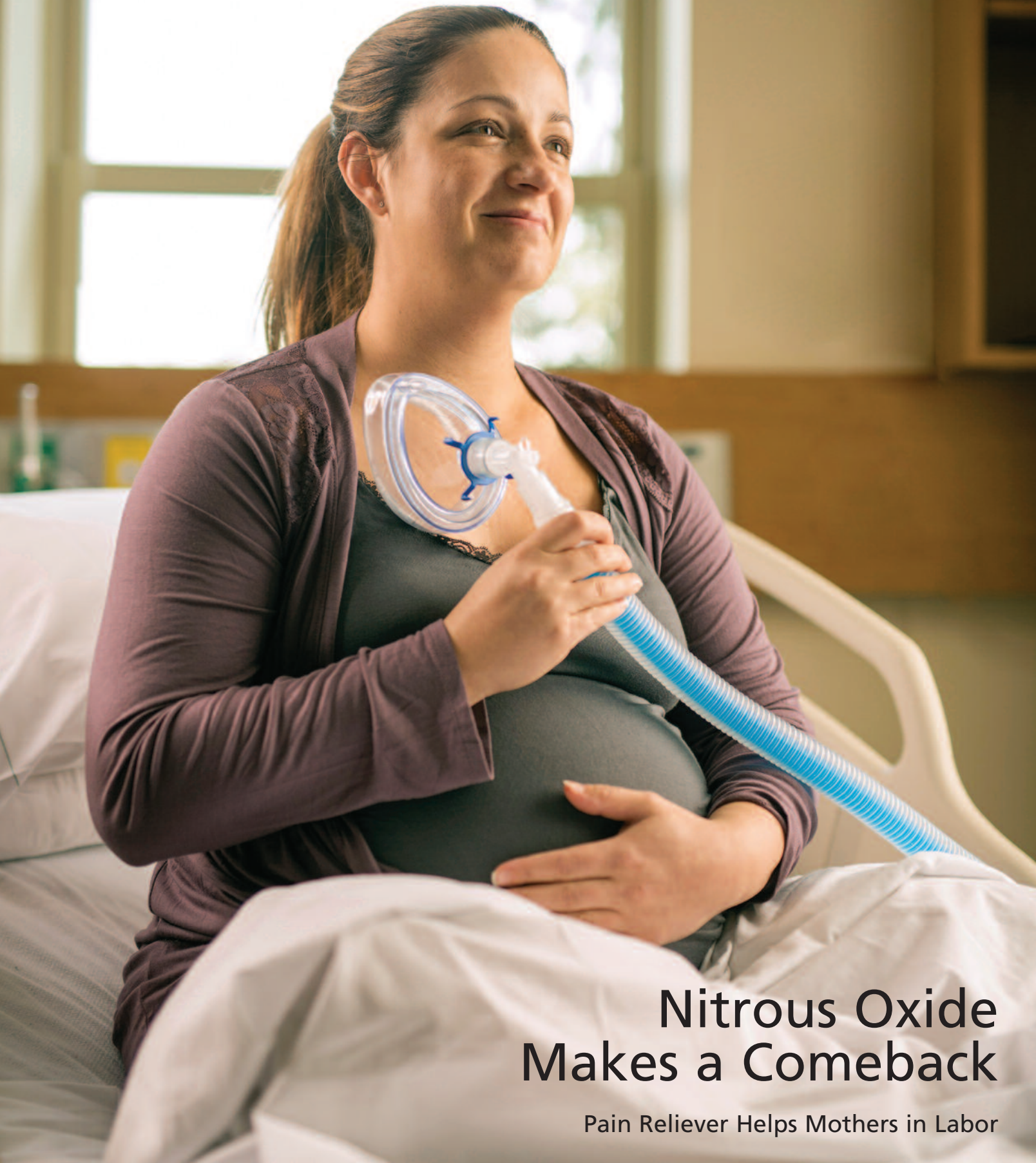


WINTER 2017

vanderbiltnurse



Nitrous Oxide Makes a Comeback

Pain Reliever Helps Mothers in Labor



CHANGING LIVES

Even though her patients are young, Olivia Stranges takes time to listen and always values their input. At the end of every day, she knows that she's helped someone feel better. The Camille Legeay Cook Scholarship allowed Olivia to pursue a pediatric specialty degree without the burden of debt. She is grateful for the generosity that allowed her to focus on what's really important.

For information on School of Nursing scholarships, contact Steven Barnes, Associate Dean for Development, at steven.barnes@vanderbilt.edu or call (615) 343-4474.



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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.



Nitrous Oxide Makes a Comeback 10
First-time mom Kanah Lewallen used nitrous oxide during labor.

vanderbiltnurse

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Meet new faculty and celebrate recent faculty and student contributions to new knowledge

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 vanderbilt.edu/vanderbiltnurse



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an online community. Are you connected?
vuconnect.com

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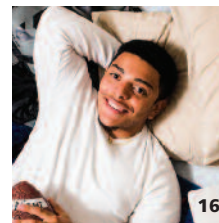
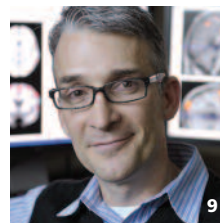
A sampling of alumni and school accomplishments

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Share the joy of the 2016 Commencement and Academic Hooding Ceremonies



Dear Alumni, Colleagues and Supporters,

Each autumn, I deliver a State-of-the-School presentation to alumni at Reunion. The presentation includes facts and figures — how many students, in which specialties, current NCLEX-RN pass rates — and so on. I discuss research growth, clinical practice and strategic goals. I also share news and achievements.

In some ways, that presentation is not unlike this issue of *Vanderbilt Nurse*. In this issue, you'll see great news about VUSN's rankings in the influential *U.S. News & World Report* graduate rankings. Our midwifery program was ranked No. 1. The overall MSN program was ranked No. 13 out of more than 500 MSN programs in the country. The DNP program came in at No. 10 out of more than 200 DNP programs in the country. Eight of our specialties were in the top 10. Those rankings are the result of hard work and commitment to excellence by our students, faculty, staff, alumni and colleagues.

I hope you are as proud of them as we are.

This issue includes our annual Making an Impact report. The special section highlights faculty and student professional recognition and scholarly activity. It outlines current research grants awarded to our faculty and features a robust list of professional journals and publications in which our faculty have contributed. The section also introduces new members of our faculty and notes their areas of expertise. This focus on research is designed to give you an overview of the contributions VUSN faculty and students make to advancing clinical nursing practice and improving health care outcomes.

In other school news, we've launched a search for a new senior associate dean for research. Our able and brilliant current Senior Associate Dean Ann Minnick, holder of the Julia Eleanor Blair Chenault Chair in Nursing, wishes to return to teaching and research. We're working with executive search firm Tyler & Company and are confident that we'll soon identify the right person for this vital role. The new research dean will be key in building on our current strengths, expanding VUSN's research mission and growing our trans-institutional and externally supported scholarship.

Our cover story explores the growing popularity of nitrous oxide as an analgesic during labor and how associate professor Michelle Collins, director of our Nurse-Midwifery program, championed its reintroduction here at Vanderbilt. And in what I must call a wonderful example of cross-school cooperation, the model for our cover photo is Kanah Lewallen, a member of our Adult-Gerontology Primary Care faculty. We are most grateful to her and are pleased to report that shortly after the photo was taken, Hazel June Lewallen entered the world.

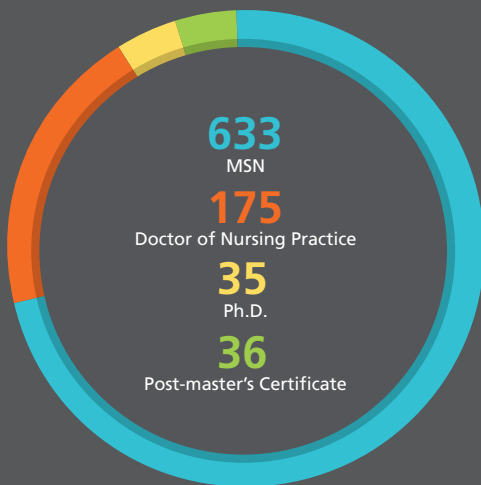


Linda Norman

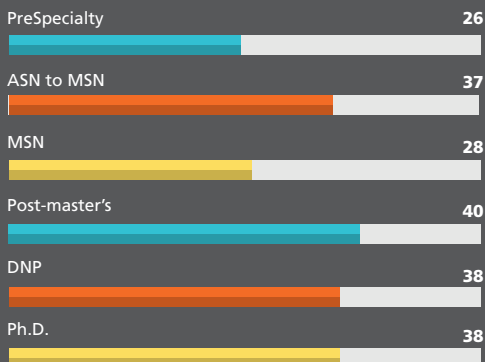
Linda Norman, DSN, R.N., FAAN
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VUSN Student Snapshot

Current student enrollment



Average age



MSN and Post-master's Certificate enrollment by specialty

Adult-Gerontology Acute Care Nurse Practitioner	93
Adult-Gerontology Primary Care Nurse Practitioner	51
Emergency Nurse Practitioner (AGACNP/FNP)	39
Family Nurse Practitioner	113
Health Care Leadership	9
Neonatal Nurse Practitioner	30
Nursing Informatics	12
Nurse-Midwifery	36
Nurse-Midwifery/Family Nurse Practitioner	27
Pediatric Nurse Practitioner - Acute Care	25
Pediatric Nurse Practitioner - Primary Care	97
Psychiatric-Mental Health Nurse Practitioner (Lifespan)	88
Women's Health Nurse Practitioner	35
Women's Health Nurse Practitioner/Adult-Gerontology Primary Care Nurse Practitioner	22

Student status

FULL TIME

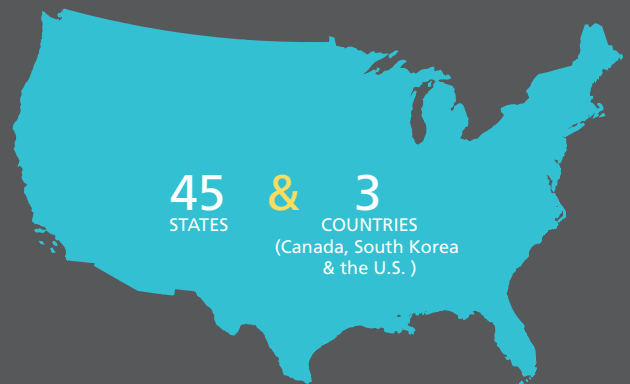
PART TIME

503

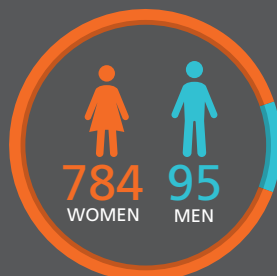
376

TOTAL
879

Where they come from



Gender



Diversity





Dean Emerita Colleen Conway-Welch speaks at her induction into the Tennessee Health Care Hall of Fame.

Colleen Conway-Welch honored, named Living Legend

Colleen Conway-Welch, Dean Emerita of the Vanderbilt University School of Nursing (VUSN), recently received two honors recognizing her international, national and regional impact on nursing and health care.

The American Academy of Nursing, one of nursing's most distinguished and prestigious professional organizations, named Conway-Welch a Living Legend, the highest honor the organization bestows.

In making the announcement, the academy noted Conway-Welch's "direct and profound contributions to the nursing profession, health education and public policy through her research, scholarship and visionary leadership."

In October 2016, she was inducted into the Tennessee Health Care Hall of Fame in recognition of her significant and lasting contributions to the health and health care industries in Tennessee. Established in 2015, the Hall of Fame honors the state's greatest health and health care pioneers, leaders and innovators.

VUSN Dean Linda Norman, DSN, R.N., FAAN, the Valere Potter Menefee Professor of Nursing, applauded Conway-Welch's recognition. "Colleen's work, vision and drive shaped the future of the Vanderbilt School of Nursing. She transformed it into one of the largest

advanced practice nursing programs in the country and among the most influential schools of nursing," Norman said. "She is an inspiring leader, administrator and friend. I'm thrilled that she's receiving this honor."

Conway-Welch, Ph.D., R.N., CNM, FAAN, FACNM, the Nancy and Hilliard Travis Professor of Nursing, served as dean of VUSN for 29 years before retiring in 2013. As dean, she shepherded the school in an overhaul of school's curriculum, starting with the introduction of an accelerated master's program. Under her direction, VUSN instituted its Ph.D. and Doctor of Nursing Practice (DNP) programs.

