

odu Nursing

Old Dominion University School of Nursing



Students Make the
Connection through
Community Health
Partnerships

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On the Cover

Erica Osei-Asibey (left) and Sonija Shrestha (right) lead community group members in a healthy walk.



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Mission

The mission of the School of Nursing is to transform healthcare by preparing exceptional nurses, extending nursing science, and partnering with our global community.

Vision

Create a health care future where inspired minds transform lives as exceptional nurse leaders, scientists, and advocates.

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OLD DOMINION UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING

Message from the Chair

Inspiring Minds, Transforming Lives, Creating the Future



During the past year, the faculty have re-examined the mission, vision, and values of the School of Nursing in an attempt to more clearly define what we do, why we do it, and where we are going. Our work was influenced by the recent Institute of Medicine report on the *Future of Nursing*, the Carnegie Foundation's book on *Educating Nurses*, as well as the National Council of State Boards of Nursing's *Consensus Model for APRN Regulation*. We also found inspiration in nationwide initiatives on health care quality, patient safety, evidence-based practice, and interprofessional education. The goal was simple—to develop mission and vision statements that reflected contemporary nursing practice and conveyed a clear image of the future of nursing at Old Dominion University.

No doubt, many of you have been asked to participate in such an exercise by your organizations. Depending on how the process unfolds, it can be simultaneously tedious and energizing. The endeavor can lead to the generation of many ideas, identification of principles, and elaboration of goals. The challenge is to synthesize these developments into powerful statements that are embraced by the faculty, and hold meaning for students, alumni, the University, education colleagues, and the community. As our faculty worked through this process, I was astounded by the clear expression of passion, imagination, and like-minded visions. Clearly, we all want to move in the same direction.

This issue of *ODU Nursing* was developed to provide you with stories that highlight our mission to “transform health care by preparing exceptional nurses, extending nursing science, and partnering with our global community.” As you can see, we are preparing exceptional nurses and at the same time extending nursing science through the development of innovations such as the web-based Monarch General Health System. This issue also highlights our effort to prepare exceptional nurses with a community health curriculum that fosters strategic community health partnerships. Over the past 10 years, our innovative approach to community health nursing education at ODU has enabled faculty and students to collectively provide over 72,000 hours of service to various community groups. The impact within the community is tremendous, and has resulted in numerous requests for student involvement from a variety of groups - in fact, more than we can, at least for now, accommodate. I applaud the success and accomplishments of the faculty and students, and also their willingness to commit their time and talents to serve those in need, often beyond the requirements of the courses.

This issue also offers five very distinctive conversations with School of Nursing alumni who are consummate role models of nurse executives. The nurses profiled exemplify our vision to “create a health care future where inspired minds transform lives as exceptional nurse leaders, scientists, and advocates.” These exceptional nurse leaders are making significant contributions to health care in their roles as nurse executives. We are proud to count them among our nearly 6,000 alumni, and appreciate their time to share individual stories and reminiscences about being a student at ODU. Additionally, we provide a profile of another exceptional nurse leader and professor emeritus, Helen Yura Petro, and her husband, Joe. Their philanthropy in support of nursing education scholarships is impressive, and so very much appreciated by the students receiving these funds.

Inspiring Minds, Transforming Lives, Creating the Future. Our new motto clearly lays out what we do, why we do it, and where we are going. Your interest in the School of Nursing is greatly appreciated, whether you are a student, alumnus, colleague, or friend. More importantly, your successes and support fuel our effort to enhance the practice of nursing in partnership with our global community.

Karen A. Karłowicz, EdD, RN
Associate Professor & Chairperson

School of Nursing News

Faculty and Students Participate in Women's Conference

Dr. Kimberly Adams Tufts and Dr. Christianne Fowler were speakers at the 2011 Virginia Women's Conference, "A Woman's Playbook for Wealth, Wellness and Wisdom," hosted by Old Dominion and U.S. Sen. Mark Warner on Nov. 19. Also on the program were keynote speakers U.S. Secretary of Health and Human Services Kathleen Sebelius and America's first African-American female combat pilot, Vernice "FlyGirl" Armour.

Several hundred women attended the free event in Webb Center, where empowering women was the central theme. In addition to the two keynote addresses, conference workshops included topics on the basics of investing, career advice, starting a small business, financial fitness, personal development, continuing education, money and retirement, and new media and self-marketing. The conference also featured opportunities for networking as well as a resource expo where nursing students and faculty staffed a booth to provide blood pressure checks and health teaching.



Left to right: Debra Murray, Christianne Fowler, Mara Santiago, Audrey Yeiter, Maureen Clifford, Kimberly Adams Tufts, Erica Smitman

ODU Nursing School Gets Top 10 Rankings in U.S. News Survey of Online Graduate Programs

The Old Dominion University School of Nursing's online graduate program earned No. 2 and No. 10 spots in the first-ever compilation of Top Online Programs by *U.S. News & World Report*. The ODU program ranked second among the nation's nursing schools for admissions selectivity and 10th for student services and technology. To be considered for these new rankings, online degree programs needed to have at least 80 percent of their course content available online.

Karen Karlowicz, associate professor and chair of ODU's nursing school, said, "The rankings for the School of Nursing are evidence and confirmation of the faculty's commitment to quality graduate nursing education, and their dedication to serving nurses throughout the Commonwealth through online and distance programming."

"This public recognition by *U.S. News & World Report* highlights the quality, admissions selectivity, student services

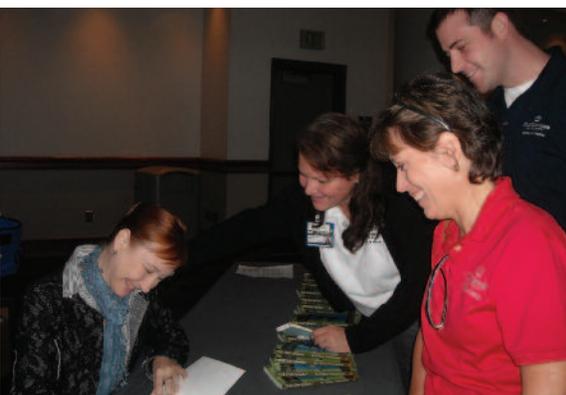
and technology of our graduate nursing programs and is a testament to our nursing faculty and students. We are thrilled that our peers recognize our outstanding success with distance learning and appreciate all of the support we have from ODU Distance Learning," said Shelley Mishoe, dean of the university's College of Health Sciences.

The School of Nursing began offering courses via distance learning more than 25 years ago as an alternative to on-campus instruction that addressed the needs of "place-bound" students who needed to earn the BSN. Over the years, the school has developed a reputation for meeting the needs of distance learners, thanks to a cadre of experienced faculty members, many of whom were once distance learning students themselves. All graduate nursing programs, with the exception of nurse anesthesia, are offered exclusively in an online format that, in some instances, is supported with occasional broadcast class sessions.

Fowler Participates in Caregiver Panel

Professor Christianne Fowler participated in an hour-long caregiver panel presentation delivered by the Norfolk Department of Public Health and filmed by WHRO for its “Health Watch” program. “Health Watch” is a monthly television program of news and community affairs updates that highlight Norfolk Health Department programs, services, events, and activities. The show also provides important information on topical health issues facing the nation and Hampton Roads residents.

Panel participants (l-r) included: Terrance Afer-Anderson, health promotion educator for the Virginia Department of Health, Norfolk District; Carol LaFauci, general nurse practitioner and local representative of the National Family Caregivers Association; John Skirven, CEO, Senior Services of Southeastern Virginia; Dr. Marissa Galicia-Castillo, geriatrician at the Glennan Center for Geriatrics and Gerontology at EVMS; and Dr. Christianne Fowler, assistant professor, ODU School of Nursing.



Tiffany Christiansen signs copies of her book for ODU nursing students, from left to right: Marcella Kennedy, Christopher Carter, and Kathleen Cramar

Creating a Culture of Safety ... Together 2012

For the second year, the ODU School of Nursing partnered with Children’s Hospital of The King’s Daughters and Eastern Virginia Medical School to host a seminar focused on “Creating a Culture of Safety ... Together.”

The seminar this year featured Tiffany Christiansen, national public speaker, author, and TeamSTEPPS master trainer. Ms. Christiansen was born with cystic fibrosis and has twice received a double lung transplant. She travels throughout the U.S. to present workshops and lectures on patient safety, advocacy, advance care planning, organ donation, pediatric illness, and “Life in the Deathbed.”

Nearly 400 undergraduate nursing students from Old Dominion, Norfolk State and Hampton universities participated in the event held in October 2011 at the ODU Ted Constant Convocation Center.



Erica Smitman, left, Kimberly Adams Tufts, center, and Jamie Squibbs, right.

Faculty/Students Participate in Relay for Life

Faculty and students from the School of Nursing, with help from the College of Health Sciences and Women’s Caucus, participated in the ODU Relay for Life. The event, which celebrates the lives of people who have battled cancer as well as remembers those who lost the battle, took place at Webb University Center on April 13, 2012.

Undergraduate faculty member Cheryl Honeycutt and senior student Christie Hoban served as team captains. With the help of team members Kimberly Adams Tufts, Mary (Toni) Beyer, Amy Bermudez, Shannon Harrington, Andrea Mercereau, Erica Smitman, Jamie Squibbs, Valerie Vick and Donna Winters, a total of \$1,719.48 was raised to support the fight against cancer. Way to go, team!

School of Nursing News



Lauren O'Connor, Janice Hawkins and Rachelle Santo Domingo (left to right) at the VNSA Luncheon

Undergraduate Students Get Published

As part of an independent study elective course in summer 2011, senior students Lauren Quinn, Lauren O'Connor and Rachelle Santo Domingo participated in nursing externships at local hospitals. To fulfill course requirements, each completed reflective writing assignments about their experiences as nurse externs. These assignments were further developed and refined with assistance from their course advisor, Janice Hawkins, and submitted to student journals for publication consideration.

"Nursing Externships: Bridging the Gap between School and the Real World," written by Lauren O'Connor and Rachelle Santo Domingo, was selected for publication in *Imprint*, the journal of the National Student Nurses Association. They were also invited to make a presentation on this topic at the Virginia Nursing Students Association's (VNSA) annual luncheon.

Lauren Quinn, along with Professor Hawkins, submitted "Summer Nurse Externships: Research and Reflections" to the VNSA publication, *The Torch*. The article was published in *The Torch* 2012 Convention Edition, and Quinn was recognized as *The Torch* Writer of the Year.



Lauren Quinn



Lynn Wiles (left) and Suzanne Van Orden (right)

Faculty Receive Teaching Awards

Undergraduate nursing faculty members Lynn Wiles and Suzanne Van Orden were recognized with awards for teaching at the College of Health Sciences annual celebration of accomplishments and recognition luncheon in April 2012. Lynn was awarded the college's Teaching with Technology Award. Suzanne was recognized with the college's Teaching Excellence Award. Congratulations to both!

Schools of Nursing and Physical Therapy Partner for Study Abroad in Dominican Republic



Pictured from left to right: Ann Vanegas-Porter, Gail Grisetti, Martha Walker, Karoline Kinney, Melissa Uribe, Fauzia Dabre, Jennifer Fevrier, and Ramón A. López (kneeling).

Building on a long-standing partnership with the Norfolk-based organization Physicians for Peace, a team of nursing and physical therapy students and faculty from the College of Health Sciences deployed to Santo Domingo in March 2012 for a study abroad experience. The purpose of the mission was to deliver targeted training to the Physicians for Peace Resource Mothers.

