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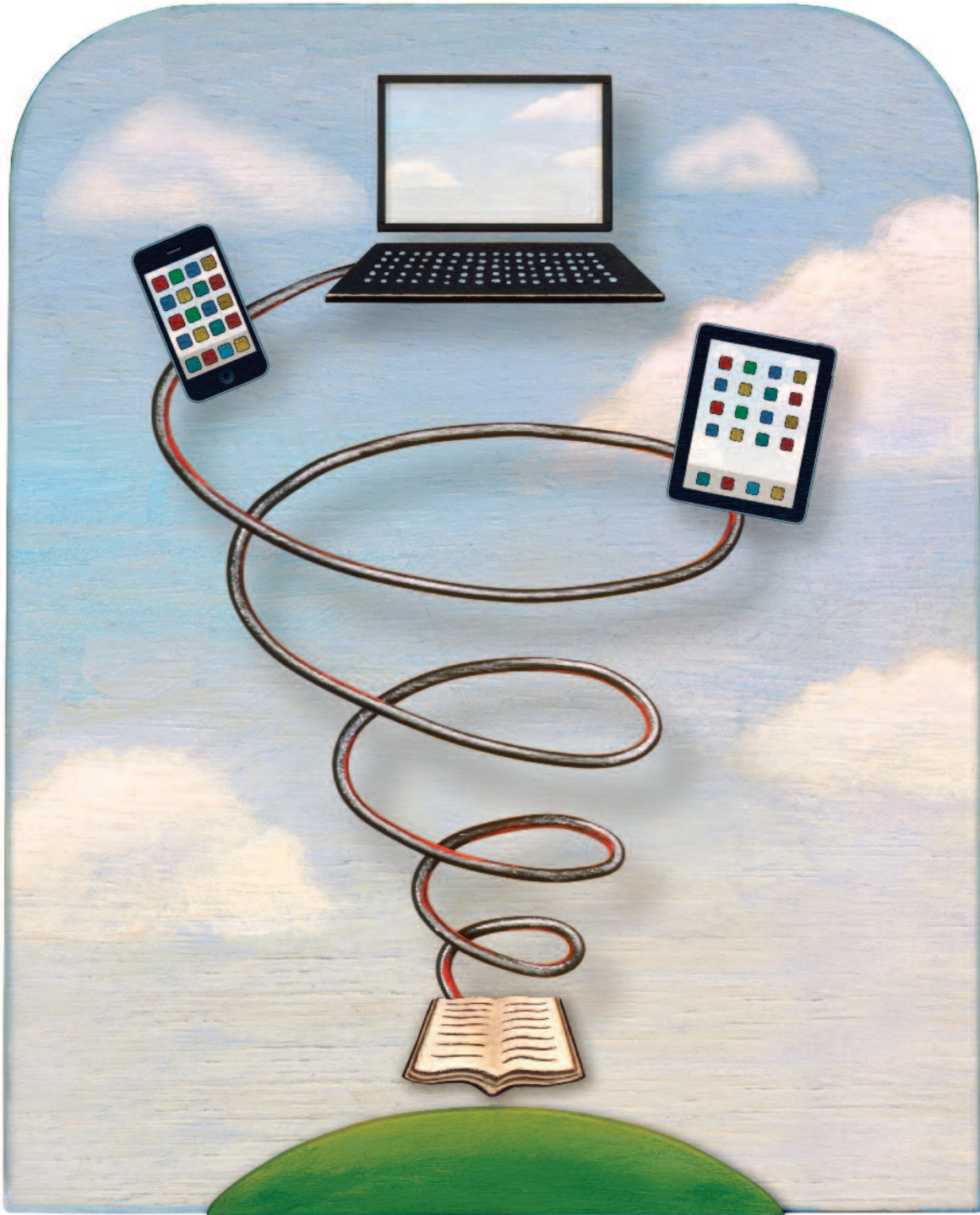
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Spring forward

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"I already have the drive to help as many people as I can. My scholarship motivates me to work even harder."

—Mitzi Stevens,
2011 Master of Science
in Nursing candidate



The Zelle Scholarship was established in 1995 by Robert and Anne Zelle to support nursing students specializing in chronic care with a focus on rehabilitation. That description seemed tailor-made for Mitzi Stevens.

"It's so interesting that the Zelles created this specific scholarship," Stevens says. "It's exactly the type of work I want to do. I want to empower my patients so that they can learn to help themselves."

A great education is key to becoming a truly great nurse. The Zelle Scholarship makes that Vanderbilt University School of Nursing education possible for Stevens.

If you'd like to support dedicated nursing students like Stevens through scholarship endowment, please contact Sydney Haffkine at (615) 322-8851 or sydney.haffkine@vanderbilt.edu. You may also visit www.vanderbilthealth.org/givetonursing to learn more.

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SCHOOL OF NURSING
VANDERBILT UNIVERSITY

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, practice and informatics. 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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make connections@vusn

We want to reach out to you. Pick one or all of the ways below to stay in touch with your classmates, faculty and School:

Log on to *Vanderbilt Nurse* online to learn more and make comments on any of the stories in this issue at www.vanderbilt.edu/vanderbiltnurse



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 an online community. Are you connected?
www.vuconnect.com

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To view the Dean's video greeting visit
www.vanderbilt.edu

Be sure to read Barbara Safriet Esq.'s section in the IOM's report: "Federal Options for Maximizing the Value of Advanced Practice Nurses in Providing Quality, Cost-Effective Healthcare."

 web link

For more information, see www.nap.edu or go to
www.vanderbilt.edu/vanderbiltnurse

There's never been a better time to be a nurse, in part because there is so much progress in our profession. That's why I want to share the new recommendations from the Institute of Medicine (IOM) that are also closely aligned with the direction of your School.

In 2008, The Robert Wood Johnson Foundation and the IOM launched a two-year initiative to assess and transform the nursing profession. The result is an action-oriented blueprint for the future of nursing that considered nurses across roles, settings and education levels. The recommendations center around four key messages presented in the IOM's *The Future of Nursing: Leading Change, Advancing Health*.

1. Nurses should practice to the full extent of their education and training. The report offers recommendations for stakeholders including state legislators, the Center for Medicare and Medicaid Service, and Congress to ensure this.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression, including transition into higher degree programs. Nurses should also be educated with physicians and other health professionals while students and throughout their careers.
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States. As leaders, nurses must also be accountable for their own contributions to delivering high-quality care and work collaboratively with leaders from other health professions. Nursing education programs should embed leadership-related competencies throughout.
4. Effective workforce planning and policymaking require better data collection and improved information infrastructure. The 2010 Affordable Care Act mandates the creation of both a National Health Care Workforce Commission chaired by our own Peter Buerhaus, and a National Center for Workforce Analysis to support this.

So what is VUSN doing regarding the recommendations? Two years ago, we initiated the Doctor of Nursing Practice program as our second doctoral program. This fall, we will launch a new BSN to DNP program to provide seamless degree progression. We continue to develop innovative teaching techniques such as Second Life virtual reality. Informatics, coupled with distance learning, provides the infrastructure for all our degree programs and our faculty practice programs are just exploding!

Our educators are working collaboratively with Vanderbilt School of Medicine, Lipscomb University and Belmont University Schools of Pharmacy and Tennessee State University School of Social Work to launch an innovative pilot program – the Vanderbilt Fellowship in Interprofessional Learning – where students experience longitudinal clinical experiences working in interprofessional teams.

VUSN will continue to engage in meaningful ways in order to rapidly respond to changing health care environments and an evolving health care system. You will find more information about many of our approaches in the following pages of *Vanderbilt Nurse* magazine.

Sincerely,

Colleen Conway-Welch, PhD, CNM, FAAN, FACNM
 Nancy and Hilliard Travis Professor and Dean of the School of Nursing
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by the numbers

92%

of School of Nursing students receive financial assistance

Vanderbilt University's endowment is a permanent fund made up of gifts to the university that are pooled and invested together. The generosity of today's donors can have a positive impact on the University not only for this generation, but for generations to come.

1st woman

Ingeborg Mauksch, awarded an endowed chair at Vanderbilt – the Valere Potter Distinguished Professor of Nursing in 1976

\$55,300,000

Market value of School of Nursing endowment as of 9/30/10

\$21,450,000

The demonstrated financial need for all full-time nursing students.

\$1,100,000

Scholarship support generated by the School of Nursing endowment and designated for 2010-2011 scholarships

No. 6

Even during a time of unprecedented market volatility, the Vanderbilt endowment's three-year investment return ranks No. 6 among the 25 largest U.S. colleges and universities in the country

\$68,000

Average debt load for 2010 graduates of the School of Nursing

6

Endowed chairs supporting faculty in the School of Nursing

infinity

Length of time an endowment gift benefits Vanderbilt

VEER/PHOTOALTO PHOTOGRAPHY



Schorn named assistant dean for Academics

Mavis Schorn, PhD, CNM, has been named assistant dean for Academics at Vanderbilt University School of Nursing. She will also continue to serve as program director for VUSN's Nurse-Midwifery Program, one of the School's largest specialty tracks that was recently ranked No. 3 in *U.S. News and World Report*.

In this newly created role, Schorn will assist Senior Associate Dean Linda Norman, DSN, RN, with an increasing amount of academic initiatives that require collaboration with other schools and degree programs within Vanderbilt and across the health care community.

"With the School of Nursing's growth over the past five years, including having four degree programs and more than 800 students, the academic and administrative needs have increased," said Norman. "Mavis will ensure we have consistent coordination so we can make the most of our many opportunities."

Among other projects, Schorn will deepen her involvement with the Vanderbilt University Global Health Initiative as well as with the Interprofessional Learning Fellowship program.

"Mavis is well respected by her peers and is the ideal person for this position," said Norman. Schorn has headed the VUSN Nurse-Midwifery program since 2006 and has been in clinical practice since 1990.

SUBSTANCE ABUSE

Non-punitive support key to tackling issue among nurses

An estimated 10 percent to 20 percent of nurses and nursing students may have substance abuse and addiction problems. The key to tackling this difficult issue – and protecting public safety – is support and treatment rather than punishment, according to a recent paper in *Journal of Clinical Nursing*, developed by VUSN's Todd Monroe and University of Tennessee's Heidi Kenaga.

"Doctors and nurses are only human and face the same problems as everyone else, which can include chemical dependency," said Todd Monroe, PhD, post-doctoral fellow at the Vanderbilt University School of Nursing. "Since they work in a highly stressful environment with easy access to powerful drugs, they are exposed to an increased risk of substance abuse, misuse and abuse."

