

# vanderbiltnurse

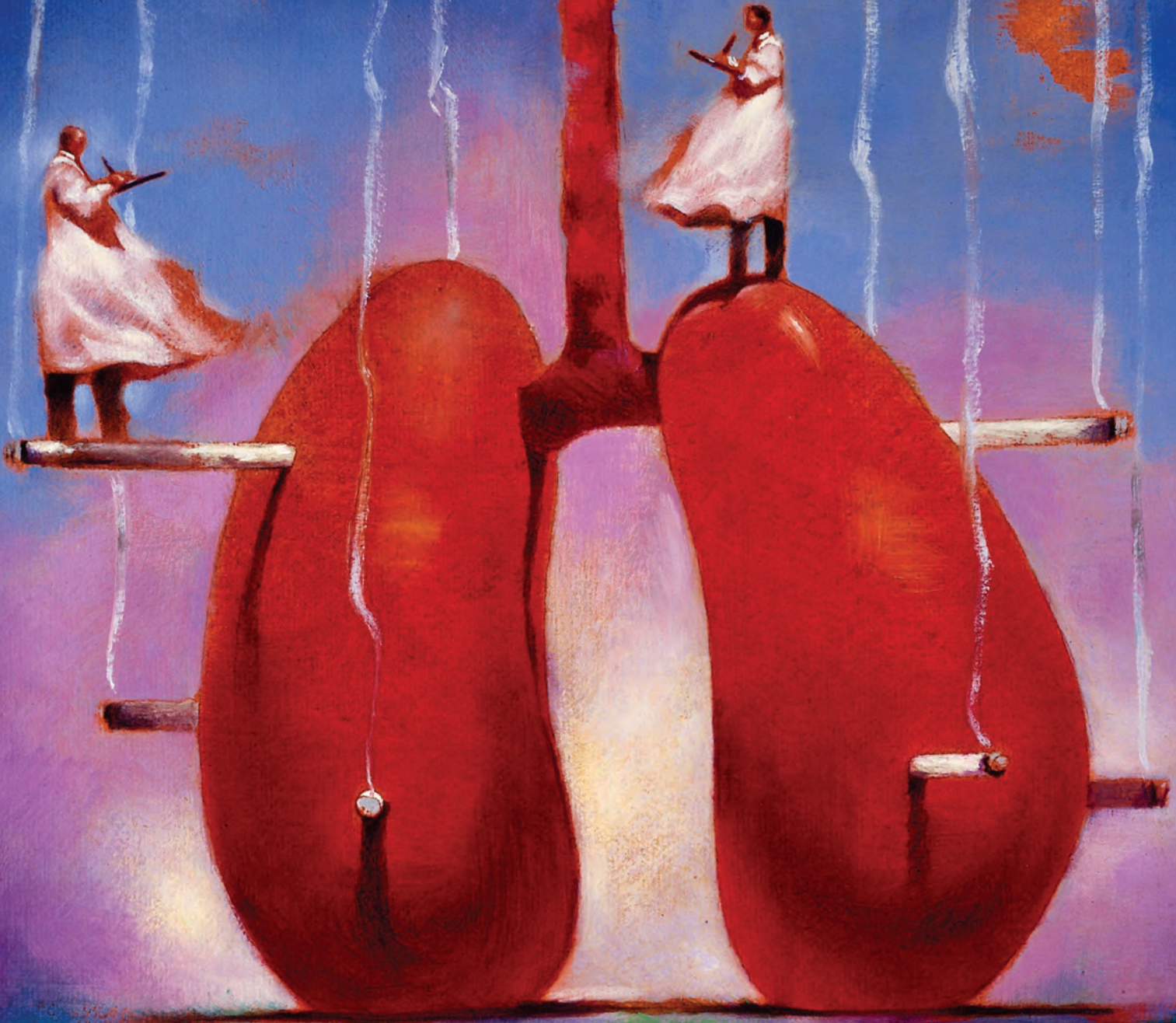
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ANDERSON



## dean's note

It has been an historic several months at our school. We welcomed our largest class of incoming students last fall, officially unveiled the beautiful Godchaux Hall with many of our friends, such as former Dean Sara Archer (**pictured**), and started working closely with the Pan American Health Organization to extend our expertise to far-reaching areas of the world.

We were also delighted to play a role in the Medical Center's ongoing pursuit of Magnet Recognition by the American Nurses Credentialing Center. Led by Vanderbilt University School of Nursing alums, Marilyn Dubree (M.S.N. '76) and Sabrina Downs (M.S.N. '85), VUMC earned the prestigious distinction.

Things are busy around the VUSN campus this spring, as you have come to expect. We welcomed our first Fisk University students this semester in addition to a new batch of David Lipscomb students as part of our ongoing partnerships with those universities. They will award the B.S.N. after their students complete our bridge. We are well under way with a seven-month renovation of our Nursing Annex to better reflect our class sizes, technology needs and overall comfort. We are also immersed in planning a yearlong celebration of our Centennial which will take place from July 2008 through June 2009. We hope you will participate in the many activities we have planned which you can see on our Web site: [www.vanderbilt.edu/nursing](http://www.vanderbilt.edu/nursing).

In this issue of *Vanderbilt Nurse*, we show you how VUSN constantly challenges old notions and presents new perspectives on important issues. Tobacco cessation is the No. 1 preventable cause of death, and we are leading the way to change behavior starting with our students, staff and faculty and growing from there. We hope you pause to take a "tour" of the Doctors Without Borders/Médecins Sans Frontières mock refugee camp that recently came to town. Many of our students shared their own reflections and everyone who attended was profoundly impacted. In an extended interview with our own Betsy Weiner, head of VUSN's informatics, we delve into the vital role technology plays in educating our students, advancing technology in the health care arena. I am beginning to picture Florence Nightingale holding a blackberry instead of a lamp!

I look forward to each issue of *Vanderbilt Nurse* magazine as a way for us to stay connected. I hope you enjoy this issue and share any comments you have on this or future issues with me. Please be looking for updates about our Centennial Celebration in the mail, via e-mail and on the Web.

Sincerely,

Colleen Conway-Welch, Ph.D., C.N.M., F.A.A.N., F.A.C.N.M.

*Nancy and Hilliard Travis Professor and Dean of the School of Nursing*

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VANDERBILT UNIVERSITY SCHOOL  
OF NURSING MISSION AND  
VALUES STATEMENT

We value excellence and innovation in preserving and advancing the art and science of nursing in the scholarly domains of education, research and practice. These values are pursued through the integration of information technology and faculty-student interactions and transactions, while embracing cultural and academic diversity.



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## VANDERBILT School of Nursing

### Practice-ready. Leading forward.

What better way to describe Vanderbilt University School of Nursing? That's why our School's new brand positioning is emphasizing our focus on preparing professionals for practice. Vanderbilt is graduating advanced practice nurses and nurse scholars who are advancing our discipline – always pushing the envelope of care, but never forgetting the patient in the center.

Watch for more on our new brand positioning and new "look." We will be sharing information with alumni and others on our Web site this spring. Visit [www.nursing.vanderbilt.edu](http://www.nursing.vanderbilt.edu).

**PracticeReady** *LeadingForward*



**Nikole Gettings receives her Vanderbilt University School of Nursing pin from Dean Colleen Conway-Welch during the December pinning ceremony.**

## VUMC Earns Magnet Recognition

Vanderbilt University Medical Center has achieved designation as a Magnet hospital by the American Nurses Credentialing Center.

"We set a very high goal, and we achieved it," said Harry Jacobson, M.D., vice chancellor for Health Affairs. "Patients often need help in making their health care choices. A seal of approval like Magnet lets them know that Vanderbilt meets the toughest standards for delivering top-notch, patient-centered care."

Magnet Recognition is a much sought-after distinction for health care institutions, which must satisfy a demanding set of criteria measuring the strength and quality of nursing. Magnet hospitals are known as places where nurses deliver excellent patient care and have a high level of job satisfaction. Magnet hospitals also foster open communication between nurses and members of the health care team and provide nurse involvement in decision-making about patient care.

VUMC joins an elite group — only 223 hospitals out of more than 6,000 in the United States — that have achieved Magnet Recognition status. No other Middle Tennessee hospital has achieved Magnet Recognition. Johnson City Medical Center of Mountain States Health Alliance is the only other Magnet hospital in Tennessee.

"Achieving Magnet Recognition is a result of the dedication and hard work of the staff providing quality care for our patients and a confirmation of the commitment of Vanderbilt Medical Center to our community," said Marilyn Dubree, M.S.N., R.N., VUMC's chief nursing officer.

"Nursing is supported by amazing collaborative partnerships with every discipline within the Medical Center. I'm so proud of each member of the VUMC nursing team. They are the ones who made this happen."

SUSAN URMAY



**Dean Colleen Conway-Welch congratulates VUMC's CNO Marilyn Dubree upon hearing the news.**

VUMC began its pursuit of Magnet Recognition in 2004. In the time since, Medical Center personnel rallied together to address each challenge in the rigorous Magnet Recognition process, including an 11-volume Magnet document that detailed VUMC's philosophy of nursing and a four-day appraiser visit that included stakeholder meetings where patients, staff and community leaders provided their own personal stories of the quality of VUMC nursing.

Hospitals earn Magnet Recognition for a four-year period. The ANCC conducts annual reviews requesting updating documentation. At the end of four years, the Medical Center will go through the entire Magnet Recognition process once again.

"The Magnet process has given us a chance to tell our story and validates what we knew the whole time — that our nurses are among the best in the nation," said Sabrina Downs, M.S.N., R.N., director of VUMC's Magnet effort.

– KATHY RIVERS

## VUSN Welcomes First Fisk Students

Vanderbilt University School of Nursing welcomed its first class of Fisk University students this semester. The Fisk students, like the school's incoming class of Lipscomb students, are third-year undergraduates who are taking "bridge" nursing courses at VUSN and will graduate from their home institutions with a baccalaureate degree in nursing.

"We are delighted to welcome this entire group of highly motivated nursing students to our school," said Linda Norman, D.S.N., R.N., F.A.A.N., senior associate dean of Academics for VUSN. "They will learn from our faculty and will be well equipped to launch their careers in nursing."

Vanderbilt University Medical Center is offering all of these undergraduates a loan forgiveness program to cover the difference in tuition between Fisk and VUSN. All six Fisk students and a majority of the Lipscomb students have agreed to work at VUMC for two years upon graduation to compensate for their additional tuition.

"It's a win-win situation," said Debiann Peterman, Ph.D., M.S.N., R.N.C., director of Nursing Education and Development. "The students have their financial stress reduced, and we can count on getting well-educated, highly motivated new nurses in our Medical Center who are already familiar with VUH."

"Our Fisk students are making history in this innovative partnership," said Rolanda Johnson, Ph.D., who has a joint appointment at Fisk and VUSN. "These students are drawn to nursing

to help underserved populations, and they can have a great impact on health care disparities."

Whitney Weatherspoon has a chronic blood disease and remembers being in and out of hospitals when she was a child. She is pursuing her nursing degree and perhaps her advanced practice nursing degree with the goal of working in pediatric hematology.

"I was treated so well in the hospital," Weatherspoon said. "The nurses were always there, and I realized what a difference they can make with every patient. That's what I want to do."

Fisk University is one of the nation's leading historically African-American colleges and was founded in 1866 in Nashville. More than 70 percent of Fisk graduates go on to attend graduate and professional schools. The university's student retention rate ranks

among the top 4 percent of all U.S. colleges and universities.

Some of the incoming students expressed a little anxiety and excitement about attending a new school after two years at their home institution. Weatherspoon admitted that she's keeping an open mind and looking forward to meeting new people and having new experiences.

– KATHY RIVERS



SUSAN URMAY



SUSAN URMAY

**Fisk University students during VUSN orientation were (back row, L-R) Whitney Weatherspoon, Sheena Jordan, Rolanda Johnson, Ph.D., (VUSN/Fisk faculty member), Courtney Hines, Brittany Briggs; (front row, L-R) Whitnee Hibbler and Charnese Herring.**

## VUSN Moves Closer to Becoming a Pan American Health Organization (PAHO) Collaborating Center

The Pan American Health Organization/ World Health Organization (PAHO/WHO) recently took the first step in collaboration with the Vanderbilt University School of Nursing to improve the health and well-being of people in the Western Hemisphere.

VUSN Dean Colleen Conway-Welch and school faculty hosted PAHO/WHO last fall for a special signing ceremony in Nashville to mark the first official step toward the new collaboration.

"This is the beginning of the beginning of a partnership that will allow VUSN and, therefore, Vanderbilt University to have far-reaching effects in this important area of the Western Hemisphere," said Conway-Welch.

"PAHO's vision is one of a globalized world, and we need to start working together as one big family when it comes

to health care," said Joxel Garcia, M.D., Deputy Director for PAHO.

Through a series of joint activities, the organizations will work together on projects related to emergency preparedness and disaster relief, e-health and telemedicine, health care technology, management, health workforce issues, research activities involving bioethics, ethics education and special populations groups, VU's Center for the Americas and PAHO's Forum for the Americas, and faculty/student practice and exchange.