During this visit, the students and faculty worked with approximately 20 Resource Mothers, serving 10 *barrios* (communities). The role of the Resource Mothers is to provide support for pregnant teens; currently, they have approximately 230 active clients. Teens enter the program at about week 16 of pregnancy, and continue until their baby reaches one year of age. Resource Mothers accompany the teens to their medical appointments, visit them weekly, and provide education regarding nutrition and preparation for becoming a mother. The young teens are empowered early on to become independent and develop responsible parenting skills.

The week-long study abroad trip enabled students to provide education and training to the Resource Mothers on topics such as measurement of vital signs and recognition of obstetrical problems. At the same time, students got the opportunity to practice and enhance their Spanish language skills. Students also presented the Resource Mothers with bags that included equipment such as stethoscopes, blood pressure cuffs, measuring tapes, thermometers, timers, and an assortment of brochures in Spanish.

This visit was the first interdisciplinary study abroad trip for students and faculty in the College of Health Sciences. It was coordinated by nursing professor Janice Hawkins, and physical therapy professors Gail Grisetti and Martha Walker. The trip offered students an up-close view of how the people live in the Dominican Republic, and how their health needs affect their daily lives.

Adult-Gerontology Clinical Nurse Specialist/Educator Program Begins in Fall 2012

The popular MSN Nurse Educator program is transitioning to an Adult-Gerontology Clinical Nurse Specialist/Educator program beginning in fall 2012. This program will offer a curriculum leading to a Master of Science in Nursing with an advanced practice area of adult-gerontology and clinical nurse specialist and nurse educator designations. The program prepares students to be expert clinicians in the application of evidence-based knowledge within the realms of nursing interventions, teaching and research. Students will also receive preparation as nurse educators, and will therefore be prepared for both clinical and academic roles.

The program offers course content in theory, research, nursing education, adult-gerontology and clinical cores. Students will also be able to develop an advanced practice area with a secondary focus of their choice, facilitated by clinical placement. Applicants are admitted in the fall semester for either full-time or part-time study. Graduates of this program will be eligible to sit for the American Nurses' Credentialing Center (ANCC) Adult-Gerontology Clinical Nurse Specialist Certification Exam.



Congratulations to Staff

School of Nursing staff members were recognized at the annual Service Awards Luncheon in December for continuous employment at ODU. Pictured (left to right) are Ann McNeal, 16 years; Linda Wray, 10 years; and Suzanne Parker, 15 years. Congratulations and thanks for all the hard work!

Faculty Transitions

In August 2012, after 22 years at Old Dominion University, **Laurel (Garzon) Shepherd** will retire as associate professor of nursing to accept a new position at the University of North Dakota. Laurel was the program director for the pediatric and neonatal nurse practitioner programs, and for many years served as graduate program director for nursing. She was instrumental in helping to develop the Doctor of Nursing Practice program, and recently implemented the DNP Nurse Executive track. Her contributions to the school over the years are numerous and memorable.



Mary Ann Notarianni, associate professor of nursing, has accepted a position with the Virginia Department of Health's Portsmouth district. Mary Ann joined the ODU faculty in 2005 and taught research and community health in the undergraduate nursing program. She was also involved in the implementation and management of the E-Value data management system.



We extend our thanks to both Laurel and Mary Ann for their service to the School of Nursing, and wish them well in their new positions.

In Memoriam Margaret "Peg" Armstrong

Our friend and colleague, Capt. Margaret "Peg" Armstrong (USN Ret.) passed away on May 11, 2012, as a result of complications from a massive stroke. Peg joined the ODU School of Nursing faculty in the mid-1990s as her career in the Navy Nurse Corps was winding down. She served as undergraduate nursing program director from 1996 to 1999. Peg was known for her ability to prioritize tasks, make decisions, communicate directly and act assertively; she had a gift of commanding order and encouraging change when surrounded by confusion.

Many recall attending her stirring retirement ceremony in 1999 on the lawn of the Portsmouth Naval Medical Center after 38 years of distinguished service in the Navy Nurse Corps; soon thereafter, she stepped down from her teaching position. In the years since her retirement, Peg was a steadfast supporter of the ODU School of Nursing. We will miss Peg and the sage advice that she so frequently shared with us.





Students Make the Connection through Community Health Partnerships



ODU senior student, Harrison Okin, teaches a child about handwashing using a soap buddy.

Every week during the early days of the 2011-12 semester, 36-year-old Jeremy Jordan headed over to St. Stephen's Episcopal Church in Norfolk, where the Mission of the Holy Spirit provides services for at-risk youth. He was part of a group of ODU School of Nursing students who were becoming familiarized with these children and the particular health challenges they encounter. "At the moment, we're literally hitting the ground with the kids by walking with them - giving them some structured exercise," he said. "And we also spend about an hour tutoring them with their homework; we also provide some short basic health education afterward, like how to read food labels." Although his team was planning a late spring health fair at the church that would educate and entertain the kids and their families, Jordan already saw the ramifications of the nurses' presence every week. "It takes a little while to build some rapport with the kids," he said. "What's rewarding is that we're already becoming new friends to them and

also new, adult authority figures that they appear to appreciate."

It's this kind of connection with underserved people that Community Health Partnerships (CHP) is all about. The program, established in 2001, takes fourth-year, pre-licensure students and links them with community organizations that serve vulnerable populations. The emphasis is on providing health and wellness interventions to help impoverished children, homeless, elderly, and the uninsured. Students, once assigned to a community organization, work in groups, guided by a nursing faculty member. They systematically develop clinical objectives designed to address the health and well-being of the population served by the community organization. "In the first semester, students assess the needs of the population and plan interventions," said Karen Karlowicz, chair of the School of Nursing. "And, by the second semester, they're implementing those plans and then evaluating outcomes." Based on the assessments,

students have found a wide range of areas to initiate interventions - injury prevention, exercise, obesity prevention, nutrition, and home safety.

Often, students suggest communities and organizations that could benefit, said Janet Azar, adjunct assistant professor, who has been involved with the CHP for more than eight years. In fact, in early 2010, a nursing student, driving down Colley Avenue in Norfolk, noticed the ForKids building. "She went inside, found out that it was an organization dedicated to helping homeless families, and then she came to me with the idea of doing a CHP intervention for them," said Azar. "I said 'go for it,' and students have since led a solid outreach there."

Being there (at) ForKids

ForKids is a Norfolk nonprofit that provides shelter and assistance programs to homeless families. In an effort to understand both the organization and its clientele, students proceeded through an initial orientation, then met with the organization's staff, then the parents helped by ForKids. "Through these stages, the students get to know what ForKids is about, who we serve and how the students can begin to help in specific ways," said Ellie Cesario, ForKids adult education program director. "All of this is designed to help the students see the challenges these parents face - poverty and fractured families - so that they can interact with the parents effectively."

Through these initial familiarizations, and by doing some other statistical and qualitative data gathering on local injuries, the students determined that the families needed to know about three things that could protect their health and prevent injury: how to insure home safety (avoiding burns and falls, and safeguarding home poisons); the importance of getting vaccinations; and the need to use car seats for young children. Students assigned to the injury prevention workgroup for school year 2010-11 actively engaged the mothers served at ForKids and also found there was a demand for information about such concerns as huffing (the deliberate inhaling of fumes from gasoline or aerosol cans), use of energy drinks, and how to prevent the spread of sexually transmitted diseases.

From all this information, the nurses established a teaching grid that set out interventions that were engaging and interactive. For example, parents needed

a better sense of basic home first aid, said Bree Buckner, 22, a 2011 graduate of ODU's baccalaureate nursing program, and now a hematology/oncology nurse at Children's Hospital of The King's Daughters in Norfolk. The students set up maps of households to show how the "givens" of a home can actually present dangers to children. "We talked with them about how, for example, TV sets not centered squarely on furniture can be pulled down by young children and that ungated stairs can lead to toddler falls," said Buckner.

Chelly Morton, 28, also a 2011 BSN graduate and now an emergency room nurse at Sentara Leigh in Norfolk, said that educating the parents about immunizations was especially vital. "We found that parents were unaware of some vaccines - like the oral one for rotavirus (a disease that causes inflammation of the stomach and intestines)," she said. "But we found in our teaching sessions that these parents had a generally favorable view of vaccines; we just needed to make them aware of the vaccine schedules and how they could get the vaccines," she said.

The injury prevention workgroup measured its effectiveness in straightforward ways. For example, after sessions on poison awareness, they verified that all of the parents they interacted with now knew the national poison control hotline and how to use it. And, after sessions on the proper use of child car seats, they determined that all of the parents with young children also now knew at what point they should turn the direction of the child's car seat from facing the rear to facing the front of the car (normally, all children two and under should be seated facing the back of a car).

The current cohort of students is building on the inroads made at ForKids. Reviewing the findings and work completed by students last year, this year's students are working on interventions that help parents self-assess when they should go to a physician's office as opposed to an emergency room. Additionally, "our evaluations show that there's a continued need for immunization education and poison control," said Erica Smitman, a 32-year-old senior. They're particularly focusing on developing an immunization teaching plan

that will feature a lot of student active listening, she said, "because we need to find out their concerns and, perhaps, lingering misconceptions about vaccines."

Cesario said she is particularly pleased with the students' work and wants to build on their efforts. "Our parents can be a tough audience to reach, especially when it comes to communicating medical information," she said. "But these young



ODU senior students Princess Alvaire (left) and Paul Jason Conty (right) discuss body weight with health fair participant.

people are keeping them engaged," she said, "providing information on everything from monitoring blood pressure to giving out nutrition information that our families need." Looking ahead, she would like to work with the students to take their efforts and develop a health education lesson-plan book that can be used by other ForKids volunteers.

Engaging with the Mission of the Holy Spirit

"Undoubtedly the families we work with are struggling with problems - lack of exercise, diabetes, and teenage obesity," said Keith Josey, program director of The Mission of the Holy Spirit. "So, our ministry is to help them develop life skills of all types, with a special focus on education," he said. About three years ago, Josey began working with the ODU School of Nursing to include health and wellness education in the services that the mission offers underserved, inner-city youth. Students now are helping about 25 children, ranging in age from 2 until their late teens, said Ann Campbell, senior lecturer in nursing, who is also on the board of the Mission. "I always tell a new group of students to spend the first six weeks at the mission building relationships and just

Chris King, Valerie Vick, and Danny Chappel prepare a healthy meal at the Haven House emergency shelter. The students solicited funds from Harris Teeter and Valerie Vick's church to pay for the food.



State Recognizes Community Health Efforts

The Old Dominion University School of Nursing Obesity and Injury Prevention community health groups received an Innovative Injury and Violence Prevention Award from the Virginia Department of Health in June 2012 for their interventions in collaboration with ForKids.

The obesity prevention group presented five sessions from the federally based "Bodyworks" program to both emergency and transitional house residents, showing ways to create a healthier lifestyle for the parents and children. The injury prevention group presented sessions on poison safety, the importance of immunizations for adults and children, motor vehicle safety, and "Dr. No Dr." (appropriate use of the emergency room for health care).

loving on the kids," she said, "And we find it often takes less time than that because the children come to expect the attention from the students." Josey said he was impressed with how well those links were being built, mainly because the vast majority of the families he serves are from the inner-city and have very limited access to health care practitioners. "So, having these student nurses here every week is very important," he said. "These students are establishing rapport, encouraging more healthy habits and even helping our families get access to, for example, health care providers and insurers."

For the 2011-12 school year, students were not only helping the children with regular exercise - and tutoring them on their homework - but also offering more information on health literacy, said Lotte Vanderbijl, a 21-year-old senior. "We're emphasizing being aware of preventative measures, especially when it comes to both self-care and accessing health providers effectively," she said. In the realm of self-care, the students covered such areas as stress management, nutrition, fire safety, and dealing with bullying. And, to teach more about accessing health care, the students planned a spring health care fair that featured the participation of health care insurers.