Researchers have recommended six key points that could be built into alternative-to-discipline (ATD) strategies after reviewing the latest research and professional guidance from countries such as the USA, Canada, New Zealand, Australia and the United Kingdom.

They believe that ATD programs provide greater patient safety, as they enable managers to remove nurses from the work environment quickly, unlike traditional disciplinary procedures that can take months, if not years. ATD programs also provide non-judgmental support and treatment that encourage nurses to seek help and improve their chances of staying in the profession. (*continued on next page*)

“Health care professionals are expected to show compassion when caring for patients who are alcohol and/or drug dependent and they should extend the same compassion to colleagues struggling with chemical dependency, which is an illness,” said Monroe.

Research suggests that ATD programs help many nurses recover from addiction, reduce the chance of dismissal and return to work under strict monitoring guidelines, with random substance checks, support and meetings with managers and regulators. ATD programs can also lead to a 75 percent reduction in practical problems, like obtaining liability health insurance after disciplinary action, and they usually help nurses to re-enter the workforce.

Monroe and Heidi Kenaga, PhD, from The University of Tennessee Health Science Center came up with

the key points for successful ATD programs:

- 1) Promote open communication by discussing substance abuse in health care and nursing education settings.
- 2) Encourage an atmosphere where people feel they can report problems confidentially.
- 3) Provide information about the signs and symptoms of impairment.
- 4) Conduct mock interventions to help people feel less fearful or uncomfortable about approaching a colleague about suspected chemical dependency.
- 5) Invite ATD experts to speak to hospital or school administrators.
- 6) Participate in scholarly forums about addiction among health care providers.

For more information, contact todd.b.monroe@vanderbilt.edu



VUSN RANKED NO. 15 AMONG NATION'S TOP SCHOOLS

Vanderbilt University School of Nursing ranks among the nation's top 15 “Best Graduate Schools” according to *U.S. News & World Report* in the publication's 2012 rankings released in April. VUSN rose four spots to 15, up from the 19th position when graduate nursing programs were last ranked during 2007.

Among Nursing Specialties disciplines, the School of Nursing's Nurse-Midwifery program ranked number 3; the Nursing Service Administration program number 8; Clinical Nurse Specialist program in Psychiatric/Mental Health number 9, and the Family Nurse Practitioner program number 10.

For Health Discipline categories such as nursing, *U.S. News & World Report* ranks programs based on reputational scores determined through peer assessment surveys sent to deans, other administrators, and/or faculty at accredited degree programs or schools. To see the entire list, visit www.usnews.com.

Dissertation Defense from a Distance

For the first time since Vanderbilt University established a Graduate School, a PhD candidate held a public dissertation defense from a distance and in real time. Vanderbilt University School of Nursing's Lt. Col. Linda Fisher, an active duty member of the Army Nurse Corps, was at her post in Washington State using desktop video conferencing technology.

“This milestone demonstrates our school's continued innovative leadership in its PhD in Nursing Science Program which is offered in a non-traditional format,” said Ann Minnick, PhD, RN, senior associate dean for Research.

In 2007, VUSN began offering its PhD program using a variety of formats such as online, video or teleconferencing coupled with required blocks of time on campus.

“This is one approach to dealing with the nation's nursing shortage because it allows an opportunity for individuals to pursue an advanced nursing career without relocating to Nashville,” said Linda Norman, DSN, RN, senior associate dean for Academics.

Minnick and Norman, who also serve as co-directors of VUSN's PhD program, anticipate more students will be interested in doing public dissertations defense from a distance.

“VUSN is a national leader in developing and using new technologies in nursing education and I am very proud of our nursing informatics center which provides a dynamic and stimulating learning environment for our students and faculty,” said Betsy Weiner, PhD, RN-BC, senior associate dean for Informatics.

Fisher, MHA, RN, serves in the U.S. Army Nurse Corps as a Nurse Methods Analyst at the Center for Nursing Science and Clinical Inquiry at the Madigan Army Medical Center. Her dissertation was entitled, “The influence of organizational and personal factors on U.S. Army Nurse Corps officers' intent to leave the Army.”



A Fresh Way to Prepare ACNPs

Vanderbilt University School of Nursing is expanding its training of Acute Care Nurse Practitioners (ACNP) to include a new subspecialty of intensivists. Joan King, PhD, RN, program director for the ACNP program, has been awarded a three-year, \$800,000 grant from the Health Research Services Administration to work collaboratively with Vanderbilt University Medical Center's Division of Critical Care Anesthesia.

The grant has a strong interdisciplinary focus and was awarded as one approach to solving the rising demand for qualified intensivists. The goal is to help prepare students for expanded roles as intensivists as well as better prepare them as members of multidisciplinary teams managing patients in Intensive Care Units (ICUs).

"We have pulled together the best resources from our physician critical care colleagues, our nurse practitioner faculty colleagues and the School of Nursing into one package and are delivering the curriculum as one integrated program," said Josh Squiers, MSN, RN, project coordinator.

Under this new model, ACNP students learn from physician and nurse practitioner faculty teaching side-by-side in the classroom, in clinical rotations and in the Center for Experiential Learning and Assessment (CELA), which offers a wide range of

GOT BLOOD?

Students and visitors at Vanderbilt University School of Nursing have gotten used to seeing an American Red Cross Bloodmobile in the Godchaux Hall parking lot a few times this year. During the fall and spring semesters, nearly 80 faculty, staff, and community members donated much-needed blood for the Tennessee Valley Region of the American Red Cross.



simulation technologies such as computerized mannequins that can reproduce real-world scenarios that frequently present themselves in the ICU setting.

Simulation training provides students with the opportunity to participate at a more heightened level than they could with actual patients and provides an educational opportunity with structured debriefing sessions.

"The most unique feature of this grant is the partnership of Critical Care Anesthesia, CELA and the School of Nursing. We are really fortunate to have a progressive critical care practice here at Vanderbilt that integrates critical care-trained physicians and nurse practitioners into interdisciplinary intensivist teams providing state of the art critical care services," said King.

"This program allows us to take care of the complex patients that are filling the ICUs," said C. Lee Parmley, MD, JD, executive medical director of the VUMC Critical Care Units. "You see student comfort levels go up and their skill sets improve dramatically. Then, when the students start their careers, they have clinical expertise and are up to speed."

The ACNP Intensivist grant was developed after a two-year pilot project demonstrated a high level of student interest and a critical need to prepare ACNPs for complex ICU care. As the grant goes forward, King anticipates new clinical sites will be developed, so this interdisciplinary model of practice can expand to other regions of the United States.



VUMC Subject of New TV Series

Once again Vanderbilt University Medical Center has been chosen as the subject of a new health care reality TV series scheduled to make its broadcast debut on a cable network this spring. The series, titled *Baby's First Day*, was produced by New York-based True Entertainment. It is a brand new effort for a daytime programming lineup and will tell positive stories about mothers and their newborn babies.

Participating faculty and staff from the Department of Obstetrics & Gynecology, Center for Women's Health, faculty and staff with the Vanderbilt University School of Nursing's Nurse-Midwifery Practice, Department of Pediatrics and the Monroe Carell Jr. Children's Hospital at Vanderbilt, along with their patients are the subjects of this new series.

Filming for the project took place from September 2010 through January 2011 at VUMC's Labor and Delivery Department, Children's Hospital, the Women's Center at One Hundred Oaks and the West End Nurse-Midwifery Practice.

The entire first season of *Baby's First Day*, which will consist of 26 half-hour episodes, was filmed at VUMC. As of press time, the series' first episodes were planned to debut sometime in May.

Spotlight on Nursing Research//Swelling in Head and Neck Cancer Patients

SUSAN URMY



Sheila Ridner, PhD, MSN, wants everyone to know that lymphedema (swelling) doesn't just happen to breast cancer survivors. So, she's expanding her research to head and neck cancer patients.

"This work is so important because lymphatic damage and the fibrosis happen from the shoulder to nasal area where our mechanisms for swallowing, nourishing and breathing are located," said Ridner, VUSN assistant professor.

After rounding several times with Barbara Murphy, MD, in the Vanderbilt-Ingram Cancer Center (VICC) clinical setting and subsequent patient examinations by PhD graduate Jie Deng, now a VUSN post-doctoral fellow, the team determined that about 25 percent of the patients had noticeable external swelling and fibrosis six months-plus post-treatment.

"The fluid was probably coming in their throats, around their esophagus, and around their vital structures in their throat and neck before we ever saw swelling externally," said Ridner.

With the help of Joe Aulino, a neuroimaging clinical physician at VICC, the team determined that CT scans might be an appropriate way of measuring swelling and tissue changes in these patients.

Meanwhile, Deng was working with ENT physicians as they were using nasopharyngeal scopes with their head and neck cancer patients.

"They were looking closely for the spread of disease, but did not pay close attention to fluid," said Ridner. "With Jie's help, ENT doctors starting completing a checklist to document any fluid they saw over different anatomical structures down the throat."

A second study, that included both internal and external examinations of patients, found nearly 75 percent of the patients had swelling three months or more post-treatment – a figure that has resulted in VICC physicians beginning to use the same checklist in most all patients with head and neck cancer to catch swelling early.

The team put all of this information together in an R01 grant proposal for the National Institutes of Health. The four-year, \$2.6 million grant, was awarded in July 2010.

"We are literally doing the first study in the world looking at the natural progression of fibrosis and lymphedema subsequent to head and neck cancer treatment," said Ridner.

The study involves recruiting 90 head and neck cancer patients before any treatment. The team draws blood for genes and for inflammatory cytokines, scoping to see if there is fluid, conducts physical exams, and even collects psychological data. All but the DNA testing are repeated at regular intervals up to 18 months post-treatment.

"We're trying to figure out the trajectory of how this (fibrosis and lymphedema) plays out in people and who might be at risk," said Ridner. "If we can do that, then perhaps we could develop some targeted medical therapies to reduce the risk in some patients or refer others to preventive physical therapy."

"The particular study is so groundbreaking because we are able to maximize the resources we have at Vanderbilt," said Ridner. "We have identified a problem, determined that no one else is addressing it, and we will continue to expand what we are doing."

With each study, Ridner is building a program of research to better understand swelling in upper limbs, trunk, head and neck and eventually lower limbs to see how swelling location influences the patient. The ultimate goal is to reduce the risk of developing lymphedema and develop improved ways to treat the swelling.