On the national and state stage, she served on President Ronald Reagan's Commission on the HIV Epidemic, the National Bipartisan Commission on the Future of Medicare and the Governor's Tennessee Commission on the Future of TennCare. She was appointed by U.S. Department of Health and Human Services Secretary Tommy Thompson to the Secretary's Council on Public Health Preparedness.

In other policy roles, she was named to HHS's Medicare Coverage Advisory Committee and served as a member of the George Washington University Homeland Security Policy Institute. Conway-Welch was named by President George W. Bush, and confirmed by the U.S. Senate, as a member of the Board of Regents of the Uniformed Services University of the Health Sciences, the premier graduate education program for military health care providers. In 2007 she was appointed by HHS Secretary Mike Leavitt to the Advisory Committee to the Director of the National Institutes of Health.

School of Nursing website has a brand-new style.

Visit the Vanderbilt University School of Nursing (VUSN) website (nursing.vanderbilt.edu) and experience easier navigation, more robust content, improved usability and up-to-date news, thanks to a redesigned and restructured website.

The new site launched in June 2016 after more than 20 months of extensive planning, design and development.

The website features:

- a homepage with expanded news and research news section, admissions information, and links to the most used sections of the school's site;
- a comprehensive faculty and staff database with expanded contact, profile, social and research information;
- improved social media and video content integration; and
- easy-to-find contact and location services.

Users will also find that the site incorporates new website design standards and has been built for easy display and use on different electronic devices. In addition, behind-the-scenes users now benefit from an embedded content management system.

The redesign was conceptualized and created by D. Keith Wood, manager, and Megan Clancy, web designer/developer, in the school's Frist Nursing Informatics Center (FNIC). They worked closely with VU Web Communications, led by Director Lacy Paschal and supported by Web Designer/Developer Chris Craig. Additional assistance was provided by John Norfleet, FNIC support coordinator, and

Lily Saadoun, computer systems analyst.

"We're excited to provide a responsive, mobile-friendly site with many upgrades and improvements," Wood said. "We also wanted to address the usability, functionality and adherence to the ever-changing web 2.0 standards."

Clancy said she hopes the website's new design is intuitive and pleasant to use. "We want users to have the same ease of use and great experience whether they are on desktops, tablets or phones."

Linda Norman, dean of the School of Nursing and the Valere Potter Menefee Professor of Nursing, gave the web team its overall vision charge.

"I wanted our new website to provide visitors and potential students with easy-to-find, easy-to-use and accurate information," Norman said. "It's also important that our website showcase the vital research of VUSN faculty and the programs and centers associated with VUSN. I like that the team was able to implement research both on the homepage and with a research section."

The website design and architecture are designed to complement the main Vanderbilt University website. In addition, it was important that the site employ improved usability and maintenance, and that it adhere to Google's search standards, Wood said. This was the second major overhaul of the website's structure since 2007. The last update was in mid-2012.

Giving Day sets records

It was like homecoming, Mardi Gras and a telethon all rolled into one on Thursday, April 21, 2016, as Vanderbilt University School of Nursing (VUSN) went all out for the first-ever Vanderbilt Giving Day. Alumni, students, faculty, administration, staff and friends were determined to set a record for the number of financial gifts given to VUSN, and VU, in one day.

Official university-wide events kicked off at midnight when students gathered at Dudley Field for the Gold Dash, a celebratory run across the football field to commemorate the occasion.

Other events took place

on campus throughout the day. University landmarks "turned gold" to visibly mark the day. Alumni across the country attended chapter events and posted photos of themselves wearing gold on their social media accounts.

At VUSN, the atrium was festooned with a gold balloon arch and Development and Alumni Relations staff were present to answer questions and process payments on site for donors. Vanderbilt's mascot, Mr. Commodore (aka Mr. C.), visited and posed for photos. An all-school social rounded out the day.

In the days leading up to Giving Day, Dean Linda

Norman recorded a video for Facebook and issued a challenge: she'd match the first \$1,000 given to the School of Nursing on Giving Day. The challenge was accepted: by 8 a.m., students, faculty, staff and friends had donated \$1,000 and they didn't stop there. By 11:59 p.m., more than 250 donors had contributed nearly \$26,000 to the School of Nursing in that one 24-hour time period.

Promotion for Giving Day began months earlier with the help of more than 1,370 Giving Day Ambassadors — volunteers who helped to spread the word via social media.

In just 24 hours, more than 7,400 alumni, students, parents, faculty, staff and friends made gifts of all sizes to areas across Vanderbilt and raised more than \$1.6 million.

Be on the lookout for details about Giving Day 2017, taking place this spring.



New program launched for Family Nurse Practitioners in emergency and urgent care

Vanderbilt University School of Nursing has developed a new post-master's educational program for family nurse practitioners who work in either emergency care or urgent care settings and who desire to become certified as Emergency Nurse Practitioners (ENP-C).

The new two-semester program started in August 2016 for FNP-certified applicants in emergency care. A total of four courses (two each semester) provide focused didactic and clinical knowledge to safely care for patients in emergency care settings.

The school is offering the post-master certification to help family nurse practitioners prepare for a new board certification, the ENP-C, which will launch in 2017.

In order to take the certification exam, licensed and certified family nurse practitioners must have a minimum of 2,000 direct, emergency care practice hours in the past five years plus either 100 hours of continuing emergency care education, completion of an academic emergency care graduate or post-graduate nurse practitioner program, or completion of an approved emergency fellowship program.

"Our new program offers academic emergency care nurse practitioner education at the post-graduate level and will prepare graduates for board eligibility as ENP-C," said Jennifer Wilbeck, DNP, APRN-BC, CEN, associate professor of Nursing and specialty director, Emergency Nurse Practitioner Program. "The program will use online and distance technologies and techniques so students can take the courses without having to relocate or give up employment."

Fall courses are Pathology and Collaborative Management in Emergency and Critical Care and Trauma, Emergency and Critical Care Clinical I. Spring courses are Concepts in Emergency Nursing and Trauma, Emergency and Critical Care Clinical II.



JOE HOWELL



JOE HOWELL

contact

For further information, visit nursing.vanderbilt.edu/msn/enp.html or email jennifer.wilbeck@vanderbilt.edu.

New alumni board leadership



Tiffany Street, MSN '03

Tiffany Street, MSN '03, APRN, ACNP-BC, has become president of the Vanderbilt University School of

Nursing (VUSN) Alumni Association Board, and Ty Williams, MSN '03, DNP '12, ACNP-BC, FNO-BC, is its new vice president.

Street recently moved from Houston to Nashville to serve as assistant director of Advanced Practice at the Vanderbilt Heart and Vascular Institute.



Ty Williams, MSN '03, DNP '12

Los Angeles resident Williams joined the School of Nursing as an instructor in 2012. Both are eager to

connect with nursing graduates and strengthen the alumni presence within the school community, they said.

All VUSN graduates are members of the School of Nursing Alumni Association and currently there are more than 9,700 active VUSN alumni around the world.

Want to get involved? Email alumninursing@vanderbilt.edu. Check the school's website at nursing.vanderbilt.edu/alumni and email updates for news and resources for nursing graduates.

Three accomplished alumni and a legendary Friend of Nursing were honored during Reunion 2016. From left, Professor Emeritus Vereen Bell; Sally Yeagley, BSN '66, MSN '80; Dean Linda Norman; Britney Broyhill, MSN '08, DNP '13,; and Cynthia Cameron, MSN '10.



SARA PUTNAM

2016 Alumni Award Recipients

The Vanderbilt University School of Nursing (VUSN) awarded three outstanding alumni and a legendary Vanderbilt professor with VUSN alumni awards as part of Reunion 2016. Britney Broyhill, MSN '08, DNP '13, BA '06; Cynthia Cameron, MSN '10; Sally Yeagley, BSN '66, MSN '86; and Vereen Bell, professor of English, emeritus, accepted the awards in ceremonies Oct. 20-21, 2016.

Nominations for the awards were made by School of Nursing alumni and faculty; recipients were determined in a vote by the Alumni Association Board.

Britney Broyhill, DNP, ACNP-BC, received the Alumni Award for Excellence in Nursing. The award is presented annually to a School of Nursing graduate who is a national or international leader in nursing issues. Broyhill is a nurse practitioner and fellowship director with Carolinas HealthCare System, where she has developed the largest post-graduate transition-to-practice NP training program in the country. She was also instrumental in creating the post-graduate APRN fellowship credentialing body, the Association for Post Graduate APRN Programs. She has published extensively, speaks at conferences, has testified before the National Institute of Medicine regarding the Future of Nursing report, and actively lobbies for full practice authority in North Carolina.

The Alumni Award for Clinical Achievement was presented to Sally Yeagley, RNC, MSN, WHNP, for outstanding contributions in clinical, patient-centered practice. Yeagley's long career in obstetrics and women's health made a lasting impact on Tennessee. After obtaining her bachelor's degree at VUSN, she joined a private obstetrical practice in Nashville, and, as a full partner – unique at the time – implemented her vision for patient-centered maternity care. She was responsible for other initiatives, such as allowing children to be present in the birthing room (a move approved by the Tennessee State Regulatory Board), and was instrumental in the opening of Tennessee's first birthing room. Yeagley is credentialed in reproductive health and specializes in the care of infertile women and women who have experienced sexual abuse.

The Alumni Association President's Award of Distinction, given to an alumna for distinguished contributions to nursing and the community, was presented to Cynthia Cameron,

FNP-BC. Cameron has practiced as a nurse practitioner in oncology, primary care and preoperative testing, and has distinguished herself in providing for her patients' emotional well-being as well as their physical care. Since 2012, Cameron has volunteered to treat wounded military veterans at Passport Health in Bethesda, Maryland. She currently works for the Dermatologic Surgery Center in Washington, D.C. One of her patients there said, "She was so nice, friendly and reassuring, that I immediately trusted her diagnosis." Earlier this year, Cameron was recognized by *Washingtonian Magazine* as a finalist for its Excellence in Nursing Award. As a student at VUSN, she held the Kathleen Suzanne Nelson Memorial Scholarship.

The Friend of Nursing Award recognizes significant local or national contributions, or both, to the profession of nursing from an individual who is not a nurse or Vanderbilt University School of Nursing alumnus. The 2016 honoree is Professor of English, Emeritus, Vereen Bell. Bell has taught at Vanderbilt since 1959 and remains one of the university's most revered professors. Bell's influence on the School of Nursing includes teaching Advanced English to members of the VUSN Class of 1966. One nominator said the course was instrumental in teaching student nurses to think critically. "He was the epitome of the reasons we were at Vanderbilt — intellectual stimulation and a beacon for where we might go in the world," she said. Another Class of 1966 member said, "In my two working careers and my personal interest, my working and communicating have benefited from those early lessons in Dr. Bell's class." A third nominator added, "I often reflected on Dr. Bell's uncompromising expectations, which I tried to emulate when I was teaching nursing students."

School of Nursing earns national CCNE accreditation; changes accreditation body

The Vanderbilt University School of Nursing (VUSN) received accreditation from the Commission on Collegiate Nursing Education (CCNE) for its Master of Science in Nursing (MSN) degree, Doctor of Nursing Practice (DNP) and post-master's certificate programs for a five-year period through 2021.

"The CCNE accreditation signifies that Vanderbilt provides quality nursing education and that our graduates are educated in accordance with the highest national nursing standards," said Dean Linda Norman, DSN, R.N., FAAN, the Valere Potter Menefee Professor of Nursing. "It is outside validation that our continual pursuit

of excellence in teaching, learning and innovation produces results."

Since 1973, the VUSN masters' programs have been continuously accredited by the National League for Nursing. In 1997, the NLN changed its name to the National League for Nursing Accrediting Commission, and then to the Accrediting Commission for Education in Nursing (ACEN). Both agencies, CCNE and ACEN, are recognized as accrediting bodies for nursing and hold to exceptionally high standards.

Applying for the voluntary, self-regulatory accreditation involves months of preparation. VUSN produced a more than

220-page self-study accessing its strengths, standards, procedures, personnel and direction. The school then hosted a two-and-one-half-day site visit by CCNE examiners. The examiners met with university leaders, faculty, students and preceptors; visited clinical sites; evaluated on-site and online classes; and reviewed application materials.