With all of these activities, keeping the attention span of a wide range of children can be a challenge, said Jordan. Working as a team and communicating consistency is key to making progress, he said. "We always follow a deliberate routine to show them we're here to help - first the tutoring, then getting some exercise, then doing a health education intervention," he said. In this way, the children see how the students are consistently committed to them, he said. "When we leave at night they sigh because they want you to stay longer," he said. "That's really the rewarding part - when you know they want you to be there." Campbell noted that this reflected the students' ability to use their own life experiences to effectively mentor the children. "Our students know about persistence - they get to their classes and labs and get their schoolwork done while often juggling other responsibilities," said Campbell. "So I encourage them to take that same persistence and model to the kids the message that 'you can do this.'"

Josey would like to build on this budding relationship between the nursing students and the mission children, especially when

it comes to offering preventive care. "I'd like to see the students be able to use the as a launching pad to reach out to additional parts of the community," he said, "There's definitely a wider audience that would appreciate their expertise on everything from eye screenings to nutrition education."

Why Community Partnerships?

"When students begin the CHP, they often wonder where they fit in as nurses in the community," said Azar. "Their experiences in school are linked to acute care settings - everything must be precise and sterile - but we see so many students broaden their perspectives through CHP," she said. Campbell said that CHP is designed to get nurses to move their focus beyond mastering their technical competencies and take their emerging skill sets and use them to give back to others. "It's your responsibility as a nurse and human being to be part of the human race and contribute," she said.

Vanderbijl said that seeing some of the needs of the underserved and at-risk families at the Mission of the Holy Spirit was an eye-opening experience. "I can more readily see some of the barriers to health care that these families face," she said. "I now have more empathy and understanding of what they deal with so that I can be working on ways to help them get the care they need."

Indeed, students found that being involved in CHP was about more than simply checking off activities on a teaching grid; it first called for building connections. "You can imagine us just walking in with our uniforms and name badges - we'd be really different and foreign," said Buckner, reflecting on her ForKids experience. "We needed to do something first where we could both get to know each other." So, the students worked in a warehouse to help separate and sort the goods ForKids already collected for their Thanksgiving food drive, and then assisted needy families with food selection. Then the students similarly supported a holiday gift drive, followed by a summer "Fill the Backpack" drive for school supplies.

"One of the key benefits for us about doing all of this was we needed to move beyond just coming in with a bunch of ideas to help them," said Buckner. "They needed to first see us in that warehouse not in a nursing uniform, but in jeans - young people who are eager to help."

The Community Health Partnerships Curriculum

The curriculum model for community health used by the School of Nursing engages students as working volunteers of community organizations and volunteer health coalitions. First implemented in 2002, the key goal of this model is promotion of long-term partnerships with community groups that work to improve the health of vulnerable populations. School of Nursing faculty continually network in the community to identify small and/or start-up organizations that need qualified volunteers (i.e., students) who could aid in accomplishing their objectives, and thus serve as viable community health nursing practice sites.

Community health courses, totaling four credits, span the last two semesters of the senior year of the pre-licensure program. Each semester contains a combination of classroom and seminar time, as well as clinical activities designed to provide students with the opportunity to broaden their nursing care from individual-focused to community-focused health. This year alone, senior students logged a combined total of more than 7,200 hours in community service-related activities associated with the courses.

Graduating students share their experiences and accomplishments of the year-long community partnership with the

rising senior class, community partners and the university at Community Health Day. Presentations by each student group consist of an overview of their community partner, the specific cohort served, application of the nursing process, barriers encountered, and recommendations for the next student class. Students also highlight specific actions that contributed to improving the health of a vulnerable population and ensuring the continuity of the community partnership. At the end of the presentations, students in the rising senior class select their community health clinical placement sites, developing a sense of responsibility for continuing the work started by the graduating class.

Community Health Partnership Sites

Community Partner	Location	Focus of Service
ForKids	Norfolk	Homeless shelter for families and children that focuses on self-management
Children's Harbor	Norfolk, Suffolk, Portsmouth	Offers programs and services that support early child care and education for all income levels
Sentara Community Wellness Program - Miles Memorial United Methodist Church	Norfolk	Variety of health care programs offered for members of congregation and surrounding community
Community Services Board - Therapeutic Learning Center	Norfolk	Offers adult psychiatric rehabilitation programs; focuses on psycho-educational classes, health education, and empowerment
Benny's Place	Norfolk	Private organization that offers psychiatric rehabilitation programs for adults; also counseling, psycho-educational classes and health education
Village Point/Village Gardens	Norfolk	Section 8 housing adult living community for disabled or elderly adults with limited income
Drug Court	Norfolk	Chemical dependency treatment program that provides strict supervision of chemical dependency treatment to offenders to reduce recidivism; also provides rehabilitation and an alternative to incarceration
Perinatal Council	Norfolk	Resource mothers program that provides support services for low-income women of childbearing age
Norview Middle School	Norfolk	Teen pregnancy prevention initiative aimed at teenage boys ages 11-13
Mission of the Holy Spirit/REACH (Reading Enriches All Children)	Norfolk	Faith-based program that supports literacy needs and offers spiritual, educational, psycho-social services to homeless and at-risk inner city children, adolescents, and families.

School Steps Up to the White House's Interfaith Community Service Challenge

*M*any years ago in her nursing practice, Linda Bennington, senior lecturer in nursing, was caring for a woman going through pregnancy. “She had completely different spiritual beliefs than mine,” said Bennington, “But my goal was to give her the best care I could; unfortunately, her baby died.” The woman turned to Bennington to deal with the trauma, eventually writing her a letter that said “I lost my faith in God; but, through the loss of my child I met you, and that restored my faith.” This, said Bennington, is what interfaith cultural competency is about: through recognizing and respecting the patient’s spiritual needs, nurses can help the patient get to a healthier place.

In the years since that event, Bennington said, the nursing profession has progressively become sensitized to the importance of interfaith cultural competency. For example, hospitals across the country are increasingly requiring spiritual assessments of patients. These entail more than simply noting a patient’s religion, she said, “It requires asking of a patient what is spiritually meaningful for them, and what would give them comfort in a time of stress.” Now, with the President’s Interfaith and Community Service Campus Challenge, issued in 2011, the focus on such spiritual understandings has been magnified. The challenge issued by the White House urged higher education institutions to commit to interfaith cooperation and, by summer 2012, submit reports on the planning, execution, and evaluation of their efforts.

The School of Nursing immediately seized the opportunity, said Karen Karlowicz, chair of the school. “We want our students to be sensitized to the patients’ spiritual beliefs,” she said. “When nurses practice such awareness they enhance trust and respect in the care relationship, thereby improving patient satisfaction and even positively affecting some patient outcomes,” she said. The school’s participation in the challenge was one of several initiatives implemented across the ODU campus during the 2011-2012 academic year. Janet Kanter, self-supporting research assistant professor of nursing and principal investigator, said the Campus Challenge provided ODU, and the School of Nursing, with the opportunity to “develop an interdisciplinary interfaith curriculum that can move the model forward from dialogue to cooperation.”

The school’s involvement in the challenge aligns with ODU’s broader efforts to improve students’ quality of life by encouraging engagement with the local community. The particular opportunity with the president’s Campus Challenge, said Kanter, was to use both the classroom and community outreach to improve students’ cognitive and social skills so that they can communicate effectively with people of diverse backgrounds. “Mainstream spirituality often does not tell us enough about how religious culture and beliefs can complicate the delivery of patient care,” said Kanter. “Understanding the implications of a patient’s religious restrictions in health care, and the complex difference between religious and spiritual needs, is critical to developing nursing interfaith cultural competence,” she said.

Putting interfaith awareness in practice

Guided by Kanter, the School of Nursing has worked to introduce interfaith cultural competency awareness into the nursing curricula. Bennington, who has taught courses in spirituality, gave in-class presentations (or modules) to first-year pre-licensure students. “I communicate to them that spirituality is best understood as what gives meaning to a person’s life,” she said. “Nurses must understand that, while there may be different kinds of faith, the common goal is working with the patient to achieve effective care.” The school modules are designed to enhance students’ cultural competency skills so that they can better care for the whole person. In conjunction with the

modules, students are also educated about interfaith awareness through watching a video presentation of local religious leaders who discussed how nurses can best be prepared to account for various patient beliefs and practices. The school is evaluating students’ interfaith awareness through pre- and post-tests. Results will be used to enhance the threading of interfaith cultural competence throughout the curriculum. Fourth-year students also have the opportunity to interact with individuals of different faiths through the Community Health Partnerships program. Partnerships with faith-based organizations have enabled several student groups to develop and implement community health projects that blend population-based nursing care with community service. The opportunity to learn about interfaith as a concept and then proceed to use that concept to enhance their professional impact on the community is a unique feature of the undergraduate curriculum.

At Miles Memorial United Methodist Church in Norfolk, Fauzia Dabre of Virginia Beach, a 30-year-old Muslim student originally from Ghana, Africa, works with a diverse group of older church members. She has developed a good rapport with the members, helping them deal with blood pressure and cholesterol problems through a program of walking, yoga, and chair exercises. “I don’t see the person as a religion,” she said. “But I do see their beliefs and try to see if there’s any way I can help them meet their spiritual needs as regards helping them get better.” Fellow student Jocelyn Weidner, a 21-year-old Roman Catholic originally from Harrisburg, Pa., noted that leading these church members through the activities helped her become more attuned to the spiritual-physical connection. “I have found that their sense of fellowship keeps them working together toward better health practices,” she said.

Moving toward better cultural competency

For nurses to be able to offer more meaningful care, they must understand both their own spiritual values and their practice inclinations, said Dabre. She recalled that in her native Ghana, patients would too often be judged by medical practitioners. For example, a patient may have first turned to members of their community for non-medically proven remedies. Then, when the patient finally visited a medical office, the

patient would often be treated disrespectfully. “If the medical professional doesn’t show respect for the patient’s culture, that patient is not likely to share information about the illness,” she said. “The answer is to keep an open mind and provide care that, as much as possible, is compatible with the patients’ beliefs.”

The School of Nursing response to the Campus Challenge demonstrates that there is much that the field of nursing can do to promote such a deeper awareness of interfaith cultural competencies. Beyond classroom curricula, competency can come in many ways—through nursing forums on faith-based practices, self-inventories of patient interactions, and assessing questionnaires from patients. “Optimally, the best way to instill more cultural competencies is encourage nurses to have more interactions with patients,” said Bennington. “Workplaces should be particularly willing to assess nurses’ performances based on the quality of their patient interactions.”

In the meantime, what can a nurse do to improve this important aspect of the professional-patient relationship? At a minimum, there appears to be one simple, but effective, approach: know yourself. “As nurses we need to understand our own religious, spiritual, and cultural background before we can be more mindful of these in others,” said Weidner. “Then, we can realize better that, for some patients, addressing the physical is just one aspect; having that sensitivity can allow us to better care for the complete person.”



Left to right: Elizabeth Helton-Johnson (moderator), Father Jim Parke, Imam Vernon M. Fareed, and Rabbi Michael Panitz.



Monarch General Health System

Charting the Future of Nursing Education Today

Today's nursing student must be able to master a wide range of skills and competencies such as interviewing patients, analyzing patient information, providing diagnoses, educating patients, and working with an ever-changing technology. Furthermore, students learn to provide effective and safe care for diverse patient populations, with a "greater attention to community-based primary health care, and an emphasis on ... cost-effective coordinated care," says the American Association of Colleges of Nursing. While classrooms provide opportunities to understand these sound approaches - mainly through lectures and examination of case studies - the real opportunity for students to master patient interactions comes through repetitive practice. For nursing students at ODU, that opportunity is available through the Monarch General Health System (MGHS).