"We hope this is going to be something that will help a lot of people over time," said Ridner.

– KATHY RIVERS



contact

For more information on this study, contact sheila.ridner@vanderbilt.edu

Rewriting How Nursing Students Learn

Everything in health care is constantly evolving, including how students are taught and faculty are trained. From the virtual world of Second Life to a comprehensive new approach to interprofessional learning, we're erasing the old chalkboard and rewriting nursing education for the 21st Century.

A New World

The sweatpants-clad nursing student winds her way from the kitchen to the living room, Chinese take-out container in one hand, coffee mug in the other. She settles into the couch, props her feet up on the coffee table and slides her computer onto her lap.

In a parallel realm, she flies skyward, surveying the crystal blue waters surrounding the island that houses Vanderbilt University School of Nursing's conference center. She then drops through the auditorium ceiling, takes a seat among classmates, and adjusts her camera for a better view of the instructor.

What is this place where nursing students can fly? It's the world of Second Life, an online virtual reality community, and it's one of the ways that VUSN is changing how students learn.

Inception

Though Second Life launched in 2003 primarily as a way to socialize, educators quickly realized the learning potential of the virtual world. Instead of projecting art slides against the wall, teachers can lead their class through the Sistine Chapel. They can act out Shakespeare's comedies and dra-

mas in a replica of the Globe Theater or experience ancient Rome.

Second Life's inception at VUSN began when Betsy Weiner, PhD, RN-BC, senior associate dean for Informatics, discovered a grant calling for innovative nursing education technologies. She thought back to a recent survey of Tennessee nursing faculty and wondered if Second Life could change the discouraging results.

"The educators were saying they didn't know how to run a simulation. They said, 'The computerized mannequins are actually pretty scary and some of us still have them in boxes in the closet. Nobody taught me how to teach when I was in nursing school, and now I'm expected to manage my students,'" Weiner said.

Her solution was to create a master simulation course in Second Life. Faculty would essentially become students and work through a variety of scenarios to become comfortable participating in and leading simulation exercises.

"I had always thought Second Life would be the next big innovative thing because it is so immersive. You can actually walk around and interact with the environment, which makes it more real than a video conference," Weiner said.

BY LESLIE HILL

ILLUSTRATION BY MARIA RENDON



U

sers create a visual model of themselves (an avatar), much like the setup for video games like Nintendo's popular wii. The avatar has the ability to walk or fly through the created world. It can speak publicly or have private conversations, via text or audio.

Weiner had already attended conferences using Second Life and knew about its convenience – people from all over the world could gather, not after a grueling international plane ride, but from simply logging on from their living room.

VUSN's Approach

When the \$1.6 million grant from Health Resources Services Administration's Innovative Nurse Education Technologies Program was awarded, the structure of the simulations began to take shape. The focus would be on the geriatric population with 12 scenarios, three each in acute care, outpatient, long-term care and home settings.

But before any role-play could happen, Weiner and her team had to build VUSN's island, called NurSim4U, literally from the ground up.

"You lease an 'island' from Linden Labs, the company that runs Second Life," explained Ryan McNew, CNE, MCP, senior network manager for the Frist Nursing Informatics Center. "When you get your island, it is just a blank mass of land. From there, you have to build each and every thing you want on your island."

Any object in Second Life – be it a wall, chair or blood pressure cuff – begins as a "prim" – a primitive shape, like a ball or cube, that is sculpted and molded into the desired object.

Weiner had the idea to replicate actual Vanderbilt buildings on the island, and the team began constructing the Eskind Diabetes Center and an acute care floor from Vanderbilt University Hospital's Critical Care Tower.

The resemblance is exact – everything from the room configuration down to the carpet and wall colors.

But there have been a few improvements: "One of the providers at Eskind has a view of the back of a building out her current window, so I promised her a better view," McNew said. Now she looks out at a crystal blue sea.

There are also observation rooms, where users can park their avatar to free up space where the simulation is taking place.

"When you try to do a simulation around a real bed, there is never enough geography and you usually have to assign two or three people to just be observers. The beauty of Second Life is you can sit your avatar far away but adjust your camera to zoom right in on the action," Weiner said.

They also built a conference center with small rooms where groups could gather and a large auditorium for formal presentations.

Since many faculty are not familiar with gaming, the next step was to create orientation exercises to help users become comfortable inhabiting Second Life. The learning curve is about an hour.

A Video-Game World

"Anybody who has ever played a video game, especially a computer game, understands how to move an avatar," McNew said. "For adults who have never played, we created a few obstacle courses to teach the basic competencies to be able to get around in Second Life."

Weiner and her team made another educational innovation to develop the actual scenarios. They turned to Vanderbilt University Medical Center's Synthetic Derivative, a database of 1.7 million de-identified patient records. Typically only used for research purposes, VUSN is the first to use them for education. It also gives the simulation participants the ability to pull up a full, de-identified medical record while running through the scenario.

Weiner plans to pilot test the simulations in spring, in conjunction with the University of Kentucky College of Nursing, and will market the training to nursing educators in 16 Southern states.



JOHN RUSSELL

VUSN Technology

Vanderbilt University School of Nursing embraces technology to enhance the learning experience for today's students and tomorrow's practitioners and researchers.



Blackboard – A course management system for all students at Vanderbilt University. Blackboard is where students log in to classes, submit assignments, learn about class announcements, take tests and even enter into live discussions. On campus students, as well as distance learning students, use this “one-stop shop” portal.

Skype – A free web-conferencing system primarily used for one-on-one video calls. The technology works computer-to-computer or computer-to-phone. At VUSN, Skype is frequently used for instructor-student conferences, particularly between professors and distance learning students.

Scopia – A multi-person Web conference system that allows many individuals to conference in via a web camera and head set. This is the most used conferencing system for group online classes at VUSN because all participants can see everyone on the call. The technology was also recently used to support Vanderbilt University's first PhD dissertation at a distance.

Simulation Lab – The School's 10-bed simulation lab with computerized mannequins has a wide range of low, medium and high fidelity equipment. It provides maximum hands-on time for students to practice their clinical skills with a detailed check-off system and comprehensive debriefing opportunities.

E-mails to Smartphones – Every year, VUSN sets up new students with e-mail accounts and Web mail accounts. That way, VUSN-related e-mails are sent directly to the students' smartphones, and they receive the information without having to be near a laptop or desktop computer.

She and her team hope to develop a dashboard to help faculty measure their mastery of core competencies.

Next Steps

Though Weiner said there are no immediate plans to have the majority of VUSN students interact in Second Life, she can certainly see the advantage.

“It breaks up the boredom. It's fun to work with an avatar and it's something a bit different than regular classes,” she said. “Late at night or early in the morning, people really aren't all that interested in being shown on a video camera. In Second Life, we can't see if they're in their pajamas or haven't washed their hair.”

Weiner especially sees a future for Informatics majors because classes are typically small. “Instead of using video con-

ferencing, a few Informatics classes have already met a few times in Second Life in a seminar room,” she said.

Second Life offers endless opportunities for role-playing, gathering and learning, and VUSN has just begun exploring its possibilities.

“There needs to be a variety of learning activities that would benefit a nursing student and they're just not there yet because of the amount of time it takes to build them,” Weiner said. “But the educational potential of Second Life is huge, and we're excited to be taking these first steps.”

Tearing Down Silos

Compared to the high-tech possibilities of Second Life, interprofessional learning looks remarkably low-tech, but

this educational innovation has the potential to exponentially improve how health care is delivered.

Interprofessional education grew from the realization that health care professionals are taught in silos – nursing students learn how to be nurses, pharmacy students learn how to be pharmacists – but when they graduate into a real health care setting, they are expected to work together.

“They get out of school as a great nurse practitioner or pharmacist but they have never had to work in a team delivering care together. They bump into each other, overlap, duplicate, and they don't understand each other's capacity,” said Linda Norman, DSN, RN, senior associate dean for Academics. “The practice industry tells us that it takes a long time

for new graduates to get used to working in teams, and are asking could we do something about it while they're in school?"

Vanderbilt's Approach

The answer to that request is the Vanderbilt University Program in Interprofessional Learning (VPIL), sponsored by a three-year, \$600,000 grant from the Josiah Macy Jr. Foundation.

VPIL launched at the beginning of the 2010 school year and brought together 30 students – first-year advanced nurse practitioner students from VUSN, first-year medical students from Vanderbilt School of Medicine, first-year pharmacy students from Lipscomb University and Belmont University, and master's-level social work students from Tennessee State University.

They are divided into eight teams with one student from each discipline on each team, and they attend a half-day of class and half-day of clinic together each week. The students participate in all aspects of care, from taking history to giving injections – no matter their discipline.

"We don't deliver care as a single person, and we know that the future of care is going to be delivered in places that have these teams. We want the students to begin learning together from the start of their professional education," Norman said.

The VPIL experience started with a 10-day immersion period last summer that introduced the students to all the disciplines and helped them get to know the community they would be serving.

Fresh Perspectives

"I've never had an experience in a class where students have stayed so consistently engaged," said Pamela Waynick-Rogers, APN, MSN, who leads the didactic half of VPIL. "There were long days and some of the topics are very emotional, like poverty. They shared and enriched the whole group with their personal expe-

riences of things they've seen or done or lived through."

Early in the immersion, the students broke into groups to talk about their professions, and medical student Andrew Wu said this completely changed his perceptions.

"I learned what a nurse practitioner actually does. I thought pharmacists stood behind the counter at Walgreen's; I didn't know anything about clinical pharmacists. And social work is a completely different realm of care. They are asking questions I never would think of," he said.

Observing them in the clinics, the teams have an obvious and tight bond, helping and learning from each other. The students also know it is a benefit to

dynamics of putting many heads together on an issue," she said. "I think this is a way to see how we might connect the dots, stop the gaps, put our fingers in the dyke – anything to improve patient care and access to care."

Maryam Abdallah has worked with the Department of Children's Services for nine years as a case manager and court liaison and is currently a Child Protective Services Supervisor. Though taking blood pressure and checking ears are a bit out of her realm of expertise, she has appreciated the glimpse into the medical world.

"Many of our referrals at DCS come from hospitals and clinics, so it has been good to see what happens before these children come to us," she said. "I think

Compared to the high-tech possibilities of Second Life, interprofessional learning looks remarkably low-tech, but this educational innovation has the potential to exponentially improve how health care is delivered.

interact with patients so early in their education, especially Belmont pharmacy student Jacqueline Allinder.

