

*Inspiring Minds • Transforming Lives • Creating the Future*

SUMMER 2013

# ODU Nursing

Old Dominion University School of Nursing



**The Art of  
Science and  
Nursing**



# In this Issue

- 4 School of Nursing News
- 7 Nurse Anesthesia Program Puts Nurses on the Frontline of Science and Care
- 12 ODU's RN-to-BSN Program Leads Nurses into the Future
- 19 The Art of Science and Nursing Students Creatively Display Their Nursing Philosophy
- 23 Faculty Scholarship
- 26 Class Notes

## On the Cover

Wind chimes created by sophomore student Danielle Cribb represent her philosophy of nursing.



## 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

I D E A F U S I O N



# Message from the Chair

## IOM Goal: 80 Percent BSN Workforce by 2020

A key recommendation of the Institute of Medicine (IOM) report on *The Future of Nursing* suggests that nurses should achieve higher levels of education and training. More specifically, the report calls for academic and practice leaders to join forces to increase the number of nurses in the workforce who hold a baccalaureate degree to 80 percent by 2020. Is this a segue to requiring the BSN for entry into practice? Probably not, but it is a distinct signal that the landscape of nursing education is changing.

Currently, about 34 percent of all nurses in the U.S. are educated at the BSN level. The majority of the nursing workforce consists of graduates of community college associate degree or hospital diploma programs. In Virginia, approximately 65 percent of the new nurses entering the workforce each year are graduates of associate degree nursing programs. Studies have shown that once nurses pass the NCLEX-RN® licensing exam and take a job, only 30 percent will go on for the BSN or higher education. Why so few? Well, think about how difficult it is to earn any degree in nursing; and then, think about how difficult it is to make the choice to return to school knowing that personal time, family life and your income will be impacted. For those nurses who are primary wage earners in their families, the return to school is a choice they would prefer not to make.

The real drive for nurses to earn the BSN is the desire to assure quality and safety in patient care. Seminal research conducted by Linda Aiken (2003) out of the University of Pennsylvania has demonstrated quite convincingly that as nurse education increases, patient mortality decreases.

Over the past two years I have served as a member of the Education Progression Workgroup of the Virginia Action Coalition, as well as co-chair of the Eastern Region Workgroup. These committees bring education and practice leaders together to work on standardizing education requirements for the BSN, promote seamless transitions from ADN to BSN programs, and reduce financial barriers for baccalaureate education. Our discussions take on a sense of

urgency given that many employers are now requiring nurses who do not have a BSN to commit to going back to school; new hires are asked to commit to earning the degree within five years of beginning employment.

Since the inception of the BSN program at ODU, we have afforded hundreds of community college and diploma graduates the opportunity to continue their education through enrollment in our RN-to-BSN program. For more than 25 years, we have successfully used distance learning technologies to offer nurses in rural communities access to our program. Our extensive experience providing RN-to-BSN education as well as our efforts to develop innovative new programs with community college partners is what distinguishes ODU School of Nursing as a leader in RN-to-BSN education in the Commonwealth. I am pleased that this issue of *ODU Nursing* spotlights the vital role the School of Nursing plays in promoting the goal of an 80 percent BSN workforce by 2020.

In this issue, we also feature an innovative teaching strategy that encourages sophomore students to creatively express their philosophy of nursing. Senior lecturer Suzanne Van Orden has been recognized with a faculty teaching award for this innovative assignment; she has also been invited to present it at a national meeting. I was astounded at the talent of our students and their expressions of a philosophy of nursing. I hope you will be, too.

Finally, we introduce you to our new nurse anesthesia faculty, and to their new home at the Virginia Beach Higher Education Center (VBHEC). This program, which moved out to VBHEC in fall 2012, is revitalized with a focus toward increasing enrollments, transitioning to the Doctor of Nursing Practice degree, and engaging in applied research.

I hope you enjoy this issue of *ODU Nursing*, and are moved by our efforts to inspire minds, transform lives and create the future.

Karen A. Karlowicz, EdD, RN  
Associate Professor & Chair

# School of Nursing News



**Rebecca Deal Poston** was appointed to the board of the Norfolk Interagency Consortium (NIC) by the Norfolk City Council in January 2013. NIC is organized under the Virginia Comprehensive Services Act, and is charged with assuring high quality, child-centered, family focused, cost-effective, community-based services to at-risk youth and their families.