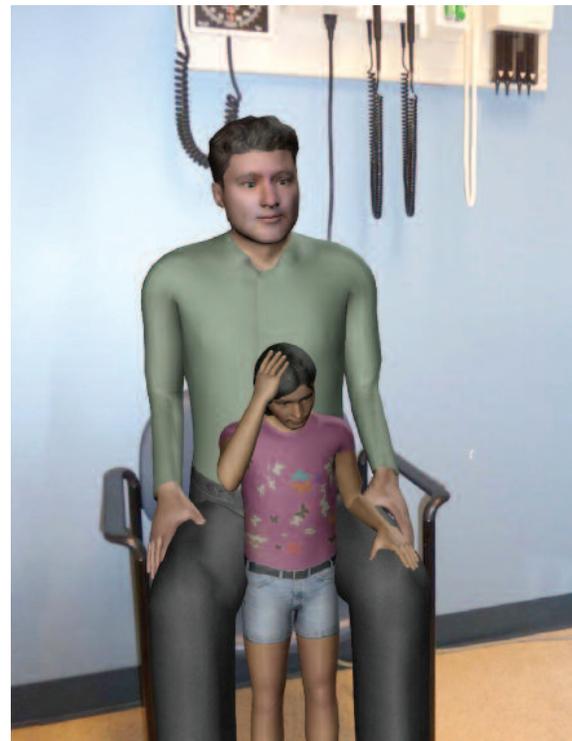
“The MGHS allows students to enhance command of their skills while also practicing effective patient interactions,” said Richardean Benjamin, associate dean of the College of Health Sciences. “The approach also allows us to help students spot potential errors, resulting in more competent practitioners and insuring more cost-effective care.”

MGHS - Where the Virtual and the Real Meet

The MGHS has two components. The major one is a virtual, full-service health system that focuses on primary and acute care scenarios. Students, whether on campus or located remotely, practice interviewing “patients” who are on-screen avatars equipped to vocalize answers to students’ typed-in questions. Another component is student use of an electronic health record (EHR) - a repository of patient health data that includes diagnostic information gathered by nursing students. The “virtual” MGHS is tied into the traditional “real” of the student learning experience, said Amy Lee, senior lecturer in nursing. “Students use MGHS in conjunction with long hours in class study and lab work,” she said. “They use all these approaches so that, through repetition, they start to internalize the steps of what to look for when assessing a patient’s condition.”

When querying an avatar patient (MGHS has 12 available), students practice using a rubric that leads them through fundamental steps of health assessments. The rubric assists with word choices (or lexicon) that the avatar recognizes and responds to. For example, students performing a general survey of vital signs should first make note of such items as height, weight, skin color, and obvious lesions, then proceed to taking blood pressure, heart rate, respiratory rate, and temperature. In the process of assessing the avatar, the student must also demonstrate an awareness of proper tools to use (for example, although an array of tools is available on the screen, students would not select a tuning fork for a vital signs assessment). When the assessment is completed, the students document their findings on a health record chart, a process that is moving from making paper entries to paperless charting within the EHR format. “By the fall of 2012, we plan to have all the assessments completed by first-year students placed within the EHRs,” said Lee. “With this approach, faculty will be able to call up the student assessments via computer and then give feedback to the students electronically.”

Also in fall 2012, MGHS will expand to 20 different avatars - two for each major body system (e.g., digestive, cardiovascular, mus-



Hector Torres and his daughter, Carmelita Torres—Monarch General Health System avatars

cular, respiratory, etc.). The expansion makes sense because MGHS complements and amplifies the information in the curricula in an apparently seamless way, said Lee. “Students find working with the avatars very natural and helpful,” she said. “In fact, although first-year nursing students are the prime users, more senior students who are working on their final practicums find it invaluable.”

Home page for Monarch General Health System

Monarch General Health Systems

Monarch General Health System
a virtual health center

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Welcome
to Monarch General Health System

Monarch General Health System is a comprehensive health resource providing a full continuum of primary, secondary, and tertiary care as well as life style services to meet the needs of the community. MGHS is comprised of Monarch General Hospital, Shores Medical Offices, Phoenix House, Safe Harbor, Mermaid Child Care Center and Dominion Life Center. Since 1858 we have continuously endeavored to provide affordable, quality health care and social services to the community.

Goto Admin Page | Video Tutorial | Medical Records

The Foundations of MGHS

Although MGHS expansion is on the near horizon, its development was long in the making. In the mid-90s ODU nursing faculty noticed that, for example, in skills lab courses, students had difficulty visualizing themselves performing fundamental nursing procedures such as assessment and documentation of a patient’s condition. To address this, the faculty initially developed, in conjunction with ODU’s Center for Learning Technology, a virtual hospital - Monarch General Hospital (MGH) - that was populated with patients who had basic health needs and others who needed psychological assessments. In this early iteration, students, whether on campus or at distance sites, “entered” the online hospital, saw a

picture of the patient, typed in questions, and received on-screen, text replies.

“As time went on, we realized that, while helpful, this approach wasn’t optimal,” said Kay Palmer, the school’s undergraduate program director. “Nurses don’t customarily type in questions to patients and then get back typed responses; nurses customarily pick up a lot about patient needs through non-verbal communications.” Also, hospitals were evolving into health systems that provided patient care in a variety of venues beyond the traditional inpatient environment. Accordingly, the School of Nursing sought, and received, a grant that allowed students to be exposed to patients of varying cultures. For example, a mock situation of a

Administration (HRSA) three-year grant that would allow students, both on campus and through distance learning, to use computerized avatars to competently perform health history interviewing, assessment, and electronic health record charting. HRSA was an ideal source for funding because it supports program development that integrates new technologies into nursing education in order to better educate students in underserved areas, said Karen Karlowicz, chair of ODU’s School of Nursing. The school, already well-established in using distance learning in support of its RN-to-BSN program, readily qualified for the grant. “We have a track record of using technology to advance education for nurses serving in remote, rural communities,” she said. “We successfully

initiatives have evolved from Department of Defense projects to include research in many areas including medicine and health care. Hector Garcia, visualization laboratory manager for VMASC, collaborated to create the avatars for the project. Will Richards, VMASC project scientist, worked with nursing faculty to develop an EHR that could be integrated into MGHS.

Charting New Directions for MGHS

While the usefulness of MGHS is already apparent to both the faculty and students, the school has plans to enhance MGHS. The avatars’ ability to respond to written inquiries is one such area. “Since our avatars respond to key words, students need to be very diligent about using certain words only once so as to successfully progress through the interview,” said Lee. For example, the avatar associates the word “where” with what parts of the body are experiencing symptoms. It will respond to the word “where” by telling the student, for example, “It hurts on my arms and legs.” If the student again uses “where” by asking “Where have you been when this symptom has occurred?” the student will get the same “It hurts on my arms and legs” answer. This aspect of computer language recognition, known as lexicon development, will see more changes in the future, said Palmer.

“To be truly real, the avatar must be able to offer a variety of responses, or be able to get to the meaning associated with a string of words,” she said. The school will be working continually with computer technicians to enhance the experience, she said, eventually bringing voice recognition into the equation. The ability to get a wider, and richer, variety of responses from the avatar will also allow students to more accurately and thoroughly document patient conditions in the EHRs. As the EHR infrastructure expands in late 2012, faculty will also be able to use electronic health records to develop more ways to assess student performance. “For example, a combination of EHR reviews and individual questionnaires for students could allow us to make more accurate assessments of how well students have internalized effective and safe procedures,” said Benjamin.

Beyond the classroom and the lab, MGHS also has great potential for placing cross-



VMASC Engineers Hector Garcia (left) and Will Richards (right)

multicultural wedding in Norfolk introduced a variety of wedding guests who, over time, appeared as patients presenting with various ailments. In this iteration of what is now called MGHS, students interacted with patient actors who appeared on screen with pre-recorded responses. While this video approach was a marked improvement over static images, it was costly and updating video segments sometimes proved difficult as the same actors were not always available.

In 2009, the school successfully applied for a \$750,000 Health Resources and Services

made the case that imbedding more computer-facilitated training into our programs aids our pre-licensure students and allows established practitioners in the post-licensure RN-to-BSN program to readily adapt to technological changes in their workplace.”

Nursing faculty partnered with Virginia Modeling, Analysis and Simulation Center (VMASC) staff to develop the avatars and electronic medical record for MGHS. VMASC is a not-for-profit, collaborative enterprise center of Old Dominion University, established in 1998 through a partnership of academia, government, and industry. VMASC



The Grant Team (left to right): Phyllis Barham, Richardean Benjamin, Karen Karlowicz (PI), Kay Palmer, and Amy Lee.

specialty members of a health care team together so as to improve communications and enhance patient outcomes, said Palmer. “We can use MGHS to, for example, facilitate and track communications among a doctor, nurse, and a physical therapist,” said Palmer. “And we can use it to spot areas of verbal and non-verbal miscommunication and address them so that, in the work environment, we have got a better awareness of how to ensure safe patient outcomes.”

Karlowicz likewise sees great potential for MGHS to expand. The school has both the clinical and the educational knowledge to grow MGHS and she envisions collaboration with other businesses that have a wide range of relevant technical expertise. “We’re looking for a business partnership that will allow full development of MGHS,” she said, “so that it could be successfully marketed to schools of nursing across the nation.” In fact, fuller development of MGHS would allow it to be targeted to health professionals, hospital staff development departments, and risk assessment offices, she said.

The school is actively working with ODU’s Business Gateway office, an entity designed to help businesses link up with resources within the university. “The Business Gateway is able to help the College meet and assess outside partners, perform a market assessment, and help develop a business plan that outlines the options and potential for commercialization of MGHS,” said

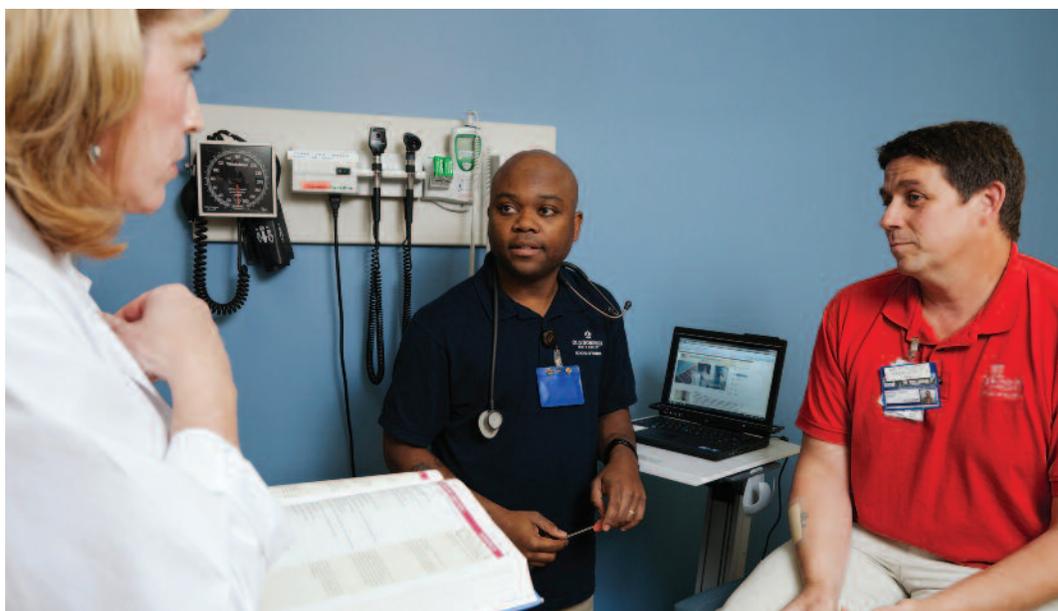
Thomas Osha, executive director of the ODU Innovation Foundation.