"This is extra work for me, but I see it as an advantage," she said. "I'm just studying nitpicky biochemistry and molecular biology, stuff I would never talk to patients about. It's valuable to be reminded how that actually relates to patients, and now I definitely feel more comfortable around patients."

Krisa Hoyle has a master's in Epidemiology and worked in health research for 10 years before returning to VUSN in the family nurse practitioner specialty.

"We have seen so many good examples of how to work together and the

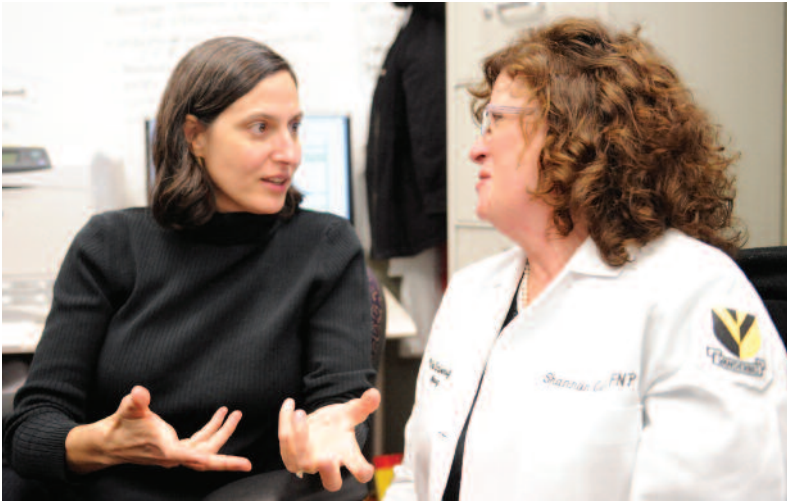
we often separate medical problems and social environment, but this program asks us to look at the whole picture."

Kathy McBane is in the family nurse practitioner program after a business career and 12 years caring for her four children. "I worked in international marketing and was familiar with the collaborative process, so I like that we are taught to be holistic and look at all aspects of learning," she said.

Faculty Insights

The faculty are also learning how to interact interprofessionally right alongside the students.

"I'm a practicing nurse practitioner, and this has enhanced my personal med-



Top left: Sandi Moutsios, MD, assistant professor of Medicine and Pediatrics, and Shannon Cole, MSN, RN, instructor in Nursing

Top right: Calvin Gruss, first-year medical student, Jacqueline Alinder, Belmont pharmacy student, and Krisa Hoyle, VUSN student

Bottom left: Maryam Abdallah, TSU social work student

Bottom right: VUSN student Kathy McBane examines Kaden Stratton, held by his mother, Heidi.

Photos by Joe Howell



ical practice by knowing that I can call on pharmacists for more than I traditionally have,” said Shannon Cole, RN, FNP, who leads the clinical half of the program.

Cole has also been impressed with the students’ enthusiasm — an enthusiasm that is contagious.

“I’ve been amazed at what they’re willing to do for our patients outside their already long, four-hour afternoon. Things like finding resources, making phone calls, finding articles of interest. As faculty, it really breathes life into us to see their energy and positive outlook. We remember how we felt at that time, and it makes us want to conquer the world again.”

In the classroom, the VPIL groups

work on learning together as a team. The first semester’s curriculum focused on public health and policy, while second semester focused on quality improvement.

Though many schools are beginning to offer interprofessional learning, Vanderbilt is unique in its scope and duration.

“We’ve taken an approach that’s different than anything else we’ve done before and what others have done,” Norman said. “We created a team of students from the different professions who are working together in the clinic over time.”

Instead of a quick weekend seminar or online modules, the VPIL teams will

stick together for the length of their educational program. As each member grows in his or her own discipline, the other members will be there to absorb and enhance that knowledge.

Norman and Bonnie Miller, MD, senior associate dean for Health Sciences Education at Vanderbilt School of Medicine, plan to eventually expand VPIL to all entering second-degree nursing students and medical students.

“We’d like to think we’re starting a revolution in the curriculum and more and more schools will be doing this,” she said.

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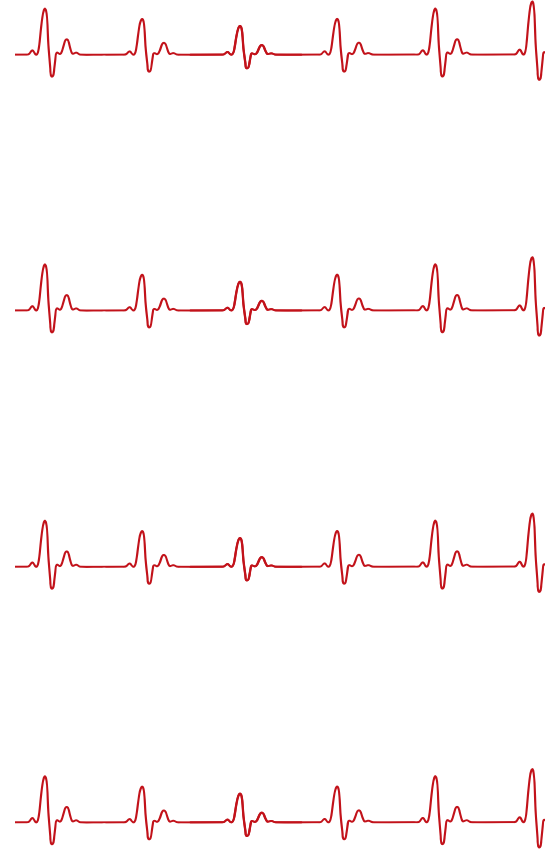
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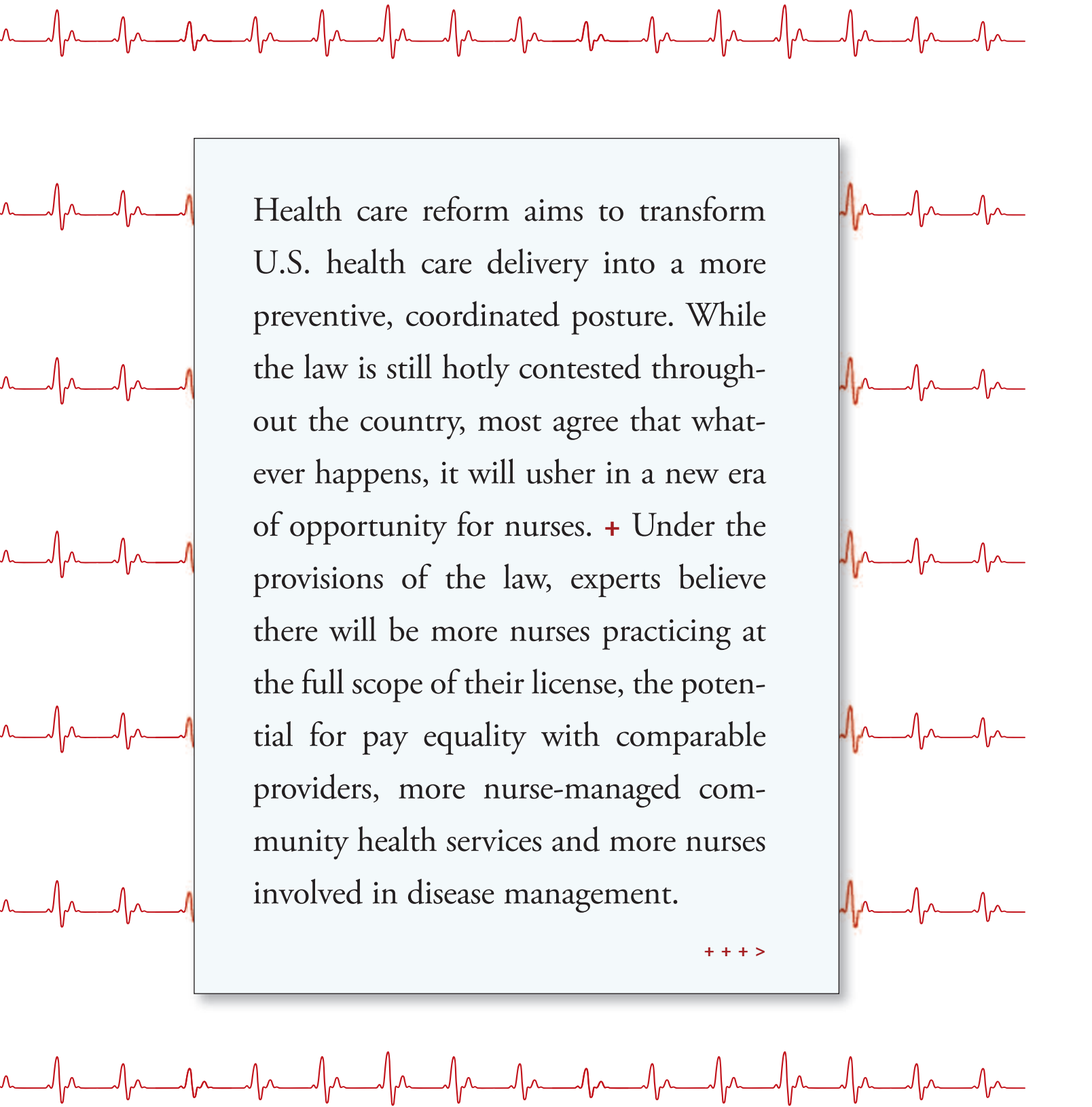
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Love it or hate it, health care legislation may usher in new opportunities for nursing



BY PAUL GOVERN
ILLUSTRATION BY DIANA DUREN





Health care reform aims to transform U.S. health care delivery into a more preventive, coordinated posture. While the law is still hotly contested throughout the country, most agree that whatever happens, it will usher in a new era of opportunity for nurses. + Under the provisions of the law, experts believe there will be more nurses practicing at the full scope of their license, the potential for pay equality with comparable providers, more nurse-managed community health services and more nurses involved in disease management.

+ + + >

A FOCUS ON OUTCOMES



Based on a survey done early last year, the Centers for Disease Control estimated that 59 million Americans went without health insurance coverage for at least some part of 12 months preceding the survey. Access to coverage understandably dominated the public debate surrounding passage of the Patient Protection and Affordable Care Act, which became law in March 2010.

Once the dust began to settle, cost and quality provisions in the law began to receive notice. According to Barbara Safriet, JD, a specialist in health law and policy, a visiting professor at Lewis and Clark Law School in Portland, Ore., and retired Associate Dean of Yale Law School, the Accountable Care Act has the potential to have far greater effects on health care delivery than the enactment in 1965 of Medicaid and Medicare.