"We have been very impressed with Vanderbilt, particularly in the areas of e-health and disaster management and are looking forward to a partnership that will make Vanderbilt not a regional or national center, but a global center," said Garcia.

PAHO/WHO and VUSN have been in discussions for several years in preparation for launching initial joint activities in Latin America and the Caribbean.

Becoming an official PAHO Collaborating Center is a process that



DANA JOHNSON

**Joxel Garcia, M.D., deputy director for the Pan American Health Organization (PAHO), VUSN Dean Colleen Conway-Welch, Ph.D., and Dennis Hall, VU Provost, sign a memo of understanding.**

involves additional site visits by PAHO technical staff and detailed project planning. Garcia anticipates VUSN will become an official PAHO Collaborating Center in less than two years. Only seven of the 60 PAHO Collaborating Centers in North America are housed in schools of nursing.

PAHO/WHO is an international public health organization with more than 100 years of experience in working to improve health and living standards of the countries of the Americas. Its fundamental purpose is to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people.

– KATHY RIVERS



## MARY HENDERSON KIRKLAND COMES HOME

After more than 35 years, the portrait of Mary Henderson Kirkland is back at the Vanderbilt University School of Nursing.

Vanderbilt University Chancellor James Hampton Kirkland (from 1893 - 1937) and Mary Henderson were married in 1895, the same year the painting was created by A. A. Lutz. A work of oil on canvas, the portrait features Mrs. Kirkland in a relaxed pose that was atypical of paintings at that time. The piece hung for many years in the Atlanta Exposition as a symbol of young womanhood in Tennessee until Mrs. Kirkland donated it to the School of Nursing building, which at the time was named Mary Kirkland Hall, at the 1945 All-School banquet.

The portrait was a constant fixture at the school for nearly 20 years even as the building was renamed Mary Henderson Hall and underwent renovations, but the piece was in dire need of restoration due to exposure and a mysterious beauty mark that appeared on her face one year.

After restoration, the portrait was displayed at several places throughout the Vanderbilt campus, and since 1990 has been prominently displayed in Kirkland Hall, where the office of the chancellor is located.

With the Godchaux Hall renovations near completion, Chancellor Gordon Gee agreed with VUSN Dean Colleen Conway-Welch's request to return Mrs. Kirkland to her rightful home.

Today as faculty, students and others walk up the stairs and through the historic doors of Godchaux Hall, they can see the portrait of Mrs. Kirkland on the left and the portrait of the building's namesake Mary Ragland Godchaux on the right. It seems fitting that the likeness of these two great people should greet and inspire each visitor to the school.

– KATHY RIVERS

# Godchaux Ribbon Cutting

PHOTOS BY SUSAN URMY



## FUN FACTS

The new Godchaux Hall is designed to prepare the next generation of advanced practice nurses. Below are some interesting tidbits about the renovation:

**34,395** square feet  
*Building square footage*

**624** days  
*Duration of renovation*

**226,215** linear feet  
*Amount of electrical wiring used*

**103,000** square feet  
*Amount of drywall used*

**8,040** linear feet  
*Amount of carpet installed*

**447** gallons  
*Amount of paint used*

**99,480** hours  
*Amount of constructor worker hours*

**98**  
*Number of historical pictures hung*

1. Jeff Balsler and Patricia Grady awaiting the start of the ceremony.
2. Pictured L-R: Dean Colleen Conway-Welch, Brenda Wynn (representing U.S. Rep. Jim Cooper's office), Jeff Balsler, Larry Wieck, Patricia Grady, Mary Godchaux Wieck, Theresa Godchaux Payne, Frank K. Godchaux, Edward Nelson, Leslie Godchaux and Harry Jacobson each participated in the official ribbon cutting.
3. Dean Conway-Welch and Medical School Dean Steven Gabbe following the ribbon cutting.
4. Edward Nelson, Frank K. Godchaux, Harry Jacobson and Nashville Mayor Bill Purcell during the festivities.
5. Professor of Nursing Emeritus Virginia George and Randy Rasch enjoy the reception.

**Melissa Bogle gives her final presentation before becoming the school's first graduate in the dual Family Nurse Practitioner/Acute Care Practitioner Program.**



**VUSN Graduates First Student in Dual FNP/ACP Program**

Melissa Bogle doesn't think of herself as a pioneer, but that's exactly what she is. Bogle is the first student to successfully complete the first degree program of its kind in the nation – Vanderbilt University School of Nursing's new dual Family Nurse Practitioner/Acute Care Nurse Practitioner Program with a focus in Emergency Care.

"In the last decade, there has been a significant increase in the number of emergency room visits with some estimates suggesting an increase of over 20 percent," said Assistant Professor Jennifer Wilbeck, M.S.N., the catalyst behind bringing the joint program into fruition. "We identified that the need in the Emergency Department is to have dually prepared nurse practitioners who can handle a variety of types of patients with multiple types of problems."

Acute Care Nurse Practitioner Program Director Joan King, Ph.D., and Family Nurse Practitioner Program Director Randolph Rasch, Ph.D., worked closely

with Wilbeck to develop the comprehensive five-semester program that prepares nurses at the advanced practice level to provide care across the lifespan to individuals who come to the emergency room with urgent primary care needs, acute or critical illnesses, or as a result of an accident or trauma.

"We couldn't have had a better person initiate our program than Melissa who is truly amazing," said Wilbeck. "She is bright, dedicated and has completed her degree in four semesters while continuing to work full time."

Bogle came to Vanderbilt from the Midwest. During her last semester at the University of Illinois, she fell in love with emergency care. Like her older sisters, she worked as a registered nurse for four years before deciding to continue her education. She was struggling to choose between acute care and family nurse practitioner education when she learned about Vanderbilt's new offering while surfing the Web.

"I had never heard of a program like this, and it didn't take me long to realize

that I could come to Vanderbilt and get a full preparation for whatever I wanted to do," she said.

According to Bogle, her family nurse practitioner education prepared her to work with all types of primary care patients, from infants to elderly adults, and is great preparation for the varied patient load of emergency departments. She believes her acute care education provided an in-depth capability to care for seriously and critically ill patients and has equipped her to handle an emergency department's high-level care.

She thinks the hardest part of her education is something that all nurse practitioner students address – becoming a complex decision maker.

"When it's you making the decisions, it can be a hard transition to make," said Bogle. "Our professors stress that the most important part of growing in this program is getting comfortable with decision making."

Bogle finished her last rotation to complete 1,200 clinical hours, twice the requirement for individual nurse practitioner programs. She participated in the December pinning ceremony, and is considering job offers across Middle Tennessee. After finishing the intense program, she is ready to take a break from school for awhile, but hopes to teach one day.

The school's ACNP/FNP program enrolled five students in fall, 2007. With the success of students such as Bogle and those that follow, Wilbeck looks forward to the program expanding.

– KATHY RIVERS



## Vanderbilt's Postdoctoral Education and Research Program Attracts Fellows from Around the World

The Postdoctoral Education and Research Program at VUSN provides a unique opportunity for both fellows and the School of Nursing. The program enables fellows to grow professionally as nurse scientists and scholars by focusing on research, acquisition of new knowledge and writing. At the same time, VUSN benefits from working with postdoctoral fellows as it enhances the school's reputation to attract high quality scholars and students, extends the school's contribution to nursing science, and contributes to personal and professional faculty satisfaction.

Two critical elements to the success of the VUSN Postdoctoral Program are close faculty mentoring and the selection of fellows who are a good scholarly fit with faculty expertise. This year the program announced the appointment of two new postdoctoral fellows: Stewart M. Bond, Ph.D., R.N., A.O.C.N., and Anne Miller, Ph.D., R.N. Bond started his fellowship in November 2006 and comes to the school from the University of North Carolina at Chapel Hill. He is focusing his efforts on establishing an interdisciplinary translational research program on neurocognitive impairment and delirium in older cancer patients. In this capacity, he will also work closely with researchers and clinicians of the Vanderbilt-Ingram Cancer Center and the Veterans Affairs Tennessee Valley

Geriatric Research and Education Clinical Center.

Miller began her fellowship in February 2007 with an emphasis on improving the quality and safety of the health care delivery systems. Her goal is to develop and lead a multidisciplinary research effort that builds upon her experience in nursing, cognitive engineering and information design. In addition to working with VUSN faculty, Miller will work closely with Vanderbilt's Center for Perioperative Research in Quality. She comes to us from the University of Queensland, Key Centre for Human Factors & Applied Cognitive Psychology in Australia.

– IRENE MCKIRGAN

For more information on the VUSN Postdoctoral Program, contact: [Irene.McKirgan@vanderbilt.edu](mailto:Irene.McKirgan@vanderbilt.edu)



One study participant proudly holds her little girl.

## HELP FOR BABIES BORN TO ADDICTED MOTHERS

Learning how to help opioid-dependent women deliver healthier babies is Karen D'Apolito's passion.

As program director for VUSN's Neonatal Nurse Practitioner Program, D'Apolito has teamed with Peter Martin, M.D., professor of Psychiatry and Pharmacology at Vanderbilt University Medical School, to launch the five-year Mother Study. The goal: test the effectiveness of treating opioid-dependent women with either methadone or buprenorphine during pregnancy.

Vanderbilt is one of eight sites in the country participating in this project. The study involves a difficult set of criteria, such as the women must have been diagnosed as opioid dependent, be current users and be within six to 30 weeks along in their pregnancy.

One year into the study, researchers have admitted five mothers, and four of those have given birth. Babies remain in the normal newborn nursery for 10 days after delivery for careful assessments every four hours for any possible withdrawal signs. Researchers will not discover which babies were given to methadone or buprenorphine until the end of the study. So far, two of the infants had withdrawal signs and two did not.

"We hope this project will further support a recent Johns Hopkins Medical Center study showing that giving buprenorphine instead of methadone in these situations will improve newborn outcomes," said D'Apolito. "If all the sites show an improvement in outcomes for women taking buprenorphine to control their drug-dependence during pregnancy, this treatment may take the place of methadone," said D'Apolito.

Vanderbilt hopes to enroll 60 participants out of the 500 total women at all eight sites. The study is funded by the National Institute on Drug Abuse.

– KATHY RIVERS

## MORE ACCESS IN PH.D. IN NURSING SCIENCE PROGRAM

Beginning this fall, Ph.D. courses will be delivered using a blended format that combines face-to-face classes with alternative delivery methods such as online, video or teleconferencing (commonly referred to as distance education). Students will be onsite for specific blocks of time during the academic year.

"This represents a major milestone for the program," said Linda Norman, D.S.N., professor and senior associate dean for Academics. "By offering more non-traditional classes, we can reach a wider student audience and enhance our recruitment efforts. This is not only an important enrollment strategy but also helps to address the nation's nursing shortage. It allows more opportunity for people to pursue advanced nursing careers."

Another exciting change is admitting Ph.D. students annually. Since its inception in 1992, the program has enrolled students every other year.

"We are delighted to move to an annual admission cycle," said Melanie Lutenbacher, Ph.D., associate professor and director of the Ph.D. in Nursing Science Program. "This change will help us increase our ability to recruit stellar students when they are ready to begin their doctoral studies." Students will continue to choose a focus from two research tracks: clinical research or health services research.

These efforts mark the continued leadership of the program in preparing future nurse scholars and advancing excellence and innovation in nursing science.

— KATHY RIVERS

For more information about the Ph.D. in Nursing Science Program, visit: [www.mc.vanderbilt.edu/nursing](http://www.mc.vanderbilt.edu/nursing) or call (615) 343-8977.

## Efforts to reduce preterm birth rate bolstered by grant

Vanderbilt University Medical Center has received the largest grant ever awarded from the BlueCross BlueShield of Tennessee Health Foundation to study premature births.

The \$2.48 million grant will fund the Tennessee Connections to Better Birth Outcomes research project led by Patricia Temple, M.D., professor of Pediatrics, and VUSN's Melanie Lutenbacher, Ph.D., associate professor of Nursing and Pediatrics.

The four-year project is designed to determine whether the use of prenatal progesterone combined with medical and biobehavioral interventions can prevent premature births and delay subsequent pregnancies in women with a history of preterm births.

Nationally, Tennessee ranks 48th in infant mortality and 47th in preterm births. "We have a critical problem in Tennessee and locally," said Temple. "Too many infants are dying in the first year of life. It's a tragedy and it is linked to prematurity."

"There are multiple factors that cause prematurity, but our project focuses on reducing the stresses and infections while helping moms with the social issues that are associated with preterm birth."

Premature babies are those born prior to 37 weeks. In 2003 there were 8,900 births in Davidson County. Of those, 1,000 were premature.

The health challenges and costs of caring for a premature baby can be overwhelming. On average, premature infants stay in Vanderbilt's Neonatal Intensive Care Unit (NICU) 20 days, incurring charges of \$94,000 per infant. Stays can range from a few days for closer-to-term infants to several months for more preterm infants.

Tennessee Connections for Better Birth Outcomes plans to enroll 300 mothers over a two-year period with an 18-month follow up. The study will use



SUSAN URMY

Patricia Temple, M.D., center, and Melanie Lutenbacher, Ph.D., right, visit with Kristy Gott and her son, Will, in the Vanderbilt Children's Hospital's NICU.

conventional prenatal medical therapies, alternating regularly scheduled prenatal care between clinic and home nurse visits, called a System of Care (SOC), and the prenatal administration of progesterone to prevent premature births and reduce health care costs while improving maternal and child health outcomes.