Poston is a pediatric nurse practitioner who teaches in the graduate nursing program. She states, "I am excited to have the privilege to serve the city of Norfolk and its most vulnerable population: at-risk children and youth."



**Carolyn Rutledge**, director of ODU's Doctor of Nursing Practice-Advanced Practice Program, is the principal investigator for a \$1 million grant recently awarded by the Health Resources and Service Administration that promotes interprofessional education for advanced practice nursing students (master's-level nurse practitioner students). The funding allows graduate students in ODU's nurse

practitioner, dental hygiene, physical therapy and clinical counseling programs to be co-taught by faculty members from all four disciplines in three required courses focusing on health promotion, geriatrics and leadership/ team-based care. The project prepares students to better meet

the health care needs of underserved and rural populations through interprofessional education. Co-principal investigators on the grant include: **Michelle Renaud**, assistant professor of nursing; **Christianne Fowler**, assistant professor of nursing; Meg Lemaster, assistant professor of dental hygiene; Karen Kott, associate professor of physical therapy; and Kaprea Johnson, assistant professor of counseling and human services.

**Carolyn Rutledge** was among nine ODU faculty nominated for the 2013 Virginia Outstanding Faculty Awards. Administered by the State Council of Higher Education for Virginia and funded by a grant from the Dominion Foundation, the Outstanding Faculty Awards are the commonwealth's highest honor for faculty at Virginia's public and private colleges and universities. These awards recognize superior accomplishments in teaching, research and public service.



**Donna Rose** received the University's Teaching with Technology Award for 2013. The award recognized Donna's work in creating a simulation experience to provide students with a realistic patient handoff teaching-learning experience prior to beginning their first clinical rotation.

**We congratulate** the four School of Nursing faculty members who completed doctoral degrees in the past year, including: (seated, from left) Debra Murray, DNP (University of Virginia) and Rebecca Poston, PhD (University of Virginia); and (standing, from left) Kimberly Curry-Lourenco, PhD (Duquesne University) and Shannon Harrington, PhD (University of Virginia). At present, 66 percent of ODU's nursing faculty hold a terminal degree.



## Staff News



**Ann McNeal**, administrative support specialist for the undergraduate nursing program, retired in September 2012 after 17 years of service. Over the years, students have come to rely on her smiling face and expertise to help them solve problems and navigate the university. Faculty throughout the College of

Health Sciences knew McNeal as the “go to” person who knew how to get the job done. No doubt, she is spending her retirement time organizing her husband, home and pets (and having a fun time doing it!).



**Janice Lader** joined the School of Nursing staff in January 2013 as education support specialist for the undergraduate nursing program. As assistant to the undergraduate program director, she is responsible for managing student data, assisting with recruitment and admissions, and managing nursing student scholarships. Welcome, Janice!



**David Figgs** was hired in October 2012 as simulation learning center technician for the School of Nursing. Figgs previously worked as a project engineer for a defense contractor, and held a previous position at ODU as a media technician for Webb University Center. His new role involves managing all computer technologies (including the high

fidelity human simulation manikins and video recording equipment) for the clinical simulation learning environment. Welcome, David!

## School of Nursing Shines at Annual COHS Awards Luncheon

School of Nursing faculty and staff received awards at the annual College of Health Sciences (COHS) luncheon in April 2013



Kimberly Adams Tufts was awarded the Gene W. Hirschfeld Faculty Excellence Award. This award is given to a faculty member in the COHS every other year, and recognizes excellence in teaching, in combination with research and/or professional service.



Kathie Zimbardo was awarded the COHS Adjunct Teaching Award. The award was presented for the first time this year, and recognizes an adjunct faculty member for dedicated service and teaching excellence.



Linda Wray was awarded the COHS Outstanding Staff Award. This is also a new award in the college, and recognizes outstanding dedication, competence, performance and customer service provided by non-teaching personnel assigned to the College of Health Sciences.

## Faculty Transitions



Sometimes, when great jobs come along, you have to make the leap. That is what **Ann Campbell** did when she accepted a position as senior director for global education with Operation Smile International. Since 1996, Campbell has taught pediatrics

in the undergraduate nursing program at ODU. In recent years she has traveled abroad on several medical missions for Operation Smile, and participated in educational planning at Operation Smile's international headquarters in Norfolk. The position she assumed in January 2013 is a new role within the organization, but one which she had been working toward for years. Although Campbell has resigned her full-time faculty position, she has agreed to remain involved in the undergraduate program as an adjunct faculty member. We wish her much success in this exciting new position.