“What we did [with enactment of Medicare and Medicaid] was say we’re going to have a major new payer but we’re going to bind its hands when it comes to looking at quality and cost issues. The true heart of the Accountable Care Act is a huge focus on quality — something not originally part of Medicare and Medicaid — and a focus on cost. It’s saying we are going to study in every way possible what works, what doesn’t work, we’re going to assess costs, and we’re going to meld those into decision-making and have system reform based on that.

“Well that, in this country, is pretty revolutionary,” Safriet said.

The new law adds support across the board for nurse education and training, especially around primary care, and it allocates \$11 billion over five years in new funding for community health centers, including new funds expressly for nurse-managed health centers.

However, the real impact on nursing seems to rest less with these much needed

workforce provisions than with the law’s broader implications. In a recent talk at Vanderbilt University School of Nursing, Paul Keckley, PhD, executive director of the Deloitte Center for Health Solutions in Washington, D.C., summed up the implications of the law as a shift from volume-based payment to outcomes-based payment, a shift from health system fragmentation to health system integration, and the bridging of the gap between public health and the commercially insured delivery system.

A WORK IN PROGRESS



The Accountable Care Act weighs in at 2,409 pages.

“There are some hanging chads here, some stuff that could blow up and go in opposite directions. ... Every law goes through a process of fixing and amending and replacing,” Keckley said in his recent

MAJOR ACCESS PROVISIONS



According to a Congressional Budget Office estimate, under the provisions of the Accountable Care Act some 32 million more Americans will acquire health coverage by 2019.

- Minimum Medicaid eligibility will expand to 133 percent of the poverty level, increasing the rolls by an estimated 19 million people (current Medicaid enrollment is 47 million).

- Persons with incomes up to 400 percent of the poverty level will receive subsidies (on a sliding scale) to purchase health insurance; for example, a family of four earning 150 percent of the poverty level will pay 2 percent of income or \$50 per month for coverage.

- Adults age 26 and younger are now eligible for coverage under parents’ policies.

- Insurers will no longer be permitted to use pre-existing medical conditions as grounds either to refuse coverage or to charge higher premiums.

- Smaller employers will receive tax credits of up to 50 percent of their costs for employee health insurance coverage, and very small employers will be eligible for direct subsidies.

- Larger employers will pay a fine when their employees receive government subsidized health coverage.

- Persons with wherewithal and opportunity who neglect to secure minimum health coverage will pay a penalty.

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“They raised reimbursement for midwives from 65 percent to 100 percent of physician reimbursement. You can read into that. For me what it says is that we should be moving toward equal payment.” *Barbara Safriet, JD*



DANIEL DUBOIS

Paul Keckley

presentation at the School. Experts interviewed for this article say health reform will remain a work in progress for years to come.

In this first round, lawmakers did not order HHS (the Department of Health and Human Services) to pay physicians and nurses equally for primary care and specialty services (with one exception: physicians and nurse-midwives are now paid equally by CMS). They also did not add CMS payment rules that preclude nurses from independently certifying federal beneficiaries for long-term care or home health services.

Bonnie Pilon, DSN, RN, senior associate dean for clinical and community partnerships at VUSN, takes these omissions in stride.

“Remember the environment in which this thing got passed. I was holding my breath that anything would get out of Congress at all,” Pilon said.

“Although there are many provisions in the bill that are favorable to nursing, there continue to be some physician organizations that do not agree with an expanded scope of practice for APNs. But there are other groups with some pretty big audiences — the American Association of Retired Persons, the Institute of Medicine — that have different ideas about nurse roles,” Pilon said.

Safriet observed that, at least where Medicare and Medicaid are concerned, lawmakers and regulators appear in a mood to lift impediments for nurses.

“They raised reimbursement for nurse-midwives from 65 percent to 100 percent of physician reimbursement. You can read into that. For me what it says is that we should be moving toward equal payment,” Safriet said.

SCOPE OF PRACTICE

Marilyn Dubree, MSN, RN, executive chief nursing officer at Vanderbilt University Medical Center, sees in the law a more open field for nurses.



SUSAN URMY



“As patients go from state to state and as more technologies like telemedicine are placed against the management of patient care, the need for standardization of practice across states is really great. That will ask the states to look at their nurse scope of practice laws really carefully. That’s going to be a big deal.” *Marilyn Dubree*

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“The bill will ask every provider – physicians, certified nurse specialists, nurse practitioners, respiratory therapists – to practice at the top of his or her license so that every team that comes into play on behalf of a group of patients can work at the top of its functionality. Regardless of details that may be missing in the law, that’s clearly going to emerge

as an important aspect of this reform,” she said.

Dubree also thinks reform is apt to spur new review of state scope of practice provisions.

“As patients go from state to state and as more technologies like telemedicine are placed against the management of patient care, the need for standardization of practice across states is really great. That will ask the states to look at their nurse scope of practice laws really carefully. That’s going to be a big deal.”

NEW APPROACHES TO OLD PROBLEMS

Larger providers apparently aren’t sitting on their hands while the details of health reform get worked out.

David Posch, CEO of The Vanderbilt Clinic and executive director of

Vanderbilt Medical Group, said Vanderbilt University Medical Center is undergoing “repositioning in light of health reform.” Under its value-based care initiative, VUMC is already testing new disease management solutions, new health promotion measures and new coordination of acute and outpatient services.

“(Health care reform) very well could be a bonanza for integrated health care delivery. And nurses are going to be heavily engaged in making that happen,” he said.

My Health Team at Vanderbilt is a new disease management program, involving robust surveillance, telemedicine, standardized protocols and curbside consults. Nurses serve as care coordinators, tracking, educating and coaching patients, with special attention to eliminating any barriers to physiologic control. They’re starting with hypertension, diabetes and congestive heart failure.

Another group at Vanderbilt is developing a post-discharge “outpatient ICU” for patients newly diagnosed with acute coronary syndrome. Using standardized medication management and health coaching, the program aims for optimum coordination of inpatient and outpatient episodes of care.

“This potentially significantly changes how nurses will focus their time. ... Nurses will have to understand more about health coaching,” said Robin Steaban, MSN, RN, administrative director of Cardiovascular Services, who leads the project with Paul Sternberg, MD, assistant vice chancellor for Adult Health Affairs. Once testing is complete Vanderbilt will look to expand the program to other acute patient problems.

Vanderbilt’s employee health plan is piloting intensive lifestyle training for employees with diabetes. Dexter Shurney, MD, MBA, MPH, is medical director of the health plan.

“If providers like Vanderbilt become accountable care organizations and take responsibility for costs across the spectrum, they’re going to have to manage the

MAJOR COST AND QUALITY PROVISIONS



The law seeks innovation in care delivery.

- CMS (Center for Medicare and Medicaid Services) will establish an innovation center to test new models of payment and care delivery. The law leaves the agency free to adopt any solutions found to lower costs and preserve or improve health care quality.
- Medicare is freed to evolve farther away from fee-for-service and toward “bundled” payments for packaged services spanning inpatient and outpatient settings. This will presumably have the effect of rewarding providers for cost efficiency and tighter coordination across the care continuum.
- Under Medicare, providers who form accountable care organizations — meeting quality

risk factors for a population better than they have been.

“I think it’s a huge opportunity for nurses,” Shurney said.

Keckley wrapped up his recent talk with a prediction about the Accountable Care Act.

“In 2012 we’re going to see somebody say, from the left, ‘This bill doesn’t

thresholds, following evidence-based care guidelines, accepting new accountability for outcomes — will be eligible to share in any cost savings they achieve for the Medicare program.

• Under Medicaid, states will receive funds to establish health homes for high-risk patients, that is, standardized programs of intensive outpatient care coordination and prevention.

• A demonstration program will bring primary care to the homes of high-risk Medicare patients. Providers will share in any cost savings for preventing hospital admissions.

• The law establishes a national institute for comparative effectiveness research.

• Medicare will lower its fees across the board to hospitals with higher rates of preventable infections and readmissions.

• Public reporting of hospital and provider quality will increase.

• Insurers will be prevented from charging patient copays for essential preventive services.

• Insurers will have to keep administrative costs down, devoting at least 85 percent of revenue to patient claims or customer rebates.

• By 2014, each state will have a health insurance exchange, a market place allowing individuals and employers to compare policies and premiums.

really solve problems, let’s just go ahead and talk about a single payer system.’

“And from the right you’re going to have at least three candidates who’ll say, ‘If I’m elected, we’ll repeal this law.’

“And neither will happen,” Keckley said.



Q+A

an interview with

tonia moore-davis

Tonia Moore-Davis, MSN, CNM, manages the VUSN nurse-midwifery practice at two sites in Nashville with a daily staff of 10 serving clients across a wide cultural, educational and socio-economic spectrum. The faculty practice serves as an incubator for nurse-midwifery students, consistently wins national awards, and delivered more than 1,000 babies last year. In June, Moore-Davis will step down from her full-time leadership role into a part-time practice position while she pursues her PhD. At that time, Sharon Holley, DNP, CNM, and Margaret Buxton, MSN, CNM, will assume permanent leadership positions at the Franklin Road and West End practices, respectively.

BY KATHY RIVERS

PHOTOGRAPH BY JOE HOWELL

Why did the School of Nursing start a faculty practice?

VUSN wanted to create a site for students to have clinical placements and experience a true nurse-midwifery model of care. We started in Dickson with two nurse-midwives. We've grown over the years and 11 years ago moved onto campus. We have divided into two sites and take about eight students a semester for clinical rotations.

What is the scope of the current practice and how do the two sites work together?

Our clientele want an atmosphere where they are given information, helped and included in the decision-making process. Within our practice, we have commercially or privately insured clients who we see at our West End location. They are consumer-driven, choice-informed, well-educated and on the upper end of the socio-economic scale. At Franklin Road, we partner with a federally qualified community health center and serve a population of women on Medicaid as well as women who are uninsured or underinsured. There's a true opportunity there to reach into those populations and empower those women by helping them become involved in their health care decision making.

I find that the nurse-midwifery model of care is really the hallmark of nurse-managed care because we meet the client wherever their definition of health and wellness is.

What are the benefits to patients in a nurse-managed care model?