The postpartum component of the SOC model will use the Nurses for Newborns service, a home nurse visiting agency that follows an infant during the first 18 months of life.

Temple is the medical director of the Tennessee Nurses for Newborns organization.

"Our long-term goal is to reduce premature births and create a model of care that could be replicated," said Lutenbacher.

"With this project we have the opportunity to evaluate the system of care that we have developed. We based our model upon multiple interventions that show promise in preventing prematurity, decreasing health disparities and improving maternal and child health outcomes.

"This is very much a translational research project where we are testing how well scientific findings work in the real world."

— JESSICA PASLEY

## New study lowers nursing shortage estimate but major concerns remain

Large numbers of people entering the nursing profession in their late 20s and early 30s are helping narrow the nursing shortage, according to a new study published in the journal *Health Affairs*.

Authors Peter Buerhaus, Ph.D., of Vanderbilt University Medical Center, David Auerbach, Ph.D., of the Congressional Budget Office and Dartmouth's Douglas Staiger, Ph.D., project the substantial increase in these older individuals becoming nurses will result in a shortfall of 340,000 registered nurse vacancies by 2020 instead of a previously projected shortage of 760,000 registered nurses.

"This is a relatively new source of registered nurses who are coming into the profession from other careers or unrelated college degrees," said Buerhaus.

"We think that economic conditions such as a decline in well-paying manufacturing jobs and increased job insecurity may be attracting some of these older individuals to nursing."

The current nursing shortage started in 1998 and has continued for the last 10 years, making it the longest-lasting nursing shortage in the past 50 years.

Inadequate nurse staffing in hospitals is associated with reductions in hospital capacity, delays in the timeliness of patient care, longer length of stay by patients, interruptions in care delivery processes, and increased risk of adverse patient outcomes, including mortality.

The issue is further complicated since large numbers of registered nurses born in the baby boomer generation are expected to retire within the next decade.

"While the study's findings are good news, looking ahead, the nation will still confront a severe shortage of nurses," said Buerhaus. "Graduating classes of registered nurses would have to increase by as much as 50 percent over current levels

in order to erase even this smaller projected shortage. So the nursing shortage seems far from over."

The study also addresses the growing concern of the aging nurse workforce, which is an important issue for what is usually a very physically demanding career. The current average age of the registered nurse workforce is 43.5 years.

With more people starting their nursing careers at an older age, the authors project more registered nurses in their 50s

than any other age group by 2012. By 2016, the average age of the nursing workforce will reach 44.9 years.

"While more older people are attracted to nursing, the number of people entering nursing in their early to mid 20s remains at its lowest point in 40 years," said Staiger.

The study was funded by an unrestricted grant from Johnson & Johnson.

— KATHY RIVERS



**Peter Buerhaus, Ph.D., R.N.,** outside the Godchaux Hall archway that has greeted hundreds of students on their way to advanced education.

NEIL BRAKE

## New VUSN-run Clinics Serving Clarksville

Vanderbilt University School of Nursing's successful program of nurse practitioner-run primary health care employer-based clinics has spread to the Clarksville area.

The school recently reached an agreement to operate six such clinics for the Clarksville-Montgomery School System and County Government, covering an estimated 6,300 employees and their dependents. The agreement is the result of a two-year competitive bid selection process.

Although VUSN operates similar clinics at three Sanford Corporation Plants, the Dickson County Board of Education and at McKendree Village, this new contract is the largest so far based on number of those covered as well as the level of VUSN staffing. The staff includes a total of one nurse practitioner supervisor, three full time nurse practitioners, one part time nurse practitioner, two medical assistants and two patient services representatives.

"This contract takes us to a new level and shows the momentum we are gaining on this approach to primary care," said Bonnie Pilon, D.S.N., R.N., VUSN's senior associate dean of faculty practice. "We've created a business model that allows us to offer high-quality, convenient health care coverage at a savings to organizations, and people are taking notice. Our business model also allows us to offset some of the costs of operating some of our community clinics for low-income patients such as Vine Hill."

Faced with rising health care costs and tight budgets, the Clarksville-Montgomery School System and County Government is joining a growing trend toward on-site nurse-practitioner managed care for large public and private organizations.

"Usually balancing benefits versus cost involves making difficult decisions," said Bruce Jobe, Human Resources

Director for Clarksville-Montgomery County Schools. "It's one of those great days that come along when there are three upsides to a new program. Student achievement benefits because teachers are out of the classroom less, and it saves both our employees and our organization money."

Under the terms of the three-year agreement, VUSN will provide one main clinic located at the Board of Education which will be staffed by two nurse practitioners all day Monday through Friday. Additionally, there will be five additional remote clinics operating throughout the area, each run by a nurse practitioner one day each week.

"We did a lot of research and knew on-site medical was the way we wanted to go," said Jobe. "We distributed a request for proposal and when we got to the presentation phase, Vanderbilt

was head and shoulders above any other presentation we had."

The clinics offer a wide variety of on-site services offered at no charge to members of the Clarksville/Montgomery County Insurance Trust. Employees and dependents can get comprehensive physicals, primary care including "sick" visits and chronic disease management, and wellness and preventive health care services. The on-site nurse practitioners will also assist with injury screening and on-the-job injury management.

"The Clarksville/Montgomery County School System and Montgomery County Government are focused on what's best for their employees," said Caroline Portis-Jenkins, M.S.N., clinical director of Employer Health Clinics. "It is the right time and the right thing to do for them."

— KATHY RIVERS



TIM CAMPBELL

**The VUSN/Clarksville-Montgomery School System and County Government clinic nurse practitioners, (L-R) Teresa Cook, Janis Ebolum, Merry Etling and Elizabeth McGraw.**



VEER

### VUSN Combats Childhood Obesity

The Vanderbilt University School of Nursing recently received funding to delve further into childhood obesity issues. The School Health Index Mini-Grant for Physical Activity and Nutrition Improvement from the Centers for Disease Control Foundation was awarded to only 47 out of 600 applicants and to only three groups in Tennessee.

The funds were used to hold parent focus groups of Fall-Hamilton Elementary Enhanced Option school children last fall. Participants shared how the family and school need to work together to support healthy eating and increased exercise.

"We've taken the BMI of every student at Fall-Hamilton for the past three years and the data showed more of our kids met the 'overweight' criteria," said Patti Scott, M.S.N., instructor in Nursing.

Twenty five percent of the 350 pre-kindergarten through fourth graders at Metro's Fall-Hamilton school were considered overweight and 15 percent were at risk for becoming overweight which is consistent with statewide childhood obesity figures.

"We knew we had to do something," said Scott, who is working with

colleagues Roberta Bradley, Clare Sullivan and Ann Willford.

Fall-Hamilton parents of at-risk children were randomly selected for a focus group that spanned two nights and included a lot of listening on behalf of the facilitators. The first night concentrated on getting parental input on the strengths and barriers to their children's healthy lifestyles. The next night, the same group problem solved and brainstormed.

"They told us some fabulous things," said Scott.

Parents shared that they need more nutrition education and many admitted they serve meals to satisfy picky eaters. They agreed that teachers need to play a role as they are considered authority figures by the children. They would also like to see additional exercise options offered at school, such as dance and afternoon sports which are typically not offered in elementary schools.

There is a federal mandate that schools that provide free and reduced meals must have a wellness policy in place. Scott and her colleagues believe this is a first step in making that happen.

– KATHY RIVERS

### NATIONAL CENTER FOR EMERGENCY PREPAREDNESS SPONSORS HEALTH CARE SEMINAR

More than 200 health care professionals from throughout Tennessee recently attended a comprehensive educational seminar organized by the National Center for Emergency Preparedness at Vanderbilt University Medical Center which is housed in the Vanderbilt University School of Nursing.

During the event, participants learned about the latest technology and approaches for respiratory protection for pandemic events, personal protective equipment and decontamination procedures. They also developed a better understanding of radiological materials.

"Health care professionals and hospitals need to lead the way in preparing for potential mass casualty situations – either natural or man-made," said Stephen Guillot, director of the NCEP. "Our best defense is really a great offense through education, education and more education."

The center provides comprehensive programs for education, training and operations of health and emergency response personnel. The NCEP/VUMC and its partners have established an education series that focuses on safety and emergency response issues related to hospitals, public health, universities, private industry and government agencies.

– KATHY RIVERS

For more information about the center, log on to [www.ncep.vanderbilt.edu](http://www.ncep.vanderbilt.edu).

## Reaching Out to Domestic Violence Survivors

It's estimated that as many as 3 million women each year in the United States are abused by their spouses or boyfriends. These women live inside a vicious cycle of violence and dependence. The most courageous break free and set out to restart their lives in a new town, often with children in tow. Many come to the YMCA's Domestic Violence Center in Middle Tennessee, and when they do, chances are Charlotte Covington, F.N.P., associate professor of Nursing, will help them in some way.

"These women and children need help in many different layers of their lives," said Covington. "They usually haven't had the energy to take care of their own health needs, so we try to intervene."

**Charlotte Covington, M.S.N., R.N., counsels a patient at the domestic abuse center.**



Most of the center's occupants come by way of the Domestic Violence Crisis Line. They come alone. They come with small children. The important thing is that they come. When they do, they join the YMCA's 90-day program of comprehensive counseling to help launch the process of starting their lives over again.

So two days a week, Covington does her part by providing health care services at the center that accommodates up to 50 people at a time. She sees the stresses of abuse on her clients' faces and provides professional care, understanding and support. She sees patients with everything from ear infections in small children to gynecology, gastrointestinal and respiratory issues in mothers. She's helped with prenatal care and regularly links families to services such as TennCare and resources for mental health and dental care.

She recalls one mother of four children ages eight and under who arrived at the shelter from their home thousands of miles away. They wanted to get physically as far away from their husband/father as possible. The family came to Nashville and the mother was going through counseling, getting a job, finding housing and finding daycare. In the middle of all of that, Covington wanted to address everyone's health, particularly the asthmatic son. The mom went through the program and started her new life in Middle Tennessee. Covington will never forget the portrait of the smiling mother and children she received as a goodbye.

While there are many success stories, there are also difficulties in dealing with domestic abuse clients. It didn't take Covington long to learn that there are additional obstacles to being effective with this population of patients. One big hurdle is that clients are so used to being controlled by their abuser, that they have a difficult time handling guidance from any authority figure, even a positive one.

"Most of my clients are happy to have access to health care," said Covington. "However, they sometimes don't do what a nurse practitioner would

want them to do. They are already coping with a lot of stress and are so used to living in crisis mode, that it's difficult for them to plan ahead."

Covington has also used her experiences at the Domestic Violence Center to develop a survey of health care workers to gauge how frequently they associate certain complaints with abuse. Her findings showed that health care practitioners can identify complaints associated with abuse. Nursing education included domestic abuse education at a higher rate than other professions, but older health care providers were less likely to have had domestic abuse education in their professional education. Overall, health care providers were screening most of the patients for domestic abuse.

She admits she's learned a lot working at the center and sees herself always working there in some capacity. She likes taking health care out into the community, and cites the interdisciplinary approach of working with social workers, public health workers and other staff.

"It's different every day and some days can be very difficult," said Covington. "I see people change based on what I did and can see that I'm making a difference."

— KATHY RIVERS

DANA JOHNSON



DANA JOHNSON



Oliver Middle School students learn that exercise can be fun, a major message of the Live It! program.

## Results in for Live it! Program

Results of the first “Live It! Go for the Red, White and Blue” healthy lifestyle program show that Nashville school children may be at higher risk than others in the nation.

Launched last spring by the Monroe Carell Jr. Children’s Hospital at Vanderbilt, the eight-week pilot program involved 12 Nashville schools — mostly middle schools — and enrolled 2,550 children ages 10 to 12.

Program researchers said the results of the initial program showed that 50 percent of the children measured in the study were above the 84th percentile for body mass index (BMI), putting them in the “at risk for overweight/obesity” or the “overweight/obese” categories.

The national average is 33 percent who are either overweight or at risk for becoming overweight.

“I was surprised that it was that much higher than the national population for children,” said Tom Cook, Ph.D., R.N., assistant professor of Nursing and lead researcher for Children’s Hospital’s School-based Community Outreach Programs.

Vanderbilt nursing students, athletic trainers, nutritionists and Children’s Hospital support staff teamed with staff and teachers from Metro Nashville Public Schools earlier this year for the eight-week intervention to teach children about healthier lifestyles.

The middle school children were measured for waist circumference, height and weight at the start of the program, and then were asked to keep track of their activity and nutrition.

The children were re-measured after the program ended and Cook said the results show some positive signs among the children who were most active.

“The kids who lost waist size of at least one-half inch gained only half the weight of their peers who did not lose waist circumference,” said Cook.

Armed with this data, the manager of this year’s version of the program, registered dietitian Dianne Killebrew, said they refined the Live it! Go for the Red, White and Blue program with a more targeted approach for the program’s re-launch in January.

“We stepped back and looked at how the program is packaged, and looked at key ways to increase participation,” Killebrew said. “We’ll also have found ways to incorporate our messages into the regular school day.