The drive for expanding MGHS is reflective of the school’s continuing desire to build on its groundbreaking approach. While numerous nursing schools across the country have simulation laboratories and sophisticated equipment, MGHS is a notable advance. Its unique fusion of psychomotor activities (manipulation of tools), cognitive tasks (decision-making), and psychosocial exchanges (interaction with differing patient avatars), encourages students to master both the

technical and social aspects of patient care. “We’ve had a perfect mixture here to be at the forefront in this arena,” said Palmer, reflecting on how ODU and the School of Nursing became leaders in this type of instructional technology. “We have the infrastructure for distance learning, we have creative faculty who embrace technology, and an administrative leadership that encourages the risk-taking.”

With that platform of existing strengths, and the potential for new business partners, ODU’s School of Nursing will keep steering MGHS toward enhancements that make it even more effective. “Our thoughts and aspirations have long been, and still are, bigger than the available technology,” said Palmer. “And we’re going to keep working to close that gap; it’s a challenge we can’t pass up.”

This project was supported by funds from the Department of Health and Human Services (DHHS), Health Resources and Services Administration, the Bureau of Health Professions (BHP), and the Division of Nursing, under grant #D11HP14637, titled “Technology Skill Development for Effective Nurse Communication” in the amount of \$749,570. The information or content, and conclusions are those of the authors and should not be construed as an endorsement by, or the official position or policy of, the U.S. government, DHHS, BHP, or Division of Nursing.



Senior lecturer Amy Lee instructs students Courtney Cray (left) and Rich Sposito (right).

Exceptional Nurse Leaders Make Their Mark in Executive Roles

Peggy Braun



Peggy Braun (BSN '85) is the vice president for patient care services and chief nursing executive for Sentara Virginia Beach General Hospital. Now heading into her eighth year in that role, she has operational responsibilities for nursing and is also responsible for shaping the hospital's vision and strategic planning for nursing. She oversees approximately 600 employees while managing a budget of \$47 million.

Q: You have several areas of responsibility. What are some of your biggest priorities?

A: One of our major goals is to achieve top 10 percent national rankings in safety, quality, and service. We monitor our performance against national benchmarks and nursing-sensitive indicators to better understand what we, as nurses, can do to provide excellent care to our patients. We have teams of frontline nurses and other staff along with leaders who work together on action plans to improve our performance and manage change in our workflow processes. We also focus on patient-centered care, where we actively involve patients and their families in the quality of care.

Q: Why is it important for nurses to be involved in patient-centered care?

A: Nursing is, essentially, the face of the hospital. The nurse is the professional that has oversight for patient care in collaboration with the physician. The nurse is with the patient 24/7. So, we have developed what we call nursing bundles which focus on interactions between, and among, nursing staff, the patient, and the patient's family. It addresses both the plan for the day and the long-run plan for the patient's stay in the hospital. We want to make the care as transparent as possible. So, for example, we have whiteboards in the patient's room that lists who is the nurse, who is the attending physician, and what are the goals for the patient on that day. The design behind all this is to open the door for a discussion between the clinical staff and the family about how we're here to serve and how we can make their stay better.

Q: Think back to the 1980s, when you were at ODU. What was that experience like?

A: I was a non-traditional student. I was already working full time as an RN at CHKD and had been hearing for some time that it was going to be crucial for nurses to get their college degrees. So, the flexibility of taking classes at night was very important.

Q: Recalling those days, what stands out?

A: Even though I didn't live on campus, and had a full-time job, I felt valued by the faculty and got the message that I could talk to them to get the help and support I needed. For example, I had an "aha" moment while taking a nursing research course. I remember I had thought that research was a rather elaborate and very intimidating monster. But, as I went through the course, I began to understand that as a nurse and clinician we can embrace research at

the bedside and really influence practice. That is, a research mentality at the bedside can help a nurse identify opportunities to improve the caring process - right down to keeping an eye out for simplifying management of supplies and equipment so that nurses can concentrate on the patient.

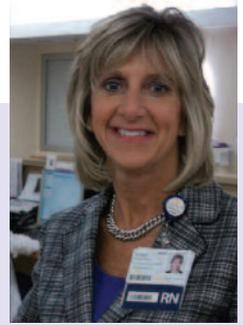
Q: What experiences from those days do you find valuable in your position today?

A: Well, I continue to have this appreciation for nursing theory and nursing process. My nurses are in the midst of discussions about what theoretical framework we use and how it is aligned with our core values and guides our practice. Our professional practice model is built on our culture of safety and a framework of caring through relationships, teamwork and collaboration. Back in my ODU days, when I learned about nursing theorists I used to think "How will I use this information in a hospital setting?" But, over the last 10 years, I have come to see how we are using nursing theory to guide our practice. I keep going back to a nursing theorist like Jean Watson. Her theory of caring speaks to me. We have such expertise as clinicians in the delivery of care in many venues; it is the relationship that we create and how we connect with our patients that says "I care." This is key in delivering effective care.

Q: As a leader, what is your vision for nursing?

A: The vision is to create an environment that promotes health and healing for patients and providers. To help accomplish that, we have to have a laser-like focus on understanding and tracking how we are affecting the patient's outcome in a positive way. Yes, a lot of that is the science and clinical part of nursing. But we also need to keep making progress on the relational aspect—emphasizing the value we bring in giving care that is genuine and full of conviction. It is important, as a nurse, to be able to connect with the people we serve. We need to understand that, for example, while we are embracing new technologies, those technologies are enablers. That is, they do not replace what only we nurses can do, which is to provide exceptional care. Despite all the wonders of technology, sometimes the most important thing a nurse can do on a given day is to offer the personal touch. Wiping the brow and holding the hand are nursing interventions that are equally as important as putting together the data from vital signs and various physical assessments. Some might call it being vulnerable; I call it being able to connect relationally with those we serve. And, to me, it's an honor to serve.

Grace Myers



Grace Myers (BSN '83, MSN '95) is vice president of patient care services and nurse executive at Sentara Princess Anne Hospital, a 160-bed facility in Virginia Beach. She has oversight of the clinical and administrative aspects of the nursing units (which includes 400 registered nurses) and also is responsible for the environmental services department, quality, safety and regulatory functions, customer satisfaction, guest relations, and the education and orientation functions of the hospital. She is president of the Virginia Organization of Nurse Executive and Leaders for 2012-13.

Q: You have two degrees from ODU. Let's start with your undergraduate days. What are some of your strongest memories?

A: What I enjoyed the most from that time was developing relationships with nursing colleagues that I still maintain to this day. When you live and work in the community where you completed your college work, you find out how much you can benefit from those relationships formed while in school. In addition, I valued the opportunity to have our clinical experiences at our own community hospitals and clinical sites. To be really exposed to health care in the community was important to help us determine future career plans.

Q: "Community" is something that you seem to have taken from those days at ODU.

A: Yes. Even within my own family. My husband completed his degree at ODU in 1984 and we have a son who finished his ODU degree in 2009. We're football and basketball season-ticket holders and enjoy supporting ODU. I have to say that I have been paying much more attention to how the campus has been growing over the years. To see it grow from, for example, what Webb Center was in the '80s to what it is now is really impressive.

Q: Tell us how you got on the path to a graduate degree at ODU.

A: I took my first leadership position in the early '90s. As a new leader, I realized that it would be beneficial to have an advanced nursing degree. I met with Dr. Garzon (Shepherd) and learned about the master's in nursing program on a part-time basis. Faculty were very accommodating and encouraging toward us working students. At that point in time, that wasn't exactly commonplace; there were other programs where you essentially had to stop working and go into a full-time student status for 18 months. But the ODU program allowed us to take classes at night and faculty were very flexible about scheduling our clinicals.

Q: What did you find particularly beneficial about pursuing advanced study in nursing?

A: In that master's program I specialized in perinatology - that is, the perinatal nurse specialty area—and I am also a licensed clinical nurse specialist. My background is OB, and labor/delivery was my first management position. So, the advanced study helped me take my clinical and leadership experiences and develop a better understanding of the day-to-day operation of nursing management. I was exposed to the best practices in the literature and related theory. It all helped me to see how to better manage my team.

Q: What aspects of your studies at ODU do you find beneficial to you today?

A: Both the undergraduate and graduate programs gave me broader perspectives about the profession of nursing. I came out of them with a better understanding of the theory behind the profession. This is important because, too often, we get focused on mostly the daily challenges, but we need to move beyond that narrow view. For example, today, with the emphasis on health care reform, we have to determine how we are going to provide quality, safe health care to the patient with a limited amount of resources. You need a broader set of skills to tackle that. And the education I received at ODU gave me good fundamentals in such areas as budget, project management, and best-practices benchmarking. In other words, it equipped me well for the problem-solving I do today. It grounded me solidly in the areas of assessment, implementation, and evaluation -- whether in a more administrative scenario or at the patient's bedside.

Q: What do you see as challenges for the nursing profession today?

A: One of our struggles is to provide a healthy work environment so that our employees can provide the best care to the patient. Things change so rapidly—new equipment, new medications, new policies—and we need to keep the staff fully informed as to new developments. But it takes a lot of work, because there is a massive amount of ongoing change. Remember, many of our patients are better informed than in the past, so we have to make an assertive effort to partner with our patients and families. Frankly, that is a different philosophy from the past, when the patient would often simply agree to whatever the medical practitioner said. So, nurses need to re-think how they gather information and use that information to work in concert with the patient. Finally, although we don't see it today, we will be seeing a nursing shortage again in the next few years.

Q: You appear to be implying that the profession will eventually be calling for a new infusion of young nurses. What kinds of things do you anticipate will be needed from the nurse of the future?

A: Here are things that I think are crucial now, and will be even more so. First, a willingness to learn and dedication to being a life-long learner. Second, good communication and critical thinking skills will also be essential. Third, new nurses need to be well-prepared with solid clinical skills. But I can't stress enough that, even with all these attributes, the nurse of the future needs to exhibit flexibility and a willingness to adapt to the changes in the environment.

Jo-Ann Burke



Jo-Ann Burke (BSN '76) is vice president of patient care services for Children's Hospital of The King's Daughters (CHKD), a position she has held since 2007. As chief nursing officer, she has oversight of the medical surgical unit, intensive care, the emergency room, perioperative services, and the hematology/oncology service line. About 1,000 employees serve in all these units.

Q: Tell us about your experience at ODU.

A: To set this up a little: I was a Navy kid and I grew up here, among other places. I went to high school in Madrid, Spain; so, when I came to ODU, my family was still in Spain.

Q: OK. So, if you finished high school in Spain, how did you know you wanted to come back to the Hampton Roads area and go to ODU? You must have had some other choices.

A: Yes, I did. I was accepted to a number of other places. But I thought ODU was a great school and it was quite competitive to even get into the school's nursing program. It helped also that I knew this area pretty well, and had some friends here.

Q: What memories stand out from your time at ODU?

A: The scholastics were rigorous; the professors were great mentors. It was a period of hard work, but also a time of forming some very enjoyable relationships. I remember that so many of the classes required a lot of time and attention - anatomy and physiology is one class I particularly remember as being quite intense. And the labs similarly required a lot of time and attention.

Q: What was the lab experience like?

A: I went to the Naval Hospital facility and also to (Sentara) Norfolk General Hospital. Now, I was a slightly older student when I went to those facilities and I felt passionately about nursing and also felt confident about how to talk with people about what I needed to do my job. For example, I remember, at the Naval Hospital, that I wanted to spend more time with a maternity patient I had been treating and they had a number of rules that worked against that. In fact, I thought a lot of those rules prevented me from doing what I thought needed to be done for the patient - especially my being there in the operating room for the patient. I took this up with the base commander and he was very nice, heard what I was trying to accomplish, and let me follow the patient through the system.