Most of the benefits are related to the holistic approach. Nurses, whatever their flavor of specialty, address patient needs, not only of the body and medical needs, but of what the patient defines as wellness. I find that the nurse-midwifery model of care is really the hallmark of nurse-managed care because we meet the client wherever their definition of health and wellness is. We guide them along through their course of pregnancy, hopefully educating them as they go, and address not only the mother's needs, but the family's needs, the extended family's needs and we're also looking at spiritual, mental and soulful wellness. We look at social services, how mom is adjusting to pregnancy and lots of patient education that goes on. Our appointments are longer, anywhere from 20 to 40 minutes with a client, depending on the stage of the pregnancy.

Why do you think the practice has grown?

The market has demanded it. More consumers are looking for a style of care that they can get with nurse-

midwives. Clientele are much more educated, and they want to help make their health care decisions. We really are the only game in town for women looking for private practice nurse-midwives.

Where do you see the practice heading?

I want to see this practice on the cutting edge of nurse-managed health care as well as nurse-midwife-led care. We work with Vanderbilt and the School of Medicine faculty so well and we are so well supported, that the sky is the limit. I would love to see a part of the mission include additional hospitals and birth center opportunities in town. The timing is right in the marketplace, and we can provide richer learning experiences for our students rather than having to send them hours away to get an out-of-hospital birth experience.

Do you have other visions?

We would love to have a boutique health care opportunity for the well-educated client who wants more than just prenatal care. We would like to build a network of resources for our moms so we can partner with community members to offer breastfeeding classes,

massage therapy and prenatal yoga classes all on site. We want to make our practice a one-stop shop and fulfill the need in our community. The services we envision wouldn't be just for our clients, we would open them up to the general public.

What opportunities or obstacles do you see with health care reform?

Right now we don't foresee our practice being impacted too greatly by health care reform. There are a couple of things that have the potential to positively affect nurse-midwives.

Reimbursement rates for nurse-midwives are now guaranteed at 100 percent reimbursement of the physician fee in Medicare, where we used to be at 85 percent. The hope is that other insurers will follow suit. The other piece we see coming is more emphasis on pay for performance, and that is where nurse-midwives will shine.

What obstacles have you had to growing the practice?

Our greatest issue is smart growth. We don't hope to capture every pregnant woman in Nashville and become the baby mecca of the city. We want the client-

tele who are willing to change the way they seek their health care, or those who we think we can have a positive influence on. We will have about 1,000 births this year within the faculty practice, which is about one-third of VUMC's volume. Both the Medical Center and our clinics are feeling the stretch in terms of managing our current volume. We want to grow along the lines of the School of Nursing's education and community service mission rather than simply going after market share.

Any lessons learned in launching the Franklin Road clinic in 2010?

It was everything I expected and more in terms of stress as well as joy – to really build something from the ground up and think through the processes of the office and flow. To give a group of nurse-midwives the tools they need and see them run with them is amazing. I couldn't have asked for a better group to lead the program there. The School of Nursing's strategic partnership with University Community Health Services, a federal community health center organization, is the reason we were able to

We want to be a role model to show others that there is growing consumer demand for nurse-midwives in our area . . .we want to expand nurse-midwifery options to other hospitals in Middle Tennessee so more women can choose this option.

open this site. The Federally Qualified Health Center (FQHC) provided all of the funding required to renovate and equip this women's health center site and it pays the salaries of our nurse-midwifery providers there. The resulting synergy fosters a unique and sustainable model for patient care, student training, and nurse-midwifery practice. As far as I know, this site and this women's health faculty practice arrangement is one of a kind, nationally.

What is the preceptor experience like?

It includes nurse-midwifery students as well as nurse practitioner students and medical students. On any given day each student is assigned to a primary mentor or preceptor and they will work with that preceptor to decide what learning experiences they need. It could be seeing Obstetric patients in the clinic all day or assisting a nurse-midwife with hospital births. The unique piece for the nurse-midwifery students is their full-scope senior practicum. They are assigned to follow and live the life of a nurse-midwife for the semester – they do office work, hospital work and get a nice mix of both.

Are you seeing trends with new students?

We are seeing second-career students such as people with previous degrees and previous careers completely unrelated to health care. It's really interesting to see the number of students who chose nurse-midwifery because they had their own birth experience with a nurse-midwife. Students have said: "I would never be in nursing, but I had my baby with a nurse-midwife (either by choice or default) and I was so moved by the experience, that I knew that's what my life work should be." Those are really powerful stories.

How does this practice compare nationally with others?

Among nurse-midwifery faculty practices, we are in the top 5 percent in volume. The American College of Nurse-Midwives (ACNM) considers us a large nurse-midwifery practice. Each year, we do well in sustaining a high-quality of care, and in 2010, ACNM recognized our practice as having the best rate of attempted vaginal birth after C-Section (VBAC) rates in the country. We are very proud of that.

Are there other practices that you use as a role model?

The University of Colorado-Denver Nurse-Midwifery service is structured very similarly to ours. Their practice director and I are good friends. And, we benchmark against each other, though Denver is a much more midwifery-friendly area than Nashville.

Why did you choose nurse-midwifery?

In my imagination, I was delivering babies when I was 5. There were no chalkboards at my house, there were fictitious babies coming out of bellies. After working as a labor and delivery nurse for six months, I realized that my way to impact women was in a provider role. The nurse model of care fit my personal philosophy more than the medical model.

How did you go from nurse-midwife to practice manager?

By happenstance. I came to Vanderbilt after working in a low-risk private practice in Kentucky. When I came to Vanderbilt, I worked in the resident clinic as part of the mission to build a faculty presence of nurse-midwives

in VUMC's Ob/Gyn Department. When vacancies occurred, I was able to join the VUSN faculty practice and was willing to step into a management role because I saw a lot of potential.

What do you want everyone reading this to know?

That we are viable, and we are here to stay. We have a strong foothold here and the leadership around the practice is committed. We are about training future nurse-midwives. Unfortunately, about 95 percent of our VUSN nurse-midwifery students have to leave Tennessee to get a job. We don't want Tennessee to lose these capable nurse-midwifery graduates, so we want to be a role model to show others that there is growing consumer demand for nurse-midwives in our area. We want to expand nurse-midwifery options to other hospitals in Middle Tennessee so that more women can choose this option. We would also like to work toward a birth center option in this region.

 web link

For more information visit www.vanderbiltnursemidwives.org

Alumni Profile//Michael Briley, MSN '94, DNP, APN, Julia Hereford Society President



When people ask me about the practice I started more than 17 years ago, I tell them it's more than a business. It's a philosophy. I believe that wellness and preventions of problems are the keys to a better, richer life. This philosophy is fundamental to all aspects of my practice and reflects the strong foundation that was formed during my time at Vanderbilt.

Traditional, organized medicine has often relegated primary care to an undescribed, but necessary role in our society, focusing instead on subspecialties. Today's shortage of primary care physician providers serves as a blatant example of this. For this reason, along with encouragement from Dean Colleen Conway-Welch, I forged ahead with this practice model for my own business. Primary Care Specialists-South is in Jackson, Tenn., a town of about 100,000 residents which is also a magnet for many who live in neighboring counties.

Ours is a 10,000 patient-encounter-per-year practice with a sleep lab, physical therapy area, clinical psychology expertise and one of two digital X-ray systems in the area. We are located beside other retailers, including a pharmacy which complements our practice and gives patients a convenient option for any medications. And yes, in addition to seeing patients at our bricks and mortar facility, we are the only practice in town that still does regular house calls. Sometimes in lieu of money, we are paid in

the form of chickens and quilts!

Without a doubt, our greatest successes are those individuals who have chosen to take control of their health and had the courage to seek our office as their partner to make their lives better. There is no greater honor or joy for us than to have the confidence of those in need. Then again, quality outcomes are certain to follow when a solid Vanderbilt education is coupled with the spirit to make a difference in the world.

We are unlike any other practice in our area, and our clients appreciate it. Our goal of health and wellness is infused in everything we do. With our location, our staff, our providers and even our office décor, we have tried to create a culture of compassion, caring and patient empowerment. I am also very proud to have recently adopted a cutting edge new model of cardiovascular disease prevention by joining forces with Alex Walker, (MSN'03) of Walker Clinic, who provides for my patients advanced testing and individualized strategies to prevent heart attacks and strokes.

Mark Twain said, "The worst things that happened to me are those that never did." I agree. It is challenging to build and sustain a practice. But, if I didn't take the chance, it would have kept me from helping make a difference in other's lives. I took the risk and keep moving forward as a proud alumnus and an advocate for the advanced practice nursing model of care.



contact

Feel free to e-mail Briley at mrvanderbilt@aol.com

What is JHS?

Helping nursing students reduce their debt load is the top priority of the Julia Hereford Society. With an average debt load for \$68,000 for 2010 VUSN graduates, the group wants to provide scholarships to reduce the burden of Vanderbilt University School of Nursing students.

Named for former VUSN Dean Julia Hereford, the society members include donors who give \$1,000 or more annually to the School of Nursing. Ninety-two percent of VUSN students receive financial assistance of some sort.

JHS membership includes community and business leaders, VUSN faculty, staff and graduates. Membership has grown 15 percent over the past year. Much of that growth is due to a match program, where Michael Briley personally gave an additional \$1,000 for each of the first 25 new donors.



contact

For more information about joining the Julia Hereford Society, contact Susan Shipley at (615) 936-3046 or susan.shipley@vanderbilt.edu

Left: Michael Briley, Dean Colleen Conway-Welch and local community members celebrate the grand opening of Primary Care Specialists-South.

Right: A look inside the waiting room designed for patient comfort.





(L-R) Anna Gail Ragsdale Gentile, BSN '47B, and Nancy Ragsdale Gilien, BSN '47B, celebrated their 85th birthdays on Jan. 4. The twin sisters stay busy and active with volunteer work.

Holy Cross Hospital, Silver Spring, Md., where she shares her 35 years of professional experience in childbirth education with young families. She and husband, Barry, recently welcomed their fifth grandchild who was their first granddaughter, and a day later, became first-time great-grandparents.

Louise Kaufman Sklar, BSN '64, wants classmates to know that she is having a wonderful life and has been pleased at what she has done as a nurse. In her words, she has done "nothing monumental, just a job well done."

Tippy Valin Carmody, BSN '68, has worked for the last 14 years as an emergency room nurse, clinical manager and most recently, a clinical manager at the Memorial Hermann Northwest Hospital in Houston. She believes that earning a BSN from Vanderbilt made a big difference in her life and that Vanderbilt gave her vision.