“For example, you might find the math class calculating steps taken in a week, or percentage improvement, or in English class they might do some journaling about the changes they are being asked to make in their lifestyle.

“We narrowed our message, honed it, and we hope to make a lasting impact on the lives of some of these children.”

– CAROLE BARTOO

## VINE HILL CLINIC EXPANDS

Vine Hill Clinic is growing thanks to financial support from The Memorial Foundation and VUH. Expansion plans are on track to more than double the square footage of the clinic by early this summer. Patients will see a larger lobby with an expanded patient registration area, a designated lab area, a new nurses station, more exam rooms and a treatment room equipped with a dental chair. The clinic support area on the first level will also expand.

The community clinic handles more than 14,000 patient visits each year, a majority are underserved and/or uninsured Middle Tennesseans. When the renovation is complete, the clinic will also expand services to include dental services and podiatry.

– KATHY RIVERS

“It is clear that the major barrier to more rapid reductions in tobacco use is the effort of the tobacco industry to promote the use of tobacco products. Our lack of greater progress in tobacco control is more the result of failure to implement proven strategies than it is the lack of knowledge about what to do.”

*David Satcher, M.D., Ph.D., U.S. Surgeon General (1998-2002)*

# tackling tobacco cessation

Most health care providers agree that patients need more help with tobacco cessation. Vanderbilt University School of Nursing (VUSN) is paving the way to address this issue as the first school of nursing in the country to adopt a schoolwide program that integrates standardized cessation counseling strategy into its curriculum for students to utilize with every patient encounter.

STORY BY KATHY RIVERS  
ILLUSTRATION BY STEVE DININNO/IMAGES.COM





## VUSN presented the concept to Vanderbilt - Ingram Cancer Center in spring 2006, which invested in the idea.

The program grew from there involving expertise and support from the Tennessee State Department of Health, the Metro Public Health Department of Nashville/Davidson County and the National Cancer Institute which have long been looking for health providers to implement meaningful cessation activities.

“Institutions of higher learning have a responsibility to push the envelope and become catalysts for change,” said Linda Norman, D.S.N., senior associate dean of Academics. “No where is this more important than in dealing with health issues like the toll tobacco use is taking on our patients.”

“Smoking is the single most preventable cause of chronic diseases, and therefore, offers the opportunity for us

to make the biggest difference. In many ways it’s up to advanced practice nurses to lead the way,” added Norman.

Nearly 21 percent of U.S. adults smoke, but Tennessee is home to the third highest percentage of smokers in the country as 26 percent of adults smoke. The Centers for Disease Control (CDC) reports that 70 percent of smokers trying to quit want help, but only 36 percent of tobacco-using patients receive any information on how to quit or where to get support.

Many, including VUSN’s Cathy Taylor, Dr.P.H., M.S.N., R.N., and Sarah Fogel, Ph.D., R.N., think those figures are unacceptable. They have launched the VUSN portion of the program that expands tobacco cessation

training for nursing students, includes it in the curriculum and incorporates it in targeted care plans.

“Nursing is at the top of the list when it comes to most trusted professions,” said Taylor. “Nurses, nurse-faculty and nursing students are well-positioned to implement tobacco cessation efforts in our curriculum and most importantly with patients.”

VUSN kicked off its program this fall by bringing in nationally known educator Janie Heath, Ph.D., APRN-BC, who has been affiliated with the Legacy Foundation for more than 15 years. Heath has provided additional training for faculty and has presented to VUSN students about many different angles of the tobacco issue.

Heath’s presentations delve deep into understanding the emotional, behavioral and physical layers of quitting tobacco use. She is passionate about confronting the No.1 preventable killer in the country. She gave students examples about the tobacco companies marketing strategies, including “light” cigarettes, which smokers believe are healthy, but in reality give smokers the same level of nicotine in each puff. She talked about the hand-to-mouth habit that is often very hard for smokers to break. Someone who has smoked one pack of cigarettes a day for 20 years has 200 hand-to-mouth motions a day and more than 1.4 million while they have been a smoker. Since the tobacco issue has so many different layers, she also taught the students about the legislative environment and financial impact.

### RX FOR CHANGE – 5 A’S FOR INTERVENTION

*(modified from the National Cancer Institute’s 5 A’s)*

1. **Ask** “Do you smoke or use tobacco products?”
2. **Advise** “Quitting is the MOST important thing you can do for your health.”
3. **Assess** “Are you ready to try within the next 30 days or within 6 months?”
4. **Assist** “We have many ways to help with the quitting process and provide specifics.”
5. **Arrange** Arrange for appropriate follow-up or next steps. For example, set a quit date.

While much emphasis is on smoking cessation, tobacco use is a rampant problem and there are many different tobacco products which are each as lethal as smoking cigarettes. Many are concerned that smokeless tobacco use is on the rise, particularly in the Southeast states where tobacco is considered a cash crop. The CDC studies show teens are twice as likely to use smokeless tobacco as the overall population. A May 2004 CDC study found that 21.4 percent of male high school students in Tennessee used smokeless tobacco products. Health care professionals in nursing homes where there are smoke-free requirements are reporting anecdotally that more residents are using smokeless tobacco products.

Cigar use has doubled since 1990, mostly among adult men, and tobacco novelty products such as clove cigarettes, hookah pipes and bidis, which look like homemade cigarettes, are unfortunately popular with teens and young adults.

Additionally, first-year students in each of VUSN's core clinical courses are learning how a comprehensive and successful approach to tobacco cessation is a mix of behavioral, emotional and physical changes. They are learning the best approaches to successfully intervene in a patient's care starting with their clinical rotations as nursing students using the 5 A's (see sidebar). They will understand the appropriate way to initiate the issue, advise patients and assess nicotine dependence.

One vital resource recently made available to Tennesseans through the State Department of Health, is the 1-800-QUIT-NOW phone line. The

# "You like them FRESH? So do I!"

You don't have to tell the woman who has switched to Camels the benefits of a *fresh* cigarette.

She knows all about it—that's the reason she stays switched.

She has learned that the fine, fragrant, sun-ripened choice tobaccos in Camels have a perfectly preserved delicate mildness all their own.

She knows by a grateful throat's testimony

what a relief this smooth, cool, slow-burning *fresh* cigarette means to sensitive membrane.

Camels are fresh in the Camel Humidor Pack because they are *made fresh*, fresh with natural moisture and natural flavors—they are never parched or toasted.

If you don't know what the Reynolds method of scientifically applying heat so as to avoid parching or toasting means to the smoker—switch to Camels for just one day—then leave them—if you can.

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"Are you Listenin'?"

R. J. REYNOLDS TOBACCO COMPANY'S COAST-TO-COAST RADIO PROGRAMS—SEE RADIO PAGE OF LOCAL NEWSPAPER FOR TIME  
 CAMEL QUARTER HOUR, Morton Downey, Tony Wons, and Camel Orchestra, direction Jacques Renard, every night except Sunday, Columbia Broadcasting System  
 PRINCE ALBERT QUARTER HOUR, Alice Joy, "Old Hunch," and Prince Albert Orchestra, every night except Sunday, National Broadcasting Company Red Network



● Don't remove the moisture-proof wrapping from your package of Camels after you open it. The Camel Humidor Pack is protection against perfume and powder odors, dust and germs. In office and home, even in the dry atmosphere of artificial heat, the Camel Humidor Pack can be depended upon to deliver fresh Camels every time

**CAMELS**  
 Made FRESH — Kept FRESH

© 1951, R. J. Reynolds Tobacco Company

This ad from the 1940s used nurses to encourage cigarette smoking. Today's nurses and nursing students are strong role models for their patients to quit tobacco products.

## “Our graduates will become leaders in the community and drive the importance of tobacco cessation in their careers.”

hotline connects smokers who want to quit with individual “quit coaches” who are accessible for free for up to 12 months. Helpline counselors can also direct callers to specific programs or group support in their local communities.

More good news for health care practitioners is the availability of a wide variety of tobacco cessation products which are proving successful in helping people quit – transdermal nicotine patches, nicotine gums, nasal sprays, inhalers and new oral medications that are promising.

“We want to encourage tobacco cessation among all populations in Tennessee,” said Donna Henry, M.P.H., R.D., director, of the Tennessee Department of Health’s Division of Health Promotion. “Whether someone is a smoker or smokeless tobacco user, the Quit Line can help because it relies on relationship building between caller and counselor and is an interactive and ongoing resource.”

This tobacco cessation project is also a model of collaboration between varied public health care concerns and evidence-based practice. For instance, the State’s Quit Line information and the VUSN students’ clinical interventions will be used as research data. The number of patients who are referred to the Quit Line as a part of the VUSN clinical interventions will be tracked to determine the effectiveness of the educational program. The Metro Public Health Department of Nashville/Davidson County has access to a rich level of health data to help access the program. Representatives from the National Cancer Institute were crucial in helping bring together all the partners.

“Our goal in coming together in this way is to provide the evidence that will link prevention with ultimate outcomes such as mortality and morbidity,” said Elizabeth Williams, Ph.D., associate director of Vanderbilt Ingram Cancer

Center’s Office of Minority Affairs.

“We’ve pulled in a lot of different stakeholders because it’s a project that none of us could tackle by ourselves,” said Sheila Bates, manager of VICC’s patient and community education. “But when we bring our strengths, contacts and resources together, we have a huge chance to make a difference.”


This academic year, the program is focusing on first-year students. Next year, Taylor and Fogel will expand the programs to include first- and second-year students. They hope the VUSN program will become a model for other nursing schools.

“We will graduate roughly 250 advanced nurse practitioners each year with a greater understanding of tobacco cessation methods and specific sources,” said Taylor. “Our graduates will become leaders in the community and drive the importance of tobacco cessation in their careers.”

“We have a group of dedicated public health partners that have participated at every step along the way and without the involvement of each on the local, statewide and national levels, we couldn’t have pulled this together,” said Taylor. “The issue is important; the time is right; and we’re ready to make a difference.”

VUSN hopes the program will be successful, and can lead to similar partnerships between community health organizations and schools of nursing across the country. **VUSN**

ANNUAL U.S. DEATHS ATTRIBUTABLE TO SMOKING 1997-2001



Cardiovascular diseases	137,979 (32%)
Lung cancer	123,836 (28%)
Respiratory diseases	101,454 (23%)
Secondhand smoke	38,112 (9%)
Cancers other than lung	34,693 (8%)
Other	1,828 (<1%)

# Getting Out the “Quit” Message

A startling 30 percent of Tennessee’s childbearing-age women are cigarette smokers, and Vanderbilt University School of Nursing researchers are trying a new approach to reverse that alarming statistic by using another handheld device: cell phones.

VUSN recently began work on a Web-based cellular telephone text messaging study funded by an American Legacy Foundation grant. This project relies on two kinds of interventions that will target smoking cessation among women at VUSN-run West End Women’s Health Center, which provides health care to 4,000 women, many of which are at-risk. Subjects in the study will receive three-minute smoking cessation interventions based on the successful Rx for Change curriculum during their advanced practice nurse provider visits. Additionally, participants will receive daily messages the first four weeks, twice-a-week messages the next four weeks and once-a-week messages the final four weeks of the study. Researchers hope is that the text messages program will increase quit rates by 10 percent to 20 percent.

This spring, a round table of experts and members of

the Nashville Metropolitan Health Department’s Youth Advisory Board participated in the development of the text messages for the study, and the research team recruited 125 participants. Subjects are women in the 18 to 44 year old age range who own their own cell phone with text message capability and speak English.

“The use of mobile text messaging has shown promise with diabetes and asthma patients,” said Cathy Taylor, Dr.P.H., M.S.N., R.N., the grant’s project investigator. “We want to know if this strategy will strike a chord with young women because they can be a very difficult group to reach because many are working more than one or more jobs while managing demands of young children at home.

West End Women’s Health Clinic faculty, VUSN’s Educational Informatics experts, and members of community groups have been instrumental in implementing this study. Full implementation and data collection began in March.