The examiners evaluated VUSN's program quality in regard to mission and governance, institutional commitment and resources, and curriculum and teaching-learning practices. They also looked at the effectiveness of the school's programs in terms of program, student and faculty outcomes.

"A huge component of the

accreditation process is self-assessment," Norman said. "We were able to look at our program as it relates to the health care environment, and identify our strengths and areas for improvement."

Just as important, she noted, the self-study process spotlighted the school's accomplishments and opportunities. "It was good to look at our strengths — our student-focused environment, leadership in teaching technology, recognized and accomplished faculty, well-developed academic and clinical partnerships, and innovative research," she said. "Too often we focus on what we want to accomplish and forget to celebrate what we've done."

New course explores health issues and needs of LGBT community

A new class jointly offered by the Vanderbilt Schools of Nursing and Medicine seeks to inform students about the challenges lesbian, gay, bisexual and transgender individuals face in health care in the U.S. and to give them information to better serve their LGBT patients.

The 13-week course, LGBT Health in Interprofessional Practice, was developed by School of Medicine Associate Professor Jesse Ehrenfeld, M.D., MPH, and School of Nursing Professor Sarah Fogel, Ph.D., R.N., FAAN.

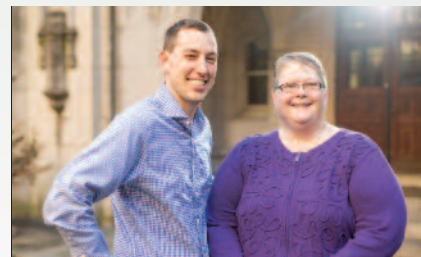
The course is open to any graduate level Vanderbilt student. Nursing students can take it as part of the master's, post-master's or doctoral education programs. Medical students take it as an elective in the third or fourth year of their medical education program and as part of an already established Graduate Certificate in LGBT Health.

Students gain an informed understanding of health disparities and specific health needs for LGBT people, said Fogel,

who is also director of the ASN to MSN Program at the School of Nursing. They also gain communication skills and will be able to discuss a range of resources for patients. "All of this will impact patient interactions, quality, costs and outcomes," Fogel said.

In the course, language, sexual development, health risks and legal and ethical issues related to gender identity and sexual orientation are defined and explored within different health care environments, as are specific health care concerns for patients with disorders of sexual development or intersex.

A growing body of research has documented health disparities between LGBT and straight patients. According to Healthy People 2020, an organization that provides science-based, 10-year national objectives for improving overall health, lesbians are less likely to get preventive services for cancer, gay men are at a higher risk of HIV, LGBT youth are two- to three-times more likely to



Jesse Ehrenfeld, M.D., and Sarah Fogel, Ph.D.

attempt suicide, and transgender individuals have a high prevalence of victimization and mental health issues.

Additional research indicates that LGBT individuals may delay or avoid medical treatment for fear of encountering bias in health care settings.

"This course is not introductory. It bumps up the learning so that students learn things that actually affect the health care provided for these patients," Fogel said.

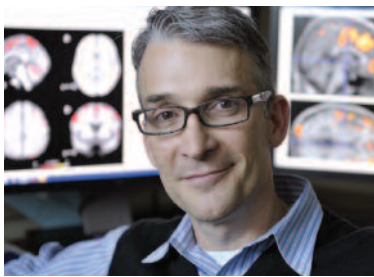
When They Can't Tell You Where It Hurts

Assessing and easing pain in people with Alzheimer's disease

Already suffering from Alzheimer's disease, Todd Monroe's grandmother was dealt a second blow — breast cancer. Because she couldn't articulate what was wrong, the cancer was advanced when she was diagnosed. Managing her pain became a top priority, but that was a challenge: she couldn't tell the caregivers in the nursing home where she lived when she was in pain.

Some of the team caring for her were reluctant to administer pain medications to someone who could no longer speak, recalls Monroe, Ph.D., R.N., FAAN, assistant professor of Nursing. It was up to Monroe, who was with his grandmother in her final days, to ensure she received the medications she needed.

"Many caregivers are afraid to administer pain medications if they can't assess pain severity or pain relief," Monroe said. "Poorly treated pain in older adults is a serious public health problem which is made extremely challenging when the person has severe dementia and limited ability to communicate."



Monroe credits his grandmother's experience with making him aware of the issues facing clinicians who must assess pain and of the risk of undertreated pain in persons with dementia. Much of his work since then has been to determine how dementia impacts the neurobiology of pain systems in the brain and to use this information to better guide pain management in this highly vulnerable population.

After earning his MSN from the University of Alabama and a Ph.D. in nursing from the University of

Tennessee Health Science Center, Monroe was drawn to Vanderbilt for a three-year postdoctoral opportunity with the School of Nursing, Vanderbilt University Institute of Imaging Science, and Vanderbilt Psychiatric Neuroimaging Program. After completing the postdoctoral program he joined the VUSN faculty; he also holds an appointment as assistant professor of Psychiatry and Behavioral Health at the Vanderbilt University School of Medicine. In 2016 he was named a Fellow of the Gerontological Society of America.

Altered pain perception

His most recent research found that people with Alzheimer's disease might not perceive pain as readily as healthy older adults, which may lead to underreporting of pain and delays in treatment. In a paper published in *BMC Medicine*, Monroe and his colleagues suggest that this alteration in pain detection may be one reason that people with Alzheimer's disease and pain tend to be undermedicated. Altered pain detection also places people with dementia at increased risk for delay in detecting underlying conditions that could have a serious impact.

Previous research indicated that people with Alzheimer's disease report pain less frequently than healthy adults and they tend to receive less pain medication, but it was not known if underreporting is because people with Alzheimer's perceive less pain, have an inability to recognize pain, or couldn't communicate that they were in pain.

Monroe's group studied pain responses in two groups of older adults (age 65 and older), one composed of healthy people and the other composed of people with diagnoses of Alzheimer's disease. The three-year study used an FDA-approved psychophysical thermal stimulation to test for and examine self-reports of pain in the two groups. The participants with Alzheimer's were all physically healthy, communicative and able to provide a verbal pain rating.

"We compared the perception threshold for three experimental thermal intensities and the

unpleasantness associated with each," he said. "We found that participants with Alzheimer's disease required higher temperatures to report sensing warmth, mild pain and moderate pain when compared to healthy adults. What we didn't find was a difference between the two groups in reporting how unpleasant the sensations were at any level."

That the participants in both groups reported similar unpleasantness appears to refute a longstanding hypothesis that pain tolerance is altered in people with Alzheimer's, he said. "We found no evidence that people with Alzheimer's disease are less distressed by pain nor that pain becomes less unpleasant as their disease worsens," Monroe said.

Improved pain care

Further study is needed, but it is becoming clear that health care providers should evaluate pain in Alzheimer's disease with a variety of methods, including pain scales, behavioral changes and nonverbal responses such as facial expressions. This is especially critical in latter stages when many patients have difficulty communicating.

"As people age, the risk of developing a painful condition increases, and as the population of older adults continues to grow, so will the number of people diagnosed with Alzheimer's disease," he said. "We need to find ways to improve pain care in people with all forms of dementia."

Monroe's work was supported by the John A. Hartford Foundation, Mayday Fund, Vanderbilt Office of Clinical and Translational Scientist Development, Vanderbilt Clinical and Translational Research Scholars Program, and the NIH National Institute on Aging (K23 AG046379-01A1).



Nitrous Oxide Makes a Comeback

Laboring mothers welcome new, yet old, pain management option

In 2014 Nicole Dutcher delivered her first child using natural childbirth. She was passionate about trying it again with her second pregnancy. But one thing stood in the way — her memory. “The reality of the intensity of natural childbirth with no pain relief really stuck with me,” Dutcher said. “I had a bit of unexpected fear going into my second delivery, and that anticipation became a real challenge. I had an open conversation about my fears and concerns going into my second birthing experience with my midwife, and I am so thankful I did.”

BY JESSICA PASLEY
PHOTOGRAPHY BY DANIEL DUBOIS

Dutcher and her husband discussed using nitrous oxide as a noninvasive option for pain relief.

As a burn unit nurse at Vanderbilt University Medical Center, Dutcher was familiar with nitrous oxide as an inhaled analgesic to reduce pain during various procedures. “The fact that I would be in control of the administration of the nitrous was really what enticed me,” she said. “The ability to use nitrous during the entire process is a huge advancement. Just knowing that the option was available gave me peace of mind that I did not have otherwise.”

“It did not completely take away my pain, but it took the edge off. It eased the intensity and it allowed me to feel the movement and transition in childbirth, which was very important to me.”

Nitrous champion

Michelle Collins, Ph.D., CNM, FACNM, FAAN, couldn't be more pleased with Dutcher's assessment of her childbirth experience with nitrous oxide, also known as laughing gas. It's the reason she advocated to introduce nitrous oxide to Vanderbilt University Hospital's labor and delivery unit five years ago.

Since then, a growing number of women at Vanderbilt and around the country are opting to use the analgesic, which is making a comeback in the labor and birth field after a nearly 50-year hiatus. Because nitrous does not affect fetuses in the same way that other pain reliever methods do, it is considered a safe option for labor and birth.

“I first saw it while I was in London during my undergraduate nursing program,” said Collins, professor of Nursing and director of the Nurse-Midwifery specialty program at Vanderbilt University School of Nursing (VUSN). “I spent a semester there and it really impacted me. It was my first introduction to both midwives and nitrous oxide, which turned out to be pivotal for my career.”

“While working as a labor and delivery nurse in the U.S., I never saw nitrous used and it struck me: Why don't we have this option in the U.S.?”

It wasn't until Collins joined Vanderbilt that she decided to follow up on her desire to introduce another option for laboring mothers. Her most important task was beginning dialogue with members from each service area aligned with labor and delivery — newborn nursery, neonatal intensive care, nursing management, risk management, obstetrics, midwifery, anesthesiology, maternal-fetal medicine and more. Collins and her team were committed to ensuring that policies, procedures and education were in place to make the option a reality.

It took two years and she hasn't looked back.

“This is a passion of mine and it's exciting to see the growth in five years,” she said. “It's thrilling that we have been able to impact this kind of change across the country.”

“When Vanderbilt first offered nitrous oxide in 2011, there was only one other medical center in the U.S. actively using nitrous,” Collins said. “Now more than 300 hospitals and 70 birthing centers in the U.S. use it as a tool for pain management. When you consider how many birthing sites there are in the country, that may not sound like a lot, but when you think about how long it takes for change to occur in practice — it really has come a long way in five years.”

Patient-controlled

Nitrous oxide is not new to the labor and birth environment worldwide. Known as “gas and air” in Europe, the United Kingdom and Canada, nitrous is used by more than half of all laboring women in those countries. Usage rates are as high as 85 percent in some countries.

In the U.S., it was commonly used before regional anesthesia grew in popularity in the 1940s. As these techniques advanced and epidural use was introduced, nitrous oxide in the U.S. was nearly eliminated.

“If you look at it purely from the perspective of pain relief, an epidural is more effective, but not everyone wants, nor is everyone an appropriate candidate for, regional anesthesia,” Collins said. “We believe that women should have access to all safe alternatives in labor and birth — whether that is a nonmedicated birth, nitrous oxide or an epidural. For us, it is about empowering women to make the best informed choices.”

The response to nitrous oxide availability at Vanderbilt has been fulfilling for Collins.

Nitrous oxide is safe, simple to use, self-administered by the laboring mother and inhaled through a handheld face mask. Collins said there are many reasons nitrous oxide is attractive to moms and health care providers: control over pain relief, anxiety-decreasing effect, disassociation from pain, no residual effects, ability to maintain mobility, no time constraints

“
I was aware of the pain,
but this took the edge off
and allowed me to be
present and enjoy the
birthing experience.”

— Shauna Zurawski

on use, can be used at any stage of labor, ability to transition to other pain relief options if necessary and multiple use for laceration repair or IV/epidural placement. On top of all that, it is patient-controlled.

“There is really good literature on what leaves a woman satisfied with her labor and birth experience,” Collins said. “The two most important factors are the relationship she has with her provider and the degree of empowerment or involvement she feels she has in the decisions made during the course of her labor and birth.”

Something beautiful

Shauna Zurawski’s birthing experience has run the gamut from an epidural-assisted first birth, to an unmedicated childbirth with her second child and now nitrous oxide use for her last two.

Although hesitant at first to use the gas, she is now a big proponent.

The day she decided to give nitrous oxide a try, Zurawski’s labor was not progressing and exhaustion was setting in.