Charlotte Covington, BSN '69, MSN '89, has moved from academics to practice at the School of Nursing. An associate professor in the VUSN Family Nurse Practitioner program for 17 years, she is now practicing full time at the

40s

Eunice Moe Brock, BSN '41, is honorary president of the Liaocheng International Peace Hospital in China. She is writing a book "Search for a World View" that will harmonize the scientific concepts of the physical and spiritual realms, and hopes to have it translated into Chinese in 2011.

Bess Winchester Isaacs, BSN '47B, lives in Clayton, N.M., and works at the R.W. Isaacs Hardware Store, where she is a buyer and is enjoying life.

60s

Jo Ann Bennett Thompson, BSN '63, is in her 13th year at



Kathleen Gainor Andreoli, MSN '59, DSN, RN, FAAN, had a wonderful professional life with leadership positions at Duke University, University of Alabama in Birmingham, University of Texas Health Science Center at Houston, and Rush University Medical Center in Chicago. She retired from Rush in 2005. She was honored in 2009 with the GE Healthcare-American Association of Critical Care Nursing Pioneering Spirit Award for significant career and contributions, and in 2010 with the Visionary Leadership Award from the University of Alabama at Birmingham School of Nursing. She was also named the John L. and Helen Kellogg Dean for the College of Nursing, Emeritus, Rush University Medical Center.



Clo Ferguson McGill, BSN '47, and her husband, Henry McGill, (VU MD '46), celebrated their 65th wedding anniversary on Sept. 12, 2010. The couple commemorated this event by having a totem pole made which includes a scene of the Godchaux Halls doors. This was a special spot for the couple because it is where Clo said good-night to her husband for 18 months while the couple was dating in college, and the doors represent the doors that opened her nursing career.

Metropolitan Nashville Public Schools Family Health Centers, through a contract with the School of Nursing.

70s

Beth Colvin Huff, BSN '74, MSN '79, retired from her position as assistant professor in the VUSN Ob/Gyn Department in 2010, where she had a clinical practice as a colposcopist and coordinated the Colposcopy Clinic. She is faculty for the American Society for Colposcopy and Cervical Pathology. She spoke at the National Association of Nurse Practitioners in Women's Health conference in Palm Desert, Calif., in October 2010 and will soon have a chapter on HPV and cervical cancer prevention published in "Comprehensive Women's Health Care." With her extra time, she rides and competes in dressage with her horse, Lord London.

Kathy G. Heard, BSN '75, is happily retired after serving for 30 years at the Veteran's Administration Medical Center (VAMC) in Nashville. She and her husband, who retired from the VAMC at the same time, enjoy spending time with their grandchildren, at church and on their farm.

Catherine Cohill Turner Carter, BSN '77, MSN, retired

from active duty in the Navy Nurse Corps as a Commander in 2005. She lives in the seaside town of Mukilteo, Wash., and currently works for Valor Health Care, a company that contracts with Veteran's Administration Medical Centers for "Caring for Veterans in Community Based Outpatient Clinics." Her only son is a freshman at Washington State University.

Donna McArthur, MSN '77, PhD, program director for VUSN's DNP program, was honored as Distinguished Practitioner in the National Academies of Practice in Nursing.

Alice Howze Martin, BSN '78, JD '81, recently joined Regional Care Hospital Partners, Inc., in Brentwood, Tenn., as vice president of Ethics and Compliance. She focuses on health care law and is pursuing certification in Healthcare Compliance. Previously, she served as a U.S. Attorney for the Northern District of Alabama from 2001-2009. She and her husband have two college-age daughters who attend Furman University and Sewanee-University of the South, and, a third daughter, who is a senior at Indian Springs School. They live in Florence, Ala.



Susan B. Dickey, NR '75, has been teaching neonatal and pediatric nursing, bioethics and health policy for many years at Temple University in Philadelphia. She served on the American Nurses' Association's Advisory Committee on Ethics and Human Rights for two terms, where she worked on the End of Life subcommittee.

The committee's position statement became policy on June 14, 2010, and can be viewed at www.nursingworld.org.

80s

Maggie Conner Wender, BSN '81, has spent her nursing career in various positions at Woman's Hospital in Jackson, Miss., except for a two-year stint working for her pediatrician father. She currently co-staffs the newborn clinic. She is married to David, a neonatologist, and has a blended family of five children and soon-to-be seven grandchildren.

Melissa Terry Flynn, BSN '82, is the senior certified nurse-midwife for The Midwives of Ob/Gyn Associates of Columbus at Trinity Center for Women. Trinity Center is a new community outreach service under the direction of St. Francis Hospital in Columbus, Ga. Melissa earned her MSN from the University of Alabama-Birmingham, and has been a practicing CNM since 1991. She and two nurse-midwife colleagues see 600 patients each month and attend about 40 births per month.



Jean Griffin Bisio, BSN '82, is president of Humana's Complex and Chronic Care Management division. She was recognized by *Business Insurance* magazine as one of the top 25 women in the world in risk management and related services to watch in 2010.

Leigh Ann Mattingly

Gamble, BSN '82, is director of Home Services, Deaconess Health System, including hospice, home care and home medical equipment. She was recently board certified as a nurse executive. She is married to Phil, director of Laboratory Services at the same firm, and has twin boys, Ben and Max, 17, and daughter, Rachel, 14.

Deborah Schafer Wilson, BSN '82, MSN/Ed, lives in Salisbury, Md. She is assistant professor of Nursing at Wor-Wic Community College, where she has served as an adjunct professor since 2006. She previously worked as the perinatal education coordinator at Peninsula Regional Medical Center. She and her husband, Darrell, have two children.

Joanie Jeannette, BSN '83, MSN '04, has been named as the Interim CEO at Lehigh Regional Medical Center, Lehigh Acres, Fla. Her career began as a registered nurse at Vanderbilt Children's Hospital in Nashville. She has held several leadership positions including director at Women's and Children's

Services and chief nursing officer at an HMA facility in Statesboro, Ga. – where she was named the health system's CNO of the Year. She served as chief operating officer at a facility in Naples and chief operating officer at Peace River Regional Medical Center. She, her husband and son live in Venice, Fla., and love triathlons and running.

Kristin Kane Ownby, BSN '83, PhD, and her husband welcomed their second child, Katherine Kane, born April 28, 2010.

Kathleen Wolff, MSN '83, along with co-writers, **Anne Wright Brown, BSN '74, MSN '83**, and Alan Graber, MD, had two book-signing events in January at Vanderbilt's University Club and Bradley Drugs in Nashville, to promote their book, "A Life of Control: Stories of Living with Diabetes."

Nancey E.M. France, MSN '84, has been named dean of Mountain State University School of Nursing in Beckley, W. Va.

Kelly McCampbell Gentry, BSN '84, has developed the Oklahoma Center for Adult Stem Cell Research, www.ocascr.org. She lives in Oklahoma City with her husband and two children.

Debbie Dunn Gregory, BSN '84, and Laura Logsdon Hayes, BSN, '84, launched The Nursing Institute for Healthcare Design, a not-for-profit national nursing association to help improve the design and function of medical devices, work processes and the work environment through education and collaboration. Debbie works at Smith Seckman Reid Engineering firm as a senior

clinical consultant. Laura works at InfoWorks as a clinical information technology consultant. www.nursingihd.com

Elizabeth Nelson Shayani, BSN '84, MHA, received her master's degree in Healthcare Administration from George Washington University in 1989. She lives outside Chicago and is a nurse manager for Dupage Medical Group, where she helps patients with chronic disease stay on track.

Kim Parham, BSN '85, was named a Nashville Healthcare Hero 2010 by *Nashville Business Journal*. She is a nurse manager for the Center for Breast Health at Baptist Hospital, and has received the designation of Certified Breast Patient Navigator. Kim recently finished eight years of service on the VUSN Alumni Association board of directors.



Elizabeth Burgess-Dowdell, PhD, RN, CRNP, BSN '84, is associate professor at Villanova University College of Nursing. In fall 2010, she was awarded a grant of nearly \$314,000 by the Department of Justice's Office of Juvenile Justice Delinquency Prevention for the study "Self Exploitation and Electronic Aggression: High Risk Internet Behaviors in Adolescents." She is an expert in forensic pediatric nursing and on the editorial review panel of the *Journal of Forensic Nursing*.

Karen Harris Klingler, BSN '86, lives in Town & Country, Mo., with her husband, Vanderbilt graduate James Robert Klingler, BA'84, JD '87, and two sons, Andrew, 17, and Scott, 14. She is the proud owner of a beagle named Abby and a Vizsla named Emma.

Pamela Kramer Hoffner, MSN '87, is the director of Emergency Preparedness and Response for Vanderbilt University Medical Center and an adjunct instructor for VUSN.

Nancy Allmon Knuth, MSN '87, is a retired, stay-at-home mom in Gross Pointe, Mich. She spent 20 years in the U.S. Army as a nurse practitioner and 11 years as a civilian nurse practitioner. She is busy raising three children, adopted from Russia in 2004, with husband, Tom.

Sharon Hicks Little, BSN '86, MSN '88, is working as a family nurse practitioner. She and her husband of 19 years have two daughters: Martina, 16, and Gabrielle, 12.

90s

Gwen Holder, MSN '90, received the Certification in Nursing Informatics from the



Jennifer Turpin, MSN '97, is working at Waverly Family Medicine in Waverly, Tenn. She is recently divorced and has two children: Cobie Lane, 2, and Wesley Martin, 5.

American Nurses Credential Center in September 2010. She is the assistant director of System Support Services at VUMC.

Sheryl Banak, MSN '91, RN, CNE, passed the Certified Nurse Educator's Exam on Dec. 22, 2010. In June, she will have worked in the Baptist Health System in Little Rock, Ark., for 19 years, and taught in the School of Nursing for six years. She has taught Psych/Mental Health and Critical Care Nursing as well as an LPN to RN Transitions course for four years. In June 2010, she attended the National League of Nurses Immersion Experience hosted at VUSN, and enjoyed visiting with some of her educators and seeing all the changes to the School since she graduated.

Kathleen Dickenson Drew, MSN '91, and her husband recently relocated from Florida to St. Louis. Kathleen completed a post-master's program at the University of Florida and works as an adult nurse practitioner at Barnes-Jewish Hospital. The couple has a son who attends the University of Central Florida and a daughter who plays volleyball for the University of West Alabama.

Terri Davis Crutcher, MSN '94, received the March of Dimes Nursing Administration Nurse of the Year award for Middle Tennessee. Terri is currently an assistant professor at VUSN.