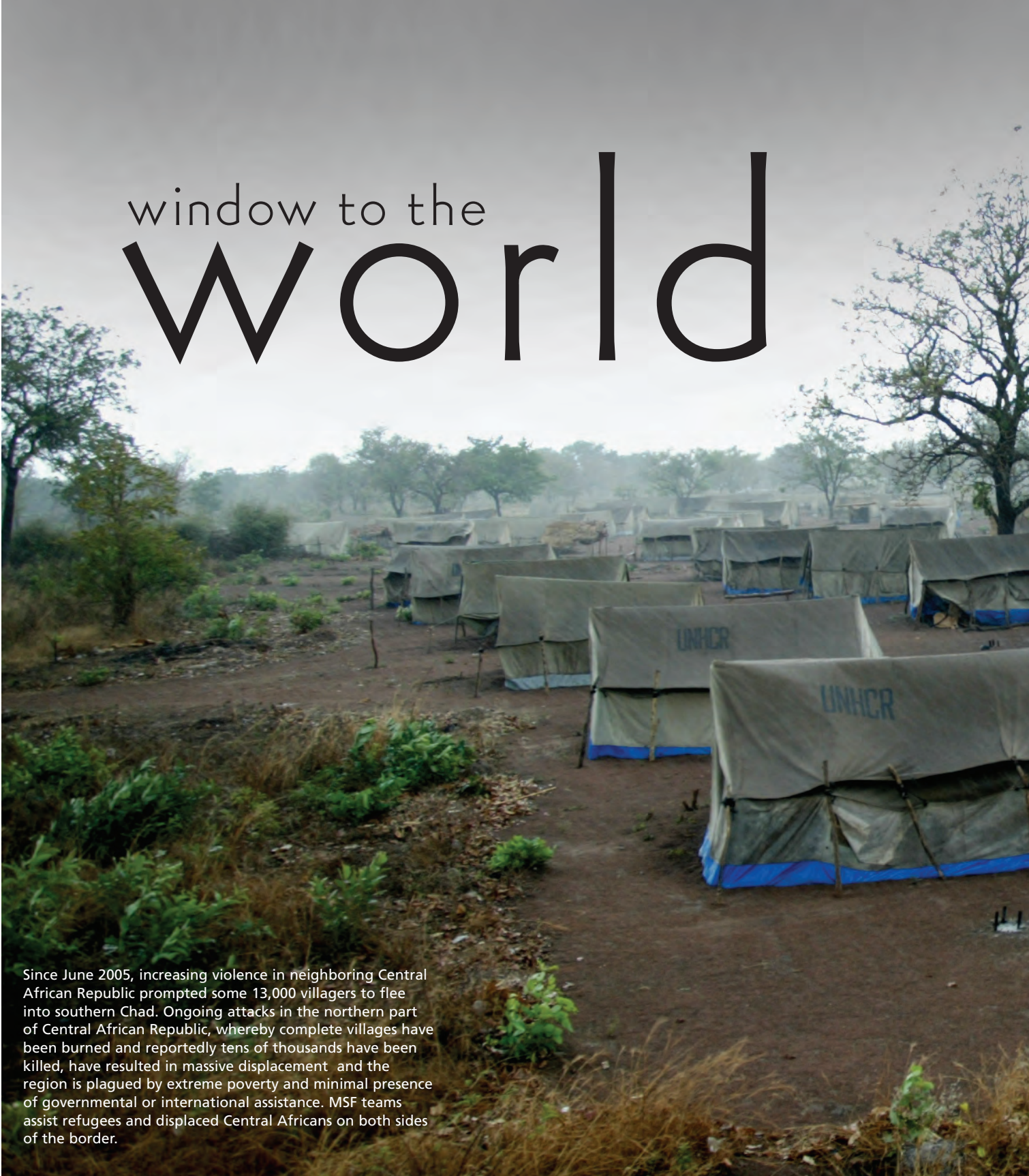
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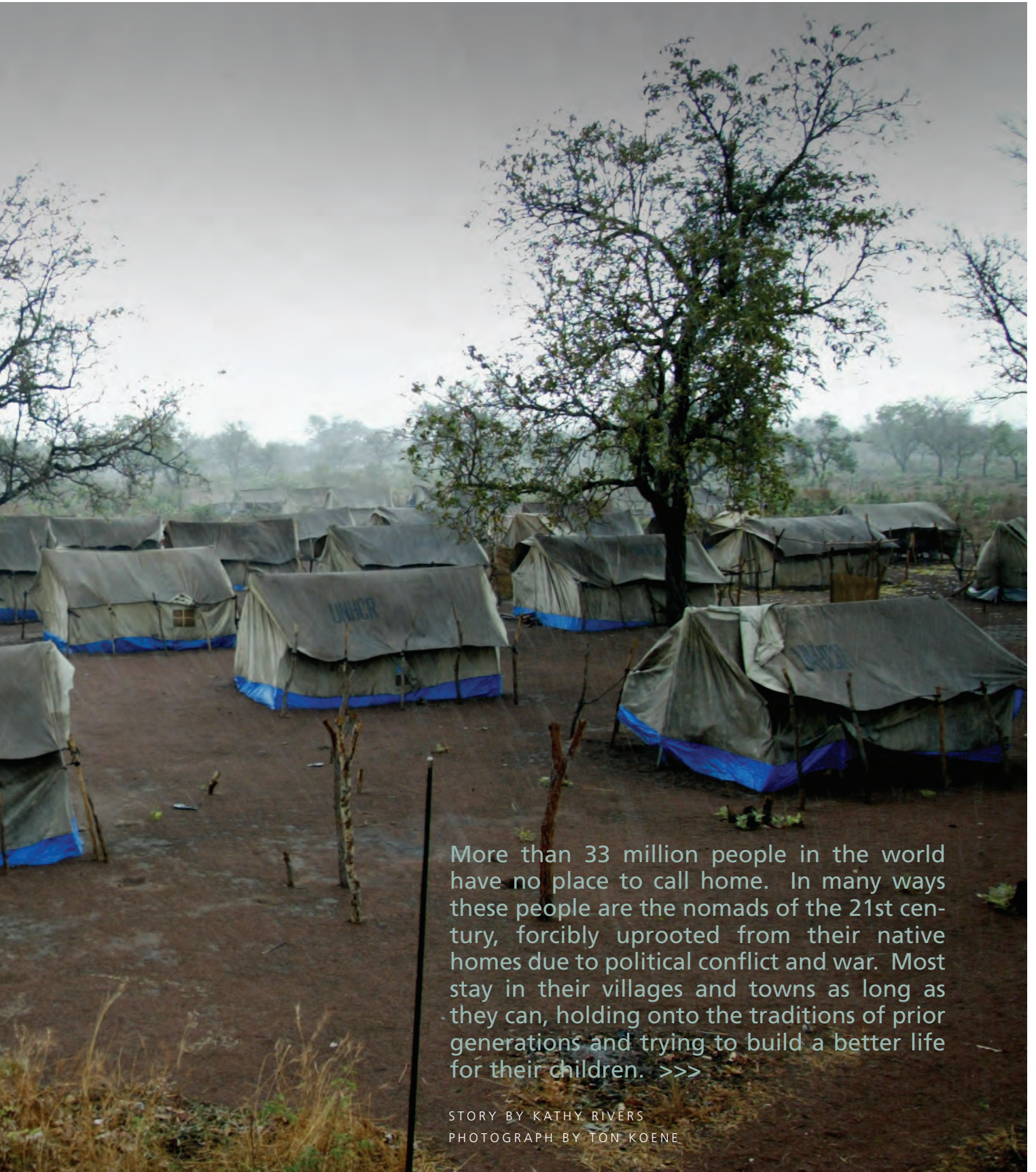
ANNE JAMMER

**A new VUSN study funded by the Legacy Foundation will help determine if cell phones are a tool in the fight against tobacco addiction.**

# window to the world



Since June 2005, increasing violence in neighboring Central African Republic prompted some 13,000 villagers to flee into southern Chad. Ongoing attacks in the northern part of Central African Republic, whereby complete villages have been burned and reportedly tens of thousands have been killed, have resulted in massive displacement and the region is plagued by extreme poverty and minimal presence of governmental or international assistance. MSF teams assist refugees and displaced Central Africans on both sides of the border.



More than 33 million people in the world have no place to call home. In many ways these people are the nomads of the 21st century, forcibly uprooted from their native homes due to political conflict and war. Most stay in their villages and towns as long as they can, holding onto the traditions of prior generations and trying to build a better life for their children. >>>

STORY BY KATHY RIVERS  
PHOTOGRAPH BY TON KOENE

When gun shots are fired or bombs are detonated. Loyalty and choice give way to basic survival. They grab everything they can carry on their backs, including their small children, and quickly leave their homes not knowing when or if they will ever return. They are hungry, thirsty, frightened, vulnerable and worried about any missing family members. In many cases, they have no final destination. They just run or walk away from the only homes they have known and move closer toward an unsure future.

Last fall more than 4,000 Middle Tennesseans, including Vanderbilt University School of Nursing community health students, had a chance to touch, taste, smell and see first hand what life is like at a refugee camp. Many VUSN students had previously traveled to Third World countries on mission trips, but they left with a new view to add to their window to the world.

Words and pictures can help paint a scene, but walking in the footsteps of refugees is the most effective and memorable lesson. That's why Doctors Without Borders/Mèdecins Sans Frontières (MSF) developed an interactive refugee experience a few years ago and has taken it on the road to several cities. This year, and thanks in large part to VUSN Assistant Professor Carol Etherington, M.S.N., former U.S. MSF board president, the Doctors Without Borders camp made a weeklong stop in the heart of Nashville.

"This exhibit is one of the most dramatic ways to educate people about the lives of people they see on the 6 o'clock news," said Etherington.

The 8,000-square-foot camp in Centennial Park provided insight into each main aspect of refugee camp living. Groups of 20 toured the various areas of the camp accompanied by MSF guides who provided details about the realities of this way of life and shared personal examples of their own field work.

"The refugee camp revealed more about the standards of living in crisis situations than any picture can give justice," said VUSN student Stephanie Davis Nipper.

The entrance to this camp was a mock border crossing that greets refugees after many days and sometimes weeks of walking. The lucky ones get to pass through. They either have the appropriate documentation or money to bribe the patrol officials. Once in a new country, the refugees seek shelter anywhere possible, often in a refugee camp.

Camps vary depending on the climate, terrain and number of people needing shelter. The camp's definition of shelter is a very basic one. Shelter can mean small canvas tents shared by two or more extended families in rural areas or small wooden shacks or shanties in densely populated cities. The living spaces are cramped, but satisfy the objective of providing a relatively safe place for these displaced people to live.

"In America, it is hard for two families to share a meal together. However, in this camp, one, two and even four families share cooking stoves, housing units, blankets and sometimes diseases such as cholera," said Nipper.

When refugees first arrive at camp, they often live off of BP-5 Compact Emergency high-calorie food bars that



SUSAN URMAY

**Pictured right:** Local Nashville school children learn about the plight of internationally displaced persons.



**Pictured right:**

The mock refugee camp gave attendees a chance to touch, taste and feel the experience. (L-R): compact food bar, tents show the living conditions; grain for sustenance.



have little flavor, but provide basic calories for survival. International standards call for refugees to receive 2,100 calories a day. They also receive rations of food indigenous to the land such as maize (corn), beans and rice.

Aid agencies often dig wells or transport water from a nearby source like a lake via a pipeline system pumped into bladders after undergoing basic purification. The goal is to provide each person with five gallons of water a day for drinking and cooking. (By comparison, most people in the United States use more than 100 gallons of water per day.)

“With each station, I was exposed to the harsh realities of refugee life,” said VUSN student Elizabeth Tagatac. “I tried to carry the water, but it was very heavy. I was amazed and saddened to think that women or children carried these containers for miles.”

Without legal tender, a black market for food, water, and other items usually springs up quickly. Ingenuity and entrepreneurship emerges. People use things most Americans discard as trash to make a profitable product. Refugee-entrepreneurs make and sell sandals made out of used tire treads. A can of cooking oil was cleverly transformed into a miniature car toy. Some bottle tops and wires are configured to form a bicyclist doing tricks. These wares are sold or traded for other supplies. A mother might well trade a couple gallons of water for a toy

that will help distract her children’s attention from the realities of their situation.

The health related areas include systems as basic as proper disposal of waste – critical to preventing the spread of disease in overcrowded settings. Aid workers, both international and national staff, dig trenches outside the living area of the camp. Different types of latrines are used and adapted for mosquito control. The need for personal hygiene education is so great that in some cases, illustrations of the different cleanliness steps are depicted on posters outside each latrine.

The more traditional health areas include the health, cholera, vaccination and nutrition tents. Aid workers set up small clinics to take care of everyday illnesses and a hospital to treat more serious conditions. Medical supplies go quickly and the workers do their best to put them to the best use.

Six preventable diseases which can spread quickly in a refugee camp and kill millions of children each year are measles, diphtheria, whooping cough, tetanus, poliomyelitis and tuberculosis. Relief workers try to immunize as many children as possible. In some cultures, it’s difficult to convince the mothers to allow their children to be immunized. In other cultures, mothers who aren’t even living in the camps might walk all day and stand in line for another day to get their children vaccinated because they understand the value of preventive care.

## 33 Million People Uprooted by War

### Internally Displaced Persons (IDPs)

**Definition:** People seeking safety from conflict within their own countries.

**How many:** 21 million

**Countries with the highest number:** Sudan (5 million), Colombia (more than 2 million) and Uganda (almost 2 million).

### Refugee and Asylum Seekers

**Definition:** People who flee to another country in search of safety from a conflict.

**How many:** 12 million

**Countries with the highest number:** Palestinian Territories (3 million), Afghanistan (more than 2 million) and Iraq (almost 1 million).

### Health Issues

Weakened immune systems render people susceptible to diseases like malaria, acute respiratory infection, diarrheal diseases, measles, and cholera. Measles kills more than 500,000 children every year. Children under 5 are at greatest risk of malnutrition.

Statistics are from the “World Refugee Survey 2006” published by the U.S. Committee for Refugees and Immigrants.



ROGER TURESSON

Six preventable diseases which can spread quickly in a refugee camp and kill millions of children each year are measles, diphtheria, whooping cough, tetanus, poliomyelitis and tuberculosis. Relief workers try to immunize as many children as possible.