Q: How did your ODU experience equip you for the challenges you face today?

A: I learned great critical thinking skills. I developed a real strong orientation toward both quality and safe care for patients. The reason I moved into my chief nursing officer role was to enable other people to practice the way I wanted to practice. Back at ODU, I watched, learned, and admired how our professors mentored us and this helped inform my desire, as a CNO, to build an environment that was good for patients, their families, and for young practicing nurses.

Q: What are things you're working on to build that environment?

A: We're on the Magnet journey. This is a very important step toward encouraging nurses to take more responsibility for their prac-

lice. We're very focused on a relationship-based model of nursing care. And, we're also being diligent about using our resources carefully and spending our money wisely. To be a force in the region when it comes to caring for children, you have to make sure you stand on a solid business model. It's all about a strong foundation in nursing practice, stewardship of resources, and operations.

Q: What are unique challenges for CHKD?

A: Working with children is just the greatest blessing. We are the only freestanding children's hospital in Virginia, so we take our mission very seriously. We provide many preventive services. We do a lot of education and community outreach to address children's health care needs and we accept all patients, regardless of their family's ability to pay. In fact, more than half of our patients are covered by Medicaid. So, we are heavily reliant on philanthropy and on securing help from the state and federal government to overcome shortfalls in reimbursements. Furthermore, it takes extensive resources to care for children who often are too young or too sick to describe their pain, who need to incorporate play and schoolwork into their hospitalization. It takes special training and a comprehensive team of pediatric professionals to meet each child at his or her level to achieve the best clinical outcomes while addressing the psychosocial, developmental, and social needs of each and every child.

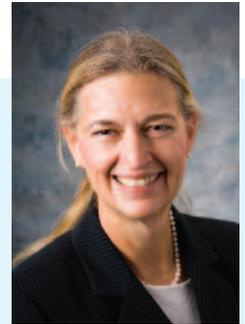
Q: What broader initiatives do you see as vital at CHKD?

A: In addition to the magnet designation, we are working on a concept called "just culture." It's about improving dialogue about what we do and being rigorous about our practices. We want to encourage our employees to come forward and talk about things that they believe can be better and safer. It encourages everyone to look at how we can improve things from a systemic perspective. I am also committed to seeing employees improve their job satisfaction through continuing postgraduate education, to them becoming even better at what they do. By helping other people grow and develop, you are insuring the future of the health care system, particularly pediatric health care.

Q: What do you see as challenges for the field of nursing?

A: Nursing needs to really step up and assert its part in providing the best possible health care, working to maximize our limited amount of resources. Nurses are extraordinary at thinking through what needs to happen to offer solid care in a time when resources are tight while demands are increasing. We need more health care practitioners to know this and work with us as a team. Finally, nurses need to keep pursuing their education, to be lifelong learners, and be involved in every aspect of providing quality health care.

Cheryl Nester Wolfe



Cheryl Nester Wolfe (BSN '73) is chief operating officer for magnet-designated Salem Health of Salem, Ore. In her third year as COO, she has oversight of more than 6,000 employees at two hospitals – one a critical access facility, the other a major regional health care organization that includes an acute-care hospital. She is responsible for about 80 percent of a \$450 million budget, including nursing, surgical operations, informatics, human resources, quality, and safety.

Q: Tell us a little about Salem Health and who you serve.

A: Salem is Oregon's capital; the state legislature is practically in our backyard. We serve a population of about 300,000. The smaller of our two hospitals—the critical access hospital—is about 20 miles from downtown, offering service to county residents. We're the only health system in Salem.

Q: You're in Oregon, but you are a Virginia native. Tell us about your ODU days.

A: When I graduated with my bachelor's in December 1973, it was a little unusual to get a four-year degree then. There were quite a few diploma schools at the time, where most nurses were trained. My parents really wanted me to go to college. So, I had to think about what I wanted to do and also think how that related to getting a college education. They really wanted me to have that college education - and they were right!

Q: So, your parents played an important role. Where did they raise you?

A: Around the Blue Ridge Mountain part of Virginia, in a little place called Ridgeway.

Q: That's quite a ways from Hampton Roads. How did you wind up picking ODU?

A: Well, since it was not common for nurses to get bachelor's degrees at that time, there were only three programs in Virginia that offered the BSN - the University of Virginia, Virginia Commonwealth University and ODU. I worked with my guidance counselor, got accepted to both VCU and ODU and eventually determined that ODU would be the best fit for me. I decided that I wanted to be on a campus that didn't feel like it was in a congested city environment.

Q: What are some notable memories from your time at ODU?

A: At that time, we started clinicals in our second semester, which was unusual. So, that early immersion gave me a span of almost four years of learning and working in clinical settings. And there was a good variety of settings. We learned by being around some of the best examples of nursing care. We went to (Sentara) Norfolk General Hospital, CHKD, EVMS and Portsmouth Naval Hospital. And there were great instructors throughout the program; we always felt they listened to us.

Q: I'm curious, with such an active program even for that time, where was the School of Nursing likely breaking some new ground?

A: I remember one specific clinical experience was unusual. We actually worked eight hours in a hospital, five days a week in the summer. It gave me true reality shock. I got an early look at the

transition from school to practice, which can be quite rough. So we went beyond imagining what it was like to be employed, to try to put all your schooling together. With that clinical, I had the early opportunity to "put it all together" on long days across several weeks. It was a growing experience. Of course, an instructor was there to help guide me through that course. And, by the time I was finished with that experience, I was ready to take a job and go on to the next level. I can tell you that, even by today's standards, having that kind of an intense clinical experience is unusual.

Q: What do you see as meaningful to you today from your ODU experience?

A: First and foremost, a solid foundation of knowledge. The program also provided me opportunities for leadership; I was a senior leader for our class project. It gave me insight into what leadership was all about. It helped me realize my passion for both leadership and nursing, which has served me well over the years. In fact, I consider my role in nursing to be leadership, and that is a much-needed specialty. No nurse can do the job alone; the nurse needs a team. I understand how all that works and I am able to build on the fundamental leadership experiences I learned at ODU. My job is to honor the work being done by our teams and take care of them so that they can do the work they need to do.

Q: So, even as a top administrator, you strongly identify with day-to-day nursing?

A: Yes, I understand how it all fits together, because I've been doing it a long time. I've never had any regrets - I would always be a nurse. So, I'm sitting in this COO position and I'm still a registered nurse. Just like all of our nurses, I wear a nametag that signifies I am a registered nurse, because that is who I am.

Q: What does "nurses as leaders" mean for both patients and the practice of nursing?

A: For patients, it means better care. I can sit in my office and create policy all day, but it won't make the kind of difference that can come from a staff nurse. That nurse is taking care of that patient every day and can improve care based on his or her knowledge of the patient and the nurse's leadership qualities. That's where the real work gets done, right at the bedside. For the practice of nursing, when nurses exhibit leadership, it continues to solidify that we are the most-trusted profession in the world. To be more precise, it creates individuals who, even if they don't want to be at decision-making executive levels, can exert leadership by making better decisions at the bedside. Such leadership can also inform and inspire other nurses and enrich the profession. It's all about leading good change for patient care - many hands make a big difference in achieving good patient outcomes.

Tracy Williams



Tracy Williams (BSN '79) has served as senior vice president and system chief nursing officer at Norton Healthcare in Louisville, Ky., since December 2006. She has several areas of accountability – ranging from project management to emergency services – and oversees development of nursing staff and leadership throughout the organization. In addition, Dr. Williams, a registered nurse who received a Doctor of Nursing Practice in 2009 from Rush University, oversees all nursing and care management functions for Norton Healthcare's hospitals, Norton Immediate Care Centers, and physician practices.

Q: You're a Virginia native, now practicing in Kentucky at a very senior level. What is the scope of your responsibilities?

A: My responsibilities span across a five-hospital, not-for-profit health system that covers a fairly large geographic area of Kentucky and southern Indiana. We're the largest health system in Kentucky. We employ about 13,000 people, and I have direct responsibility for about 5,000 of them because they are registered nurses. I have accountability for patient care services, and I am responsible for quality and safety. I also have oversight of the Norton Healthcare Institute for Nursing, the Nursing Systems Division, and Women's Services. I do this managing a budget of about \$600 million.

Q: Tell me about your ODU experience.

A: I was one of three members of my family who went through the ODU School of Nursing. All of us obtained our BSNs there. My mother obtained her BSN at ODU about two years ahead of me. My sister came along behind me and obtained her BSN in 1981. At one point, the three of us were pursuing studies in the school at the same time. We often talked with each other about how well we were doing and tried to help each other along.

Q: Were you ever in any classes together?

A: My mother and I took one elective together. I can't remember the name of the class.

Q: Was it awkward? Where did you sit?

A: Actually it was kind of fun; and I sat right next to her. It helped that I liked her! She had different opinions and it made for some good class discussions.

Q: What else stood out from those days?

A: We did our behavioral health rotations at the Veterans Administration in Hampton. We spent a lot of time in the acute care areas there. It was a unique experience, something that a lot of students in other nursing programs didn't necessarily get to have. I had a real important moment during my last semester. We were doing leadership work and we could select some areas to do further work in. I had interest in critical care nursing, but the job opportunities at that time looked a little sparse. The school helped me get placed within the ICU at what was then Virginia Beach General so that, before I graduated, I could get a fuller understanding of what it meant to be an ICU nurse. And I got the opportunity to work with cardiac patients and even a patient who had a knife wound across his abdomen. The school stood up for me and helped me get that type of experience. That helped me have a leg up; when I graduated I was able to find a position at a pediatric intensive care unit at CHKD. For a new graduate, that was unusual at that time.

Q: That sounds like a still very vivid memory.

A: Yes, the faculty stood up for me and advocated for me. The

school took a risk on me and, when they did, they put me in a position to be successful.

Q: What do you think was behind this kind of advocacy?

A: Well, they stood up for all of us. There were moments in all our attempts to learn our new careers that we were struggling and striving to break some new ground. And the faculty was always there. They worked to give us opportunities to enhance our skills and remediate our performance. But they also worked to stretch us. Faculty really pushed us to apply what we learned in our classrooms and skill labs. They wanted us to understand more than the "what" of our profession - they wanted us to understand the "why" behind our practices. They pushed us to know how all of this fit together to have a significant impact on the health of a patient.

Q: How has what you learned during those ODU days given you a foundation for what you deal with at Norton HealthCare today?

A: ODU's School of Nursing taught me how to think. The School of Nursing excels at that. It helped me develop the ability to logically think my way through problems and issues in organizations, to be able to do diagnostics, to think creatively and innovatively. From all of this, I carry forward the ability to hold others accountable, because I know how to hold myself accountable. And I'm a great outcomes believer. Last year, we received the National Quality Forum's quality award and we were a finalist in the American Hospital Association's McKesson Quest for Quality award. I learned, from the School of Nursing experience, to be both an operations thinker and a strategic thinker. The fundamentals of what I've learned at the School of Nursing translate into everything I do every day.

Q: So, your thinking as an executive today is directly tied back to lessons learned at the ODU School of Nursing?

A: Yes. And, and I still carry from those days a drive to be a life-long learner. With that drive comes the confidence that I can do almost anything that I put my mind to, if I am willing to invest in hard work.

Q: What do you see as a crucial challenge for the nursing field today?

A: As a whole, the profession still tends to focus strongly on practitioners' skill sets. But that's not enough. We need people who know how to think clearly. I'm always looking for nurses who use critical thinking to challenge assumptions and work to bring new ways to deliver effective, accountable care. Nursing can be a significant player in how health care will be delivered in the U.S., if it gets more engaged now in driving analysis and discussion. That's a great part of what I'm about today - helping nurses play a core role in driving fundamental changes that improve patient well-being.