**Shannon Harrington** was accepted into a postdoctoral fellowship in cancer and health disparities at the Dana Farber Cancer Institute in Boston. Harrington received her PhD in nursing from the University of Virginia in 2012. Her dissertation focused on

treatment of African-American women with breast cancer. She chose to take advantage of this wonderful opportunity which begins July 2013, to further her professional, research and educational development. While we will miss her smile in the hallways, we wish her all the best as she begins this new chapter in her professional journey.



After working with the School of Nursing 13 years, **Kimberly Curry-Lourenco** leaves to accept a position at Tidewater Community College (TCC) Beazley School of Nursing as Associate Professor and Coordinator of Instruction and Technology. During her time at

ODU, Kim taught a variety of didactic and clinical

courses in the undergraduate and graduate nursing programs. For the past four years, she served as director for the Nurse Educator MSN program. Her most recent accomplishment (in addition to earning her doctorate from Duquesne University) was to take the lead on revisions to the nurse educator curriculum that transitioned this program to the Adult Gerontology Clinical Nurse Specialist/Educator MSN program. We thank Kim for her hard work and dedication to the School of Nursing, and wish her well in this new role at TCC.



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## Nurse Anesthesia Program Puts Nurses on the Frontline of Science and Care

Nurse Anesthesia faculty and staff in the simulated operating room with the Laerdal SimMan on the table. Pictured from left to right are: Chad Driscoll (Anesthesia Simulation Instructor), Nathaniel Apatov (Program Director), Clarissa DeGroat (Program Assistant), Karen Gillikin (Co-Assistant Director), and Adrienne Hartgerink (Co-Assistant Director).

Nursing, for years, has had an occupational area that has been called a “well-kept secret”; a seeming paradox as this specialty has approximately 40,000 professionals across the country. They’re Certified Registered Nurse Anesthetists (CRNAs) and, each year, they administer approximately 30 million anesthetics in the U.S. In fact, CRNAs are the sole anesthetic providers in 85 percent of rural settings.

Nurse anesthetists often work side by side with anesthesiologists; however, in many cases, especially in rural areas of the United States, a nurse anesthetist will often work autonomously. Nurse anesthetists perform preoperative evaluations of patients, determining a patient's current medication regimen and how those medications might interact with anesthesia. They discuss with the patient the options (and risks) regarding the types of anesthetics appropriate for the procedure (e.g., whether a local or a general is more appropriate); nurse anesthetists often must make these assessments independently and within a narrow window of time.

"Nurse anesthetists bring to patient care the value they, as nurses, put on face-to-face care for the patient," said Adrienne Hartgerink, an assistant program director for the nurse anesthesia program at Old Dominion University. "Often, the nurse anesthetist is seeking feedback from the patient, doing the 'hand-holding' - that is, spending time with that particular patient throughout the totality of their medical procedure," she said. In other words, nurse anesthetists first are seasoned practitioners in the world of nursing; however, it is through a rigorous advanced program of study that they become CRNAs.

## The Nurse Anesthesia Program

After getting a nursing degree, prospective nurse anesthetists must complete, in general, another two to three years of higher education, with normally three to four classes a semester. This graduate-level education is centered strongly on the science that is the underpinning of nurse anesthesia practice.

Accordingly, in order to be admitted into ODU's program, prospective students should have a record of past proficiency in science-related courses (e.g., statistics, anatomy, chemistry).