Adequate nutrition for children is the difference between life and death. Doctors without Borders uses a plastic bracelet to measure the upper arm circumference in severely malnourished children. (Those measuring less than 110 millimeters are considered severely malnourished and dying of starvation.) Children under age 5 are the most likely to die from malnutrition, so these youth are a top priority with aid workers. Those who are severely malnourished are given Ready-To-Use Therapeutic Food (RUTF) also called “pumpy nut,” a high-nutrition peanut butter type food that has proven effective.

Cholera outbreaks are all too common in a refugee camp situation where there is a dense population of people. The disease is transmitted through contaminated water or food and can kill its victims within hours if left untreated. If treated immediately, most people can be saved. Aid workers move cholera patients to a quarantined tent on special cots that allow them to directly expel into a bucket beneath them while they are constantly hydrated. Clothes and any materials the patients touch are burned in a makeshift incinerator.

“I have often found myself overwhelmed with a patient in the hospital who is very sick, but this camp showed me the meaning of a true sick patient,” said VUSN student Katie Hoskins.

The tour guides also talked about mental health issues associated with refugee life. There are issues of overcrowding, security and safety among a large group of people with few previous relationships in a survival of the fittest type setting.

Many of the families are being kept together by their mothers; their fathers having been taken or killed. The impact of the pulling apart of family units, the stress of having only the basic necessities, concern about illnesses, missing loved ones and general worry can easily consume refugees.

“The fact that some or most of the people in these camps don’t know the whereabouts of their families is the most heartbreaking of all circumstances,” said student Stephanie Bertrand.

Doctors without Borders/Mèdecins Sans Frontières and other relief agencies are working on additional resources to help with mental illness and stress therapy. Officials believe that is an area that deserves more attention in the future.

VUSN faculty members Sharon Jones, M.S.N., R.N., and Marty Conrad, M.P.H., R.N., said the refugee camp was a great opportunity for their students.

“It’s important for nurses to get cultural education and sensitivity,” said Conrad. “They will work with refugee populations in their careers in hospitals and other settings, and understanding the

entire adjustment process will help them be better nurses.”

There are refugees or internally displaced persons (IDPs) in more than 40 countries, typically in the poorest areas of the world. There are an estimated 8,000 refugees in Middle Tennessee and about 98,000 asylum applicants waiting for decisions about whether they can stay in the United States.

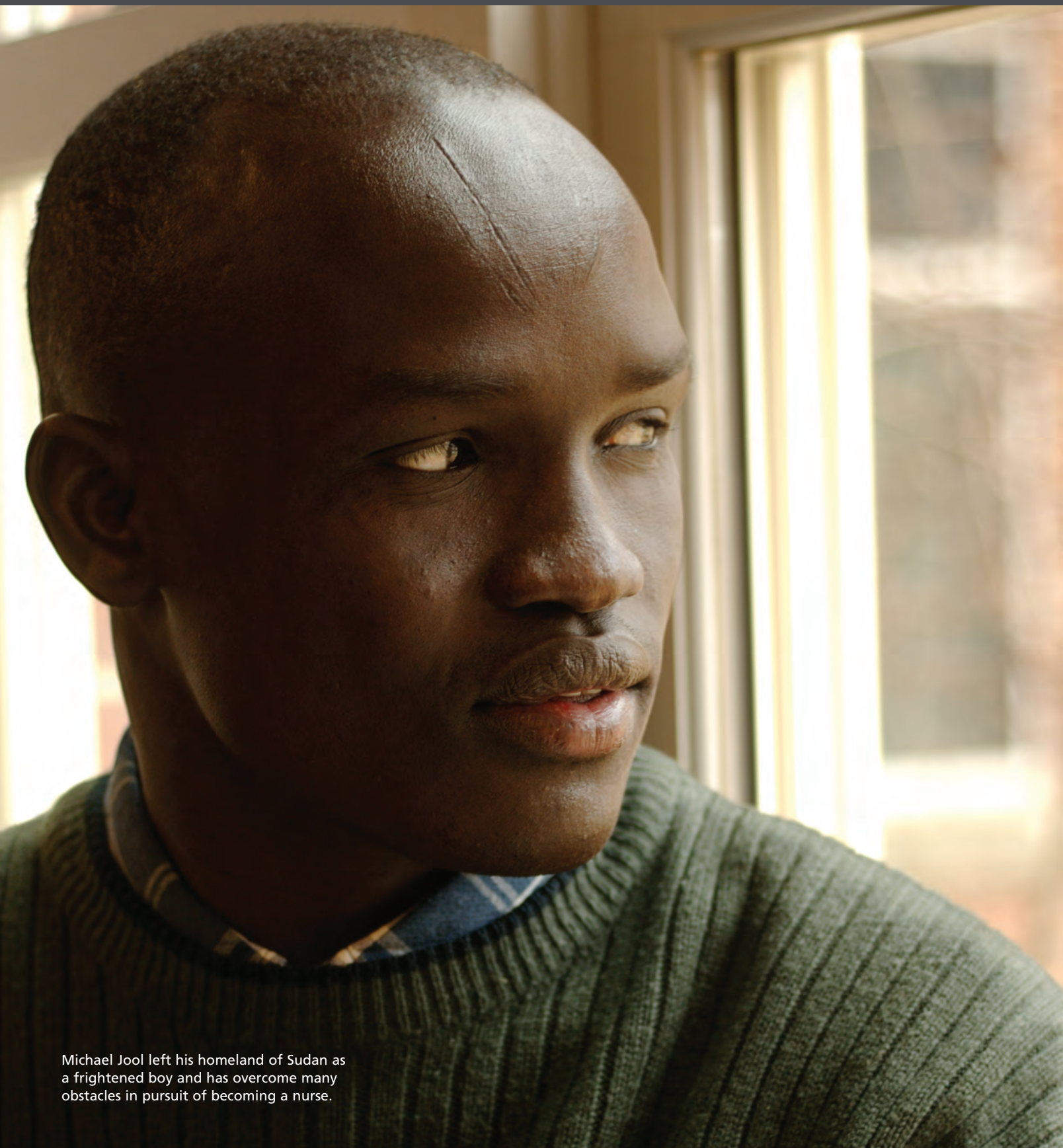
“I will strive further to understand my patients who have come from foreign countries to seek asylum in the United States and will maintain profound respect for them and their great journeys in escaping from the wars, epidemics and poverty,” said VUSN student Emily Liles.

“I think every one of the thousands who visited this camp was somehow impacted by the experience,” said Etherington. “As always, education is the key to understanding.” **VUSN**

**For more information on medical humanitarian relief, or to take an interactive mock refugee camp tour, log on to [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org).**

**Pictured left:**

Every day, this little girl carries her brother to the feeding center in a refugee camp in Chad where she and her family live. Scenes like this one are replayed throughout the world.



Michael Jool left his homeland of Sudan as a frightened boy and has overcome many obstacles in pursuit of becoming a nurse.

# lost

## no more

It was a hot, dry day in the Southern Sudan village of Bor. Five-year-old Ayak was helping his older brother and cousin herd cattle that afternoon and could see his family's hut in the background. Then gun shots broke through the quiet day. They dropped everything, started running and never looked back.

This parentless group of mostly young boys and some men eventually covered approximately 1,000 miles on foot as part of the mass exodus from the area and are referred to as the Sudanese Lost Boys. Most adults were killed, girls were enslaved and the boys fled facing almost unimaginable obstacles in pursuit of finding a new home and hoping to reunite with family.

Ayak remembers walking through the country for miles and miles. He recalls sometimes sleeping during the day and walking at night. He was always thirsty and quickly learned to control his water intake as he saw others

die of dehydration. He remembers eating leaves from trees and literally falling asleep while walking. He was following his uncle who served as protector of the group and wondered if they would ever stop walking.

After what was likely two months, Ayak's group was one of the first to arrive in Ethiopia, and he recalls working hard at building the refugee camps with its canvas tents. They stayed in Ethiopia for about three years only to have to flee once again when civil war broke out in that country. It was here he waited for family members who never came and realized he could probably never go back to Bor.

Once again on the move by foot, thousands of Lost Boys headed to Kenya. This portion of the journey lasted about a year and proved the most treacherous as many of the boys were drowned or shot while crossing the Gilo River. Ayak lost friends, but kept on going. He had no other choice.

They arrived in Kenya at a 65,000-person refugee camp known as Kakuma. Ayak settled in with other Lost Boys and members of his Dinka tribe and this camp that would become his main home for several years. He remembers the difficult life in the camps. On his way to Kenya, he became a Christian and changed his name to Michael Jool. His schooling consisted of learning his letters by writing in the sand. He lived off of maize and beans. He unfortunately lost more friends to bouts of measles, yellow fever and whooping cough that often broke out in the camps especially in the first camp in Ethiopia.

Thanks to a United Nations agency, Michael was granted entrance into America in 2000. He was initially scheduled to move to Chicago, but due to Christmas holiday, Chicago immigration's office was closed and that landed him in his new hometown of Nashville with a handful of other Lost Boys. He attended a local high school and graduated in 2002.

Michael doesn't know why out of an estimated 26,000 who fled, he was one of the 10,000 who survived. He believes his experiences up to now have been for

some specific reason which he hopes will be revealed. He is intent on focusing on what he needs to do and change rather than what he left behind – except for his mother. She is widowed and living in another village in Sudan. Michael hasn't seen her in 19 years and wants to visit to make her life more comfortable. He can't wait to tell her about applying for American citizenship and studying to become a nurse and seeing his brothers and sisters again.

This May, Michael will be one of 30 Lipscomb students to complete the first Lipscomb/VUSN partnership. Michael and his classmates have taken classes at VUSN for two years and will graduate with baccalaureate degrees in nursing from Lipscomb. A majority of the group has also signed on to work at Vanderbilt University Medical Center for the next two years. **VUSN**

– KATHY RIVERS



an interview with  
**betsy weiner**

**Betsy Weiner, Ph.D., R.N., senior associate dean for Informatics, recently sat down with *Vanderbilt Nurse* to discuss the role of technology in nursing and nursing education. Weiner came to VUSN from the University of Cincinnati in 2000 and has been a guiding force in weaving informatics throughout the school.**

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**How do you define informatics?** Informatics is the translation of data into information which then goes into some sort of knowledge base. In our case, that would be nursing because that's what we're all about.

**How is informatics developing at VUSN?** Our approach isn't simply one class and then you're done. It's more of a thread that goes across the entire curriculum and relates to wherever our students are in their learning process. For instance, at the master's level, students learn the principles of population-based management and understand outcomes and tools. On the Ph.D. level, our students learn how to build databases and how informatics

is an important part of pulling all of their research together.

**What is your vision of informatics?** Our department works to help translate the informational needs for academic, research and practice side of the house. We can develop informatics tools that will help us be more efficient and better educate students. We can give them the hands-on capability for using different technology to make information clear to them. Informatics hardware and software is going to change over time but their process of discovery and pulling in the evidence about nursing practice is going to be an ongoing part of lifelong learning.

**What is your vision of informatics in the future?** I support the use of technology in ways that it's the best fit, but it's not a solution to every particular challenge we face. Whether it's a student or a person in practice, we should have full exposure to state-of-the-art devices and software to make us work more efficiently. Informatics can allow us to spend more time with the patient and less time doing paperwork. The key is that whatever informatics tools they are using ought to fit so naturally into their duties that they wouldn't want to do work without it. On the other hand, they can't be so totally dependent on those tools. For instance, when there's a crisis event like Hurricane Katrina where there's no access to records, they still need to be good critical thinking nurses.

**How important is informatics at VUSN?** It's part of everything we do. We've heard a lot

**Betsy Weiner showcases the variety of programs VUSN students use from their PDAs (personal digital assistants).**

of feedback from students that they chose our program because of our use of technology. As soon as our graduates leave the program, they are walking around with their PDAs, looking up reference materials while others are running back to clinical work stations to find the same information. Even some of our preceptors have asked to students to “pull out your magic machine” so they can see what it says. Some instructors give “Open PDA tests” like “Open book tests,” where students use their ability to search efficiently in a timed exam.

**How does informatics help instructors to teach more effectively?** There are some things technology can do better than we can do as humans. In the 1980s while at the University of Cincinnati, students had trouble understanding the various positions of an infant during childbirth. We got a skeleton, a baby doll and some clear fishing wire and made a visual recording of the different positions of the infant. That cleared things up right away, and it became a very popular approach. Another example is grand rounds, based on the philosophy that you have one master thinker, a faculty member, to give input when seeing patients. Today, many of our simulation programs have taken input from thousands of experts, not just one. The information is from the best

ANNE RAYNER





ANNE RAYNER

**The three computer labs in the Frist Nursing Informatics Center serve a variety of educational and support functions for the school and its students, staff and faculty. In addition to serving as a 20-seat electronic classroom, the largest lab (pictured) is used for proctored online testing, viewing recorded lectures, review of interactive instructional materials, document scanning and document composition and printing by students.**

and the brightest in the world.

**What do you think are the biggest technologic advances in the last five years?**

Two things – the Internet and a course management system we use called Blackboard. Increased use of Internet has got to be the biggest change in everyone's life. Initially, health care providers were very hesitant about using it, but now we have time-tested, reputable partners helping us develop knowledge-based products. The biggest "change in the way we teach award" would have to go to Blackboard that allows faculty to park their materials so that in one space they can

have their grade book, PowerPoint presentations, threaded discussion group, e-mail groups for their class and more.

