenges with independence from parents, social stigmas, and alienation in social relationships.

Baker discussed potential interventions and treatment options. Many of the interventions focused on providing engagement opportunities and experiences for teenagers to learn from peers with epilepsy. Adolescence is a period marked by profound changes and transition to adulthood. The goal is effective assessment and treatment to help improve the quality of life for this population.

Poochikian-Ssarkissian, Sidani, Wennberg, and Devins (2008) studied the concept of "illness intrusiveness" in epilepsy. Illness intrusiveness deals with the disruptions of lifestyle and activities related to a disease process and treatment requirements. The sample population included 145 adult patients receiving different seizure control treatments. Illness intrusiveness varied inversely with seizure control. Increased illness intrusiveness correlated significantly with decreased quality of life. Perceived control over life decisions correlated positively with quality of life.

Several other studies highlighted the impact of epilepsy on quality of life. Brunquell (1994) discussed types of epilepsy and treatment options. Contradictory to previous ideas, he identified reduction in seizure frequency as the sole marker to improving quality of life is misleading. Understanding patient perception of his or her illness and the emotional, social, and financial impact of the disease are critical to assisting patients for health promotion.

Leonard and George (1999) examined the idea that children with epilepsy experience more emotional distress than other childhood diseases. They identified that quality of life for children with epilepsy is dependent on several factors including the way in which the child is treated by family and friends. Social isolation and withdrawal were common themes. Lack of self-esteem reduced the child's opportunity to learn social skills.

Pulsipher, Seidenberg, Jones, and Hermann (2006) examined the dissatisfaction with quality of life in individuals with epilepsy. They administered the QOLIE-89 to 93 individuals and collected results similar to other studies. Individuals with epilepsy who experienced depression had a significant effect on quality of life.

The unpredictable nature of epilepsy is stressful and can impact

the psychosocial adjustment of children. Insufficient attention and research has been given to the consequences of epilepsy in children and a continued need exists to address ways to improve quality of life.

Methods

Research has shown that children with epilepsy live with challenges related to self-esteem, feelings of isolation, and attitude about their illness. This project aimed to examine the impact of a summer camp experience on children with epilepsy. A descriptive correlation design was used to assess the relationship between camp and how children with seizure disorders feel about "self."

The researcher collected a convenience sample of 31 children with epilepsy who attended an overnight week-long summer camp session. All children, aged 8-15, with seizure disorders who applied to camp were given the option to participate. The sample included both male and female children aged 9-15 years. Participants had to be able to read and attend the entire six-day camp session where they were housed with peers overnight for five nights. They participated in camp activities and opportunities that allowed them to explore personal interests and talents (i.e. woodworking, arts and crafts, music, theatre, archery, fun and games, swimming, canoeing, fishing, horseback riding, and many others). Parental consent and youth assent were obtained when children arrived at camp.

Each of the participants were administered the Quality of Life in Epilepsy for Adolescents (QOLIE-48) at the beginning and at the end of the six day camp session. The QOLIE-48 included 48 questions that measured general health, limitations of activities, difficulties with daily activities, mental activities and language, support from others, effect of medications, self-worth, and attitude toward epilepsy. Participants scored each of the questions on a Likert-type scale ranging from 1-4 or 1-5. Empiric analyses provide strong evidence that the QOLIE-AD-48 is both a reliable and valid measure for adolescents with epilepsy (Cramer, Westbrook, Devinsky, Perrine, Glassman, & Camfield, 1999). Permission was obtained to use the instrument for this project.

The study was discussed with parents and children upon their arrival at camp and the opportunity to participate was offered. A quiet room with space was provided for the children to complete the QOLIE-48 while parents remained outside the room. They could view their child through a window if they had concerns. Assistance was provided only to read a question or word if younger children were having difficulty. Only a research assistant was allowed in the room to answer questions to help prevent bias from any other source.

Findings

Each camper completed the QOLIE-48. For the post-test assessment, only 30 children participated because one less respondent was available due to parental time constraints. The participants were at camp for the entire week and seizure activity ranged from daily to monthly. The time frame between pre-test and post-test was six days.

In the QOLIE-48 areas of general health, limitations of typical day activities, difficulties with daily activities, mental activities and language, and effect of medications, participant scores remained very similar from pre-test to post-test. Scores on the post-test did not have any significant decreases from the pre-test indicating that the camp experience did not exacerbate camper's thoughts or feelings during their stay. In the areas of *support from others, self-worth, and attitude toward epilepsy,* the researcher did find some consistent and positive changes. Findings will focus on the outcomes in these three areas.

The QOLIE-48 used four questions to address *support from others:*

In the past week, how often did you:

1. Have someone available to help you if you needed and wanted help?
2. Have someone you could confide in or talk to about things that were troubling you?
3. Have someone you could talk to when you were confused and needed to sort things out?
4. Have someone who accepted you as you were, both your good points and bad points?

Each of these questions were scored on a 5-point Likert-type scale (1 = never; 5 = very often). Table 1 highlights the quantitative findings. Data reveal that in this short time frame campers reported improvement in all five areas of feeing of support during their camp experience.

Table 1. Support from Others

Pre-Test (N = 31)				Post-Test (N=30)				
Question	Potential Total	Actual Total	Score Percentage	Question	Potential Total	Actual Total	Score Percentage	Percentage Change
1	155	111	71.6%	1	150	115	76.67%	↑ 5.07%
2	155	100	64.5%	2	150	115	76.67%	↑ 12.17%
3	155	99	63.9%	3	150	107	71.3%	↑ 7.4%
4	155	108	69.7%	4	150	130	86.67%	↑ 16.97%

To address self worth, the QOLIE-48 used six questions:

1. I consider myself to be less than perfect because I have epilepsy.
2. If I applied for a job, and someone else also applied who didn't have epilepsy, the employer should hire the other person.
3. I can understand why someone wouldn't want to date me because I have epilepsy.
4. I don't blame people for being afraid of me because I have epilepsy.
5. I don't blame people for taking my opinions less seriously than they would if I didn't have epilepsy.
6. I feel that my epilepsy makes me mentally unstable.

Participants scored their answers on a 4-point Likert-type scale (1 = strongly agree; 4 = strongly disagree) Table 2 shows the data responses from these questions.

Table 2. Self Worth

Pre-Test (N = 31)				Post-Test (N =30)				
Question	Potential Total	Actual Total	Score Percentage	Question	Potential Total	Actual Total	Score Percentage	Percentage Change
1	124	87	70.2%	1	120	97	80.8%	↑ 10.6%
2	124	83	67%	2	120	91	75.8%	↑ 8.8%
3	124	81	65.3%	3	120	82	68.3%	↑ 3.0%
4	124	93	75%	4	120	93	75%	0%
5	124	99	79.8%	5	120	97	80.8%	↑ 1.0%
6	124	98	79%	6	120	103	85.8%	↑ 6.8%

These questions showed growth during the camp experience, especially in response to question one and two that focused on "feelings of self" and the personal self worth felt by the participant. At the end of the camp experience, campers felt more equitable to their peers and less segregated due to their epilepsy.

The QOLIE-48 used five questions to address attitude toward epilepsy. These questions asked:

In the past week:

1. How good or bad has it been that you have epilepsy?
2. How fair has it been that you have epilepsy?
3. How happy or sad has it been that you have epilepsy?
4. How bad or good have you felt it is to have epilepsy?
5. How often do you feel that your epilepsy kept you from starting things?

These questions were scored on a 5-point Likert-type scale (1 = very bad, very unfair, very sad, very often; 5 = very good, very fair, very happy, never). Table 3 displays the scores for these questions.

Table 3. Attitude Toward Epilepsy

Pre-Test (N = 31)				Post-Test (N = 30)				
Question	Potential Total	Actual Total	Score Percentage	Question	Potential Total	Actual Total	Score Percentage	Percentage Change
1	155	94	60.1%	1	150	99	66%	↑ 5.9%
2	155	82	52.9%	2	150	96	64%	↑ 11.1%
3	155	92	59.4%	3	150	98	65.3%	↑ 5.9%
4	155	90	52.3%	4	150	93	62%	↑ 9.7%
5	155	104	67.1%	5	150	118	78.7%	↑ 11.6%

This component of *attitude toward epilepsy* demonstrated the most significant change from pre-test to post-test. For every question, scores increased from 6-11% demonstrating an important improvement in how children see their epilepsy (i.e. more good, more fair, more happy) following the camp experience. The campers felt an increasing sense of fairness in having epilepsy and that their condition did not prevent them from trying new things and experiences.

In each of the areas there was improvement and positive change in participant responses. However, none of the results were statistically significant following paired t-test evaluation. More research is needed with a larger sample size for the power to determine statistical significance.

Conclusions

For this project, the researcher examined a sample of 31 children from ages 9-15 who responded to a survey about epilepsy and the impact on their lives. The children then participated in a week of residential summer camp with other children with epilepsy or similar conditions and completed the same survey at the end of their six-day experience.

The study examined quality of life indicators for children with epilepsy guided by three research questions:

1. What was the change in perceived support following a camp experience?
2. How did the camp experience impact self-worth of a child with epilepsy?
3. Did children develop a change in attitude about living with epilepsy following a camp experience?

In response to the survey questions about perceived support, all participants scored the questions higher on the post-test indicating that camp offers a valuable service to these children—a listening ear and someone to hear their concerns. Most often, these individuals are counselors who are trained and expected to be focused on their campers for the week by giving attention to camper's needs and questions which validates the camper and communicates the desire for the camper to have a voice in decisions about his or her life. Powell (2003) researched the camp experience and found that one of the key factors that lead to interpersonal and intrapersonal growth was effective role models. Camps create a unique and intense opportunity for role models to empower the youth they serve.

In almost all questions related to self-worth, the scores improved on post-test. Self-worth is an attribute learned over time and one may not expect to see changes during a six-day camp experience. The campers reported feeling better about "self" and their abilities and individuals. Winfree, Williams, and Powell (2002) examined the impact of medical camping on children with cancer noting that any chronic disease can be destructive to a child's psychological growth and development. The camp experience benefits the children by helping them learn coping skills regarding the psychological effects of their condition and their perception of self.

Winfree et al. (2002) addressed the fact that illness can cause changes in the areas of self-esteem, control and competence. Camps offer children with health alterations the opportunity to interact with peers who accept their limitations and can empathize with the daily frustrations of their condition. Subsequently, the children develop a better self-esteem which allows them to interact more effectively with school peers, fit into social environments, and enhance academic performance. A positive view of self ultimately reduces dependence on others and encourages a healthy developmental trajectory.

For the third research question regarding attitude toward epilepsy, participants demonstrated an increase in post-test scores.

Following a six day camp experience, the participants were "more happy" and felt that having epilepsy was "more fair." They were inclined to try more new activities following camp. Powell (2003) identifies that disease-specific camps allow children a "membership" into a community of similar people. Just as individuals join a country club to be in a community of golf players, children are also eager to join like groups which will enhance their self-esteem and social acceptance. The sense of community decreases social isolation where they learn and grow in a safe and secure environment of friends.

Mayo (2002) discussed the benefit of camping with children with similar health challenges as it creates a sense of unity and that the child is not alone in their journey. We realize that many lifestyle changes may be necessary for one of these children to live a "normal life" and providing one or more camping experiences helps the child learn from peers, grow in their independence, and embrace positive change. When children experience illness they may lose the ability to interact with their peer groups. Camp provides a venue for reintegration and an invaluable opportunity to navigate the challenges of their health condition.

Limitations of this study include the short time frame, small sample size, and variance in seizure activity. There is limited opportunity to find and connect with a specific population such as children with epilepsy attending summer camp. Few camp facilities and staff are comfortable managing a large group of children with seizure disorders further limiting the ability to sample a significant group for research purposes. Due to significant variance in type, frequency, and severity of seizures, it is a complex challenge to correlate responses to the survey questions with timing of seizures which can impact their cognitive ability during the post-ictal phase.