“I took my first deep breath (of nitrous) and was instantly relaxed so much that I fell asleep,” Zurawski recalled. “I rested and my contractions began to pick up. I stopped fighting the labor. The nitrous actually helped me to relax, breathe and get rid of the fears and anxieties that were building up.

“I was amazed. It turned something I thought was going to be extremely hard into something beautiful.”

During Zurawski’s most recent birth, the nitrous oxide had been ordered and was ready for her when she entered her birthing suite.

“Labor and delivery is such a huge and special experience. You have so many expectations for it already and you want everything to go well. The nitrous helps me distance myself from the pain,” she said. “I was aware of the pain, but this took the edge off and allowed me to be present and enjoy the birthing experience.”

Self-administered

At Vanderbilt, nurse-midwives or physicians caring for the laboring mother order the nitrous oxide, while anesthesiologists must initiate or turn it on for each patient. Upon admission, every mother receives an anesthesia consult to go over the various options available for pain relief. If nitrous oxide is a route chosen by the patient, she and her family are given very specific instructions on its use and she is free to switch to a different method of pain relief at any time.

Vanderbilt has three portable nitrous delivery apparatus (systems) that can be used in any of its labor and delivery suites. The portable device allows laboring mothers to move around their rooms.

Only one dosing concentration is used in the birthing scenario — a 50/50 mix of nitrous oxide and oxygen. Nitrous is delivered through a mask, which must be held by the patient. As the patient

inhales through the mask, a special valve called a demand valve opens to allow the odorless, tasteless gas to come through. The patient then exhales into the mask, which closes the demand valve, cutting off the flow of nitrous oxide. An apparatus inside the mask scavenges the exhaled gas and deposits it into a waste tank in the wall. This limits the gas exposure of others in the room.

“It is very important that the patient holds the mask herself and administers the nitrous,” Collins said. “No one else is allowed to hold the mask for her. When she has had enough, she will not be able to bring the mask to her face. This prevents any chance of inhaling too much nitrous oxide and is a built-in safety mechanism of this modality.

“It contributes to what makes this so attractive to both moms and providers.”

Choices

Vanderbilt sees about 350-360 deliveries a month. Data compiled by the obstetrics department indicates that nitrous is selected by 14.6 percent of

■ Michelle Collins, director of the Nurse-Midwifery program at VUSN, is one of the nation’s top experts on the use of nitrous oxide during labor.



DANIEL DUROIS



■ *One of the advantages of using nitrous is that mothers can use it while moving around, sitting on a birth ball or chair, standing or in bed.*

patients (the figures are higher — nearly 22 percent — for patients attended by School of Nursing nurse-midwives). The same data shows that about 30 percent of patients later transition to epidural.

Department of Anesthesiology records show continual interest in nitrous use since its introduction in 2011.

“Our goal is to offer patients a choice,” said Curtis Baysinger, M.D., professor of Anesthesiology, OB division. “My interest is in the women who labor here and deliver here, and to make sure that Vanderbilt has a wide range of choices of the type of environment in which they want to labor as well as an array of choices of analgesia that we can safely provide.

“In many instances, nitrous helps women get through labor or allows them to delay the use of an epidural.”

While nitrous oxide wasn’t new to the Medical Center — it had been used in operating rooms and by the Department of Oral and Maxillofacial Surgery — its use further expanded in 2014. Now areas

like the burn unit and Monroe Carell Jr. Children’s Hospital at Vanderbilt (for help with IV sticks and radiology procedures) employ it to provide much needed comfort as an alternative to other pain relief measures, said Christopher Hughes, M.D., associate professor of Anesthesiology and chair of the VUMC Sedation Committee.

“We do have guidelines, or safety parameters, detailing which (nonobstetric) patients are candidates for nitrous,” he said. It’s not suitable for those with severe lung disease, increased intracranial pressure, impaired levels of consciousness or intoxication, nor for patients with other medical issues like intestinal obstruction or recent ocular surgeries.

“As an inhaled anesthetic, it is absorbed through the lungs,” Hughes said. “What is appealing to people is that it works quickly — fast onset and fast offset. And it’s not dependent on other organs for elimination from the body.”

Others follow

Nitrous is a good option for mothers who are not candidates for other forms of pain relief. It is this group of women that

tugged at the heart of labor and delivery nurse Michelle Amstutz.

As a bedside nurse at St. Joseph Ann Arbor in Michigan, Amstutz had witnessed many women experience childbirth with no safe options for pain relief. It was during a national Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) conference that she heard Collins’ presentation on nitrous oxide use in childbirth.

“I had no idea it was making a comeback and was available for use,” she said. “I’ve been in labor and delivery for 20 years, and as a nurse it doesn’t feel good not being able to offer some comfort to your patient.”

Amstutz approached Collins with her idea of starting a program in Ann Arbor. Collins was happy to share research, ideas, strategies and first-hand experience. The two corresponded back and forth, then Amstutz worked on implementing the use of nitrous oxide for laboring women at her hospital.

With Amstutz as advocate, St. Joseph launched a nitrous oxide program in October 2015. “It took me two years to get the program in place and we have had a great response,” she said. “It has been so empowering for our nurses to do this for our patients.”

Since the use of nitrous oxide in the U.S. for labor pain is a relatively new occurrence, evidence-based research on the analgesic is still limited but growing. Collins said that she knows of several studies currently underway, including some at Vanderbilt. She and Jeremy Neal, Ph.D., CNM, R.N., assistant professor at the School of Nursing, are working on a study involving the creation of a national data repository. “Currently, there is not an existing national database where data regarding women who use nitrous oxide for labor and birth is registered,” she said. “We are really on the cusp of widespread use of this new — yet old — modality, and the need to collect data in many areas regarding its use in labor and birth is paramount.”

Top 10 Misconceptions About Nitrous Oxide in Labor

1.

Nitrous oxide makes you laugh (hence the nickname “laughing gas”). Because nitrous oxide decreases anxiety, it puts women more at ease and they may be more talkative and relaxed — but don’t count on side-splitting laughter.

2.

Nitrous oxide is offered at many hospitals and birth centers. Not true; nitrous oxide use has dramatically increased since 2011, but there is still a long way to go to ensure that every woman who desires to use nitrous oxide in childbirth has the opportunity.

3.

My family members can hold the nitrous oxide mask if I get tired. As well-meaning as family members are, this is one area where they can’t help. A safety precaution for nitrous oxide use is that the laboring woman holds her own mask or

mouthpiece. When she has had sufficient nitrous oxide, she won’t be able to bring the device to her face.

4.

There is a point in labor when it is too late to use nitrous oxide. Actually, some women don’t begin using nitrous oxide until they are in the pushing stage. Other women don’t use it at all during labor, but find it very helpful if they need repair of tears in their birth canal.

5.

Nitrous oxide will harm the baby. Studies have not shown adverse effects on babies whose mothers used nitrous oxide in labor. A minimal amount of the gas does pass into your bloodstream, which means some can also pass through the placenta and go to your baby, but no ill effects in babies have been noted.

6.

Nitrous oxide will stall your labor or slow contractions.

There has not been any research showing that nitrous slows down labor or causes contractions to be less strong or frequent.

7.

If you choose to use nitrous oxide, you cannot use any other pain medications.

Wrong. A number of women who start out using nitrous go on to have epidurals later in their labor. Using nitrous oxide early on allows you to maintain mobility and stay upright, allowing the baby to move down well in your pelvis before you’re confined to bed with epidural anesthesia.

8.

Continuous fetal monitoring is required. Using nitrous oxide for pain relief does not, in and of itself, require that continuous fetal monitoring also be used. Whether you have continuous or intermittent fetal monitoring should

be dictated by your obstetrical status, not because you are using nitrous oxide.

9.

You will be confined to bed while using nitrous oxide.

Not true; You will still be able to move around. Many women use nitrous oxide while standing, squatting or sitting in a rocking chair or on a birth ball. About 10 percent of nitrous users may experience some dizziness.

10.

Using nitrous oxide in labor is just like when you use it at the dentist.

It’s not; in dental offices, the concentration of nitrous oxide to oxygen is variable so the dentist can increase or decrease the concentration based on the patient’s needs. During labor, nitrous oxide is only used at concentrations of 50 percent nitrous oxide to oxygen — no higher, and the woman administers it herself.

University of Arizona first-year student Dante Zelaya is an 18-year-old former football player with brain cancer in remission. He participated in a digital storytelling research project with Vanderbilt University School of Nursing Associate Professor Terrah Foster Akard.



USING THE INTERNET FOR GOOD

Terrah Akard turns to the internet to help ill children and teens become storytellers

Even before she began working directly with children with life-threatening conditions, Terrah Foster Akard, MSN '01, PhD '08, was moved by their stories.

In one, a 7-year-old boy stuffed pictures and notes into egg-shaped hosiery containers and hid them around his house like Easter eggs. His family found them after he died. In another, a 3-year-old girl with a terminal illness itemized her belongings, determining who would receive her possessions when she was no longer there.

Something was remarkable about these children facing serious illness, thought Akard, Ph.D., R.N., CPNP, associate professor of Nursing. They had something that healthy children of similar ages didn't — a unique maturity, an outlook on life. Hearing these stories inspired her to devote her career to help children tell their stories, something called legacy making. She would study the benefits of various storytelling techniques, both on children and their parents, with the goal of quantifying their effects and refining the methods that brought the best results.

BY MATT BATCHELDOR
PHOTOGRAPHY BY JACOB CHINN AND DANIEL DUBOIS

“I became a nurse to work with kids who have life-threatening illnesses,”

she said. “That was my goal right from the beginning — the palliative care piece was something I really had a passion about.”

Akard is now halfway into a four-year study to recruit children with advanced or relapsed cancer via Facebook and test a web-based tool that helps children create stories about who they are. The research is in partnership with the Palliative Care Research Cooperative (PRCC), and is supported by a \$1.8 million grant from the National Institute of Nursing Research of the National Institutes of Health (NIH) under award number R01NR015353.

During the study, she is recruiting 170 children and teens, ages 7 to 17, and has already signed up 100 of them. Using the internet, she is able to study a geographically diverse population from throughout the United States.

“The whole study, including recruitment, intervention and data collection is web-based,” she said.

Social networking for diversity

Akard is using Facebook advertising to find participants for the study. Users of the social network who match certain keywords see the ads, which lead them to a survey. If they meet the eligibility criteria of the survey, they are invited to participate.

Children who qualify for the survey receive access to a web module that asks them questions about who they are and allows them to upload photographs, videos and music. The program generates an electronic storyboard that can be shared with friends and family.

Meanwhile, the children and parents complete electronic surveys to measure if the storytelling intervention is having a positive effect. Akard’s ultimate goal is to gather data about the coping and adjustment of children and families and design a more standardized, evidence-based

approach that could be rolled out to a much larger audience.

“It’s easy to use,” she said. “It’s cost-effective. If determined effective, it could be scaled up and implemented fairly easily.”

Her approach was informed by earlier research. She previously discovered many hospitals nationwide are already doing forms of legacy making, but there is no common effort and little data about its impact.

“Everyone’s doing something slightly different, and it’s really just done as an anecdotal kind of service,” she said. “We think it’s helping, but nobody really knows.”

She also learned that most legacy activities are created by hospital staff around the time of a child’s death. Her intervention is designed to involve the parents and begin earlier, when children may feel less sick. The storytelling is not only for children with guarded prognoses, but also for those who may be cured of their diseases.

“We think there would be more positive benefit from that versus the services that are currently offered,” she said.

Finding a calling

Akard said she has found her life’s work in palliative care, though it took years for her to fully understand her calling.

“I always knew I wanted to do something in health care,” she said, but “when I was an undergrad, I was really focused on playing college softball.” After graduating with a Bachelor of Science degree from Jacksonville State University in 1999, she thought to herself, “I can’t be a professional softball player. What am I really going to do?”

Akard, who grew up in nearby Mt. Juliet, Tennessee, had a friend who was studying to become a nurse practitioner

through the second degree entry to MSN program at the Vanderbilt University School of Nursing (VUSN).

“She told me what it was, and I just thought, ‘That is exactly what I want to do,’” she said. “I came to Vanderbilt and got my master’s in 2001 and became a pediatric nurse practitioner, and I absolutely loved it.”

At the time, she worked in primary care in Mt. Juliet, the first such pediatric office in a growing suburb of Nashville. It was a wonderful experience, she said, but it wasn’t exactly what she wanted to do for the long term.