**How does VUSN help students embrace technology for their learning?**

One of the best examples is the use of personal digital assistants or PDAs. Specialty directors elect which PDA device they want to use because each specialty has different space and storage needs. For example, years ago, psych mental health students used to take handwritten notes and transcribe them while they could still remember it. Now, they record their notes in audio fashion to their PDAs and transcribe and

analyze later. We have a walk-in clinic each fall to set up each of our students' devices, and we provide technology support whenever needed. We don't use PDAs with our pre-specialty students yet, but we are looking into ways to develop a PDA program that will help them through a very demanding year by having access to online reference materials.

**What about students in the distance learning program?**

We added video streaming which is videotaping a lecture and digitizing it to view while live or on a CD later. Initially some students lived in rural areas that didn't have broad bandwidth and relied on CDs rather than downloading. We guaranteed we would have the CDs ready to mail within 24 hours of when the lecture took place. Now, we do a lot more video streaming live and students can still call in to ask questions.

**How does the clinical log software function?**

The clinical log software allows students to keep track of each of their clinical experiences. It's a valuable learning tool as well as a resume of their experience when they look for a job. We also can use the entries in the PDAs for data mining to examine cohorts and foundations for future research.



### How does VUSN's technology compare to other schools?

The recruitment effort is like a chameleon, changing as needed. In order to ensure we provide what we market in our recruitment efforts, we must practice it. We are constantly striving to improve the programs we offer. In doing so, cultural diversity is one aspect we are watching closely through creation of classrooms and clinical experiences that celebrate diversity. We learn new ways to better ourselves every day. It's an ongoing process, that is challenging and, when executed well, very satisfying.

### What are the most important skills for a nurse to succeed?

First and foremost, I think a nurse needs to be able to combine his or her skills of caring with critical thinking skills. It doesn't matter to me whether technology is involved in that or not. I think people sometimes hide behind technology and that bothers me. I never like to think that anything I have helped develop becomes a barrier between nurse and patient.

### What happens with technology once a student graduates?

We teach all of our students to be change agents so that no matter where they go in their careers or in the country, they can help drive issues forward. A rural public health nurse, for instance, may work in an office with limited technology. If he

or she asks the right questions and gradually starts making recommendations, they might be surprised with what they could accomplish.

### Do you have other ideas in the works?

We are looking into more pod-casting opportunities using video iPods. We learned a lot about introducing information and concepts from our emergency management modules and want to take that and team it with this new technology. Believe it or not, we have some students who work out to nursing lectures instead of music on their iPods. We also want to explore more MP3 applications in classes. We are looking into ways to handle data collection through cell phones for various research initiatives.

### What do you think Florence Nightingale would say about all of this?

She would probably give her eye teeth to see all that we can do. She was the advocate of putting the patient first and doing anything possible to make them feel better and in many cases, that's exactly what informatics allows us to do. I think she would be impressed with how efficient we nurses have become, and of course, I would love to take her on a tour of the Frist Nursing Informatics Center. **VUSN**

## WEINER CONSULTS FOR WORLD HEALTH ORGANIZATION

Betsy Weiner, Ph.D., R.N., senior associate dean for Informatics, was one of only 20 people from around the world, and three from the United States, selected to attend the first Consultation on Nursing and Midwifery Contributions in Emergencies at the World Health Organization headquarters in Switzerland.

The group is charged with assisting WHO members in building local and national capacities, including expertise, experience and technologies in the area of emergency preparedness and response. While nurses and midwives are routinely involved in emergency care, the WHO believes they need to be adequately prepared and organized for full engagement in health crisis situations.

Weiner authored two papers which were discussed during the session. "Roles of Nursing and Midwifery in Emergencies" included action steps on how to better prepare health care workers around the globe. In "Research Priorities for Nursing and Midwifery Contributions in Emergencies," Weiner detailed the need for methodical research at several key junctures to better communicate and standardize emergency response approaches.

Chaired by Margaret Chan, M.D., WHO's director-general, and attended by HRH Princess Muna Al Hussein of Jordan, as the group's patron, the three-day session also included discussion about appropriate competencies and skills needed for nurses in emergencies, guidelines for academic curricula of nursing worldwide, priorities of inservice training programs and the role of technology.

— KATHY RIVERS



NELL BRAKE

First year nursing students practice flushing out nasogastric or NG tubes on dummies in a skills exercise last week while working in Personal Protective Equipment (PPE) used during emergency situations.



**COOPER NAMED COMMISSIONER OF HEALTH**

Susan Cooper, M.S.N., assistant dean for Practice at Vanderbilt University School of Nursing, was named Commissioner of the Tennessee Department of Health by Tenn. Gov. Phil Bredesen in January. Cooper is the first nurse to hold the position while she is on administrative leave from VUSN.

Cooper joined state government "on loan" from VUSN in September 2005 as a health adviser and was instrumental in developing Tennessee's Health Care Safety Net. She later assumed leadership of Project Diabetes, to help curb type 2 diabetes among young Tennesseans, and helped facilitate GetFitTN to promote healthier lifestyles statewide.

Before joining state government, Cooper was a faculty member and assistant dean at VUSN, where she also earned her Master's of Science in Nursing degree. Cooper began her career as a nurse specializing in emergency and intensive care.

The Department of Health has a range of responsibilities, including administering several community health programs, licensing health care professionals and maintaining vital health records and statistics. The department works closely with local governments and nonprofit agencies to monitor and improve community health, including a campaign created by Bredesen to improve infant mortality and birth outcomes in Tennessee.

**Bonnie Pilon**, D.S.N., R.N., senior associate dean for Practice, served as chairperson on the National Nursing Center Consortium Board of Directors in 2006. At the organization's fall conference, **Terri Crutcher**, M.S.N., R.N., presented "Improving the Rate of Diabetic Retinal Screening in an Inner City Primary Care Clinic." **Pam Jones**, M.S.N., R.N., and **Caroline Portis-Jenkins**, M.S.N., R.N., presented "Preliminary Cost-Benefit Analysis of a House Calls Program for Frail Elders."

**FACULTY NEWS**



**Suzanne Baird**, M.S.N., nursing instructor, has been appointed as co-chair of the 2007

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Childbearing and Newborn Advisory Panel. She has been an active leader and participant in various conferences throughout the U.S. and Caribbean. She has published "Thromboembolism in Pregnancy" by the Association of Women's Health and Neonatal Nursing and has co-authored two journal articles regarding myocardial infarction and cardiac disease in pregnancy.

VUSN Lecturer **Angela Becker**, M.S.N., was a contributing author to the chapter "Health Conditions in Antecedent Assessment and Intervention of Problem Behavior" in the book

"Antecedent Assessment and Intervention" (2006). Craig Kennedy, M.D., was the lead author.

**Susan Cooper**, M.S.N., assistant professor of Nursing and Director of Tennessee's Health Care Safety Net and Coordinator for Project Diabetes and newly appointed Commissioner of Health for the State of Tennessee, received the William V. Corr Award of Excellence from the Tennessee Primary Care Association. Organizers recognized her with this award for her work in helping member health centers access funding and maintain their role as the first line of health care for thousands of underserved Tennesseans.

Instructor **Claire Srouji Davis**, C.F.N.P., was published in the September 2006 Oncology Nursing Society's newsletter in a section that asked clinicians to supply clinical pearls on discussing sexuality with cancer



Vanderbilt University School of Nursing recently announced the appointment of **Ann F. Minnick**, Ph.D., R.N., F.A.A.N., Julia Eleanor Chenault Professor of Nursing, as Senior Associate Dean for Research. Peter Buerhaus, Ph.D., R.N., former Senior Associate Dean for Research, assumed the the position of director of the new Center for Interdisciplinary Health Workforce Studies of the Institute for Medicine and Public Health.

Minnick earned her baccalaureate degree in nursing at Michigan State University, a master's degree in medical surgical nursing at Loyola University of Chicago and a Ph.D. at Northwestern University, Evanston. She has held a variety of academic, service and research positions. Her current research addresses issues related to health service delivery, nursing human resources and patient centered care. She has led numerous national grants that have influenced the nursing environment and the profession itself. She has acted as a consultant to educational and service institutions as well as state and federal agencies and several international projects associated with professional societies and foreign governments. She recently was named by U.S. Health and Human Services Secretary Michael Levitt to the National Advisory Council on Nurse Education and Practice.

patients. The Clinical Advisor published her work: "Clinical Challenge: Abdominal Pain, Diarrhea, and Weight Loss in a World Traveler," in September 2005.

"Five-Year Outcome of Children with Functional Abdominal Pain," an article that assistant professor **Shelagh Mulvaney**, Ph.D., authored with Lynn Walker has been selected as one of the top 10 articles in Pediatrics for 2006 by *Journal Watch* (published by the *New England Journal of Medicine*). The study finds that those with the highest levels of depression and anxiety had the poorest long-term outcomes, with no improvement after five years. It also shows that children's reports were more informative than parental reports.

**Shelagh Mulvaney**, Ph.D., and **Tom Christenbery**, Ph.D., R.N. have both been awarded Graduate Faculty Status by the Graduate School and have

become members of the VUSN Doctoral Program Committee.

**Iris Padilla**, Ph.D., F.N.P., A.P.R.N.-B.C., assistant professor, is doing a post-doctoral fellowship at the University of Michigan School of Nursing's Center for Health Promotion, Risk Reduction. She participated in writing a pilot on CVD on the Diabetic Latino Patient and gave a presentation, Latino Health and Characteristic, to the Environmental Protection Agency. She is writing a grant on diabetes complications in vulnerable populations.

**April Rumage**, M.S.N., A.P.R.N.-B.C., who has a clinical faculty appointment in Psychiatric-Mental Health Nurse Practitioner (PMHNP) program and has served in clinical supervisor and agency preceptor role for several years, is the American Nurses Credentialing Center Chair for both the Adult and Family PMHNP Exams from 2005 to 2007. She practices in Cookeville, Tenn., and is

currently supervising two VUSN students.



**Mavis Schorn**, C.N.M., M.S., program director of the nurse-midwifery program, received the Award for

Excellence by the regional chapter of the American College of Nurse-Midwives.



**Cathy Taylor**, Dr.P.H., M.S.N., R.N., was recently appointed to the Tennessee Center for

Diabetes Prevention and Health Improvement Board of Trustees by Tennessee Gov. Phil Bredesen and has since been elected chair. The center is charged with combating the growing problem of type 2 diabetes in Tennessee and improving the overall health of Tennesseans.

Instructor **Ellen Tosh-Benneyworth**, A.P.R.N.-B.C., participated in a section of the *Oncology Nursing Society Newsletter* (September 2006) that asked clinicians to supply clinical suggestions on discussing sexuality with cancer patients.



Instructor **Cindy Waller**, M.S.N., had published "Understanding "Prehospital Delay Behavior in Acute

Myocardial Infarction in Women" in the December 2006 issue of *Critical Pathways in Cardiology*.



Professor **Ken Wallston**, Ph.D., M.A., is part of a new quality improvement project ("STRAIT: Simulation

Training for Rapid Assessment and Improved Teamwork) funded



**Marilyn Dubree**, M.S.N., R.N., assistant dean for Clinical Practice, has been named to the newly created position of Chief Nursing Officer for all Vanderbilt University Medical Center operations.

For more than 12 years, Dubree has served in the official role of Chief Nursing Officer for Vanderbilt University Hospital and the Monroe Carell Children's Hospital

at Vanderbilt and has handled additional operational leadership duties.

In her new position, she will be responsible for all nursing at VUMC. She will set the strategic mission and vision for nursing, evidence-based practice, innovation, an added emphasis on nursing research and institutional development while continuing to raise standards for quality. She will continue to oversee nurse leaders and the 3,000 nurses throughout the Medical Center.

Dubree joined VUMC as a clinical nurse specialist in 1976 and has held a variety of positions throughout her career.



The American Cancer Society (ACS) has awarded **Sheila Ridner**, Ph.D., R.N., assistant professor, a Mentored Research Scholar Grant. The \$438,000 grant runs from January 2007 through December 2009 and will fund a community-based intervention study that explores the influence of expressive writing on physical and psychological symptoms associated with breast cancer treatment-related lymphedema.

Ridner's award will also fund advanced training in statistics and community based research methodologies.

Ridner earned her Ph.D. at VUSN. She serves on both the Research and Medical Advisory Committees for the National Lymphedema Network and is a board member of The Lymphatic Research Foundation.

by the Agency for Healthcare Research and Quality. The purpose of this two-year project is to use simulation learning to evaluate and improve communication and coordination between anesthesia providers and nurses as care is transitioned from the operating room to the post-anesthesia care unit (PACU).



**Betsy Weiner**, Ph.D., M.S.N., senior associate dean of Informatics, received the outstanding alumna award from the University of Kentucky's College of Nursing where she earned her Ph.D. and B.S.N. degrees.