A Half-Century of Giving: Petros Continue Legacy through Scholarships

It would be understandable to assume that a well-established nursing professional like 82-year-old Helen Yura Petro - who has given of her time and talents to students and patients for over half a century - would decide she has given her all.

That would be an inaccurate assumption.

“My husband, Joe, and I have always valued education,” she said, “And we want to do our part to make sure nurses get the advanced education that allows them to demonstrate how they are at the forefront of saving lives.”

And, since 2005, the Petros have carried forth their passion on this subject by funding three different scholarships for ODU nursing students. “We’ve always had this belief in our family that education is such an important way to improve oneself, to act out of a desire for perfection,” said Joe. That love of education within the Petro family tree sparked them to endow scholarships so that they can spread the legacy of education to someone else. “Our hope is that scholarship recipients will, at some point in their lives, be able to also help another person through a similar gift,” said Helen.

Both Helen and Joe have a long history of giving. Helen, an ODU eminent professor emeritus, finished her undergraduate degree in nursing at the

University of Dayton in 1950. In 1967, she co-edited the seminal textbook *The Nursing Process: Assessing, Planning, Implementing and Evaluating*, a book cited by hundreds of nursing educators across its many editions. Then, she earned her doctorate in higher education at Catholic University in 1970. While pursuing her education across those 20 years, she also served patients as a head nurse and worked with students in such areas as the fundamentals of nursing and psychiatric mental health nursing. Her time at ODU was particularly marked by her activities as a nursing project developer and graduate program director of nursing until her retirement in 1988.

Joe had enlisted in the Navy in 1939 and, in 1942, served in several Pacific battles, including the notable battle of Guadalcanal. He was one of only 30 survivors when a Japanese airplane hit his ship, the *George F. Elliott*. Over the next 30 years, Joe advanced in rank and responsibilities, serving in such places as Philadelphia; Washington, D.C.; Caracas, Venezuela; and Yorktown, Va. Since his retirement from the Navy as a chief warrant officer, he has taken on the rehabilitation of a 200-acre farm and been active in Virginia’s Adopt-A-Highway program.

Clearly, the Petros have a long track record of serving others; their scholarships continue that theme. They see the scholarships as honoring their family’s emphasis on education and giving back to the ODU community. “We’re doing this in great part because we want to touch the giving dimensions of people’s minds,” said Helen. “There’s something



Helen and Joe Petro

gratifying to see that someone else has the opportunity to better themselves because you shared of the fruits of your labor.”

To give to the ODU School of Nursing, visit www.odu.edu/dominionfund or contact Karen Karlowicz at kkarlowi@odu.edu, 757-683-5262.

Faculty Scholarship

Achievements from April 28, 2011 - April 26, 2012

Refereed Publications

- Blustein, D.A., Healey, A., & **Rutledge, C.M.** (2011). Acceptability of Behavioral Treatments for Insomnia in Primary Care. *Journal of the American Board of Family Medicine*. 24(4), 272-280.
- Blustein, D.A., Healey, A., & **Rutledge, C.M.** (2011). Re: Sleep and the Family Doctor: Time to Lead [Reply]. *Journal of the American Board of Family Medicine*. 24(4), 478.
- Bennington, L.** (2011). Breastfeeding multiples. *Newborn and Infant Nursing Reviews*, 11(4): 194-7.
- Campbell, A., & Hawkins, J.E.** (In press). Wikicountries: Enhancing Global Health Awareness without Leaving Home. *Nurse Educator*.
- Fowler, C., Biddle, W., Rutledge, C., & Galicia-Castillo, M.** (2011). Care-giver quality of life and access to a primary care provider. *Journal of the American Geriatrics Society*, 59(4), S194.
- Hawkins, J.E.** (In press). Planning a service-learning trip abroad? Lessons learned from the field. *Reflections in Nursing Leadership*.
- Healey, A., **Rutledge, C.M.**, & Blustein, D.A. (2011). Validation of the Insomnia Treatment Acceptability Scale (ITAS) in Primary Care. *Journal of Clinical Psychology in Medical Settings*. DOI 10.1007/s10880-011-9257-0.
- Rose, D.** (In press). What You Don't Know Can Hurt Your Patients: Use of Avatars To Teach Effective Handoff and Promote Safe Care. *Reflections on Nursing Leadership*.
- Putnam, K., Magann, E.F., Doherty, D.A., Poole, A.T., Magann, M.I., Warner, W.B., & Chauhan, S.P.** (2011). Randomized clinical trial evaluating the frequency of membrane sweeping with an unfavorable cervix at 39 weeks. *International Journal of Women's Health*, 3, 287-294.
- Tufts, K.A.** (2012). Interview with Linda Burnes Bolton. *Journal of the Association of Nurses in AIDS Care*. 23(2), 100-106.
- Wiles, L.L., Simko, L.C., & Schoessler, M.** (in press). What do I do now? Clinical decision making by new grads. *Journal for Nurses in Staff Development*.

Refereed Publications with Students

- Hawkins, J.E.**, & Shell, A. (2012). Magnet hospitals are attracted to the BSN, but what's in it for me? *Nursing* 2012, 42(3), 50-52.
- Hawkins, J.E.**, & Violet, C. L. (2012). Service-Learning Abroad: A Life-Changing Experience for Nursing Students. *Journal of Christian Nursing*, 10. 1097/CNJ.1090b1013e31823fabf31822.
- Quinn, L., & **Hawkins, J.E.** (2012). Summer Nurse Externships: Research and Reflection. *The Torch Convention Edition*.
- O'Connor, L., Santo Domingo, R., & **Hawkins, J.E.** (In press). Nursing Externships: Bridging the Gap between School and the Real World. *Imprint*.
- Rutledge, C.M., Renaud, M., Shepherd, L., Bordelon, M., Haney, T., Gregory, D., & Ayers, P.** (2011). Educating Advanced Practice Nurses in Using Social Media in Rural Healthcare. *International Journal of Nursing Education Scholarship*. 8(1).
- Schweickert, P., & **Rutledge, C.M.** (2011). Telehealth Versus In-Person Stroke Prevention Education in Elderly Adults in Appalachian Virginia. *Telemedicine and e-Health*, 17(10) 1-5.
- Haney, T. & **Tufts, K.A.** (2012). Electronic Communication in Home Health: Implications on Parental Well-Being and Satisfaction. *Home Health Care Nurse*, 30(4) 216-224.
- Umar-Kamara, M. & **Tufts, K.A.** (in press). Provider Adherence to Recommended Standards of Care for Adults with Type 2 Diabetes Mellitus. *Journal of the American Academy of Nurse Practitioners*

Books and Book Chapters—Authors

- Bennington, L.** (2012). Module 7. Mosaicism. In Lewis, J.A. & Keener, C. (Eds.). *Genetics in Nursing*. Upper Saddle River, NJ: Prentice Hall.
- Bennington, L.** (2012). Module 16. Mosaicism. In Lewis, J.A. & Keener, C. (Eds.). *Genetics in Nursing*. Upper Saddle River, NJ: Prentice Hall.
- Campbell, A.** (In press). Pediatric case studies. In Harding, M., Snyder, J., Preusser, B. *Winningham's Critical Thinking Cases in Nursing* (Chapter 10). 5th ed. St. Louis, MO: Elsevier Mosby.
- Forbus, S.** (2012). Maternal and Obstetric Disorders. In Harding, M., Snyder, J., & Preusser, B. (5th Ed.). *Winningham's Critical Thinking Cases In Nursing: Medical-Surgical, Pediatric, Maternity, and Psychiatric*. St. Louis, MO: Elsevier Mosby.
- Ignatavicius, D., Workman, L., Conley, P., Lee, A., & **Rose, D.** (2012). Clinical Decision Making Study Guide for *Medical-Surgical Nursing :Patient Centered Collaborative Care* (7th ed). Maryland Heights, MO: Elsevier-Saunders.
- Rutledge, C.M.**, & Rimer, D. (2011). Goth culture. In Levesque, R. (Ed.). *Encyclopedia of Adolescence*. New York, NY: Springer Publishing Company.
- Tufts, K.A.** (2011). Putting the Essentials of Doctoral Education into Practice. *The Power of Ten, 2011-2013: Nurse Leaders Address the Profession's 10 Most Pressing Issues*. Indianapolis, IN: Sigma Theta Tau International.
- Tufts, K.A.** (in press). The World Health Organization, United Nations, and Red Cross Approaches to Intimate Partner Violence, In Clements, P. Pierce-Weeks, Holt, K. E., Giardino, A. P. & Seedat, S., *Intimate Partner Violence, Domestic Violence and Spousal Abuse*. St. Louis: STM Learning, Inc.

Podium Presentations—Faculty

- Adams Tufts, K.** *Self-Care Behaviors in AA Women Living with HIV: What They Told Us and What We can Do*. 2nd Annual HIV Summit, Eastern Virginia Medical School, Virginia Beach, VA. September 2011.
- Bordelon, M., **Rutledge, C.M., Shepherd, L., & Renaud, M.** *Developing DNP Expertise in Using Social Media to Meet the Needs of Rural America*. International Nursing Simulation/Learning Resources Centers Conference, Orlando, FL, June 15 -18, 2011.
- Campbell, A.** *Nursing Community Outreach: Local to Global*. Children's Hospital of The King's Daughters Nursing Grand Rounds, Norfolk, VA. February 2, 2012.
- Hawkins, J.E.** (2012). *Partnering with Students for Publication*. Virginia Nursing Students' Association 60th Annual Convention, University of Virginia, Charlottesville, VA, February 4, 2012.
- Hawkins, J.E.** (2011). Lessons Learned About Turning My Everyday Practice into Scholarship. In K.T. Heinrich, *Inoculate Against Incivility: Shift Your Faculty Culture from Competitive to Collaborative for Scholarly Success*. Sigma Theta Tau International 41st Biennial Convention. Grapevine, Texas, November 1, 2011.
- Hawkins, J.E.** (2011). *International Public Health*. Virginia Nursing Students' Association Breakthrough to Nursing. Petersburg, VA, October 22, 2011.
- Hawkins, J.E.** (2011) *Creating Community, Communicating Outside the Box*. Center for Learning Technologies Summer Institute. Old Dominion University, Norfolk, VA, May 24, 2011.
- Pitts, M. & **Adams Tufts, K.** *Considering Parents' and Daughters' Voices in Decision Making about the State-Mandated HPV Vaccine: An Application of the Small Group Decisional Regret Theory*, National Communication Association, 97th Annual Convention, November 2011.

- Renaud, M., Rutledge, C.M., & Shepherd, L.** *The DNP/NP as a Leader in Healthcare Technology*. NONPF 37th Annual Meeting, Albuquerque, NM, April 13 - 17, 2011.
- Rutledge, C.M., Renaud, M., & Shepherd, L.** *Preparing DNP/NP Providers to Meet the Healthcare Needs of Rural Communities through Technology*. NONPF 37th Annual Meeting, Albuquerque, NM, April 13 - 17, 2011.
- Rutledge, C., Renaud, M., & Shepherd, L.** *DNP Providers that are Changing the Face of Healthcare*. 2011 DNP National Conference. New Orleans, LA, September 28 -29, 2011.
- Shepherd, L., Rutledge, C., & Renaud, M.** *Building Research Capacity with DNP Practice Leaders*. Sigma Theta Tau Nursing International Research Conference, Cancun, Mexico, July 14 - 18, 2011.
- Shepherd, L., Rutledge, C., & Renaud, M.** *Evidence to Influence Practice Policy: DNP Research Capstone Projects*. 2011 DNP National Conference. New Orleans, LA, September 28 - 29, 2011.
- Shepherd, L., Rutledge, C.M., & Renaud, M.** *Remodeling Methods for Teaching Nursing Research: Developing Differing Capacity*. AACN's 2012 Doctoral Education Conference, Naples, FL. January 25-28, 2012.
- Van Orden, S.W., & Andam-Majia, R.L.** *Collaborating to create a culture of safety*. PNEG Annual Educators Conference. Baltimore, MD, October 20-23, 2011.