Melyn Galbreath, MSN '94, is a certified family nurse practitioner practicing at King Faisal Specialist Hospital & Research Centre, in Riyadh, Saudi Arabia. She is a provider for the women's health clinic and a member of the family medicine research team.



Amy Wimmer Cox, MSN '94, continues to support medical mission trips to Haiti. She is pictured here with two patients at the orphanage in Beaumont. This was her 13th year on the mission team, allowing her to follow many of her patients over the years and see how small acts annually can produce significant change.

Julia Sawyers Triplett, BSN '86, MBA '94, is the director of Staff Development at Vanderbilt Home Care Services. She is enjoying her return to the working world after a 10-year hiatus as a stay-at-home mom.

Karen Myers Kress, MSN '95, GNP, ANP, accepted a position with The Emory Clinic Department of Neurology in the Epilepsy Program in August 2010, where she is responsible for patient admissions and discharges in the long-term video monitoring unit of Emory University Hospital and follows epilepsy patients in the clinic. She also coordinates pre-surgical conferences for patients with epilepsy who are surgical candidates.

Nancy Stutz-Martin, MSN '95, PhD, is the executive director of Sunrise at Midnight, a grief recovery center in Chattanooga, Tenn. After being healed of stage 4 cancer,

she returned to Kenya in January to work with select members of the Parliament, before heading to Uganda.

Rhonda Blades Brown, MSN '96, is in her 10th year of coaching girls' basketball and teaching Honors Anatomy at Brentwood Academy in Brentwood, Tenn. She and her husband, Parke, have two children: Millie, 6, and Blades, 3.

Ginger Scoggin, MSN '98, earned her DNP in 2009 and has opened her own clinic in Anchorage, Ala., focusing on the primary care of adults.

Angela Alesi, MSN '99, has been building her private practice over the last two years in Lafayette, La. She sees patients in the private sector and on an inpatient basis.



Nichole Berglund-Clark, MSN, '04, (in white coat) is the owner of Hope Medical Clinic in Clinton, Ark., which opened on July 1, 2010. The clinic is a rural, family practice located in an underserved, health professional shortage area. Berglund-Clark thanks all of the VUSN faculty for preparing her and inspiring her to chase her dreams.

2000s

Nancy Hollingsworth, MSN/MBA '00, BSN, was recently promoted to Interim President and CEO of Saint Agnes Medical Center in Fresno, Calif. She has a long history with Saint Agnes as she has held the position of Oncology Nurse, Manager of Patient Services and after working at Deloitte Consulting in Cincinnati, returned back to the medical center as Chief Nursing Officer in 2007, and then Chief Operating Officer in 2010.

Bedelia Hicks Russell, MSN '01, is a faculty member of the Whitson-Hester School of Nursing at Tennessee Tech University, where she coordinates undergraduate classes and

teaches in the graduate program. She recently earned the designation of Certified Nurse Educator from the National League of Nursing and, as such, is one of only 40 in Tennessee.

Amanda Shaw, MSN '02, works as a hospitalist nurse practitioner with Cogent Healthcare in Great Falls, Mont. She, husband, Haven, and sons, Walt and Boone, welcomed son, William Finn, in August 2010. They knew in advance that William had complex heart defects and for that reason, chose to deliver at Vanderbilt. She reports that William had wonderful care while at the Monroe Carell Jr. Children's Hospital at Vanderbilt, including exceptional Vanderbilt-trained nurse



Cyndee Malowitz, MSN '05, completed a post-graduate certification as a FNP at University of Texas-Health Science Center in Houston, in May 2008. After practicing for five years, she opened her own minor emergency/primary care clinic in April 2010. Patient volume is growing quickly and the clinic was voted No. 1 "Best of the Best" Minor Emergency Clinics in the Coastal Bend area. She is also a clinical preceptor for the FNP program at Texas A&M, Corpus Christi.

practitioners in the pediatric ICU. The family will be returning to Vanderbilt in April for William's next surgery (he will undergo two open heart surgeries in the future.)

Melanie Allison, MSN '03, is an instructor VUSN's pre-specialty program. She and husband, Cody, and daughter, Maggie, welcomed son Jack Mitchell on May 1, 2009.

Breanne Fryz Osborne, MSN '03, is working for thoracic surgery, part of the Vanderbilt-Ingram Cancer Center at VUMC. She got married on June 5, 2010.

Elizabeth Stumpf, MSN '04, is finishing up her Doctor of Nursing Practice degree from Rocky Mountain University of Health Professions, Provo, Utah.

Lisa Tabor, MSN '04, APRN ACNP, is president and CEO of Affinity House Calls, PLLC, in Lafayette, La. Her company makes primary care medical visits to homebound and assisted living residents. Affinity House Calls was a 2010 Finalist for the Greater Lafayette Chamber of Commerce's Acadiana Innovation of the Year Award.

Abigail Bowen James, MSN '05, has been working as a nurse practitioner at Belle Meade Dermatology in Nashville for the past four years. She and husband, Evan, live in Nashville.

Brett Kinzig, MSN '05, lives in Franklin, Tenn., with wife, Emily, and children Wren, 5, and Wilder, 3. He has worked for nearly five years at Hayes Endocrine and Diabetes Center.

Erica L. Stone, MSN '05, is a VUSN clinical instructor. She

and husband, Tim, welcomed their daughter, Savannah June, on Sept. 15, 2010.

Beth Barry Whitworth, MSN '05, works at INSPIRIS, and was a finalist for her company's President's Award for Clinical Excellence for 2010 in Alabama. The award was given based on patient outcomes, service mentality and contributions to the company's mission.

Katherine Dougherty Estrada, MSN '06, welcomed daughter Mary Rose, born August 2010.

Emily Wachs, MSN '06, moved from Lexington, Ky., to San Francisco. She is San Francisco Ear, Nose & Throat Medical Group's first nurse practitioner.

Andrea Boohaker, MSN '07, lives in Houston, Texas, with her husband, Michael Dean. She works for The University of Texas as an Orthopaedic trau-



Janna Sallade Roper, MSN '08, lives in Nashville and works as a pediatric nurse practitioner at Rainbow Kids Clinic. She and her husband of three years, Paul, are proud parents to a rapidly growing, smiley little boy, Jack, and their boxer, Champ.



Stefanie Foster, MSN '10, pictured above with daughter Addie, passed the NCC in October 2010, received her neonatal nurse practitioner license soon after and started working as an NNP with The Pediatrix Group of East Tennessee in Chattanooga. Stefanie loves her position, which includes covering five Level 2 and Level 3 neonatal intensive care units in the area.

ma nurse practitioner, and recently traveled to Haiti with a team of orthopaedic surgeons, ICU nurses, and support staff to help with reconstructive surgery needs.

Mahalia Jackson Butler, MSN '08, believes her decision to pursue her MSN was one of the best decisions she's ever made. Since graduation, she has earned an MBA in Health Care Management and is enrolled in a DNP program. She is executive director of the Nurse Practitioner Program for a large long-term care organization. In her spare time, she rounds in a long-term care facility and a non-profit clinic.

Tommy Thompson Jr., MSN '08, is a nursing instructor at Austin Peay State University in Clarksville, Tenn. He was recently elected as Worshipful Master of Clarksville Lodge #89 Free and Accepted Masons. The lodge founded the Masonic School which was the precursor to APSU.

Sydney Bridges, MSN '10, passed the ACNP certification exam and was hired by The Methodist Hospital in Houston's Texas Medical Center. She is completing a three-month Cardiovascular Residency and

will work as an ACNP in cardiovascular surgery at the DeBakey Heart & Vascular center of The Methodist Hospital. She said, "Vanderbilt has given me a fantastic foundation on which I can build my career."

Laurel Socha, MSN '10, started a position at Duke's Pediatric Critical Care Team on Jan. 3.

IN MEMORIAM

Margaret Sterling Caldwell, BSN '38, died Sept. 19, 2010, in Chesapeake, Va.

Marie E. Buckley, BSN '42, died September 2010, in Little Rock, Ark.

Elsie Hlava Willard, BSN '42, died Oct. 5, 2010, in LaGrange, Ind.

Martha West Crafton, BSN '45, died on Sept. 22, 2010, in Nashville.

Esther P. Barksdale, BSN '46, died Nov. 26, 2010, in Nashville.

Laura Alice Causey Lewis, BSN '46, died Oct. 2, 2010, in Crossville, Tenn.

May Emma Gibbs Windham, BSN '46, died Dec. 5, 2010, in Clarksville, Tenn.

Barbara Ann Nunnally Harlin, NR '48, died Nov. 19, 2010, in Nashville.

Frankie Mae Higdon, BSN '51, died Feb. 15, 2011, in Alexandria, La.

Lonny Lorece Allen Marriott, BSN '54, died Jan. 5, 2011, in Norman, Okla.

Jane Kathryn Ross, BSN '60, MSN '63, died April 17, 2010, in Napa, Calif.

Carolyn Cousins Fruin, BSN '66, died Jan. 30, in Nashville.

Mea Junette Koger, MSN '70, died Jan. 23, in Bells, Tenn.

Carolyn Meacham Wallace, MSN '72, died Aug. 22, 2010, in Johnson City, Tenn.

June Biddle Holzapfel, BSN '85, MSN '87, died July 16, 2010, in Normandy, Tenn.

Jimmie Neal Smith, MSN '89, died Oct. 30, 2010, in Selmer, Tenn.

Kathleen Crumpton Fowler Cooper, MSN '97, died Oct. 18, 2010, in Nashville.

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2010 reunion

For one weekend last fall, VUSN alumni came back to campus for three days of activities, including tours of the School, presentations by VUSN faculty and several informal lunches and receptions. The weekend was topped off with a brunch at the Vanderbilt University Club where Dean Colleen Conway-Welch recognized Quinqs from the class of 1960 and presented the alumni awards.

See more 2010 Reunion pictures online at www.vanderbilt.edu/vanderbiltnurse

1. Dean Colleen Conway-Welch with Betsy Perky, MSN '04, the outgoing VUSN Alumni Association President.

2. Carolyn Sloan Steuer, BSN '55.

3. Lucy Puckett Leonard, BSN '60, left, and Gail Kuhn Weissman, BSN '60.

4. Kathy Johnson Lanford, BSN '80, left, and Jules DeZonia Mason, BSN '80.

5. Left to right, Lynn Whittaker, Nikki Wood and Verlynn Wessel Henz – all from the MSN Class of 2000.

6. Sue Grosicki Loman, left, and Holly Lewis Prescott, both from the BSN Class of 1985.

Photography by Leigh Barker



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