More research needs to be done regarding the role camp activities and support have on children with health alterations. During the camp experience, children are supported by counselors and medical staff who provide effective role modeling, therapeutic communication, and opportunities to help children meet others with similar life challenges.

Most children have the opportunity to attend camp where they play games, eat hot dogs, and explore unchartered territory. As healthy children, this is an important developmental step and an early opportunity to spend time away from the watchful eye of parents where they can made decisions, mistakes, and new friends. For children with severe health alterations or disabilities such as seizures, these opportunities are even more important.

In this study, the camp experience encouraged children with epilepsy to utilize the support from others which helped to increase their self worth and allowed them to embrace a more positive attitude toward epilepsy. Their quality of life was enhanced by the simple activities of camp and human kindness shared between individuals. The interventions of camp can be translated to other venues and a concerted effort to meet the needs of these children will forever change their lives – and ours!

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ACN

Solving a Rash Mystery: Is it Cercarial Dermatitis?

Elizabeth A. Austin BSN, RN, CNOR

Abstract: *Cercarial dermatitis is addressed by many state camp health information sites. The experienced camp nurse will be able to identify the signs, symptoms, treatment plan, and methods to help campers avoid this skin irritation. Education of camp staff and campers will reduce incidents and promote rapid treatment of this concern.*

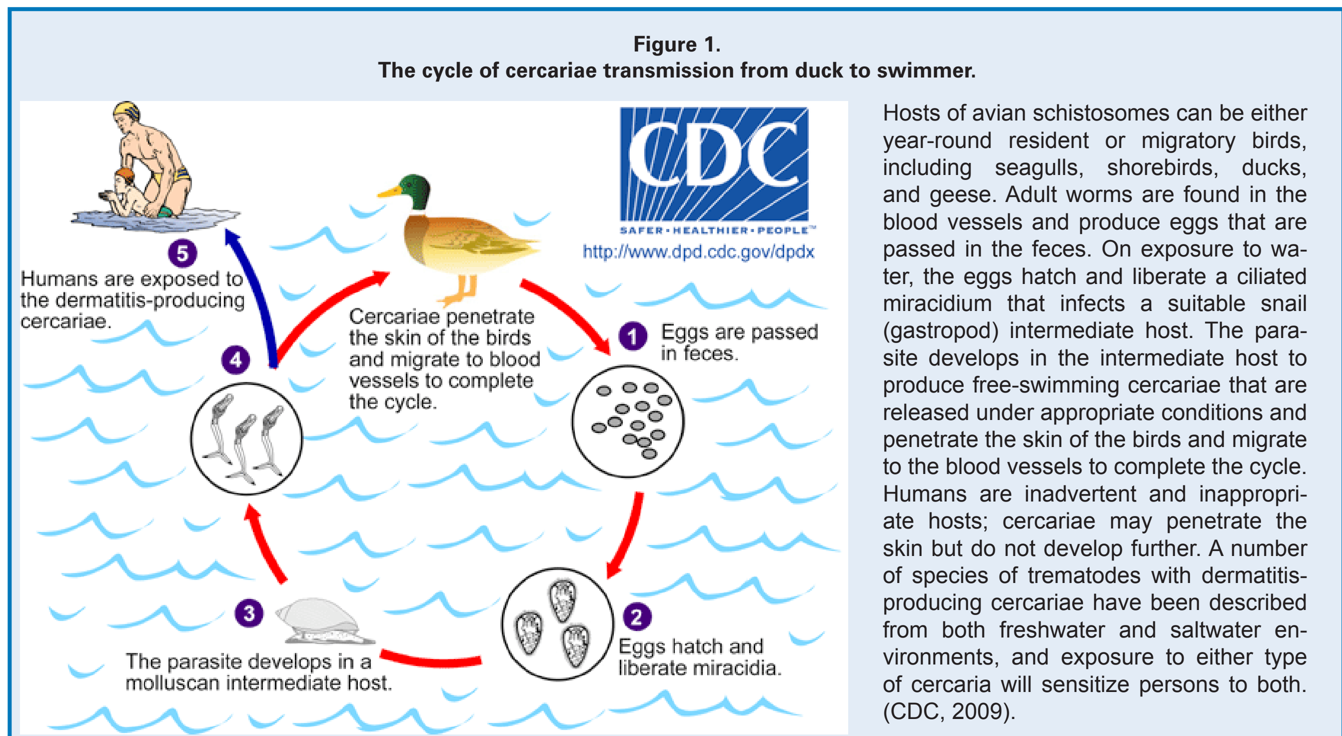
A camper presents with a rash of non-descript nature. It itches but doesn't to have the characteristics of poison ivy or poison oak. The camper does not complain of symptoms that would categorize it as heat rash. What are key points of information that the skilled camp nurse should assess and know in order to treat this complaint? Has this rash been seen in other campers or staff members this season? What environmental exposures are inherent in the camp's setting or activities?

Background

Cercarial dermatitis (aka duck itch, swimmer's itch, lake itch or schistosome cercarial dermatitis) is an irritation of the skin which occurs after campers, counselors, or lifeguards swim in lake water. After fresh water begins to dry on the human body, the Schistosome cercariae burrow into the skin as a survival tactic. Water fowl (ducks) are the host of this parasite, not humans (See Figure 1). Snails can be intermediate hosts and as they tend to reside in shallow water, standing in low water for periods of time should be avoided. Campers invariably return to camp each year and a sensitization phenomenon can occur which increases the severity of the dermatitis reaction (Center for Disease Control and Prevention, 1992). Poor camper/counselor hygiene, the tendency to gather in shallow water, and teen-ager reluctance to ask for advice about a new rash underscore the importance of recognizing the potential for this problem in a lakeside camp setting. The camp nurse should be aware of this parasite problem when present and provide health teaching to avoid or reduce its incidence. Inner-city teens, first time or occasional campers may not be familiar with environmental risks associated with exposure to lake water.

Schistosome is a waterfowl larval parasite that is found in lake or pond water. The Center for Disease Control (CDC) began monitoring reports of waterborne disease outbreaks in 2007 (CDC, 2006). The CDC states that, "outbreaks of cercarial dermatitis occur unpredictably, and routine surveillance for cases and outbreaks is impractical (1992)." States vary in their monitoring and reporting of the parasite. In New York, for example, the levels of duck schistosome are measured by the New York State Department of Health-Safe Water Division (personal communication, September 21, 2011). New Hampshire describes swimmer's itch on the state's camp website as an "itchy rash…much like a mosquito bite in appearance…that

Figure 1.
The cycle of cercariae transmission from duck to swimmer.



Hosts of avian schistosomes can be either year-round resident or migratory birds, including seagulls, shorebirds, ducks, and geese. Adult worms are found in the blood vessels and produce eggs that are passed in the feces. On exposure to water, the eggs hatch and liberate a ciliated miracidium that infects a suitable snail (gastropod) intermediate host. The parasite develops in the intermediate host to produce free-swimming cercariae that are released under appropriate conditions and penetrate the skin of the birds and migrate to the blood vessels to complete the cycle. Humans are inadvertent and inappropriate hosts; cercariae may penetrate the skin but do not develop further. A number of species of trematodes with dermatitis-producing cercariae have been described from both freshwater and saltwater environments, and exposure to either type of cercaria will sensitize persons to both. (CDC, 2009).

disappears after a few days to a week (New Hampshire State Parks, 2011)." Minnesota Department of Natural Resources reports, "30-40% percent of people who come in contact with the parasite that causes the itch are sensitive and experience irritation (2006, p.12)."

Prevention

Kreindler (2008) notes that health teaching should encourage easy and cost-effective choices for teens. Health teaching about environmental issues that occur at camp will reduce the risk of campers, counselors, and lifeguards experiencing cercarial dermatitis. Prevention includes encouraging campers to swim in deeper water, thoroughly washing off after swimming, vigorous towel drying after lake water exposure, and generous use of sunscreen which works as a barrier between the parasite and the skin. If symptoms are severe, an antibody test for schistosomes infection may be warranted.

Camp Nurse Actions

The role of the camp nurse in the presence of lake schistosome is multifaceted and includes the clinical aspects of diagnosis and treatment and the educational components of prevention and recognition.

Clinical Aspects: Prompt recognition and intervention are important to reduce the itching and minimize disruption in the individual's camp routines. Untreated, this rash can become so severe and debilitating that symptomatic treatment with antihistamines and antipruritic topical medications might be prescribed after referral to a physician. Remember that skin breakdown also exposes the victim to other opportunistic infections. In geographic areas where schistosome is common, inclusion of this problem in the camp's medical protocols is advisable.

Generally at camp, the camp nurse assesses the rash appearance and severity and recommends treatment which complies with the camp physician's standing treatment plan. Treating the water supply is noted by some sources but often not practical for camp purposes using shared bodies of water.

Assess the camper's skin for rash features and extent (See Figure 2).This type of rash will be noted mostly where the wet bathing suit is closest to the skin (leg/arm openings). Also consider water exposure, bathing habits, ducks noted in the area, and sunscreen use. The camper may have experienced these symptoms before. If so, the regimen that effectively treated the rash in the past should be followed. The rash is usually self-limited. Calamine lotion or antihistamines can be offered as a relief from the itch. Worsening of the rash and abdominal, intestinal, or bladder symptoms that accompany the rash warrant immediate medical intervention

Educational Components: Staff Education can be the most productive measure to avoid this health problem. Often the nurse will not be aware of parasite infestation of the camp's lake until the first case of the rash is seen. Poor camper/counselor attention to hygiene, a tendency to gather in shallow water, and adolescent reluctance to ask for advice about a new rash raises the importance of the camp nurse diligence in this area. Once that first case is identified, the nurse can include information about preventative behaviors to the staff and subsequent camper groups through the season Reviewing the use of waterproof sunscreen, showering and vigorous toweling off after swimming in the lake, avoidance of standing in shallow and muddy lake water, and reporting any rash as soon as possible to the camp nurse are simple community health measures that counselors can accomplish with their campers (CDC,1992; New Hampshire State Parks, 2011; New York State Department of Health, 2011). Health teaching and pro-active information will assist with reducing the incidence of this concern.

Reviewing these simple measures with lifeguard staff and asking them to take the lead in reinforcing them with campers and staff could be very effective in reducing rash incidence. If a member of the waterfront staff experiences the skin rash, they should be encouraged to use their experience in teaching

Figure 2.
Cercarial dermatitis is a cutaneous inflammatory response usually associated with penetration of the skin by cercariae of bird schistosomes.

FAST FACTS

WHAT: Cercarial dermatitis found in fresh water with ducks

WHO: Fresh shallow water swimmers

WHEN: Summer months, generally June and July

WHERE: Rash where wet bathing suit touches skin, skin exposed to fresh water sources

PREVENTION: Generous sunscreen, swim in deep water if possible, thorough bathing and vigorous towel dry after exposure

HOW TREATED: Antihistamine lotions/oral medication as prescribed

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Camp Nursing with the Tim Horton Children's Foundation

Kathleen Bochsler, RN

***Abstract:** The Tim Horton Children's Foundation (THCF) operates six camp sites for children from economically disadvantaged homes, five in Canada and one in Kentucky. The author describes her evolving roles over several years as camp nurse for the Tim Horton camps first fulfilling a traditional role and then developing roles as Wellness Coordinator, Quality Assurance Analyst for Wellness, and Camp Nursing Consultant. This personal experience recollection also includes being a nurse in the Canadian North and six months working with Doctors Without Borders in Afghanistan.*

I am an RN in practice for 14 years, 13 of which have been in a camp nurse role. Although I no longer work the "front lines" I have managed to mostly satiate my passion for camp nursing in my current role with the Tim Horton Children's Foundation as a camp nursing consultant. My current role is a bit unusual as I don't actually work at camp anymore but work behind the scenes, providing support to those who run our Wellness Programs. My summers now consist of air conditioning, uninterrupted sleep and few, if any, mosquito bites. Most days I don't remember the exhaustion or the adrenaline or the 3 a.m. wake-ups from a group of desperate counselors who couldn't get the hair dye off their faces. Sometimes though, whether it's a smell in the air or a song on the radio, my memory takes me rushing back to camp, sitting around the campfire eating gorp and my heart swells remembering the joy of camp nursing.