Something changed when she heard a father whose child had died of cancer speak at her church.

“It was like a light bulb went on when I heard him speak,” she said. “That’s what I wanted to study. What I wanted to do for the rest of my working life was to learn more about those kids and families and learn how to help them in some way.”

She returned to VUSN to pursue a Ph.D. in nursing science, receiving it in 2008. “Research was really my passion and what I wanted to do,” she said. “It was where I needed to be.”

Importance of memory

Akard came under the wing of Mary Jo Gilmer, Ph.D., MBA, R.N., FAAN, professor of Pediatrics and Nursing at VUSN, whose research focuses on enhancing the care of children with life-threatening conditions.

Right away, Gilmer saw the promise in her mentee. “Terrah has always been really motivated and intuitive and wanting to know more about things and why things happen,” she said. “She’s always wanted to be involved in expanding the knowledge base in nursing.”

Gilmer gave Akard the opportunity to work as a site coordinator for her study on parents and siblings of children who had died of cancer. Akard recruited participants and met them at their homes, learning firsthand about their needs.

Through the retrospective study,



Terrah Foster Akard seeks to discover how to best help families and young patients cope with serious life-threatening conditions.

which became the topic of her dissertation, she learned that respondents said that legacy making was important and that it impacted both children and their families. Her findings led the Robert Wood Johnson Foundation to name her to its Nurse Faculty Scholar program and provide funding for a prospective study of legacy making for children who had cancer.

“We asked kids if there were things they would like to do or say for their friends or loved ones. And it seemed like kids said ‘yes.’”

Next, she asked them about what sorts of activities children their age would enjoy. The feedback pointed to creating a digital storytelling format, which she in turn developed.

“Really what we learned from the

“Legacy making does not mean that death is imminent . . . It can still co-exist with cure.”

- Terrah Foster Akard

kids is they wanted people to know who they were as a kid, and it didn’t necessarily need to be about cancer and the hospital,” she said. “If anything, they wanted it to be normal stuff, like what their favorite things were, what their hobbies were, just who they were.”

The activity was developed to be appropriate for children at any stage of treatment.

“Legacy making does not mean that death is imminent,” Akard said. “It can still co-exist with cure.”

Emotional care

Akard piloted a digital storytelling model, interviewing 30 children and having videographer-created stories that could be shared via YouTube or a personal DVD. She measured their quality of life before and after the storytelling.

The data showed that the process was promising to have impact, she said, “especially on the emotional piece, the emotional part of quality of life.”

Ann Minnick, Ph.D., R.N., FAAN, senior associate dean for research at VUSN and the Julia Eleanor Blair Chenault Professor of Nursing, was her

mentor for the Robert Wood Johnson Foundation grant.

“Terrah has always been dedicated to the care of children and their relatives at these very difficult times of life,” she said. “Taking a look at what happens both during and after the illness and perhaps the death, especially for the survivors, is really important. Failure to adjust is associated with all sorts of other health problems, social problems.”

Another grant from the American Cancer Society allowed Akard to develop the web-based storytelling tool she is using in her current study, making it possible to recruit from a wider population.

Advancing the science

Research is one of several hats that Akard wears at Vanderbilt. The others are teaching and service.

She teaches in VUSN’s doctoral program, currently offering courses on grantsmanship and the role of the scientist. She currently mentors a postdoctoral fellow and three Ph.D. students.

“It’s very rewarding to mentor these students, to help grow that next generation so we have a good pipeline to continue advancing the science in the field,” she said.

Her service work includes serving on committees at VUSN and national palliative care organizations, in addition to reviewing grants and manuscripts. Gilmer and Akard are now co-directors of the Pediatric Palliative Care Research Team.

“It’s extremely rewarding work,” Gilmer said. “To feel like we can make even a tiny difference in this very, very critical and difficult point in the journey of children with advanced disease of any kind, then we feel like we’ve done a little something.”

Akard has found her home at Vanderbilt treating the population she feels most drawn toward.

“I don’t think I’d be in the same place if I wasn’t at the Vanderbilt University School of Nursing,” she said. “The support and resources that we have here have helped tremendously.”



Anna-Gene O'Neal talks with Knox Ownby at Alive Hospice Residence Nashville.

Hospice and heart

The deaths of two friends showed Anna-Gene O'Neal the gift of hospice

BY TOM WILEMON

PHOTOGRAPHY BY DANIEL DUBOIS

Frequently busy with meetings, planning sessions and administrative responsibilities, Alive Hospice President and CEO Anna-Gene O'Neal welcomes the chance to slip out of her office and spend time with residents and staff in Alive's residence near downtown Nashville. On this particular rainy morning, she sits by resident Knox Ownby's bed and listens as he tells her about his family.

O'Neal, who has BSN, MSN and MBA degrees from Vanderbilt University, oversees care for Alive Hospice's daily census of 430-plus patients in a 12-county area of Middle Tennessee. She manages an annual budget of more than \$29 million, running the nonprofit organization from an office next door to the agency's

Nashville residential unit, where every room has a scenic view with greenery and natural light, and the central courtyard includes a koi pond with foot-long fish. "We are not about being here for dying patients," she said. "We are about being here for living persons."

O'Neal took the helm of Alive

Hospice in 2012 after a successful period as an executive with for-profit hospital systems, where she specialized in quality control. The Alive Hospice job gives this Nashville native, who decided to become a nurse in college, a closer connection with patients.

"Nursing has such an intimate relationship with patients," she said. "You get to spend more time with them. You get to know them better as people — not just by the diseases they have."

Self-discovery

After obtaining her undergraduate degree in nursing, O'Neal worked as a

nurse in Vanderbilt Children's Hospital's Neonatal Intensive Care step-down unit, but had not yet decided on a specialty. Her supervisor, Diane Deslauriers, MSN '04, suggested a stint in the emergency department.

"You will see everything," Deslauriers told her. "Then you can pick and choose your greatest interest."

O'Neal liked that idea. She looked forward to the adrenaline rush of springing into action to save lives and the professional satisfaction of dealing with diverse medical cases.

She discovered that while she could handle most cases coming into the emergency department, she had a different reaction to patients in cardiac distress. Something about the fragility of a human heart sent her into self-doubt.

"I was terrified of taking care of patients in the (ER) cardiac room," O'Neal said. "I was great with kids. I was great with trauma. I was great with general medical cases. When I was assigned to the cardiac room, I was terrified. Then it hit me. I was terrified because I just didn't know as much as I should have."

O'Neal confronted her fear and gained certification in Advanced Cardiac Life Support (ACLS), then furthered her training to become an ACLS instructor. In that first year on the job, she was named 1989 Staff Nurse of the Year at Vanderbilt University Medical Center.

Perspective

She soon moved into leadership positions, first as a project manager and then as department manager. During her second and third years in the department, she became the inaugural student to enroll in Vanderbilt's joint MSN/MBA program for nurses, working weekends and attending classes on weekdays.

"Attending a full-time graduate program and working full time on the weekends — by the second semester of the first year, it was stressful," O'Neal said.

She had married Scott O'Neal in

1988 after they had completed their undergraduate degrees at Vanderbilt. He and other family members helped her put her life in perspective. She realized any pressure she felt was only pressure she put on herself. She didn't have to complete graduate school in two years.

"Sometimes, the stressors we have are self-induced," O'Neal said. "I ended up finishing the program on time, but I needed to have somebody remind me that it was my personal choice to do this. Nobody was making me do it."

Beginning in 1996, O'Neal took a four-year break from nursing to be a full-time mother while helping out with her husband's family-owned floral business. She kept in contact with the nurses she had worked with, including Susan Batt, one of her closest friends. Batt — the nurse who had been with her when she delivered her first child, the running buddy she hung out with on weekends and the woman she swapped stories of motherhood with — was fighting a losing battle with breast cancer. During O'Neal's last visits with her friend in 2002, she witnessed the work of hospice nurses.

Five years later, Wendy Kanter, another friend, died of breast cancer in a hospice facility. Kanter was the wife of Ken Kanter, the founding rabbi of Congregation Micah, the synagogue

The day O'Neal started as CEO and president of Alive Hospice, she wore these gold earrings that had belonged to her friend Wendy Kanter. She still wears them every day.



O'Neal attends. Wendy Kanter was a massage therapist who had comforted Batt during her illness. O'Neal traveled to Cincinnati, where the Kanter family had moved, to be with her before she died.

"I miss them (Batt and Kanter) every day," O'Neal said. "With those experiences, hospice meant something different to me."

Lure of Alive

In autumn 2011, a colleague who was on the Alive Hospice Board of Directors asked O'Neal to serve alongside her. She joined the board in December just as it was finishing its search for a chief executive officer. But in January, the chair of the board sent an email stating that the job would not be offered to the

"Never be afraid to be a patient advocate . . . When they are most fragile, patients don't have the ability to be advocates for themselves. They depend on nurses and other clinical professionals to be their advocates. Never shy from that and never back down if you feel like something is not right."

- ANNA-GENE O'NEAL

Anna-Gene O'Neal File

1989 Staff Nurse of the Year,
Vanderbilt University Medical Center

2015 Nurse of the Year, *The Tennessean* Salute to Nurses awards

2015 member, Nashville Health Care Council (NHCC) Fellows program

2016 Health Care Heroes Award (Advocate category), *Nashville Business Journal*

Former member NHCC Board of Directors

round of candidates who had interviewed and that the process would start anew with a national search. O'Neal was having lunch with her husband when she received the email.

"I looked at him and said 'I want that job,'" she said.

He replied, "Why are you telling me?" and encouraged her to apply.

O'Neal asked to be considered, and resigned from the board. On the 10th anniversary of Susan Batt's death, dining with Batt's husband and children, she received a telephone call with the job offer.

"That really felt a little bit more than a coincidence for me," she said.

O'Neal reported to work wearing gold earrings that had belonged to Wendy Kanter and given to O'Neal by Wendy's husband. She still wears them.

Patient advocate

Since she took the helm, Alive Hospice has experienced a financial turnaround. Working with her staff — including Deslauriers, her first boss who is once again a colleague — she has reduced expenses, increased cash on hand and overseen a surge in patient census while



improving quality, as measured by a Joint Commission review, and employee engagement, according to staff surveys. This August, Alive Hospice broke ground for a second residential facility scheduled to open in 2017 in Murfreesboro, Tennessee.

But the mission of Alive Hospice isn't measured in buildings or finances, O'Neal said. She recalls how a 13-month-old child came to Alive's Nashville Residence after having spent her entire life in hospitals. One of the nurses decided the child would never touch a bedsheet again, and nurses took shifts holding the

child in their arms for three days until her passing.

"Never be afraid to be a patient advocate," O'Neal said. "With that, trust your gut. When they are most fragile, patients don't have the ability to be advocates for themselves. They depend on nurses and other clinical professionals to be able to look beyond and to be their advocate. Never shy from that and never back down if you feel like something is not right.

"You have to do it professionally, and you have to have appropriate communication, but never back down."

About Alive Hospice

Although Alive Hospice does have inpatient and residential facilities, more than 90 percent of patients are treated in their own homes.

Alive is a charitable 501(c)3 nonprofit that provides nearly \$1 million in charity care each year, more than any other hospice in Tennessee.

The organization provides three core services: hospice care for terminally ill patients and their families, comprehensive grief counseling for adults and children, and education about the end of life through the Alive Institute, Alive Hospice's Center for Outreach, Innovation and Advocacy.