Podium Presentations with Students

- Haney, T. & **Adams Tufts, K.** *Electronic Communication in Home Health: Implications on Parental Well-Being and Satisfaction*. Southern Nursing Research Society, 26th Annual Conference, New Orleans, LA. February 22-25, 2012
- Haney, T., **Renaud, M., Rutledge, C., Shepherd, L., & Grey, D.** *Developing the Business Mind of DNP/NP Providers Needed to Develop and Implement New Practice Models*. NONPF 38th Annual Meeting, Charleston, SC, April 12 - 15, 2012.
- Rutledge, C., Shepherd, L., Renaud, M., Haney, T., & Grey, D.** *Preparing Nurse Practitioner DNs to Lead the Charge in Developing New Models of Healthcare*. NONPF 38th Annual Meeting, Charleston, SC, April 12 - 15, 2012.
- Rutledge, C., Shepherd, L., Renaud, M., Haney, T., & Grey, D.** *Developing DNP/Provider Expertise in Using Telehealth to Create New Models of Healthcare in Rural America*. NONPF 38th Annual Meeting, Charleston, SC, April 12 - 15, 2012.

Poster Presentations—Faculty

- Hawkins, J.E. & Campbell, A.** (2011). *Wikis: Connecting Geographically Bound Students to Global Health Concepts*. Sigma Theta Tau International 41st Biennial Convention, Sigma Theta Tau International, Grapevine, Texas, November 1-2, 2011.
- Hawkins, J.E.** (2011). *Wikicountries, Blogs and Discussion Boards, Using Web Based Technology to Teach Global Health Concepts to the Millennial Nursing Student*. Center for Learning and Teaching; teachFair. Old Dominion University, Norfolk, VA, October 19, 2011.
- Lee, A., Benjamin, R.S., Barham, P., Palmer, K., & Karłowicz, K.** *Using Avatars to Meet Changes in Clinical Nursing Education*. Sigma Theta Tau International, Region 13 Research Symposium; The Changing Health Care System: A Call for New Nursing Roles in Leadership, Practice, Education and Research. Virginia Beach, VA, April 20-21, 2012.
- Renaud, M., Rutledge, C., & Shepherd, L.** *The development of business of practice skills within a DNP program to advance health and improve access to care through nurse managed clinics and businesses*. AACN Doctoral Education Conference, Naples, FL, January 25 - 28, 2012.
- Renaud, M., Rutledge, C., & Shepherd, L.** *Preparing emotionally intelligent DNP leaders*. 2011 DNP National Conference. New Orleans, LA, September 28 - 29, 2011.

- Rose, D.** *I've Heard Report, Now What? Avatars Prepare Novice Students to Receive Handoff*. Virginia Patient Safety Summit. Sponsored by the Medical Society of Virginia and the Virginia Hospital and Healthcare Association. Richmond, VA, February, 2012.
- Rose, D., & Wiles, L.** *Blending Health Information Technologies to Facilitate Learning During Clinical Make-up Experiences*. Sponsored by the National League for Nursing. Durham, NC, November, 2011.
- Van Orden, S.W., & Andam-Majia, R.L.** *It takes a community: Collaborating to create a culture of safety*. Virginia Patient Safety Summit Annual Conference. Richmond, VA, February 2-3, 2012.
- Wiles, L.** *E-portfolios*. ODU Center for Learning and Teaching Faculty Summer Institute. Norfolk, VA. May 2011.
- Wiles, L., Rose, D., & Curry-Lourenco, K.** *Seeing is Believing: Using Ultraviolet Light as a Technology Based Strategy to Teach Infection Control*. Sponsored by the National League for Nursing. Durham, NC, November, 2011.
- Wiles, L., Rose, D., & Curry-Lourenco, K.** *Seeing is Believing: Using Ultraviolet Light to Teach Infection Control*. Virginia Patient Safety Summit. Sponsored by the Medical Society of Virginia and the Virginia Hospital and Healthcare Association. Richmond, VA, February, 2012.
- Wiles, L., Rose, D., & Curry-Lourenco, K.** *Using Ultraviolet Light to Teach Infection Control*. Sigma Theta Tau International, Region 13 Conference, Virginia Beach, VA, April 20-21, 2012.
- Wiles, L.** *Basic Knowledge of Critical Care: A Comparison of Experienced and Newly Graduated Nurses*. Sigma Theta Tau International, Region 13 Conference, Virginia Beach, VA. April 2012.
- Wiles, L.** *What next? Clinical Decision Making by Newly Graduated Nurses Working on Critical Care Units*. Sigma Theta Tau International, Region 13 Conference, Virginia Beach, VA. April 2012.

Poster Presentations with Students

- Conrad, C., & **Renaud, M.T.** *The relationship between registered nurses and physician experience with and attitudes toward nurse-midwifery practice*. American College of Nurse Midwifery Annual Conference, May 24-28, 2011.
- Fowler, C., Biddle, W., Rutledge, C., & Galicia-Castillo, M.** *Caregiver Quality of Life and Access to a Primary Care Provider*. NICHE Annual Conference, Las Vegas, NV, April 2011.
- Haney, T. & **Adams Tufts, K.** *Electronic Communication in Home Health: Implications on Parental Well-Being and Satisfaction*. Southern Nursing Research Society, 26th Annual Conference, New Orleans, LA. February 22-25, 2012.
- Nailler, E. & **Renaud, M.T.** *Nurse Practitioner Perceptions of Their Ability to Provide Mental Health Services in Primary Care*. VCNF Annual Conference, Hot Springs, VA. March 8-11, 2012.

Grants Funded

- Fowler, C.** *Caregiver Quality of Life and Access to a Primary Care Provider*. Old Dominion University Research Foundation. June 1, 2011 - July 31, 2011. (\$6,853).
- Garzon, L. (PI), Rutledge, C., & Renaud, M.** *Training DNP Providers to Address Disparities with Technology*. Department of Health and Human Services Advanced Practice Nursing Program. July 2010-June 2013. (\$790,000).
- Karłowicz, K. (PI), Benjamin, R.S., Palmer, K., Lee, A., Barham, P.** *Technology Skill Development for Effective Nurse Communication*, U.S. Department of Health and Human Services, HRSA, Nurse Education, Practice and Retention, June 2009-July 2012, (\$749,570).
- Poston, R. (PI).** *Adolescent Experiences of Informed Consent and Assent in Oncology Research*, National Institutes of Health: National Institute of Nursing Research, 1/2011-1/2012, (Pre-Doctoral Fellowship - \$48,738).

Class Notes

Penny (Thompson) Hatfield '77 received an MBA in health care administration from the University of Phoenix in January 2011.

Mary (Jaquet) Gibson '82 (MSN '06) writes that she currently works as a family nurse practitioner at Family Practice of Hampton Roads in Hampton, Va. She and her husband, Gary, live in Yorktown. Mary returned to ODU for her MSN prior to becoming licensed as an FNP.

Ericka N. Carter '00 and Jonathan Carter are proud to announce the birth of a baby boy, Noah Slater. He was born on May 2, 2011, in Kapiolani Women and Children's Hospital, in Honolulu, Hawaii, and weighed 7 lb., 8.5 oz. "He is a third-generation Monarch in the making!" they say.

Naomi E. Pitcock '04 received an MSN from the University of Virginia on May 22, 2011. She entered the DNP program at UVa in the fall of 2011.

Ingrid Garrett Mahoney '06 writes, "Upon graduation, I was commissioned in the Navy Nurse Corps in May 2006 and served my first tour at Bethesda, Md. I was a staff nurse and charge nurse on the Wounded Warrior ward caring for our wounded warriors returning from Iraq and Afghanistan. I then moved to the post anesthesia care unit for my last year. I've since moved to Naval Hospital Camp Pendleton in Southern California where I am currently the division officer of an ambulatory procedures unit and post anesthesia care unit. I recently returned from an eight-month deployment to Afghanistan where I worked as an ICU nurse at a Role 3 multinational medical unit. I married Patrick Mahoney on Jan. 15, 2011, and currently reside in Carlsbad, Calif."

Derek D. Rall '07 received a Master of Science in Nurse Anesthesia from Georgetown University on Dec. 17, 2011. He plans to practice as a certified registered nurse anesthetist at Georgetown University Hospital in Washington, D.C.

Katherine M. Colbert '08 has accepted the position of chair of the Public Policy Committee for the National Nurses in Staff Development Organization. The committee monitors legislation that impacts nursing education, nurse educators, and quality health care. The group advocates opportunities for professional development, quality patient care, and healthy work environments. "It is an honor to serve fellow nurse educators in this role," she says.

Aubreyana L. Buckner '11 writes that after receiving a BSN in August 2011, "I am currently working as an RN at Children's Hospital of The King's Daughters on the hematology/oncology unit and love joining the fight against childhood cancer."



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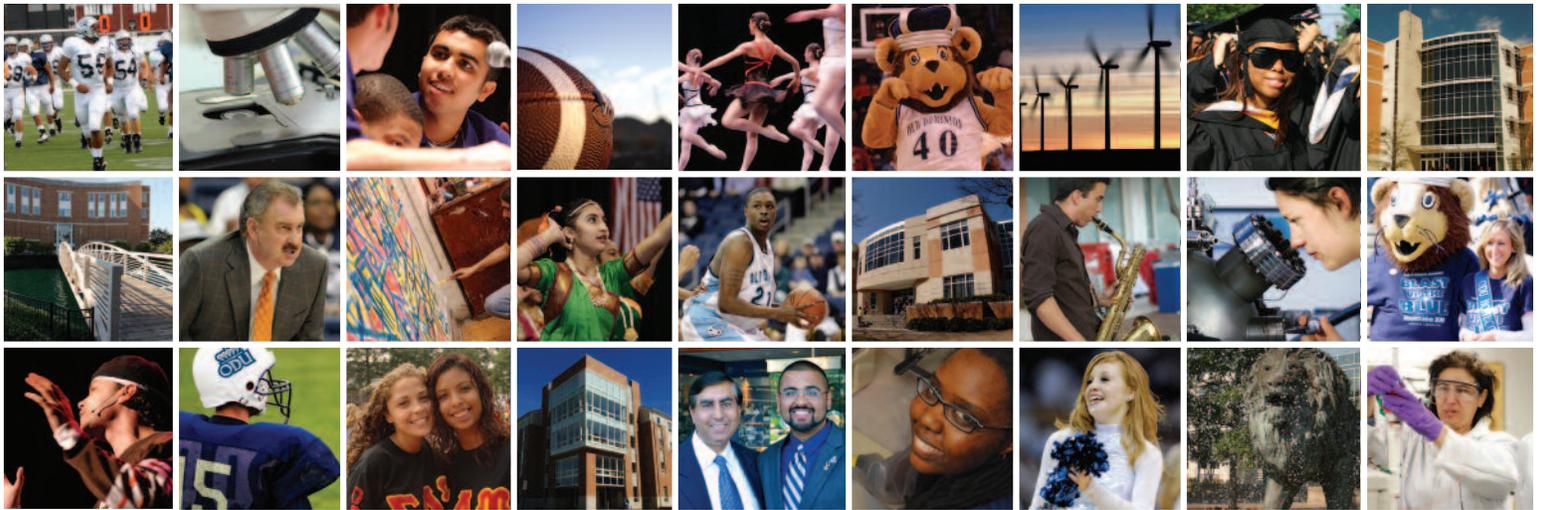
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