Life before Camp

When I graduated as a nurse in 1998 and passed my Canadian Boards I had no intention of ever practicing as a nurse. I graduated because my mother told me I had to finish what I started but I really thought I would get on with finding a profession I enjoyed outside of nursing. Reality hit—I was broke and needing to pay off my bills so I chose a nightshift position at a long-term care facility. The responsibility of that position was way over my head. I stayed about six months and left figuring there had to be something easier.

Still broke, I saw an advertisement for a northern nursing position that said, "New grads always welcome," Off I went to buy a parka and the next thing I knew I was on a plane to the Canadian North. Words cannot even describe how stressful that position was for a new grad. I never had to worry about calling an ambulance because there wasn't one! If I had to be involved in transporting a patient, it was on a spinal board in the back of a pickup truck! Suddenly, I was a paramedic, nurse and doctor all at once. There were no physicians where I worked and there weren't any experienced nurses there either. It was all new grads and we were all in way over our heads. Six months passed before I decided to head home to the warmer climate of Southern Ontario.

Looking for some fun and my never ending quest to find that easy nursing job, I applied to work as a camp nurse for the Tim Horton Children's Foundation. "How hard could that be?" I thought. I packed some shorts, t-shirts, and many paperbacks for I was looking forward to sitting in the sun all summer working on my non- existent tan. To this day (14 years later) I have yet to get a tan or read an entire novel at camp although my copy of *Skin Diseases* has been thumbed through umpteen times. Instead of the "easy" nursing job that I was seeking, I found myself again in a situation where there wasn't an onsite physician and this time I was the only nurse. The days were long; the diversity of the patients kept me constantly learning, and the variety of medical and trauma emergencies kept me professionally sharp. I had one heck of a good time and loved it!

The Tim Horton Children's Foundation

The Tim Horton Children's Foundation (THCF) is a non-profit, charitable organization for children from economically disadvantaged homes. THCF camp programs are designed to allow children to grow, develop independence, and return home with new found strengths and the courage to achieve the goals they set for themselves. There are six existing sites: five are in Canada (Nova Scotia, Quebec, two sites in Ontario, and Alberta) and the final site is in Kentucky. Two future Canadian sites are planned for the provinces of Manitoba and British Columbia.

The Foundation covers all costs for each child to attend the Residential and Youth Leadership Programs including transportation, equipment, food and lodging. Expenses are met by donations from individual Tim Hortons restaurant owners, Tim Hortons Inc., many valued suppliers, individual donations, and from public donations collected year-round through counter coin boxes located at every Tim Hortons outlet. The Foundation's largest single fundraiser is Camp Day, when Tim Hortons restaurant owners donate their entire coffee proceeds and public donations from the 24-hour period to the Foundation.

The Foundation has three core programs that annually serve close to 14,000 children—the Residential Camp Program, the Youth Leadership Program and the Year Round Group Programs.

Summer Camp Program (9-12 yr olds): This program offers a once in a life time opportunity for economically disadvantaged children. Tim Hortons Restaurant Owners work with local agencies and schools to find children that meet the selection criteria. Unlike most camps, parents don't apply directly to send their children to a THCF camp, they have to be referred by their school or community organization. They attend either the Summer Camp Program for 10 days or the week-long Winter Camp Program which takes place over March break. Activities can range from canoeing to dog sledding!

Youth Leadership Program (13-18 year olds): This program (YLP) is the Foundation's long-term commitment to selected campers aged 13 years and older and focuses on the development of life-long leadership skills, teamwork and independence. There are five successive 10-day programs in the Youth Leadership Program. Participants are tracked throughout the whole program, culminating in bursary opportunities to pursue a post secondary education.

Year Round Group Programs (YRGP): Community agencies working with economically disadvantaged youth can attend a local Foundation camp between September and May through the Year Round Group Program. This program generates more opportunities for children to benefit from a camp experience by partnering the Foundation's camp programs with the programs of like minded youth organizations, agencies, and schools. Through these partnerships, the Foundation is able to extend its mission and serve more economically disadvantaged children on a year-round basis.

An example of organizations in the YRGP is the Aboriginal groups. In 2011, over 1,600 Aboriginal youth attended our camps for structured learning. The camps are typically overnight stays, assisted by elders and community leaders, where attendees experience team building, confidence building and interpersonal skills development. Included is exposure to Aboriginal culture and language.

Life as a THCF nurse

As a nurse, I was on-site 24 hours a day for the entire 10 days with a two day break in between sessions. The job was exhausting and unbelievably fulfilling. For the first several years, it was my role to work as the Wellness Coordinator, managing anything related to healthcare at camp. These duties, familiar to most camp nurses, included:

- Reviewing and maintaining current staff and camper health files and administering daily medications
- Providing routine and emergency medical care to all staff and campers as needed utilizing approved medical directives
- Screening campers upon arrival for any communicable illnesses or new health concerns
- Managing stock medications, stocking first aid kits and ordering supplies
- Liaising with local healthcare providers and coordinating any referrals as indicated
- Leading specific areas of staff training pertaining to camp health and safety, risk management, first aid etc.
- Evaluating camp procedures, facilities and conditions and suggesting modifications that would maintain a high standard of health and safety at camp.

After that first summer with THCF, I never looked back! Over the next nine years, I alternated between working in "the North" (I ended up with jobs in the Northwest Territories, Northern BC, and Northern Manitoba) and spending my summers "going home" to camp. I worked at the sites in Alberta, Ontario, Nova Scotia and a brief time in Quebec. I also was able to spend some time visiting Kentucky. I greatly enjoyed the camp diversity and the varied beautiful locations.

Doctors without Borders

The one exception to this pattern was a six-month stint when I traded my shorts and t-shirt in for a Shalwar Kameez and accepted a nursing position with Doctor Without Borders in Kandahar, Afghanistan. I was once again working at a camp, this time an IDP camp—one for Internally Displaced Persons, similar to a refugee camp except those living there were displaced Afghanis, not refugees from another country. Instead of the camp population of 200 at the Tim Horton camp, now I was working with a population of 40,000. My "clinic room" was a tent and my area of focus was severely malnourished children. Like my Tim Horton summers, I once again carried a radio to communicate with other staff. However, discussions over the radio were no longer about whether anyone heard thunder. Kandahar was a desert. If there was a loud noise, it was gunfire. Despite the challenges, I found this position incredibly rewarding. I was able to work with a wonderful population desperate for healthcare but so appreciative and welcoming. I returned to Canada with a renewed sense of purpose as a nurse having long forgotten my quest to find an "easy" nursing job. Instead I continue to embrace the varied challenges nursing offers.

Working as a Wellness Coach

Back in Canada, I found I needed greater challenges and entered into discussions with the Tim Horton Children's Foundation on how I could further contribute in my role as a Camp Nurse. I loved being the nurse each summer at different sites but found I had a lot to offer to the other THCF nurses and really wanted to share my experiences with them.

Over the next few summers, my position changed to that of a "Wellness Coach" where in addition to my duties running a Wellness Centre and living onsite, I also provided guidance and training to our other nurses through teleconferencing. It became part of my role to standardize paperwork across sites and be available by phone should another nurse have questions or concerns.

It only took one summer to realize that position was too much for one person and the following year, I "retired" from running one of the Wellness Centres and was assigned a desk at the Home Office. I had misgivings about this. Summer to me meant sandals and a backpack-style trauma kit. Suddenly I was wearing heels and business attire. Fortunately, the position required a lot of travel and I could slip back into camp attire when visiting the six sites.

Quality Assurance Analyst for Wellness

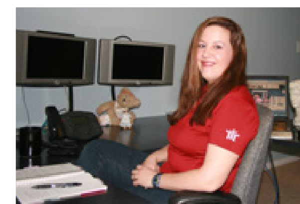
The next couple of years saw yet another shift in my role. I became a Quality Assurance Analyst for Wellness and my contract became year round, returning me to my desk and much dreaded heels. I was now a part of our Home Office's Standards Department. I missed camp but loved my ability to support the enthusiastic, wonderful nurses who worked at our various sites. My phone was always ringing; I was on call 24/7 and found this support role to be very rewarding, but also tiring.

My specific responsibilities became:

- Developing an inventory control program for all THCF camps, including standardizing all medications and supplies used in all the THCF Wellness Centres:
- Providing support to Camp Managers during the recruitment process of healthcare staff and designing and implementing orientation for all Wellness staff and training to be delivered to all camp staff:
- Standardizing medical directives for all six sites and establishing medical routines including record keeping, disposal of medical waste, managing and safeguarding medication and utilization of medical directives:
- Liaise with local, provincial, federal and state health officials on behalf of THCF and soliciting donations on behalf of the Foundation:
- Screening camper applications with medical conditions to determine how or if these conditions could be accommodated at camp:
- Performing twice yearly onsite audits of the THCF individual Wellness Programs:
- Provide ongoing support to Wellness Coordinators, General Managers, and the Home Office Senior Leadership team.

Changes were happening in my personal life. I had gotten married and had our first child. During my maternity leave, I offered some basic support to the camps but had set up a lot of support systems for them knowing that I would be off a year. The camps flourished, embracing their local supports, utilizing resources they were provided with and working well as a team.

Life as a Camp Nursing Consultant



As my maternity leave ended, I again entered into discussions with THCF regarding my role moving forward. Due to a combination of factors including budget changes within the Foundation and my desire to mostly be a stay at home mom, I was ready to finally give away my copy of Skin Diseases and say goodbye to camp nursing. The Foundation offered me a job I didn't want. I countered, requesting a job that didn't exist. I drafted a list of what I thought the Foundation needed and what I wanted in the job. I didn't want to travel or be on call anymore. I wanted to be a stay-at-home mom (and somehow still be a camp nurse). I knew what I was asking for was unrealistic. To seal the deal, I asked for a salary I wouldn't get. It was time for me to retire.

To my great surprise, my role evolved once again. The Foundation accepted my pitch including my salary expectations. Instead of having a desk at the home office, my desk was set up at home with a place for the baby monitor and I worked when my son napped. I no longer had to be on call and agreed to return calls within 24 hours of receiving them and check email regularly. My title changed to Camp Nursing Consultant.

All of the THCF nurses were flown to me with the Foundation covering their expenses. I spent two days training the wellness teams and providing them with the resources to return to their various sites and run their individual wellness programs. The remainder of the summer I provided support not only to the nurses, but to the Program Managers, General Managers and staff at the Home Office. My hours were limited, allowing me a wonderful camp/life balance.

Camp Nursing Consultant Responsibilities

My Camp Nursing Consultant role had several components:

- I provided support by phone or email except when specified otherwise and was available to Foundation staff for support regarding policies and procedures or managing challenging situations.
- I screened applications to help camps determine whether or not certain medical conditions could be safely accommodated at camp. I helped determine whether certain injuries or illnesses that emerged during camp could be managed onsite or whether a camper needed to return home to recover.
- Prior to camp starting, I provided formal training to all the Wellness staff from the six different sites by having

them fly in for a weekend orientation. I also provided training and resources for the General Managers to familiarize them with the Wellness Program.

- I did a number of chart reviews for each site to ensure the documentation met Foundation and College of Nurses' standards making recommendations to the General Managers and nurses based on those audits.
- I was available to provide assistance in the event of an illness outbreak at any of the camp locations and was a resource for General Managers, nurses and members of the Standards Department for questions or concerns regarding outbreaks.

Summary

My association with the Tim Horton Foundation Camps has evolved over time and I have enjoyed and grown from each of my roles. Camp nursing has traditionally been viewed in a fairly narrow perspective. In recent years that view has broadened to encompass more health and safety aspects and more emphasis on wellness promotion. I feel fortunate that I have been able to adapt my role over time.

My current Camp Nursing Consultant position allows me to stay involved with camp albeit from a remote location. I am able to do what I love best which is to provide support to other nurses and camp staff helping them get the most out of their camp experience, professionally and personally. Overall I only worked about 50 hours over the summer which fit perfectly with my current family demands. This role continues off-season as well.