Alive Hospice in Numbers (2015 statistics)



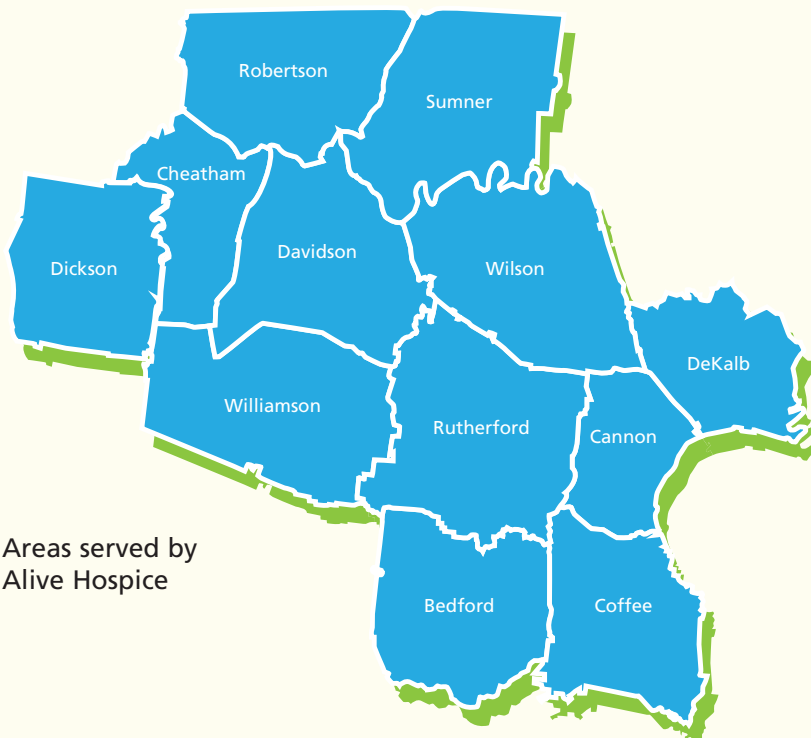
Patients received home hospice care



Patients served at Alive Hospice Residence Nashville



Patients served at Alive Hospice at TriStar Skyline Madison



3,600+

More than 3,600 patients and their families received hospice care from Alive

700

Approximately 700 adults and children received grief counseling and support

106

Children and teens attended Alive's three grief support camps

7,641

People who benefited from education events/sessions provided by Alive



Making an Impact

At Vanderbilt University School of Nursing (VUSN), we are committed to the generation and dissemination of knowledge; to using science and evidence in advancing nursing science, improving the health of individuals, families and communities, and finding solutions for effective health care delivery; to making an impact on education, nursing and health care across the U.S. and beyond. Here are some of our outstanding nursing researchers and current projects doing just that.

Currently Funded Grants and Contracts

We are proud of the grants awarded recently to VUSN faculty. See below for a listing.

Research Grants

Jie Deng

Establishing Lymphedema and Fibrosis Measures in Oral Cancer Patients
National Institutes of Health — National Institute of Dental and Craniofacial Research
3/1/2015 - 2/28/2019
\$2,408,422

Jie Deng

Self-Care for Head and Neck Cancer Survivors with Lymphedema and Fibrosis
Supported by the Research Scholar Grant Number, RSG-16-207-01-PCSM, from the American Cancer Society
1/1/2017 - 12/31/2020
\$789,000

Terrah Foster Akard

Impact of a Palliative Care Research Cooperative (PCRC)-Supported Legacy Interventions in Pediatric Palliative Care
National Institutes of Health — National Institute of Nursing Research
9/26/2014 - 6/30/2018
\$1,857,880

Mary Jo Gilmer

Canines and Childhood Cancer: Examining the Effects of Therapy Dogs
American Humane Association
10/3/2013 - 12/31/17
\$120,000

Todd Monroe

Brain Activation and Pain Reports in People with Alzheimer's Disease K23 (Career Award)
National Institutes of Health — National Institute on Aging
9/30/15 - 5/31/19
\$607,716

Todd Monroe

Differences in Pain Between Alzheimer's Disease and Vascular Dementia in Older Females
National Institutes of Health — National Institute on Aging
9/30/16 - 4/30/18
\$431,750

Todd Monroe

Age-Related Differences in Psychophysical and Neurobiological Response to Pain
National Institutes of Health — National Institute on Aging
7/1/2014 - 6/30/2017
\$431,750

Shelagh Mulvaney

Using Social Learning to Improve Adolescent Diabetes Adherence Problem Solving
National Institutes of Health — National Institute of Diabetes and Digestive and Kidney Diseases
12/1/2012 - 6/30/2017
\$1,798,029

Sheila Ridner

A Randomized Trial Evaluating Bioimpedence Spectroscopy Versus Tape Measurement in the Prevention of Lymphedema Following Locoregional Treatment for Breast Cancer
ImpediMed, Inc.
6/1/2015 - 5/31/2019
\$1,431,741

Clinical-Community Partnerships Grants

Leah Branam

Communities and Students Together for Learning-Enhanced Service (CASTLES) — Metro Community Enhancement Fund
Metro Nashville & Davidson County
7/1/2016 - 6/30/2017
\$53,200

Leah Branam

Communities and Students Together for Learning-Enhanced Service (CASTLES) — Building Academic Achievement
United Way
7/1/2016 - 6/30/2017
\$18,900

Leah Branam

Communities and Students Together for Learning-Enhanced Service (CASTLES) — Community Health Engagement
United Way
7/1/2016 - 6/30/2017
\$28,000

Leah Branam

Communities and Students Together for Learning-Enhanced Service (CASTLES) — Promoting Youth Physical Activity
United Way
7/1/2016 - 6/30/2017
\$30,000

Tonya Elkins

Maternal Infant Health Outreach Workers Program
Healthy Beginnings — Breastfeeding
United Way
7/1/2012 - 6/30/2017
\$15,000

Pam Jones

Nashville After Zone Alliance (NAZA)
Metro Nashville & Davidson County
7/1/2012 - 6/30/2017
\$960,000

Welcome New Faculty

Stellar faculty bring valued experience, research interests and teaching strengths



Laurie Connors, DNP, APNG, FNP-BC, AGN-BC, Assistant Professor

Dr. Connors has nearly 20 years' experience in oncology and genetics as a family nurse practitioner. She has practiced in private practice and in medical and surgical oncology at Roswell Park Cancer Institute in Buffalo, New York. In addition to her certification as an FNP, she is credentialed by the Genetic Nursing Credentialing Commission as an advanced practice nurse in genetics. She is an adjunct assistant professor in the Department of Biomedical Informatics at the University at Buffalo, Jacobs School of Medicine and Biomedical Sciences, where she has received several teaching excellence awards. Her research interests include quality care of cancer survivors and the interpretation, delivery and application of genetic/genomic data to clinical care. Recently, Connors received a National Institute of Nursing Research intramural research training award and completed genetic training at the National Institutes of Health. She has published and presented on hereditary cancer syndromes, personalized health care and precision medicine, and quality of life of cancer patients. Connors earned both an MSN and a DNP from the University of Buffalo.



Stefani Davis, DNP, WHNP-BC, Instructor

Dr. Davis is teaching in the Women's Health Nurse Practitioner specialty to WHNP and dual Adult-Gerontology Primary Care Family Nurse Practitioner students. Her current classes are advanced assessment courses where she teaches breast exams and general head-to-toe assessments. In addition to teaching at Vanderbilt University School of Nursing, she is on staff at the OhioHealth Breast and Cancer Surgeons practice in Columbus, Ohio. Her special interests

include sexual dysfunction following breast cancer treatment and development of a breast cancer survivorship program. Davis earned both her MSN and DNP from VUSN; her DNP project involved implementation of the female sexual function index adaption for breast cancer survivors.



Janelle Delle, DNP, ACNP-BC, Instructor

Dr. Delle is an acute care nurse practitioner who teaches in the PreSpecialty component of the MSN program. She has nearly 15 years' experience in acute care settings, including trauma, orthopaedics, medical-surgical, operating room and intensive care units. In addition to teaching, she is a trauma nurse practitioner at VUMC. Delle earned her DNP degree at VUSN, an MSN from Saint Louis University and a BSN from Austin Peay State University. Her recent clinical research interests include capturing acute stress disorder in the trauma population, which was also the focus of her doctoral research. She's currently teaching Fundamentals of Nursing and will teach Adult Health and the capstone course in 2017.



Misty Evans, DNP, APRN, CPNP-AC

Dr. Evans is a certified acute care pediatric nurse practitioner with a strong clinical background in pediatric hematology-oncology, particularly hematopoietic stem cell transplants (HSCT). She teaches in the Pediatric Nurse Practitioner Acute Care program and participates in Pediatric Nurse Practitioner Primary Care courses. Evans' research interests include supportive care measures for children receiving HSCT, long-term effects of HSCT, and recognition and management of graft versus host

disease. Prior to obtaining her Vanderbilt DNP, she earned a Pediatric Nurse Practitioner-Acute Care post-master's certificate from VUSN. For her doctoral studies, she collaborated with a pediatric transplant physician at King Hussein Cancer Center in Jordan and focused on decreasing bacterial infections in children undergoing HSCT. She practices at TriStar Children's Hospital Centennial in Nashville and is active in promoting continuing education and professional involvement for pediatric hematology-oncology nurses and nurse practitioners.



Virginia Gardner, MSN, PMHNP-BC, Instructor

Gardner is a certified adult psychiatric and mental health nurse practitioner with prescriptive privileges. She is teaching in the Psychiatric Mental Health Nurse Practitioner specialty as well as serving as faculty for the school's clinical course series and its psychopharmacology course. Gardner works at the Nashville Center for Hope and Healing, a private psychiatry practice in Nashville, where she specializes in the treatment of mood disorders. Prior to joining the center, she had a clinical practice and was a clinical faculty member in the Department of Psychiatry at the Vanderbilt University School of Medicine. She earned her MSN from VUSN in 2006. Her academic interests include psychopharmacology and neuroscience. In addition to her PMHNP certification, she is certified as a qualified cognitive therapist.



Tamika Hudson, MSN, APRN, FNP-C, CLC, Instructor

Hudson is an instructor in the PreSpecialty program, where she teaches Fundamentals of Nursing, capstone clinical practicum, suturing, the APN

Role Within the U.S. Health Care Delivery System, and other topics. She has experience in internal medicine, dermatology, pediatrics/lactation counseling and addictions science. Hudson maintains clinical practice as a board-certified family nurse practitioner at The Next Door, a nonprofit agency that caters to women suffering from substance abuse, and volunteers as a certified lactation counselor and educator at the Hope Clinic for Women. Previously, she was an adjunct nursing instructor at Belmont University. Hudson's research and scholarly interests include substance abuse detoxification, nursing education, health care disparities and increasing health equity within underrepresented communities. A VUSN alumna, Hudson serves as co-adviser for the school's Black Student Nurses Organization and is completing her Doctor of Nursing Practice degree with a Nurse Educator concentration at Samford University.



Mary Lambert, DNP, FAAN, Associate Professor

Dr. Lambert joined VUSN as an associate professor following a long and notable career in addressing national public health needs as an active duty Army nurse and in leadership at the U.S. Public Health Service. Her responsibilities included assignments at the White House, Center for Disease Control and Prevention, Office of the Surgeon General, Department of Homeland Security and Food and Drug Administration. In the early days after 9/11, she was part of the operations center set up by the Department of Health and Human Services and responded to anthrax exposure events on Capitol Hill. Prior to active service, she served in the Army Reserve and worked as a staff nurse, public health nurse, nursing instructor and clinical nurse specialist (gerontology), and as associate chief nurse at a Veterans Administration Medical Center. Lambert is part of the DNP faculty and currently teaches epidemiology. She earned her DNP at Vanderbilt and her MSN at Emory University. Her research interests include issues relating to the growing population of female veterans.



Brandee Madden, MSN, PMHNP-BC, Instructor

Madden is a certified Adult Psychiatric and Mental Health Nurse Practitioner with the Mental Health Cooperative, working with adults at clinics around Middle Tennessee, including those in Dickson, Rutherford, Montgomery and Sumner counties. She has practiced in community mental health for more than a decade, focusing on clients with serious and persistent mental illnesses. She also has experience in working with children in crisis as a clinical team co-therapist. Her research interests include caregiver stress and best practices in community and rural mental health. She holds an MSN from Vanderbilt and a bachelor's degree in psychology from the University of Alabama at Tuscaloosa. She is working on her DNP at the University of Alabama at Birmingham and teaches in both the Specialty and PreSpecialty programs at VUSN.



Susanna Rudy, DNP, MFS, AG-ACNP-BC, FNP-BC, ENP, CCRN, Instructor

Dr. Rudy is a board-certified nurse practitioner in emergency, family and adult-gerontology acute care with a master's degree in forensic science as well as master of science in nursing and doctor of nursing practice degrees from Vanderbilt. She has worked in emergency departments, intensive care units, trauma centers, and critical and acute care units. Dr. Rudy interned for the Naval Criminal Investigative Services (NCIS) and externed for the Los Angeles County Sheriff's Department Crime Lab. She is certified in advanced cardiac and advanced burn trauma life support and has trained for Homeland Security, sexual assault and disaster response teams. Her research interests include developing fellowship programs for emergency or family nurse practitioners who want to work in emergency medicine. In addition to teaching in the Adult-Gerontological Acute Care specialty and PreSpecialty program, she is an emergency nurse practitioner (ENP) in the VUMC Emergency Department.