**NEW VUSN FACULTY**



**Shelagh Mulvaney**, Ph.D., joined VUSN this fall as assistant professor, conducting research in pediatric diabetes and health services research as well as working with the National Center for Emergency Preparedness. Mulvaney will also be collaborating with Ken Wallston (VUSN) and Russell Rothman (VUMC) to develop an internet-based intervention to improve self-management in adolescents with type 1 diabetes.



**VOLLMAN LANDS NIH AWARD**

Michael Vollman, Ph.D., R.N., assistant professor at VUSN, was recently awarded a three year Mentored Research Scientist Award (K01) by the National Institutes of Health - National Institute of Nursing Research.

The \$259,000 award will fund longitudinal research that focuses on the relationships among coping strategies, depressive symptoms, sympathetic nervous system activation, and inflammatory cytokine activity as potential pathways affecting morbidity and mortality in adult patients diagnosed with heart failure.

Vollman's award will also fund advanced training in the measurement of biomarkers in clinical research, molecular and cellular immunology, and longitudinal data modeling techniques.

# remember

**REUNION and HOMECOMING 2007 DATES TO REMEMBER**

**Thursday, Oct. 11, at 11:30 a.m.**

*Quinq Luncheon with the Dean – Godchaux Hall Living Room*

**Friday, Oct. 12, at 8 a.m.**

*Alumni Coffee Hour – Godchaux Hall Living Room and Atrium*

**Saturday, Oct. 13, at 9 a.m.**

*Reunion Brunch – University Club Cumberland Room*

**COMING SOON...VUSN CELEBRATES 100 YEARS**

We will kick off our 100th year with a series of events beginning in mid-2008 and continuing through mid- 2009. Centennial lectures, an Open House with a large birthday cake, receptions, the unveiling of the Centennial book, the Centennial Gala and more. Stay tuned for more details and we hope you make plans to join in the festivities.

If you have mementos of your years at VUSN and are willing to loan them to us for the Centennial, we are planning a display of pins, uniforms, regalia, hats and other mementos from our 100 years. Please contact Mindy Schuster at (615) 322-1177 or [mindy.schuster@vanderbilt.edu](mailto:mindy.schuster@vanderbilt.edu) for more details.

**Laurie Tompkins**, Women's Health nurse practitioner at West End Women's Health Center, and **Debbie Snedegar**, Family Nurse Practitioner, and **Jane Case**, Family Nurse Practitioner, both at Green Hills Internal Medicine, scored in the top 10 percent of all 'physician performers' in the PRC database nationally. PRC conducts routine patient satisfaction surveys across the nation and at Vanderbilt. These women are among a very elite group of Vanderbilt Medical Group providers (only 14 providers at VUMC scored in this group).

**Todd Ambrosia**, Ph.D., (M.S.N. '98), CRNP, assistant professor and director of the Division of Family Primary Care at the University of Maryland School of Nursing, recently completed his fellowship in Integrative Medicine at the University of Arizona School of Nursing. The two-year intensive program, which includes training in botanical medicine, mind-body interactions, and nutrition, was launched in 2000 by world-renowned integrative medicine pioneer Andrew Weil, M.D. Ambrosia is board certified in family practice and sports medicine.

**Meredith Brown** (M.S.N. '03) and her older son, Caleb, welcomed Nathan Tyler Brown to the family on April 18, 2006. They live in Union City, Tenn. Meredith has also taken a new position with Inspiris in Brentwood, Tenn.

**Lisa Forte** (M.S.N. '06) along with her husband, Greg, announce the arrival of a son, John 'Tyler', on Nov. 11, 2006. They currently reside in Bethpage, Tenn.

**Georgeanna Goldthorpe** (B.S. '98, M.S.N. '00) and her

husband, Ted, welcomed a new daughter, Anne Gleason, to their family on April 3, 2006. The Goldthorpes live in Nashville.

**Nancy Ledbetter** (B.S.N. '89) and Scott Mainwaring announce the birth of their son, Nathaniel Robert, on June 13, 2006. They live in Portland, Ore.

**Tiffany Livermont** (M.S.N. '05) and Ross Brende were married Sept. 16, 2006. She is a neonatal nurse practitioner at Sioux Valley Hospital. The couple lives in Sioux Falls, S.D.

**Christina Miller** (M.S.N. '06) married Tobin Rummel on July 22, 2006, in Trout Lake, Wash. They will reside in Pomona, Calif.

**Jane Britt Tallant** (B.S.N. '75) was recently appointed to the Disciplinary Resources Advisory Panel of National Council of the State Boards of Nursing.

**Joyce A. Young Johnson** (B.S.N. '77) is Dean of the College of Sciences and Health Professions at Albany State University, Albany, Ga. She served as Dean of the College of Health Professions for three years prior to the recent

A recent *Vanderbilt Nurse* story about a trip to China encouraged Eunice Brock (B.S.N. '41) to contact VUSN. She has relocated from the U.S. back to her birthplace of China. The daughter of Christian missionaries in China in the 1920s, Brock grew up seeing poverty immersed in other cultures and wanted to help others as an adult. When her parents moved back to the United States during her teenage years, she knew she wanted to study hard and become a nurse so she could go back and help the Chinese. After graduating from VUSN, she got married and started a family of four children. Although she longed to, she didn't visit China again until the late 1990s. Now at 88, she's become a vibrant member of the small village, Liumiao, and is an important benefactor to the local public school. China is once again her home, and she's staying.



**VUSN's Centennial Committee, Back Row, L-R: Libby Dayani, Adrienne Ames, Judy Sweeney, Larry Lancaster, Leanne Busby, Barbara Grimes, Charlotte Covington, Susan Shipley and Cheryl McMurtry.**

**Front Row, L-R: Virginia George, Joyce Laben, Frances Edwards, Joan King, Colleen Conway-Welch and Mindy Schuster.**

**Committee members not pictured: Pamela Bowman, Tom Christenbery, Marilyn Dubree, Elizabeth Farrar, Kathleen Fowler, Herb Gentry, Lydia Grubb, Wendy O'Neil, Maria Overstreet, Randy Rasch, Robin Diamond and Lisa Turk.**

reorganization and expansion of the College to add three new departments.

#### IN MEMORIAM

**June C. Abbey**, Ph.D., a nursing teacher of international renown, associate dean of Research, and director of the Joint Center for Nursing Research at Vanderbilt University, died recently. Her legacy and research led to a wide variety of advancements in care. She figured out how to keep people undergoing hypothermic treatment from shivering. She also learned how to make it possible for quadriplegics and paraplegics to realize when their bladders were full. Among other projects, she also developed a way for medical officials to keep close track of patients via a monitoring system after they went home. She left her position as professor and director of research at

the University of Pittsburgh School of Nursing in 1986 to lead the newly created Joint Center for Nursing Research at Vanderbilt University. In 1992, she returned to Pittsburgh to become director of nursing research at UPMC Shadyside. During her career, Mrs. Abbey was widely published as an author of book chapters and various studies and articles on nursing and engineering.



**Helen Alford** (B.S.N. '58, M.S.N. '02) died Sept. 11, 2006. Known to many as "Aunt Helen,"

she worked for many years as an instructor in pediatric nursing at Vanderbilt and was an active member of several community groups throughout Middle Tennessee. She was a well-respected educator who

(continued on next page)

encouraged many nurses early in their careers. She saw her role as an educator and supporter for all things nursing. Dedicated to lifelong learning, she decided to complete her masters in a time her life when others typically consider retirement. One of her last appearances at the School of Nursing was cheering on her great niece, Grace Mobley, during the 2006 VUSN pinning ceremony in August.

**Jeanette R. Colbert** (B.S.N. '56) died in October 2006

**Alberta Smith Gillespie** (B.S.N. '50) died in November 2006 in Savannah, Ga. She graduated cum laude from VUSN in 1950 and went on to teach nursing at Georgia Medical College for two years. She married in 1952 and started a family. She continued to volunteer in the community her entire life.

**Karen Larson (Richardson)** (B.S.N. '66) died in Spring 2006.

**William Joseph VICK II**, (M.S.N. '01) died on Jan. 10, 2007. He served in the U.S. Navy Marine Corps for six years and attended VUSN to achieve his lifelong dream of becoming a Flight Nurse. He is survived by his wife, Wendy (M.S.N., '01), and the couple's three children.

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**SEND ALUMNI NEWS AND PICTURES TO**

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[www.vanderbilt.edu/nursing](http://www.vanderbilt.edu/nursing)

## VUSN ALUMNI AWARDS

During Reunion Week in October 2006, Vanderbilt University School of Nursing honored the following people for their many distinguished contributions to nursing:

**Poppy Pickering Buchanan**, B.S.N. 1961  
*Alumni Award for Excellence in Nursing*

In 1999, Buchanan first partnered with an extraordinary Kenyan nurse to equip a central Kenyan hospital with essential supplies. Since 2003, she has been the catalyst behind the successful nurse-managed primary health clinic, Samaria, located in remote Central Kenya. Since her VUSN graduation, Buchanan has done works of good, works of faith and works of kindness for people from Nashville to Ndathi, and many spots in between. The evidence of her works is in the faces of mothers and children who literally might not be alive today without the efforts of this extraordinary nurse.

**Elizabeth (Betsy) Weiner** B.S.N. 1975, M.S.N. 1978, Ph.D. 1982  
*Vanderbilt School of Nursing Honorary Alumna*

Betsy Weiner has long been considered a pioneer in nursing informatics. She joined VUSN as senior associate dean of educational informatics in 2000, and under her leadership, the school has been on the cutting edge of classroom, network, desktop, and mobile device support. Educational innovations such as the clinical log, integration of simulations into the curricula, the use of Blackboard, and online testing and evaluation barely touch the many activities Weiner has implemented and supported to maintain a state-of-the-art program for VUSN. Her passion, leadership and dedication have promoted VUSN as a major informatics leader in the world.

**Hollie Whitmore Potts** M.S.N. 1994  
*President's Award of Distinction*

Hollie Potts has been the Unit Manager at Parthenon Pavilion on the Senior Specialty and Neuro-Psychological Units for the past three years. These units primarily admit mid-to-latter stage dementia and other neurological disorder patients. She has been an inspiration for fellow employees, families and the psychiatric care-giving community here in Nashville.

**Andrea Higham**  
*Johnson & Johnson  
Friend of Nursing*

Although Andrea Higham isn't a nurse, her advertising and marketing skills have had a profound impact on the nursing profession. She has been the Director of Corporate Equity, the Campaign for Nursing's Future and New Ventures at Johnson & Johnson since 2002. The Campaign for Nursing's Future is a pioneering strategy that provides nursing scholarships, faculty fellowships and nursing school grants. It has had a positive impact on the recruitment and retention of nursing professionals nationwide.

**Susan Philbin Walsh**, B.S.N. 1961  
*Alumni Award for Clinical Achievement in Nursing*

Sue Walsh has been at Vanderbilt for 31 years in the Department of Anesthesiology. Currently, she is the Coordinator of Anesthesiology Quality Improvement. During her tenure, she has done research projects for Bradley Smith, M.D., which involved finding better and more effective pain relief drugs for patients and finding quick-acting drugs for putting patients to sleep and waking them up. She has become a leader in quality assurance measurements and data, which has made a positive impact in her department.

# reunion 2006



1. Poppy Pickering Buchanan, Judy Caplinger Richardson, Audrey Smith Clemons, Marceleen Rodes Alford, Barbara Mullen Gildersleeve, Carolyn Tucker Hartman, Sue Philbin Walsh, Jeanette Collins Sharp.
2. Dean Colleen Conway-Welch and Trish Trangenstein, Ph.D., M.S.N., professor of Nursing (VU B.S.N. '75).
3. Susan Walsh, received the alumni award for clinical achievement in nursing, for making a profound difference in lives.
4. Dean Conway-Welch and Joyce Whetstone Flowers.
5. Elizabeth Farrar and Kathy Fowler from the VUSN Alumni Board.

PHOTOS BY DANA JOHNSON

# pay it [forward]

Ethel Battle (M.S.N. '70) has always loved challenges. Once she graduated with an advanced degree in psychiatric nursing, she spent most of her career working at the Veteran's Administration Medical Center in Murfreesboro, Tenn.

She started as a clinical specialist and kept growing in the field. She also served in several nursing research and nursing quality management positions during her 32 years with the medical center. She points out, "I get bored with routine so every few years I changed jobs, which were usually positions that didn't exist before I created them."

Battle has taken that sense of adventure into her retirement life as well. She has a recreational vehicle and enjoys taking off with a full tank of gas, often without a planned destination. Those uncharted trips have included recently traveling up and down the Florida coast.

Wherever she goes, she remains connected to the Vanderbilt University School of Nursing as an active



supporter. "I financially support Vanderbilt because they supported me. As graduates we all need to look back at the school that helped us and look ahead to those who are coming up behind us."

Battle believes earning her master's at VUSN was a turning point in her life and likes being a part of helping others get the education they need to become advanced practice nurses.

Battle has chosen to "Pay it Forward," helping other young nurses pursue their education. The Pay it Forward Scholarship was established in 2004 by alumnae Bette Brotherton and Doreen Wise. It is awarded with the recipient's understanding that, given time, opportunity and after graduation, the recipient will provide financial, emotional, and moral support to other nursing students seeking to further their education. To learn more about making a planned gift to VUSN, call the Office of Planned Giving at (615) 343-3113.