There were a few frustrations with this position. Although the Consultant position kept me in touch with camp and allowed me to share some of my experience in camp nursing, it was not the same as being there. I missed camp and I missed the hands on nursing. I found myself sighing as I hung up the phone after a particularly challenging consult and thinking, "Wish I was there."

Kathleen Bochsler, RN, is a seasoned camp nurse and currently the Camp Nursing Consultant for the Tim Horton Foundation Camps. She is a CompassPoint Editorial Board member.

Solving a Rash Mystery: Is it Cercarial Dermatitis? continued from page 12

others preventive measures and in encouraging others to seek early treatment to avoid an unpleasant dermatologic response. Staff health teaching should include sunscreen applied liberally and frequently when campers anticipate swimming. Encourage staff member to emphasize the importance of rinsing (preferably bathing with soap) and vigorous towel dry following exposure to lake or pond water. Knowledge of the difference between a schistosomiasis and poison ivy and other skin rashes can make a difference in treatment and an overall positive camp experience for all.

Resources

Center for Disease and Prevention. (2011). Cercarial dermatitis, Image Library. Retrieved from http://www.dpd.cdc.gov/dpdx/HTML/ImageLibrary/A-F/CercarialDermatitis/body_CercarialDermatitis_il1.htm.

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The Centers for Disease Control and Prevention. (2009, July 20). Cercarial dermatitis, *Parasites and Health.* Retrieved from http://www.dpd.cdc.gov/dpdx/HTML/CercarialDermatitis.htm.

Elizabeth Austin is an experienced camp nurse who enjoys summer and winter camping in the Adirondaks. When not at camp, "Nurse Liz" can be found in the operating rooms of pediatric hospitals or enjoying Florida's first coast beaches. She is an educational researcher published in a variety of nursing related books, pamphlets, and worksheets.

ACN

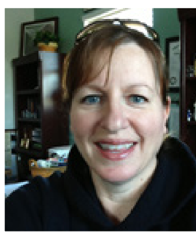
– People in Practice –
Meet Special Needs Camp Medical Director Tracey Gaslin

Susan B. Baird, RN, MPH, MA

Abstract: *Summer camps with their array of outdoor activities are typically designed to attract healthy youth but similar opportunities for children with limitations are increasingly available. The Center for Courageous Kids in Scottsville, KY is dedicated to providing opportunities for children with a variety of physical and medical conditions. The Medical Director, an experienced pediatric nurse, describes her multifaceted role and how she works with volunteers to meet the campers' various care needs. Her roles with the Association of Camp Nurses are also highlighted.*

Get Tracey Gaslin started on talking about camp and you are immediately struck by her passion and energy. She has been the Medical Director at Kentucky's Center for Courageous Kids for five years and it is easy to tell that her rich nursing background and exuberant energy for life contribute to her zest for this program.

Background



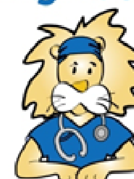
When asked about her nursing background for her current role, Tracey made an interesting comment, "When someone decides they want to be a nurse, they often don't fully understand the impact of that decision." She explains that nursing afforded her the opportunity to learn and grow in a variety of ways. Working in maternal newborn care taught her about compassion and empathy and then neonatal and pediatric intensive care developed her clinical skills, critical thinking, and the ability to help families work through loss. Pediatric home infusion care was one of her most enlightening roles, "Each week, when I went to homes and provided IV therapy, chemo administration, or central line care, I became part of these families. I had a unique window into the lives of families coping with chronic disease and life-threatening illnesses. What a motivator these families were to me, to my resolve to be my best, and to how I might better serve others in my career." Tracey then moved into academia and teaching nursing for over 10 years where she learned educational methodology to help students master content, develop self-worth, and see opportunities in their professional role. She adds that, "My nursing experience has been a true gift. Some days have been tough and some overwhelming, but all have been educational and made me the person I strive to be every day."

Camp Nursing and the Center for Courageous Kids

While teaching at a university in 1996, Tracey had the opportunity to volunteer at a camp for children with bleeding disorders. "After my first summer, I was hooked. I loved the camp experience and the unique opportunity it created for me to interact with children, provide for their safety, and educate them about healthy decisions. I never missed a year of camp after that." she notes. Her passion for camp increased and she began to participate in other specialty camps explaining, "For 12 years I 'played' at camp and I began to ask myself whether someone wouldn't want to pay me to be at camp year round?" And then, along came The Center for Courageous Kids.

Figure 1. The Center for Courageous Kids' mascot and mission statement.

The Center for Courageous Kids



We Prescribe Fun!

OUR MISSION
To uplift children who have life-threatening illnesses by creating experiences year-round that are memorable, exciting, fun, build self-esteem, are physically safe, and medically sound.

The Center for Courageous Kids is one of a small number of facilities built specifically to provide a camp experience for children living with chronic disease, disability, and life-threatening illness. It operates year-round serving children and families during the spring and fall through family retreat weekend events and providing independent camp experiences for children during the summer. Tracey describes the camp's founder, Betty Turner-Campbell, as "…a woman with a kind and generous heart for children living with health challenges." noting that, "We are fortunate to have the facility and staff to serve so many wonderful families." The Center serves children with a variety of health conditions including but not limited to asthma, autism, heart disease, cerebral palsy, cancer, bleeding disorders, burns, tube and total parenteral nutrition dependency, spina bifida, diabetes, muscular dystrophy, seizure disorders, visually impaired, hearing impaired, and sickle cell. It also serves some unique populations such as Dravet syndrome, Ring 14, severe food allergy, and osteogenesis imperfecta.

Due to the diversity of the camper populations, the staff work diligently to provide a proactive approach to the care needed by the campers. Tracey explains that in the medical center, "…

we provide a variety of services to manage a camper's mobility, skin integrity, bowel and bladder function, and other functions. For example, we do daily assessments of skin integrity in our non-mobile populations, respiratory assessments three times daily for our asthma patients, hydration evaluations in our sickle cell children, and frequent blood glucose monitoring for children with diabetes. We use these preventative care measures to help marginalize any unanticipated changes in the camper's health status. We have had very few challenges in our camp setting, with the most significant being a few stitches in a camper's arm."

Tracey's role at the Camp for Courageous Kids is multi-faceted, "You might think that I would say my role as the medical director is to care for the campers. In a roundabout way, I would agree. However, my primary role is to love, embrace, and support the medical volunteers, staff, and counselors who are my eyes and ears at the facility. We have been fortunate to have a large number of medical volunteers for each week of camp including nurses, nursing students, nursing faculty, physicians, medical residents, therapists, dietitians, social workers, and many others. My job is to make sure they feel educated, empowered, and supported as they give of their time and talents while caring for our campers."

Working with Volunteers

The medical services at camp depend heavily on volunteers, typically recruiting 80-100 volunteers each summer. Tracey explains they attend schools of nursing, children's hospitals and pediatric clinics to recruit healthcare volunteers, "…asking that a volunteer give a week of time as we try to provide a consistent healthcare provider for the children throughout their week of camp. We are also fortunate to have a strong working relationship with a children's hospital that provides 8-10 nurses each year and pays their regular salary while they are at camp."

A significant number of healthcare volunteers are needed provide adequate coverage and Tracey depends on a tool in the camper application process, the Functionality Rating Scale (FRS), to help delineate counselor-to-camper ratios and healthcare provider-to-camper ratios. The FRS allows parents to "score" their child in different categories (i.e. body movement, ADL care, social adaptability) providing a cumulative score which helps determine the number of staff needed. "There is no other known mechanism available to provide this type of information in the camp setting thus encouraging us to develop our own. We have published several articles in *CompassPoint (20:2, 2010; 20:3, 2010)* regarding this tool." Tracey notes.

This camp uses a full cohort of volunteers to provide healthcare coverage and Tracey has found this staffing approach works well. She explains that, "The critical element is to be sure the volunteers feel educated, supported, and excited about the experience. A happy healthcare team is a productive and safe team!"

Staff Orientation

Tracey actively participates in staff orientation. Each summer the camp hires 50-60 summer counselors to work the entire summer and then supplements the hired staff with about 30 volunteers each week. The program provides an extensive orientation and training (10-14 days) for the summer-long staff and an abbreviated orientation for the weekly volunteers. Tracey notes that, "Topics covered in the intensive orientation include information about the disorders of the camper populations as well as body mechanics, medication administration, emergency preparedness/procedures, safety (i.e., hydration, sunscreen, and bug spray), the healthcare team and other essentials. During the weekly orientation, we provide an abbreviated form of orientation to help counselors learn behavior modification, how to access the healthcare team for concerns and about integration of the healthcare team in camp activities."

The camp holds high expectations for the summer camp staff as they are caring for children with significant healthcare challenges and altered life experiences. Tracey adds that, "Many of our campers may not attend school, participate in social functions, or have access to extracurricular sports and activities. These events help shape the foundation of a child and without these opportunities, they often have not learned how to work in groups, appreciate different perspectives, or engage in social exchange. Our counselors have to be prepared to help guide camper interactions, be aware of changes in health status, and teach the campers our motto of 'safe, loved, and respected' for each person who comes to camp."

With such special camper populations, it seems likely there could be a lot of challenges requiring staff preparation. Tracey relates that surprisingly they have had very few significant challenges in the camp's five year tenure. "We try to work proactively to help prevent events. Sending preparatory information to parents prior to camp, such as addressing homesickness, packing lists, communication at camp, and other items has generated significant help for us. Families are able to read about camp prior to attending, explain camp to their child, and help start the language of support to hopefully marginalize homesickness, fear, and other concerns." she notes. Good staff orientation coupled with proactive parent information seems to be working well.

Current Planning

Camp nurses who operate only in the summer season must wonder what year-round camp nurses do when camp is not in session. These are not idle moments! Tracey uses these times to do grant writing, participate in recruitment efforts, provide medical support for family events, and facilitate opportunities to use the facility for educational purposes. A couple of projects that are in the development stage are recruitment and working with new camper populations such as children with hearing impairment and those with transverse myelitis. Ongoing initiatives involve education of staff, fundraising efforts, and visiting schools of nursing to encourage their involvement in

camp. Tracey explains that, “In a year round position, we have the unique opportunity to think about and work on camp initiatives so that everything we do has intentionality. When time allows, we are able to make the camp experience one where children not only have fun, but learn about communicating, working through conflict, and embracing diversity. What a wonderful opportunity to work in this venue.”

Sources of Satisfaction

Tracey notes many sources of satisfaction in her camp work, “Satisfaction comes in the overwhelming moments of happy exhaustion, moments of ‘aha’ education, and times of reflection. For anyone who knows me, I am an animal lover–especially our horses at camp. To see a connection between child and animal is always moving. So much therapy transcends that relationship that goes unspoken but is definitely felt. I find true satisfaction in creating opportunities for children to experience the equestrian world and the love of a horse. She’ll tell you that so much about camp continues to inspire her, “The frequent small accomplishments by campers–art projects, climbing a rock wall, riding a horse for the first time. Play is a child’s work and through our extended opportunity to ‘play’ with children we teach them so much about becoming productive, kind citizens. The uniqueness of this relationship is that children teach adults even more. We learn how to stay grounded, to emphasize what is valuable, and to cherish each moment of laughter. What an awesome opportunity to embrace life through a child’s eye and realize that not much matters beyond today. Carpe Diem!!”

ACN Involvement

Tracey has been a member of ACN since 2008 and was elected to the Board of Directors in 2009. She accepted the role of Education Committee Chair as well from outgoing Board Member LaVonne Ridder. When asked about her accomplishments in this role she said, “Everyone has an opportunity to hopefully make differences over time. I cannot say that I did anything individually; however, I was given the opportunity to work with a great group of nurses to move our educational agenda forward. In the past three years we have provided the first of an ongoing project to provide a CEU article in *CompassPoint*. The Committee continues to oversee the educational components of the ACN symposium and we started a database of informational camp articles. Strategic planning for the next three years has several new adventures on the horizon for the education committee. We hope to reinforce the initial efforts of the *Intro to Camp Nursing* curriculum and are considering a Certificate Program for Camp Nursing in addition to our current initiatives.”