Tony L. Smith, DNP, ACNP-BC, FNP-BC, CCRN, CFRN, NREMT, Assistant Professor

Dr. Smith is a certified family and acute care nurse practitioner and a certified flight registered nurse. He has extensive experience in trauma and emergency care, and has worked as a nurse educator for both VUMC and the Monroe Carell Jr. Children's Hospital at Vanderbilt. He moved from the emergency department to LifeFlight in 2005 and has also worked as director of LifeFlight Education. Smith has been an assistant professor at Tennessee Technological University since 2004. At VUSN, he teaches Adult-Gerontology/Family Nurse Practitioner — Emergency Care focus students. He holds a DNP from VUSN and an MSN from the University of Alabama. His research interests include best practices for new flight crew orientation and investigating career paths for flight medics and paramedics.



Lucy Tucker, MSN, ACNP-BC, FNP-BC, Instructor

Tucker is an advanced practice nurse certified as both a family and acute care nurse practitioner. She has experience as a medical and surgical intensive care nurse and as an emergency department nurse practitioner. She earned her MSN at Vanderbilt and her BSN at Liberty University. Prior to joining VUSN, Tucker served as adjunct faculty at Lipscomb University School of Nursing, where she instructed students about oxygen delivery systems, cardiac dysrhythmias, advanced cardiac life support, cardiopulmonary resuscitation, defibrillation and synchronized cardioversion. Tucker teaches in VUSN's PreSpecialty program and also works in Nashville area emergency departments as an ENP.

Selected Works 2015

Our faculty are recognized for discovery, scholarship and leadership in higher education.
Here is some of their recent work, followed by a sampling of student accomplishments.

JOURNALS

Adams S. Psychiatric mental health nursing: "A seat at the table." *Journal of the American Psychiatric Nurses Association*. Jan 2015;21(1):34-37.

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Gilmer MJ. Communication. In: Chiplis P, Corlett K, Gilmer MJ, Richardson CJ, eds. *Pediatric Nursing Review and Resource Manual*. 3rd ed. Silver Spring, MD: American Nurses Credentialing Center; 2015:348-377.

King J. Anemia. In: Burns SM, Delgado SA, eds. *Acute and Critical Care Nurse Practitioner: Cases in Diagnostic Reasoning*. 1st ed. New York, NY: McGraw-Hill; 2015

King J. GERD. In: Burns SM, Delgado SA, eds. *Acute and Critical Care Nurse Practitioner: Cases in Diagnostic Reasoning*. 1st ed. New York, NY: McGraw-Hill; 2015

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Andrews BM, Bayles S, Billante CR, Bond S, Cmelak AJ, Dowling E, Flores AM, Haman K, Murphy BM, Panarut W, **Ridner S**, Zatarain LA. Palliative issues in the care of patients with cancer of the head and neck. In: Cherny N, Fallon M, Kaasa S, Portenoy RK, Currow D, eds. *Oxford Textbook of Palliative Medicine*, 5th Edition. Oxford, UK: Oxford University Press; 2015:940-952.

Vanderhoef D. The Influence of Contemporary Trends and Issues on Nursing Education. In: Cherry

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BOOKS

McCook A, Nizielski S, **Pope J**. "Nutrition for a Changing World." 1st ed. New York, NY: Macmillan Education and Scientific American; 2015.

HONORS & AWARDS

Collins M. Rockford University, Distinguished Alumni of the Year, 2015; University of Michigan School of Nursing Dept. of Nurse-Midwifery, Murtland Lectureship Recipient for 2015, 2015

Gilmer M. International Women's Leadership Association, Outstanding Leader, 2015; Faculty Award for Media Recognition, 2015; *Nashville Business Journal*, 2015 Health Care Hero, 2015

Hande K. Tennessee Nurses Foundation, 2015 American Nurses Advocacy Institute Fellow, 2015

Ivory C. Sara K. Archer Award for Informatics Nursing Specialty, 2015; March of Dimes, Honorary Chair, 2015

Jones P. American Association of

Nurse Practitioners (AANP), State Advocate Award, 2015

Maxwell C, Miller R, Karlekar M, Hobt-Bingham T, American College of Surgeons Trauma Quality Improvement Program, American College of Surgeons Trauma Quality Improvement Program — Best PI Abstract Award, 2015

Xu J, LaManna J, **Maxwell C**, **Beuscher L**. Common characteristics of older adults rehospitalized within 30 days of transition from hospital to SNF. Southern Nursing Research Society; Feb 2015: Orlando FL.

Moore E, **Watters R**. University of Texas Health Science Center, Top 5 poster award finalist in the RESEARCH category at the 2015 Summer Institute on Evidence Based Practice, 2015

Moore G. National Association of Nurse Practitioners in Women's Health, Women's Health Research Award, 2015

Morris M. Tennessee Nurses Foundation, 2015 Scholarly Writing Contest Winner, 2015; Webb J, Thomas SP, Combs-Orme T, MCN, *The American Journal of Maternal Child Nursing*, 2015 Research Paper of the Year Award, 2015

Sheppard M. Gerontological Advanced Practice Nurses Association, Inaugural Rising Star Award, 2015

NEW EDITORSHIPS

Hopkins L, Editorial Board Member, *The Nurse Practitioner*, 2014-present

Phillippi J, Editorial Board Member, *Journal of Perinatal & Neonatal Nursing*, 2015-present

STUDENT PUBLICATIONS

Barut JK, Dietrich MS, Zaroni PA, Ridner SH. (2015). Sense of Belonging and Hope in the Lives of Persons with Schizophrenia. *Archives of Psychiatric Nursing*. 2015;30(2):178-184.

Kahn S, **Davis S**, Banes C, Dennis B, May A, Gunter O. Impact of Nurse Practitioners and Physician Assistants on Surgical Residents' Critical Care Experience. *Journal of Surgical Research*. 2015;199(1):7-12.

Saulters K, **Hittle KM**. Hepatopulmonary Syndrome in the Presence of Abernethy Malformation: A Pediatric Case Report. *Journal of Pediatric Health Care*. 2015;29(1):104-107.

Jeffery AD. I am TNA. *Tennessee Nurse*. 2015;78(4):1-2.

Jeffery AD. Methodological Challenges in Examining the Impact of Healthcare Predictive Analytics on Nursing-Sensitive Patient Outcomes. *CIN: Computers, Informatics, Nursing*. 2015;33(6):258-264.

Jeffery AD, Christen M, Moore L. Beyond a piece of paper: Learning to hire with synergy. *Nursing Management*. 2015;46(1):52-54.

Jeffery AD, Werthman J. Successful Orientation Strategies for Radiology Nurses. *Journal of Radiology Nursing*. 2015;34(2):94-99.

Mickelson RS, Willis M, Holden RJ. Medication-related cognitive artifacts used by older adults with heart failure. *Health Policy and Technology*. 2015;4(4):387-398.

Myers L, Stadick JL, Helget JL. Giving back: using alumni for a nursing skills day. *Journal of*

Nursing Education. 2015;54(4):235-236.

Myers LH, **Jeffery AD**, Nimmagadda H, Werthman JA, Jordan K. Building a Community of Scholars: One Cohort's Experience in an Online and Distance Education Doctor of Philosophy Program. *Journal of Nursing Education*. 2015; 54(11):650-654.

Hanson KE, Mansergh G, Koblin BA, Flores SA, Hudson SM, **Myers L**, Colfax GN. Depressive Symptoms by HIV Serostatus Are Differentially Associated with Unprotected Receptive and Insertive Anal Sex Among Substance-Using Men Who Have Sex with Men in the United States. *JAIDS-Journal of Acquired Immune Deficiency Syndromes*. 2015;68(1):e13-e16.

Tielsch-Goddard A, Gilmer MJ. The role and impact of animals with pediatric patients. *Pediatric Nursing*. 2015;41 (12):65-71.

Weaver M, Stephany HA, Ching CB, Kaufman MR, Squiers A, Trusler L, Clayton DB, Tanaka ST. Transition of Urologic Patients from Pediatric to Adult Care: A Preliminary Assessment of Readiness in Spina Bifida Patients. *Urology*. 2015;85 (4):959-963.

STUDENT BOOK CHAPTERS

Thomas JC, Squiers AN, Kaufman MR, **Weaver M**. Sexual Function and Pregnancy in the Female Myelodysplasia Patient. In: Wood, HM, Wood, D, eds. *Transition and Lifelong Care in Congenital Urology*. 1st ed. New York, NY: Humana Press; 2015:45-54.

STUDENT BOOKS

Jeffery AD, Longo MA, Nienaber A. (Staff Educator's Guide to Professional Development: Assessing and Enhancing Nurse Competency.) 1st ed. *Indianapolis, IN: Sigma Theta Tau International; 2015*.

STUDENT AWARDS

Barut J. March of Dimes, March of Dimes Graduate Student Nurse of the Year, 2015

STUDENT APPOINTMENTS

Barut J, Tennessee Division of Health Care, Primary Care Transformation (Health Homes) Technical Advisory Group Member, 8/2015-12/2015

Baise P, American Nurses Credentialing Center, Standard Setting and Content Expert panels, 2015-Present

Hittle K, National Association of Pediatric Nurse Practitioners, Pediatric Nurse Practitioner Workforce Work Group Chair, April 2015-April 2017

Jeffery A, Tennessee Action Coalition, Board Member, April 2015-Present

Class Notes



Leslie Jones Higgins, BSN '72, MSN '75, received the Tennessee Nurses Association Nursing Excellence – Nursing Education award.

50s

Evelyn Igarashi Blaylock, BSN '55, and husband, James, of Tulsa, Oklahoma, celebrated their 60th wedding anniversary in December 2015. The couple met on a blind date while attending Vanderbilt.

Mary Reagan Butler, BSN '57, is president of the South County Democratic Club of San Luis Obispo, California.

60s

Mary Hicks Day, Peabody Nursing BS '65, MSN '75, retired after a career that included being director of the Nurse Midwifery program at University of California Los



Carolyn Whitaker, BSN '62, MSN '72, received the Tennessee Nurses Association Lifetime Achievement Award.

Angeles, faculty member at University of California San Diego, and certified nurse-midwife with Kaiser.

Pat Whitmer Hickman, BSN '69, is acting operations manager of ITNMemphis, a non-profit that provides rides to seniors and people with visual impairments.

70s

Margie Nicks Gale, BSN '73, MSN '76, co-presented "Green Dot: A Bystander Initiative to Prevent Lateral Violence" at the 2015 National Magnet Conference.

Janet Martin Darfus, BSN '74, received the 2014 Fleming A. Thomas Faculty Information Literacy Award at Northwestern State University of Louisiana.

Mary Fran Gorman Hazinski, BSN '74, gave the keynote address at Vanderbilt University Medical Center's Aprilfest in Nashville.

Jeanne Whittenburg Latimer, BSN '75, was appointed to the Texas Parks and Wildlife Commission for a six-year term.

John and Ruth Smalley Stepulis, both MSN '77, are volunteer scholarship ambassadors for the Hawaii Community Foundation.

Bob Spencer, MSN '78, was named director of Freed-Hardeman University at Dickson's nursing program.

80s

Annie Santucci, MSN '80, is on faculty at the Free University of Brussels School of Public Health.

Joanie Laughlin Jeannette, BSN '83, MSN '04, is adminis-

trative director for Vanderbilt Heart and Vascular Institute

Debbie Dunn Gregory, BSN '84, authored two chapters in a book, "Planning and Design for Healthcare Environments: A Nurse's Perspective."

Karen Hughart, MSN '88, was appointed senior director of Nursing Informatics at Vanderbilt University Medical Center.

Barbara Boone McGinnis, MSN '89, was named partner at Elder Law Practice of Timothy L. Takacs in Hendersonville, Tennessee.

90s

Mimi Gerber, MSN '91, is a nurse practitioner at East Nashville Family Medicine clinic.

Sheryl Banak, MSN '91, has been on faculty at Baptist Health College Little Rock for 11 years, teaching in the LPN/paramedic-to-RN program.

Kappu Deshpande, MSN '92, earned promotion to EMS assistant chief at the Nashville Fire Department.

Nicole Herndon, MSN '92, DNP '13, is the corporate director of Women's and Children's Services for Community Health Systems in Nashville.

Sandy Hopkins Seidel, MSN '92, associate in Ambulatory Psychiatry at Vanderbilt University Medical Center, presented "Reflective Practice" during VUMC's grand rounds.