In January 2013, Tracey will begin a three-year tenure as President of ACN. When asked to reflect on her decision to accept this responsibility and how she is viewing this new challenge, she reflected, “What a huge opportunity and honor to be stepping into this role. I do not take this new position lightly. My responsibility is solely focused on supporting the mission of ACN, fostering growth and activities of the board, and encouraging ACN members in their camp efforts. There are so many opportunities available to our growing organization and we are excited about what can be accomplished in the next three years. I am looking forward to meeting new people, partnering with other organizations to address child health, and establish ACN as a critical partner in the pediatric healthcare arena. I am excited for more—more learning, more opportunity, and more membership growth.”

Susan B. Baird, RN, MPH, MA is a retired camp nurse and editor of ACN’s CompassPoint.

Super Sleuth

Janice Springer, RN, PHN, MA

A cold, the flu or allergies??

A. Little Sarah comes into the Health Center complaining of a headache after breakfast. When asking questions you find she has a stuffy nose, a dry cough and her temp is 98.6°’. What do you think she has? What other questions should you ask? Does she need to be isolated? What would you use to treat her symptoms?

B. Later, the canoe coach, Sergio, comes in with a runny nose, itchy eyes, sneezing and hoarse voice. What other questions might you ask him? What do you think he has? How would you recommend he treat his symptoms?

C. Late in the summer, two campers from the same cabin show up with headaches and each with a fever of 101°. Neither has a runny nose, but both of them are achy and one complains of a sore throat.

Does this profile catch your eye/ear in a different way? Why? What do you think they have? What might you do as broader public health measures?

Photo Credits: http://www.cureforsure.us/how-to-get-rid-of-a-runny-nose, abcnews.go.com. http://www.drlisawatson.com

The answer is on page 25.

– Perspectives Worth Sharing –

Reading and Writing at Camp

Lauren Arend, PhD and Ellen Buckner, DSN, RN, CNE

Abstract: *A camp-based reading or writing program provides a unique opportunity for campers to engage with literacy in ways outside of their normal school curriculum and perhaps discover their literacy identity. Several camps are described in the literature that encourage reading and writing in the outdoors or through summer experiences. Reading may take place in groups or by individual campers/participants reading a common book. Writing may emphasize short stories of fiction, descriptions of naturalistic observations or self-exploration/ reflection. In all these the camp experience creates a special environment for personal growth and application of the most basic skills of communication. In addition children and youth "fall in love" with reading and writing in ways the more structured environments may miss. Reading and writing camps have been found beneficial for children with mental or emotional concerns. They have included programs for children with communication deficits such as low literacy or autism. Camp nurses are involved as we nurture the natural process of growth and healing through this and other mechanisms.*

As nurses we believe our practice involves the holistic appreciation of our patients and charges. For campers from disadvantaged backgrounds or other environments of risk, the opportunity to engage in summer experiences which couple the joys of childhood with lifelong skills and love of learning is beyond measure. These types of experiences would be a rich setting for future research on the effectiveness of summer reading and writing to encourage campers' identity development, reading and writing skills, and attitudes that promote motivation. Camp nurses have many opportunities to support and encourage campers in their various activities. Showing interest in what campers in these programs are learning in their reading or writing projects and encouraging them can be as valuable as supporting them in swimming or the ropes course challenges. Having some reading materials in the Health Center such as a book of short stories or word puzzlers for campers to use when waiting or when soaking a foot, for example, can help reinforce reading and writing as valued lifelong skills. Camp nurses are challenged to develop these type activities to the fullest and to see the growth in our campers' lives!

Researcher's Perspectives: Writing and Reading Camps Worldwide

There are numerous published accounts of reading and writing camps, some of which emphasize tutoring and literacy and some of which emphasize the love of reading and writing. Several of these are highlighted below. In a description of a writing camp in Michigan, Moore-Hart describes how campers grew in "real life writing" reflecting on their experiences. For example, one student wrote the poem "The Brownest Tree" (Figure 1) which captures both the imagination and the potential for environmental advocacy (Moore-Hart, 2005). In a recent study of the National Writing Project Young Writers camp, children's attitudes were transformed over the two week camp (Brown, Morrell, & Rowlands, 2011). The authors conclude that this type of transformation through summer experiences is desperately needed in classrooms. Camps with reading and writing components are described below with background rationale and outcomes.

According to the National Summer Learning Association, two-thirds of the achievement gap between lower- and higher-income youth can be explained by unequal access to summer learning opportunities (Terizan, Anderson, & Hamilton, 2009). Summer learning loss is a documented phenomenon, but why should summer activities focus on literacy experiences? Because so much of learning is text dependent, reading and writing competence is a major precondition to academic achievement and learning in general (Schiefele, Schaffner, Moller & Wigfield, 2012). Additionally, an analysis of studies, conducted by Cooper, Nye, Charlton, Lindsay, and Greathouse (1996), found that the effect of summer learning loss varied by skill area. For example, while summer learning loss in math was the same for all students when controlling for ethnicity and family economics, loss of literacy-based skills was found to be directly related to family socio-economic status. On some measures, middle-class children made actual gains in reading over the summer, while disadvantaged children showed losses.

Figure 1.

The Brownest Tree

The pine tree looks as if it no longer survives in the wild any more
The tree's needles and trunk are as brown as a
Double chocolate chip ice cream, Dipped in chocolate syrup.
It's needles are pointier than the sharpest knife.
I feel as if the tree should get another chance to live.
The tree used to offer us many privileges.

(Moore-Hart 2009)

Children from a young age are categorized by their reading and writing ability as "struggling," "proficient," "above grade level," or "below grade level." These labels at a young age can impact the formation of identity. "Both what and how one reads and writes can have an impact on the type of person one is recognized as being and on how one sees oneself" (Moje & Luke, 2009, p. 44). The literature on identity and literacy suggest that there is a need for inclusion of diverse text-based activities in literacy curricula to embrace the various reader identities (Moje & Luke). This dual-power of literacy-based camp programs to stem summer learning loss and provide opportunities for children to investigate and formulate their own identities has been well documented in the camp literature.

Readers and writers at Sherwood Forest Camp.

There were many examples of camps addressing children's identity formation, particularly following a period of abuse or tragedy. A summer camp run by Global Children's Organization in Los Angeles implemented a bookmaking workshop in Bosnia as an opportunity for girls aged 10-13 to interact with children from other ethnic and religious backgrounds and to reflect on the formation of their personal and their country's identity through reading and writing (Darvin, 2009). The successful outcomes of this project demonstrated "the social nature of literacy events and used writing...to help the children begin to explore the vital concepts of preservation, friendship and peace" (p. 58).

An examination of literacy initiatives in low resource educational environments internationally reported similar components and outcomes for camp-based programs (Singh, 2002). Reading clubs in Nigeria provided an opportunity for school-aged children and adults (ranging from newly literate to university educated) to come together to learn English language skills. Outcomes from this program included not only language learning, but fostered critical thinking and questioning (Singh, p.3). A case study investigation of a two-year long intervention in a low-income area of Des Moines, Iowa found that summer camps focused on literacy contributed to improved academic achievement for children (Singh, p. 5).

The reviewed research suggests that literacy based camps can address summer learning loss, contribute to community engagement in under-resourced areas, and support the development of identity formation in both everyday and extraordinary situations. Additionally, research relates the need to address not only literacy skills, but youth attitudes which are better predictors of long-term literacy gains (Terizan, Anderson, & Hamilton, 2009). The research on reading identity supports the reading literature on motivation and literacy skills. A meta-analysis of the research on motivation found that studies consistently demonstrate the benefits of *intrinsic* reading motivation and a small or negative impact of *extrinsic* reading motivation (Schiefele et al., 2012). Literacy-based programs in the context of camp are able to develop these intrinsic motivations for engaging in reading and writing.

Two camps are described below from interviews with their directors. The potential benefits for these youth are just beginning to be recognized.

In Practice: Reading at Camp

Mary Rogers, Executive Director, Sherwood Forest Camp, St. Louis, MO

Sherwood Forest Camp is a St. Louis area youth development agency that serves children, primarily from low-income families and under resourced communities. Its programs are centered on a resident camp program with school year "continued contact" follow up activities. Campers in first and second grades attend an introductory Mini Camp program. From third grade to completion of the Leadership Program in ninth grade campers participate in 26-day sessions. These long-term relationships over the years are the heart of our program's success.

Over the last ten summers the camp has created a camp library and a reading program to address a critical area of concern: the issue of "summer learning loss," especially regarding reading skills for children from socio-economically disadvantaged communities.

The camp library is now one of the most popular activity choices for campers and includes an incentive to read by rewarding reading. The reward is giving children books to take home. Begun as a pilot program in 2010, the camp now has a successful reading program as well. Over the past three summers, campers in the fourth and fifth grades took part in the pilot program, which was designed to strengthen children's enjoyment of reading for both recreational and academic purposes, and improve vocabulary and writing skills.

This summer's program was especially exciting. All 48 of the camp's fourth graders took part in the reading program, which took place over 19 activity periods in both the Boys Camp and Girls Camp sessions. The boys all read the same book, *Hatchet*, by Gary Paulsen and the girls all read *Belle Prater's Boy*, by Ruth White. Both groups of campers expressed enjoyment in the book they were reading and in the activities in the reading program, although the boys in particular did complain that they were losing out on choices that other campers had who were not in the reading program.

Campers took pre-tests and post-tests that measured vocabulary skills and attitudes about both academic and recreational reading. Results found statistically significant gains across all measures for the group as a whole, although there was some variation by gender.

Critical to its success we believe are these factors: a culture of reading in camp; a highly qualified and motivated reading teacher, lots of individual attention to each child, a book that is challenging to read, but that children really enjoy reading, rewarding progress and success, and doing fun activities in the reading program.

After three summers of pilot phases for our reading program, we are confident of our ability to implement a fun and effective program for our third graders, where it was designed to "live" in the camp program. Based on our results, we believe a reading program imbedded in a resident camp program can spark a camper's love of reading that may last a life time.

Figure 1. Students writing together!
http://redoakyoungwriters.info/

In Practice: Writing at Camp

James Braziel, Co-director, Ada Long Creative Writing Workshop, University of Alabama at Birmingham

The Ada Long Creative Writing Workshop is a three-week day camp for rising sophomores, juniors and seniors. Each year it begins in early June and runs from nine in the morning until three-thirty in the afternoon, Monday through Friday. Students have the opportunity to work with nationally recognized writers in small workshops and individual conferences, in poetry, fiction, and other genres.

This past year, some of our third week electives included Adam Vines' Ekphrastic Poetry, wherein students wrote poems that were informed by works of visual art and a visit to the Birmingham Museum of Art and Daryl Brown's Musical Memoir, which utilized the forms and techniques of literary nonfiction to write about significant personal experiences with music and what those experiences meant. In addition to the Birmingham Museum of Art, students take field trips throughout the three weeks to explore different places in Birmingham. Often, our morning writing lessons dovetail nicely with the afternoon's tour, and our students are able to incorporate much of our city's cultural and historical landscape into their writing efforts. In addition to writing, students present their creative work in a series of readings.

Our students' enthusiasm for the Workshop is inspiring. One recent student wrote: "I grew as a writer and an individual because of it. I feel so much more certain about my future, and I owe it all to the instructors at the Workshop." Another student reflected on the Workshop's positive influence: "I will take what I have learned here for the rest of my life. This is one of the best decisions I've ever made."

The program is limited to 30 students, selected on the basis of submitted work. Financial aid is available, and this past year we offered fourteen scholarships. Students may also opt to receive one hour of college course credit for their work. In the end, our goal is to give students the opportunity to write about their world and themselves, the opportunity to share their lives and craft with their fellow writers.

Conclusion

As nurses we believe our practice involves the holistic appreciation of our patients and charges. For campers from disadvantaged backgrounds or other environments of risk, the opportunity to engage in summer experiences which couple the joys of childhood with lifelong skills and love of learning is beyond measure. These types of experiences would be a rich setting for future research on the effectiveness of summer reading and writing to encourage campers' identity development, reading and writing skills, and attitudes that promote motivation. Camp nurses are challenged to develop these type activities to the fullest and to see the growth in our campers' lives!

Resources

Brown, M., Morrell, J., & Rowlands, K. (2011). Transforming Young Writers' Attitudes toward Writing and Becoming Writers (Online Submission). *California English*, 17 (2), 15-17.

Cooper, H., Nye, B., Charlton, K., Lindsay, J., & Greathouse, S. (1996). The effects of summer vacation on achievement test scores: A narrative and meta-analytic review. *Review of Education Research, 66*(3), 227-268.

Darvin, J. (2009). Make books, not war: Workshops at a summer camp in Bosnia. *Literacy, 43* (1), 50-59.

Moje, E. & Luke, A. (2009). Literacy and identity: Examining the metaphors in history and contemporary research. *Reading Research Quarterly, 44*(4), pp. 415-437.

Moore-Hart, M. A. (2005). A Writers' Camp in Action: A Community of Readers and Writers. *Reading Teacher, 59*(4), 326–338.

Schiefele, Schaffner, Moller & Wigfield (2012). Dimensions of reading motivation and their relation to reading behavior and competence. *Reading Research Quarterly, 47* (4), 427-463.

Singh, M. (2002). *Literacy interventions in low resource environments: An international perspective.* Bloomington, IN: ERIC Clearinghouse on Reading English and Communication.

Terizan, M., Anderson, K., & Hamilton, K. (2009). Effective and promising summer learning programs and approaches for economically-disadvantaged children and youth: A white paper for the Wallace Foundation. *Child Trends*, July 10, 2009.

Additional Resources

Explore 30 Camp Reading Program
http://www.acacamps.org/explore30

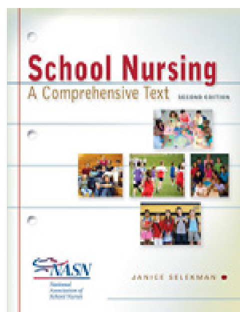
Duke University Young Writers' Camp
http://www.learnmore.duke.edu/youth/youngwriter/academic.asp

Summer Ink
http://www.summerink.org/studentwritingprograms/

Lauren Arend, PhD is an Assistant Professor in the Department of Education at Saint Louis University where she teaches statistics and research methods courses. In addition to her work at the university, Dr. Arend conducts program evaluations for non-profit programs including after-school, summer camp, and youth leadership initiatives. Ellen Buckner, DSN, RN, CNE is Professor of Nursing at the University of South Alabama. She has served as a camp nurse, health coordinator, camp board member, and taught courses in camp nursing. She is the Research Chair of the Association of Camp Nurses, this month completing her tenure of 12 years on the ACN Board.

New Products, New Ideas

Resource Round-Up



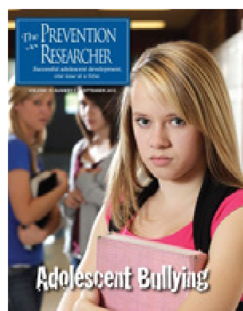
■ **School Nursing: A Comprehensive Text:** Written for school nurses but enormously valuable to camp nurses is the newly released second edition of this comprehensive resource. Its 1356 pages are well organized with several chapters devoted to evidence-based coverage of chronic health conditions and more IHP, 504 plans and emergency plans than the first edition. The chapters on Disease Prevention and Common Complaints would be particularly useful to the camp nurse. A new feature in this edition is an exclusive access code to a special NASN website with additional documents to use in practice such as medication lists for common chronic conditions and forms for evaluating and care planning for acute concussions. At $95, it's a big investment but this 2013 text is a tremendous comprehensive resource for any camp nurse.

■ **Are Your Campers an Underserved Population?** Visit www.clinicians.org for resources about working with underserved camper populations. The Association of Clinicians for the Underserved is a transdisciplinary organization of clinicians, advocates and healthcare organizations that provide health care for the underserved. Their programs include professional education, clinical tools, advocacy, patient education, training and technical assistance. One program example is *Online Professional Training on Asthma Care,* a free recorded webinar, training health care providers to incorporate culturally and linguistically appropriate education on environmental asthma trigger management—good evidence-based information.

■ **Prevention Resources**

National Action Plan for Child injury Prevention is an on-line booklet that conveys an "Agenda to Prevent injuries and Promote Safety of Children and Adolescents in the United States." The April 2012 publication is from the CDC's National Center for Injury Prevention and Control. www.cdc.gov/safechild/nap/.

The Children's Safety Network (CSN) is a national resource center for the prevention of childhood injuries and violence providing technical assistance on injury prevention planning, programs, and best practices. www.childrenssafetynetwork.org/.



The Prevention Researcher: Looking to expand your resources associated with adolescent development? Whether working with campers or staff, experienced camp nurses know that developmental issues can be more challenging to address than illness and injury. Consider augmenting your knowledge by subscribing to *The Prevention Researcher*, a publication available in both online and in print that synthesizes research in a most readable fashion on topic areas germane to adolescents. The most recent issue, for example, discussed adolescent bullying. That was preceded by issues on adolescent self-esteem and adolescent prescription drug abuse. Print subscriptions cost $42 a year; digital-only subscriptions cost 25% less. Read more about it or order specific back issues that address your need-to-know at www.TPRonline.org.

■ **Bullying Resources On-line**

If you are planning to address bullying in your staff or camper orientation, check out StopBullying.gov Of special interest at this site is an inventory of state specific regulations and also information about addressing bullying related to LGBT youth and special needs populations.

Products of Interest

■ **Pill Counting Tray**

Some camp nurses count pills to make sure campers brought enough of a personal medication to last their entire stay at camp or to track controlled medications. Doing this task can be facilitated by using a "pill counting tray." Available from places like Moore Medical and Amaxon.com for less than $20.

New Medication Approvals

Quillivant XR is a once daily, extended-release liquid formulation of methyphenidate hydrochloride, a CNS stimulant and is specifically approved for treatment of attention disorder patients six years old and above. Approved September 2012

Fycompa is indicated as adjunctive therapy for the treatment of secondarily generalized seizures in patients with epilepsy aged 12 years and older.

Oxtellar XR is an extended release, once daily formulation of oxcarbazepine and is specifically indicated as adjunctive therapy of partial seizures and approved for adults and children over six years of age. For more complete information go http://www.centerwatch.com/drug-information/

Rapid Strep Test Research Findings

A new study done by physicians at the Cleveland Clinic shows that Doctors don't need to double check the results of a rapid negative strep test. These findings support recent recommendations from the Infectious Diseases Society of America that for adult patients, doctors can rely on rapid test results alone to make treatment decisions. The study involved reviewing medical records of 25,000 adult patients over a 2 year period. Note: This study and new recommendations is in reference to adult patients only but certainly could affect pediatric populations once more studies are completed. To read more this go to http://www.nlm.nih.gov/medlineplus/news/fullstory_130609.html. This will be available until 1/21/2013

Camp Health – Clinically Speaking
Use and Care of Asthma Spacers

Doris Nerderman, RN BSN

Increasing numbers of children are coming to camp with asthma and/or allergies. As more information about allergies and asthma is learned, more medications are being used. Medications are also seen more often in inhaler form because inhaled medication increases concentration directly into airways and minimizes systemic side effects.

To further improve medication administration, spacers are being used more frequently. Spacers have been shown to enhance the delivery of the inhaler medication in two ways:

1. By coordinating the timing of triggering the inhaler and inhalation of the medication allowing for more medication to reach the lungs
2. By slowing the speed of the medication into the mouth decreasing hitting the back of the throat. This will decrease side effects such as dry throat, hoarseness and cough and decrease the amount of medication going into the stomach instead of the lungs.

Although spacers help with technique improvement, campers still need to understand how to use the spacer properly. Most have been instructed in its use in the past but may forget the fine points when in a hurry to get back to activities or experiencing anxiety during an attack. Other campers don't use the spacer often enough to remember. It is up to the camp nurse to monitor that inhalers and spacers are used correctly. Spacers come in many forms such as pictured. Most campers will be using a spacer with a mouthpiece. Younger campers or campers with problems using the mouthpiece might use a face mask with the spacer instead. (like the yellow spacer in the picture). If possible, use a mouthpiece rather than a face mask to avoid loss of medication in the nasal passages

To use a metered dose inhaler (MDI) with a spacer:

1. If the inhaler is new or hasn't been used recently, prime according to manufacturer's directions (this is usually 2-3 sprays);
2. Attach the MDI to the spacer and shake the MDI well to mix the medication with propellant;
3. Sit up straight and exhale fully;
4. Seal lips around the spacer mouthpiece without gaps between lips and spacer;
5. Press down on canister one time and inhale slowly and deeply;
6. Hold your breath approximately 10 seconds to allow medication to deposit into lungs;
7. Exhale slowly through the nose;
8. If a second puff is needed, wait 30 to 60 seconds and repeat.

   *Do not put 2 puffs into spacer at same time---doing so causes the medication to drop to the bottom of the spacer before you have time to breathe it in.

To use a spacer with a mask:

Follow steps 1-2 above.

3. Place the mask over the nose and mouth so there is a good seal;
4. Press the MDI once to release the drug and inhale the medication from the mask in 5-8 breaths;
5. Keep the mask on during both inhalation and exhalation. Wait 30 -60 seconds for second dose if indicated.

   *Rinse the mouth after use, particularly when inhaling corticosteroids and wipe face if using mask.

A common mistake that people make is to breath in too quickly. Some spacers have a horn or whistle like warning sound when breathing too quickly. If a whistling sound is heard, you need to remind campers to slow their breathing. A new spacer called Riteflo© has become available. It is different from other spacers in that this spacer has a built in flow regulator that prevents any patient from inhaling medication too fast (thus getting correct dose.)

Care of the spacer

1. Clean weekly. The HFC inhalers* now used to protect the ozone, create particles that are stickier so this is more important than ever before.
2. Take spacer apart and wash in warm soapy water.
3. DO NOT RINSE—The residue of the bubbles from the detergent puts a coating on the inside of the spacer stopping the creation of static electricity. By stopping the

Welcome to Camp Health – Clinically Speaking

This column replaces Mary Marugg's Keeper of the Kits which we have all enjoyed and more importantly learned from over the years. We thank Mary for sharing her expertise and her dedication to improving camper health care. Mary continues as an editorial board member so we will still benefit from her experience.

Camp Heath – Clinically Speaking is a new column focused on practical application to improve camper care by sharing clinical information with camp nurses. I look forward to helping camp nurses be informed and stay updated. Please let me know if you have a topic you feel is important to address or review. The more ideas the better!!!!!

Doris Nerderman, RN, BS
dmn53@roadrunner.com

Do You Know??

Putting an inhaler in water to check the amount remaining is not accurate and can damage the inhaler.

Improvising a spacer device from a cardboard toilet paper roller is not a good substitute for a plastic spacer. It may help in a pinch but is not an acceptable substitute.

static the medication is less likely to stick to sides of spacer.

4. ALLOW TO DRIP DRY— Do not wipe with a towel as this allows for static inside the tube which causes medication to stick to the tube instead of passing through.
5. Replace the spacer if cracked. Otherwise, replace the space every six to twelve months to a year depending on usage.

Cleaning the inhaler

Remember to clean the inhaler as well according to package directions. This means the actuator, not the canister. The canister should not get wet!

Research has shown that using a spacer with an inhaler can be as effective as using a nebulizer. Camp nurses may want to think about keeping a spare spacer in the emergency respiratory kit in case of respiratory emergency and no easy access to a nebulizer or a power source. A prescription is required to get a spacer and most cost approximately $20. Spacers should not be shared so once used the stock spacer will need to be restocked.

Resources

http://emedicine.medscape.com /article/1413I366-overview

http://allergy.peds.arizona.edu

http://www.webmd.com

Super Sleuth Answer – A cold, the flu or allergies??