Greg Ross, MSN '94, joined Merit Health Medical Group in Brandon, Mississippi.

Tricia Hall Ten Haaf, MSN '94, is director of the John J. Pershing VA Medical Center in Poplar Bluff, Missouri.

Ellen Tosh Benneworth, MSN '95, is a nurse practitioner at Alive Hospice in Nashville.

Linda Beuscher, MSN '96, has been named a Distinguished Fellow in the National Academies of Practice and Distinguished Scholar and Fellow in the Nursing Academy. She also received the Gerontological Advanced Practice Nurses Association's Award for Excellence in Research.

Jacquelyn McMillian-Bohler, MSN '97, was featured as a National League for Nursing/Jonas Scholar in *Villanova Nursing* magazine.

Julie Dykes Sumner, MSN '97, read her work at Williamson County (Tennessee) Public Library's Poets Who Heal event in April 2016.

Royce Ryker, MSN '97, joined the Corvallis Clinic Gastroenterology Department in Oregon in January 2016.

Lynnette Berggren Clancy, MSN '98, is a nurse practitioner at Prevea Health in Green Bay, Wisconsin.

Jennifer Ezell Wilbeck, MSN '99, Post-master's '06, was



Alisa Haushalter, MSN '97, has been selected as health department director for Shelby County, Tennessee.



Todd Ambrosia, MSN '98, has been appointed dean of the Phillips School of Nursing at Mount Sinai Beth Israel in New York.

selected as a Fellow in the American Association for Nurse Practitioners.

2000s

Patrick Palmieri, MSN '00, founded an organization called the Instituto Nacional de la Enfermería del Peru (National Institute for Nursing) in Peru.

Dawn Vanderhoef, MSN '00, was selected as a Fellow in the American Association for Nurse Practitioners.

Liz Peck, MSN '01, and her husband, Rob, were featured in a story in the *Capital Gazette* about their health care work in Africa.

Terrah Foster Akard, MSN '01, PhD '08, received tenure as an associate professor at Vanderbilt University School of Nursing. See story on Terrah on page 16 of this issue of *Vanderbilt Nurse*.

Aimee Chism Holland, MSN '02, received a rising nurse educator award from the National Organization of Nurse Practitioner Faculties.

Michelle Ross Wilson, MSN '02, is a nurse practitioner at the Baptist Health Clinic at Paducah Tilghman High School in Kentucky.

Abigail Clouse Moss, MSN '03, was voted Favorite NP in

the Readers' Choice Awards in Prentiss County, Mississippi.

Amy Denise Woodring Cochran, MSN '05, is a nurse-midwife with Covington Women's Health Specialists in Georgia.

Alana Murphy Ludwick, MSN '05, DNP '12, was named director of nursing at Peninsula College in Port Angeles, Washington.

Jamie Line Hollowell, MSN '06, is a critical care nurse practitioner at Duke University Hospital.

Melinda Leigh Phillips-Freeman, MSN '06, joined Optimum Internal Medicine and Pediatrics in Dickson, Tennessee.

Amber Worrell Vermeesch, MSN '06, was selected to represent nursing faculty at the American Association of Colleges of Nursing National Faculty Intensive Program.

Elizabeth Cooper, MSN '07, DNP '11, was appointed director of the BSN program, and then dean of the Aquinas College School of Nursing.

Chelsia Harris, MSN '08, appeared on the *OzarksLive!* TV program to discuss her new book, "Created & Called."

Jennifer Parker Kurkowski, MSN '09, co-presented about sexual health in teens at the Texas Children's Hospital



Tina Hodges, MSN '03, was recognized by *Inc.* magazine as an Impact 50 Award winner.

an Impact 50 Award winner.

Advanced Practice Provider Conference.

Stacy Ochsenrider, MSN '09, joined the West Michigan Cancer Center and Institute for Blood Disorders, working in radiation oncology.

Britney Whitaker, MSN '09, married Chris Carlton in April 2016 in Flowery Branch, Georgia.

10s

Anna Elise Cottle, MSN '10, is a nurse practitioner at Mercy Clinic Gastroenterology in Oklahoma City.

Sharon Holley, DNP '10, was inducted as a Fellow into the American College of Nurse-Midwives at its annual meeting in May 2016.

Sara Morris, MSN '10, and Jeremy Garner were married in Nashville in October 2014.

Stephanie Hunt Boyd, MSN '11, DNP '15, was voted the Northeast Ohio Organization for Nurse Executives Aspiring Nurse Leader Award.

Nneka Jon-Ubabuco, MSN '11, is a nurse practitioner at Privy Oasis, providing psychiatric mental health care for children, adolescents, adults and geriatric patients in the Dallas-Ft. Worth area.

Meredith Anne Morgan, MSN '11, married Samuel Donovan Kaffenberger in Nashville in October 2015.

Elizabeth Morse, MSN '11, DNP '14, is a nurse practitioner at East Nashville Family Medicine Clinic.

Heather Whaley O'Dell, MSN '11, spoke at Vanderbilt University Medical Center's



Megan Simmons, MSN '05, DNP '13, earned the Gerontological Advanced Practice Nurses Association's first Rising Star Award.

Aprilfest in Nashville.

Tricia Stanley, DNP '11, was featured in VUSN Professor of Nursing Bonnie Pilon's blog, Healthcare in the Shadows for her work as director of clinical operations for Wellness for Life Medical.

Meghan Rowland Boyls, MSN '12, is a nurse practitioner at East Nashville Family Medicine Clinic.

Amy Alspaugh, MSN '12, was interviewed about breast cancer on WNCN Durham's *My Carolina Today*.

Colleen Clarke Ariola, DNP '12, celebrated her first year as vice president for Patient Care Services at the Parker Jewish Institute for Health Care and Rehabilitation in New Hyde Park, New York.

Taaka Cash, MSN '12, DNP '13, opened Privy Oasis, LLC, psychiatric mental health care for children, adolescents, adults and geriatric people in the Dallas-Ft. Worth area.

Melissa DeCapua, MSN '12, writes a blog, Modern Nurse, to "empower and inform nurses, create a dialogue among readers, and spread the word about the importance of the nursing voice."

Maggie Kuch, MSN '12, married Matthew Bretschneider in September 2015. Bridesmaids



Karla Anne Rella, MSN '11, joined the medical staff of Penobscot

Community Health Care in Bangor, Maine.

included **Amy Alspaugh, MSN '12**.

Lisa Matasovsky Lunsford, DNP '12, published "Knowledge & Attitudes Regarding Pediatric Pain in Mongolian Nurses" in *Pain Management Nursing*.

Dana Nelson-Peterson, DNP '12, is associate chief nursing officer at Virginia Mason Medical Center.

Panayiota Agamemnonos Smeathers, MSN '12, is an advanced practice registered nurse in Deaconess Clinic's gastroenterology department in Evansville, Indiana.

Avni Cirpili, DNP '13, left Vanderbilt Psychiatric Hospital as chief nursing officer to become senior vice president and chief nursing officer at the Menninger Clinic in Houston.

Jessica Gardner, MSN '13, is an adjunct clinical faculty member at Louisiana State University of Alexandria.



Christian Ketel, DNP '14, co-authored "Evidence-based Development in Nurse-led

Interprofessional Teams," published in *Nursing Management*.

Florencia Kantt, MSN '13, of Community Health Centers, won an award from Lane County, Oregon, for her post "Straightforward Office Visit with A Teenager Turns to Something Much More" on the KevinMD blog.

Brittany Powell, MSN '13, is a nurse practitioner at Health Central Women's Care in Dallas.

Cindy Blalock, MSN '14, was featured in the April issue of *Dr. Oz — The Good Life* magazine for her inspiring weight loss story.

Melanie Keiffer, DNP '14, is associate professor at University of San Francisco School of Nursing and Health Professions.

Lindsay Ramsey, MSN '14, spoke at Vanderbilt University Medical Center's Aprilfest in Nashville.

Nikita Smith, MSN '14, joined Adventist Health Physicians Network in Hanford, California, as a family nurse practitioner.

Tania Washington, MSN '14, is a nurse practitioner with Carolinas HealthCare System.

Vania Brown, DNP '15, is on faculty at West Coast University, Dallas campus.

Jessica Criser, MSN '15, joined Community Health Centers of Lane County, Oregon.

Morgan De Kleine, MSN '15, is a certified nurse midwife at Goshen Birth Center in Indiana.

Misty Evans, DNP '15, had an abstract accepted for poster presentation at the American Society for Blood and Marrow Transplantation conference in February 2016.



Julie Vasher, DNP '14, helped create the California Maternal Quality Care Collaborative toolkit to

support vaginal birth and reduce primary cesareans.

Janie Geyer, MSN '15, co-presented about sexual health in teens at the Texas Children's Hospital Advanced Practice Provider Conference.

Connie Hill, MSN '15, was named vice president of patient services at St. Bernards in Jonesboro, Arkansas.

IN MEMORIAM

Esther Briggs Mason, BSN '40, in January 2016, North Wagga Wagga, Australia. She was 101.

Charlotte Wilson Butler, BSN '41, in March 2015, Liberal, Kansas.

Jean Colville Slayden, BSN '42, in January 2016, Knoxville, Tennessee.

Sarah Gardner Tillman, BSN '45, in November 2015, Natchez, Mississippi.

Frances Pfau, BSN '49, in September 2015, Fairfield, Alabama.

Katherine Oetgen Woods, BSN '52, in April 2016, Midway, Georgia.

Mary Sue Miller Heldman, Peabody Nursing '55, N '57, in May 2016, Nashville.

Shirley Carmichael Feese, BSN '59, in November 2015, Maysville, Kentucky.

Toni Fasano Youngblood, BSN '62, in November 2015, Lakeland, Florida.

Ann Jones McCurdy, BSN '64, in August 2015, Orlando, Florida.

Linda Tittsworth Harrell, BSN '65, in December 2015, Ocala, Florida. She recently had led her classmates in Nashville to celebrate their Quinq (50th) Vanderbilt reunion.

Diana Dauksch Mick, BSN '67, in July 2015, Chattanooga, Tennessee.

Faye Hilley Shaffer, BSN '73, in March 2016, Birmingham, Alabama.

Elena Economou Saclarides, BSN '77, in July 2015, Northfield, Illinois. Her husband, all five of their children, and her sister also graduated from Vanderbilt University.

Bernard McCarty, MSN '96, in November 2015, Smyrna, Tennessee.

Mona Galbreath Hoehler, MSN '03, in February 2016, Nashville.

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2016 graduation

With family and friends on hand, the Class of 2016 was honored during Vanderbilt's Commencement and VUSN's Academic Hooding ceremony on May 13. The events recognized 43 Doctor of Nursing Practice (DNP) graduates and 329 master's-prepared graduates. Seven VUSN students who earned their Ph.D.s in Nursing Science were recognized during Graduate School activities.

1. Banner bearer Jamison Williams and Dean Linda Norman wait to lead the soon-to-be-graduates to seats on Alumni Lawn.

2. Left, DNP graduates Laura Ayers, MSN '08, and Amy Filmore Nassar, BS '95.

3. The best use for a selfie-stick: commemorating a joyous occasion. From left, Katie P. Cross, Lacey Cross and Janet Cross, MEEd '86.

Photography by Susan Urmy





1. MSN graduates Meghan Daigle, Kelly Lennon and Kate Ballantine before ceremonies begin.

2. DNP graduate Orlin Marquez, MSN '14, receives his hood from Terri Allison, DNP Program Director, and Mavis Schorn, Senior Associate Academic Dean.

3. Left, Brittany Hooks and Lena McMillan prepare to process onto Alumni Lawn.

4. 2016 Founder's Medalist Jessica Walker earned her MSN in the Psychiatric-Mental Health Nurse Practitioner specialty.

5. New Ph.D.s Leanne Boehm and Anna Goddard.



Photography by Susan Urmy





ROBERT C. BLAKEY, MSN'95, DNP'10

Yearbook entry:

Sigma Theta Tau, VA scholarship

LinkdIn profile:

Retired nurse practitioner from Murfreesboro VA Urology Service, first career as a planner with the Tennessee Department of Transportation

Next item on bucket list:

Exploring national parks in the American West by horseback

Bob's plan for Vanderbilt:

A charitable remainder unitrust that provides financial security for Bob and his wife now and establishes the Dr. Robert C. Blakey, DNP Scholarship in the future



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