A. Sarah probably has a cold. Other questions to ask are if she has any breathing difficulty, any history of prior asthma, is she alert, coherent, smiling? Colds often have any number of symptoms and are often characterized by having several such as runny nose, sore throat, cough, congestion, headache and malaise. Treatment can include OTC symptom support such as acetaminophen for ache or fever, guiafenasin or a similar product for cough, and lozenges for cough or sore throat. Salt water gargles also are magic for scratchy throats. Encourage good hand washing. Isolation is not necessary.

B. Sergio is having an allergy event. Persons with allergies do not have fevers, are not achy, may have sneezing, sometimes may have a sinus headache, and may have relief from OTC anti-histamines. This is not contagious.

C. These two should tip you to consider influenza. The profile of influenza is cough, and/or fever and/or sore throat and multiple cases. While late summer is a bit early for true Influenza, remember H1N1 started its path in late April. You may want to keep these two in the health center to treat the fever and observe, alerting camp leadership for others with similar symptoms.

When the primary presenting symptoms are sore throat and fever, to differentiate influenza which is viral from strep throat which is bacterial, you may need to seek a higher level of care where a strep culture is possible. Strep throat almost never includes other "URI" symptoms such as congestion, runny nose, but may include abdominal pain. Strep throat can also present as a rash. Strep throat is also not common in summer, but it can occur.

Other key considerations:

- Isolated fevers with no obvious other etiology, such as cough or urinary tract symptoms, might be an indicator of conditions such as septicemia, meningitis, endocarditis. These things are rare, but you want to keep them in your mind.
- People with influenza usually do not have any breathing difficulty and if they do, you need to consider asthma that may be worsening or pneumonia.
- Sore throats with a cough are usually not strep. A sore throat by itself is probably viral, but bears watching.

To take a quick quiz on colds/flu or allergies, go to

http://www.lhj.com/lhj/quiz.jsp?quizId=/templatedata/lhj/quiz/data/ColdFluQuiz_10182002.xml.

Reference

Vickery, D.M., Fries, J. F., (2004) *Take Care of Yourself: The Complete Illustrated Guide to Medical Self-Care.* Eighth Ed. De Capo Press. Cambridge, MA.

Super Sleuth author Janice Springer recently completed a doctorate in nursing practice (DNP) in public health with a focus in disaster sheltering and will be leaving the camp world after the next issue. If you are interested in being the next Super Sleuth, please contact Editor Susan Baird at nursusan2@aol.com.

The Board Advance: ACN Looks to the Future

Linda E. Erceg, RN, MS, PHN

ACN's mission is to work toward healthier camp communities through the practice of camp nursing. ACN will be successful in its mission when:

- There is an appropriate healthcare provider(s) at every camp;
- A body of knowledge exists that directs camp health services; and
- The camp experience is intentionally designed to improve wellness.

These are the Association's Ends Statements.

People Attending the Advance

Current Board:
Jill Ashcraft
Cheryl Bernknopf*
Ellen Buckner
Tracey Gaslin*
VJ Gibbins, President
Bill Jones
Lisa South*

* Individual will also serve on In-Coming Board

In-Coming Board:
Lisa Cranwell-Bruce
Paula Lauer
Tom Meyer
Mary Rogers
Jeana Wilcox

ACN Staff:
Linda Erceg

ACN Members:
Susan Baird (13-14 Oct)
Lynda Lankford (13 Oct, pm)

Unable to Attend:
Ed Schirick (current Board)

Readers who get together with other camp nurses know the spirit of collegiality that erupts as individuals share experience and insights. The same holds true during the Board Advance, a strategic planning session hosted by ACN every three years. Attended by both current and in-coming Board members–as well as interested members–the Advance allows participants to review the Association's recent history, identify and assess organizational opportunities, and develop strategies that move the Association closer to accomplishing its Ends Statements (see sidebar).

Such was the atmosphere at a Minneapolis hotel conference room when 15 individuals met on Friday, 11 October, to spend the entire weekend focused on ACN. Supported by information such as ACN's Member Survey, data about website use, ACN's financial detail, ACA's summary of Hot Line calls, the National Collaboration for Youth's outcomes and indicators, Healthy People 2020 objectives, discussion was rich, lively and filled with insight.

The Advance brings the current and in-coming Boards into dialog. Current Board members use their historic knowledge to inform the in-coming Board. Both Boards have voice and vote during the weekend's discussions. Attending ACN members and the Executive Director have voice but no vote.

The weekend focused on education and discussion rather than decision-making *per se*. The current Board serves until the end of 31 December; the in-coming Board steps into action as of January first. What is the reality of today's ACN picture will eventually be inherited by the new Board, thus the weekend's joint discussions go far in bridging the work of the two groups.

So what was discussed and what is on ACN's horizon?

Environment Characteristics that Impact ACN's Work

To appropriately prepare camp nurses as well as provide evidence-based knowledge to guide practice, the Advance first considered today's existing and emerging health issues. The detail of this discussion is more fully captured in the minutes but the broadly identified topics were:

- Expanded mental, emotional and social health (MESH) issues for both campers and staff, issues that impact their camp experience;
- A growing disparity between the home and camp experience;
- A need for youth (including staff) to rediscover natural play in the natural setting;
- Ongoing parental failure to disclose critical information about their child because the parent doesn't know camp and/or the camp neglects to ask the right question;
- Need to institutionalize protective behaviors at camp specific to communicable disease control, behaviors that recognize campers as "super spreaders" and microbes as constantly evolving;
- Increasing need to share health information among all environments that youth enjoy (loop health info back to parents for distribution to other providers); and
- Expanding camp incident/disaster planning to effectively interface with the surrounding community's emergency action plan.

Next, in view of the Healthy Camp initiative, the Board discussed the Hallmarks of a Healthy Camp Community and how ACN might advance the concept more intentionally. The notion of a healthy camp was first articulated as an outcome of the 1999 International Camp Health Congress and was updated in 2005 by ACN. It was reviewed at the Advance to make sure the concept remained contemporary, especially in view of its current use. Suggested update elements included acknowledging that camp is a formative experience; consequently, intentional efforts to instill lifetime health behaviors have the potential for lasting impact. In addition, and unlike other youth environments, the camp world strongly advocates risk assumption based on readiness. Whether deciding to swim in deep water, try a high rope element or sign up for an extended camping trip, such decisions are predicated on making sure the individual is appropriately prepared. This ability to assess one's readiness is a life skill typically not evident in other youth settings, is a hallmark of a camp experience, and should be more strongly articulated to raise awareness. The Board will initiate a task force to update the document describing the Hallmarks of a Healthy Camp Community.

Topics Impacting the Contemporary Camp Nurse

As evidenced by ACN's member survey, specifically the tasks done by camp nurses, today's nurse functions differently from a mere ten years ago. Technology has become more robust and camp nurses are actively using it to accomplish their work. Indeed, some would say certain aspects of technology are now required. Advances in healthcare mean that youth with chronic concerns are more likely to have a camp experience, thus making it important that the camp nurse is skilled in coaching health maintenance for compromised individuals. More campers and staff with mental, emotional and social health (MESH) issues are also at camp. That suggests that today's camp nurse has the skills to assess the impact of MESH concerns on camp life and then assist camp professionals with implementing appropriate integration plans. Acknowledging changes such as these serve to inform ACN's future as well as direct appropriate supports for camp nursing practice.

Given these changes, Advance participants also discussed the need for ACN to more fully articulate the distinction in practice characteristics of novice, experienced and expert camp nurses. The *Standards & Scope of Camp Nursing Practice* (ACN, 2005) provide an organizing framework but the publication doesn't describe the practice distinctions based on a camp nurse's experience. Discussion resulted in a shared understanding that there is a difference. Describing this would help the first-time camp nurse set appropriate goals and the more experienced nurse chart a professional development plan. It would also inform camp directors regarding expectations for their Health Center staff.

Tied to articulating a novice-to-expert path is the opportunity to collaborate with Bemidji State University (BSU), Bemidji, MN, to develop a Certificate in Camp Nursing. This initiative is in its infancy but, given BSU's excitement, may move quickly. Tracey Gaslin, Jeana Wilcox, Lisa Cranwell-Bruce, Cheryl Bernknopf and Linda Erceg will serve on the committee that works with BSU. As currently conceptualized, the certificate would begin with a course modeled after ACN's "Introduction to Camp Nursing" workshop and progress from there. At the moment, the certificate is as a post-baccalaureate certificate and one that would take advantage of BSU's ability to deliver courses via distance learning.

Advance participants also enjoyed a lively discussion about immunizations. A growing number of camps are trying to determine what immunizations they require and look to ACN for guidance. Using ACN member feedback from September's "My View" article (*CompassPoint*, 22:3) as well as professional opinion, the Board was in agreement that campers and staff should come to camp with, at minimum, a current tetanus immunization. There was also consensus that immunizations, as recommended by the American Pediatric Association (AAP), are protective to the camp community. Acknowledging that children tend to be "super spreaders" of communicable disease, it behooves a camp to know the immunization status of its participants while also remaining cognizant of potential risks for those who are not immunized. The action plan for this topic includes development of a Practice Commentary on the topic from ACN.

Research chair Ellen Buckner reviews the geographic location of ACN members using a map with a pin marking each member's location.

Outgoing Board members (L to R) VJ Gibbins, Ellen Buckner, Jill Ashcraft and Bill Jones marked several years of professional service to ACN by displaying their commemorative Board Plaques presented during the Advance.

Technology made it possible for Susan Baird, member and *CompassPoint* editor, to attend the Advance via Skype.

Processing data and articulating initiatives was captured via Post-It Note Mania, a strategic planning process. In-coming president Tracey Gaslin (L) worked with Ellen Bucker (C) and VJ Gibbins (R) to sort information.

The in-coming Board poses for their first group photo. In front, L to R: Tracey Gaslin, Lisa Cranwell-Bruce, Paula Lauer. Standing L to R: Lisa South, Tom Meyer, Mary Rogers, Cheryl Bernknopf, Jeana Wilcox.

Expressions of deep engagement, such as Mary Rogers' in this photo, were common during the Advance.

Board work has its tiring moments too. Here Jill Ashcraft pauses over her computer keyboard and Board manual for a revitalizing moment.

Direction to Board Committees

In addition to its current operating code, the Board's education committee was charged with improving avenues for nurses to access entry level information about being a camp nurse. The number of basic camp nurse workshops, those designed specifically for new camp nurses, is woefully inadequate. Because these events are typically geographically bound, the potential to develop a program utilizing online resources is exquisitely attractive.

The research committee's operational code was also renewed with explicit emphasis placed on research that expands and informs the camp health initiative.

Information from the financial committee noted that the Association has experienced a vexing decline in membership. This has budget impacts simply because member dues are one of ACN's revenue sources. The Executive Director supported by the Finance Committee chair, Bill Jones, was charged with doing a more in-depth analysis of this challenge and developing strategies to increase member numbers.

Board Officers Elected

As the Advance moved toward closure on Sunday morning, the following elections/appointments were made effective as of 1 January 2013:

- President, 2013-2015: Tracey Gaslin
- Executive Committee: Cheryl Bernknopf and Tom Meyer in addition to President T. Gaslin.
- Research Chair: Ellen Buckner to remain chair supported by Board members Mary Rogers and Tom Meyer.
- Finance Chair: Bill Jones to remain chair supported by Board members Lisa Cranwell-Bruce and Mary Rogers.
- Education Chair: Tracey Gaslin supported by Board members Lisa Cranwell-Bruce, Paula Lauer, Jeana Wilcox and Cheryl Bernknopf.

The Board is in-process with its member-linkage strategy, but Lisa South will provide leadership to it. In addition, VJ Gibbins and Paula Lauer will serve on a task force to recommend ACN's social media strategy.

The Advance was official closed at noon on Sunday, 14 October. These comments capture the glittering generalities of its discussion, discussion that was robust, at times laced with humor, but keenly focused on examining ACN's strengths, weaknesses, opportunities and challenges. In sum, the Advance will serve to direct the in-coming Board. By disseminating information from the Advance, it will also inform today's camp nurse as well as shape camp nursing's future.

Resources

Association of Camp Nurses (2005). Scope and standards of camp nursing practice. Bemidji, MN: Association of Camp Nurses.

It's Time to Register!

ACN's 2013 Camp Nurse Symposium

"Deep in the Camp Nursing Heart of Texas"

At the Hyatt Regency in Dallas, TX
12-13 February

ACN's Annual Meeting will be held Monday night, 11 February.
Make travel plans so you arrive for the Annual Meeting too!

Want to revitalize and update your camp nursing practice?

ACN's Camp Nurse Symposium provides cutting edge sessions that explore aspects of camp health and nursing practice. Network with other camp nurses, meet camp nurse leaders, shop at the Camp Nurse Store, leave with an expanded knowledge base and so much more!
Plan NOW to be in Dallas next February!

- Conference fees held steady for the third straight year! The Symposium is a great deal!
  - Full Registration (Tuesday and Wednesday) is $250 for members and $350 for non-members. This includes contact hours, breaks, and Tuesday's Camp Nurse Lunch.
  - Registration for Tuesday only is $175 for members and $275 for non-members.
  - ACN members attend Monday evening's Annual Meeting at no charge.
- ACN is co-located with ACA's national conference. This means that ACN members will enjoy Wednesday with other camp professionals.
- Google "Hyatt Regency Dallas at Reunion" to see where we'll be and what hotel amenities are available. Make your room reservation by calling 214-651-1234 and identifying yourself with the American Camp Association (ACA) to get conference room rates.

Want to Know More?

This activity has been submitted to WNA CEAP for approval to award contact hours. Wisconsin Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Plans are in development but moving along quickly. Additional information – including the schedule of educational sessions – will be posted online at www.ACN.org as it is ready. Check it out for the most up-to-date information!

YOU!
Join camp nurse colleagues as we move "Healthier Camping for All" forward. You need to be with us! Register today!

Camp Nurse Symposium & ACN Annual Meeting

11-13 February 2013

Hyatt Regency at Reunion, Dallas, TX

Deep in the Camp Nursing Heart of Texas

Registration Form

Return your completed form with your registration fee to:
Association of Camp Nurses – 8630 Thorsonveien NE – Bemidji, MN 56601

- Pre-registration is required to reserve a participation slot.
- Registration Deadline: post marked by 1 February 2013.
- Retain a copy of this registration form for yourself.

PRINT REQUESTED INFORMATION CLEARLY

Name for Your Badge & Mailings: ______________________________ *Phone Number:* ( ) ______________

Mailing Address: ______________________________

____

Complete for Nursing Contact Hours:
Nursing License Number: ______________

E-Mail Address: ______________________________

Licensed in this State: ______________

For which portion of the Camp Nurse Symposium are you registering?

☐ Entire CAMP NURSE SYMPOSIUM and Annual Meeting, 11-13 February 2013

Monday, 11 February: ACN's Annual Meeting, 7-8:30 pm

Tuesday, 12 Feb: ACN's Camp Nurse Symposium educational sessions and the Camp Nurse Luncheon

Wednesday, 13 Feb: ACN/ACA joint education sessions and ACA's Grand Opening of the Exhibit Hall.

Nursing contact hours for attending educational sessions associated with these events.

Member: $250.00 ______

Nonmember: $350.00 ______

ACN Member Speaking at the Camp Nurse Symposium: $200.00 ______

☐ Only CAMP NURSE SYMPOSIUM on Tuesday, 12 Feb

ACN's Annual Meeting on Monday evening, 7-8:30 pm.

ACN's Camp Nurse Symposium educational sessions and the Camp Nurse Luncheon.

Nursing contact hours for attending educational sessions associated with Tuesday's Camp Nurse Symposium.

Member: $175.00 ______

Nonmember: $275.00 ______

ACN Member Speaking at the Camp Nurse Symposium: $125.00 ______

☐ Extra ticket for Tuesday's Camp Nurse Luncheon — $60 each: ______

☐ Donation to ACN – help off-set costs of ACN initiatives like education and research! — Your Donation: ______

Make your check payable in U.S. dollars to **Association of Camp Nurses** and send it with this completed form to:
ACN Symposium – 8630 Thorsonveien NE -- Bemidji, MN 56601

Cancellations prior to 1 January 2013 are refunded except for $50 administrative fee. Cancellations between 1-31January are refunded except for $125 administrative fee. Cancellations after 31 January 2013 receive no refund.

ACN's Camp Nurse Symposium 2013
Hyatt Regency, Dallas, Tx

Schedule of Events

. . . as planned but subject to change!

Deep in the Camp Nursing Heart of Texas

ACN's 20th Anniversary Symposium

Monday, 11 February 2013		
7:00 – 8:30 pm	ACN Annual Meeting: Camp Nurses Chart Their Future	
Tuesday, 12 February 2013		
7:30 – 8:00 am	Registration for ACN's Camp Nurse Symposium Opens Camp Nurse Store opens.	
8:00 am	Morning Comments with Tracey Gaslin, Symposium Chair	
8:15 - 9:15 am	Herbs and Natural Products: Are They Safe as They Sound? *Lisa Cranwell-Bruce, MSN, RN, FNPC, APRN*	
9:30 – 10:30 am	Simulation for Camp Nurses *Barbara Hill, RN, MSN*	Asthma, Allergies, Eczema – Oh My! *Jodie Rodriguez RN, MSN, CPNP, AE-C*
10:45 – 11:45 am	Communicable Diseases: What Every Camp Nurse Should Know *Debra Isaacson MSEd, BSN, RN*	
11:45 – 1:15 pm	***Camp Nurse Lunch & Awards*** *(ticketed ACN event)*	
1:15 - 2:15 pm	Round Table Discussions *Topics Include: Document Practices & Sharing; Issues in Medical Specialty Camps; ACA Standards; New Camp Products*	
2:15 - 3:15pm	Clarifying HIPAA and Confidentiality in the Camp Setting *Tracey Gaslin, RN, PhD, CRNI, CPNP*	
3:30 - 4:30 pm	Health Center Operations *Debra Isaacson MSEd, BSN, RN*	Technology in the Camp Health Center *Roberta Blumberg, RN, BSN*
4:30 - 5:30 pm	Tips and Tricks for Camp Nurses *Linda Erceg, RN, MS, PHN*	
5:30 – 6:00p	Where Have We Been, Where Might We Go? *Tracey Gaslin, RN, PhD, CRNI, CPNP and Linda Erceg, RN, MS, PHN*	
Wednesday, 13 February 2013 (ACN joins ACA for joint educational sessions)		
10:00- 11:15am	Parent Communication: The Intersection of Essential Information *Tracey Gaslin, RN, PhD, CRNI, CPNP*	
11:30a-12:45p	When Disaster Strikes: Camp Disaster Preparedness Planning *VJ Gibbins, RN, MS*	
	Lunch on Own	
2:15-3:30p	Camp Health Issues du Jour *Linda Erceg, RN, MS, PHN*	
3:45-5:00p	Debriefing after Critical Incidents at Camp *Jeana Wilcox, RN, PhD, CNS, CNE*	
	Grand Opening of the Exhibit Hall *(ticketed event – Finger Foods available during event)*	

Nurses: To obtain contact hours for this event –

- Complete the registration process.
- Attend sessions as described in the schedule.
- At the end of the Symposium, return your completed evaluation form to the Education Committee's contact hour desk to receive your certificate.

ACN accepts no commercial support for educational activities. One speaker has disclosed a conflict of interest or financial relationship.

No off-label use of products will be discussed. There will be no commercial products associated with the activity.

Care to Comment about Something?
Got an Idea about a Future Symposium?

If so, please talk with a member of the Symposium's Planning Committee:
Tracey Gaslin, RN, PhD, CRNI, CPNP (chair)
Lisa Cranwell-Bruce, MSN, RN, FNPC, APRN
Paula Lauer, RN, BSN
Cheryl Bernknopf RN, BScN
Jeana Wilcox, RN, PhD, CNS,CNE
Mari Rudd, RN, BSN
Judy Foster, RN, BSN
Linda Erceg, RN, MS, PHN

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Association News

❖ Tracey Gaslin Elected ACN President, 2013-15

Tracey Gaslin, a current Board member and chair of ACN's education committee, has been elected to serve as the Association's president and Board chair starting 1 January 2013. Tracey is well prepared for the three-year term as evidenced by her leadership within ACN, her work as a year-round camp nurse, the articles she's written for CompassPoint, her research history, and her professional connection with other nursing organizations and ACA. Tracey's vivacious sense of humor and ready smile is something ACN members have already noted about her. Join the Association in welcoming Tracey to her new role by emailing her at gaslin@courageouskids.org.

❖ Give ACN as a Gift this Holiday Season

Want to thank a camp nurse for his/her great work this past summer? Want to encourage that nurse to think about next summer too? Looking for a unique gift for someone with an interest in camp nursing? Or perhaps you'd like to add ACN identity clothing to your own closet? A growing number of people are giving ACN membership and/or an article of clothing from ACN's Camp Nurse Store (online at http://www.acn.org/store/acn.php). The Association's identity clothing comes from Land's End so quality is excellent! Access this service through ACN's online Camp Nurse Store.

❖ Gaslin and Erceg Attend Healthy Camps Education & Monitoring Project (HCEMP) Meeting

ACN continues to partner with ACA in moving the Healthy Camp initiative forward. Toward that end, Board member Tracey Gaslin and Executive Director Linda Erceg attended the HCEMP meeting in Indianapolis, IN, 12-13 Nov. This group, chaired by Erceg, continues to advance the agenda associated with technology's impact on camp health services as well as other health related topics. This is a solid complement to ACN's health initiatives.

❖ Healthy (Camp) People 2020

ACN members are urged to look over the U.S. national health objectives, an initiative known as Healthy People 2020, available online at www.HealthyPeople.gov. ACN is promoting a parallel initiative within the camp community, one known as Healthy (Camp) People 2020. Consider how your camp practices might come in stronger alignment with the national agenda. For example:

- When a snack is served, especially one that is fat and/or calorie heavy, is an alternative available? S'mores are fun but a growing number of people are reaching for those alternatives. Make that possible at your camp. (Healthy People objective NSW-2)
- Does each camper meet aerobic physical activity guidelines during their camp session? We think of camp as a physically active place–but is that true for everyone? Consider doing an audit of your camps; does each camper meet those aerobic guidelines? What about the staff? (Healthy People objective PA-3)
- For resident camps, does each adolescent camper and staff member get sufficient sleep at night? Information from the Healthy Camps Study revealed that fatigue was a contributory cause to more than 50% of injury-illness events. Are your adolescents getting adequate sleep? (Healthy People objective SH-3)

These are just a sampling of the many objectives earmarked for improving the health status of people. ACN is developing a Healthy Camp People assessment tool that will be available next February. Stay attuned to this initiative but also get a head-start by accessing the cited information now.

❖ Peer-Review Task Force Concludes Work

Publication peer-review has long been identified as a goal for *CompassPoint* by its Editorial Board and ACN leadership. The process is regarded by many as a hallmark of professional publishing, sort of a "Good Housekeeping" seal of approval. A Task Force was appointed to develop and implement the process and they have completed that work. Instructions for reviewers and a reporting form for their use are ready and information for authors has been developed as well. Volunteer reviewers are being sought (see page 25) and the process is being implemented for the March 2013 issue. Information about the process will be added to ACN's website once the process has been tested. Many thanks to the Task Force Committee members for their work: Susan B. Baird, RN, MPH, MA, Chair; Ellen Buckner, RN, DNS; Lisa Cranwell-Bruce, MS, RN, FNPC, APRN; Tracy Gaslin, RN, PhD, CRNI, CPNP; Doris Nerderman, RN, BSN; Lisa South, RN, DSN; Jeana Wilcox, PhD, RN, CSN, CNE; Linda Erceg, RN, MS, *ex officio.*