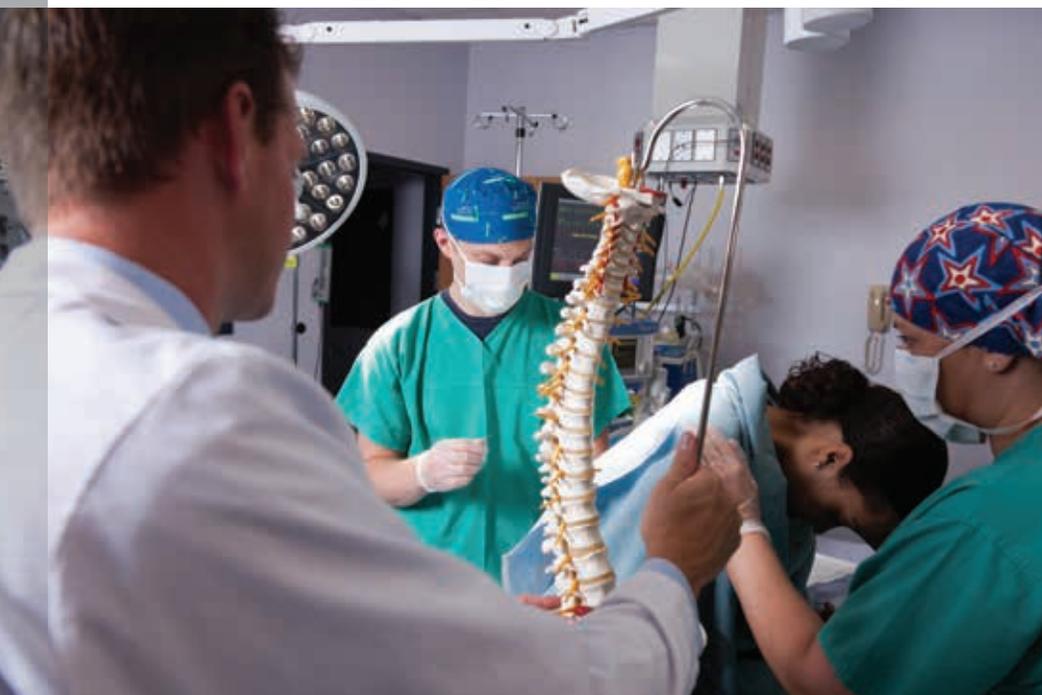
The program, which will grow to a total of 41 students when a new class is seated in fall 2013, focuses on a combination of classwork, performance in a simulated environment, and clinicals (essentially an apprenticeship at hospitals and clinics). All of these approaches build and assess core competencies. First, the student must be able to demonstrate understanding of the science of anesthesia. Then, the student must be able to articulate that science and translate that literacy into a care plan for a patient. Finally, the student must be able to put that care plan into action by administering the anesthetics and safely bringing the patient out from under sedation.

All of this is intensive, requiring an extensive time commitment. Students work long hours, study long hours, and go to class full time. "So, really, students, to be successful in our program, need more than those science competencies," said Hartgerink. First, they need a good support system from their families, she said, and they need to have good organizational and time management skills. Then, they need to exhibit initiative. "People who are self-starters, who are motivated to see more than what is in the books, to seek out what they don't understand and master it - those are the kind of people that do well in this program and in the profession," said Hartgerink. Solid critical thinking, mixed with a confident decisiveness, are also important characteristics, she said.

The program, ultimately, is about putting these kinds of professionals in settings like hospitals and clinics where they do more than exhibit competency in the administration of anesthetics, said Nate Apatov, graduate program director for nurse anesthesia. "We want employers to have CRNAs who are great team players, who are good with patients, and have solid communication skills," he said. "Yes, the knowledge is important, but the professionalism among colleagues and patients is also crucial."

At ODU, the program sets out, over 28 months, to produce CRNAs who have a particularly strong understanding of how drugs work at the cellular level and how the body organs perform while under anesthetics. Students in the program pursue a rigorous curriculum that insures they know pharmacology and pathophysiology; they must know the body's cognitive processes, neuro pathways and chemical messengers involved.

**Nurse anesthesia students Josh Ricke and Meria Jackson simulate the delivery of epidural anesthesia guided by instructor Chad Driscoll.**



“Our program is very science-focused,” said Hartgerink. “Students have to know how the body works and how medicines interact with the body and other medications.” Consequently, by the time they are working with a simulated patient in the school’s lab, students must be able to articulate their knowledge of the medicine-body connections and clearly communicate how this knowledge informs why they are administering a certain drug.

“CRNAs need to know this level of detail in order to problem solve,” said Apatov. As an example, Apatov recalled recently observing a patient under anesthesia, who after receiving six liters of fluid, was not urinating. “With that much fluid going in, and not going out, there was a danger that the fluid could wind up in the patient’s lung tissues and put the patient’s breathing in jeopardy,” he said. The attending CRNA, well-schooled in monitoring the body’s processes while it is under an anesthetic, promptly determined the best, least-risky course of action. The remedy for the situation was to leave in a breathing tube to insure that the patient’s air flow was unobstructed.

“Having people’s lives in your hands can prove quite stressful,” said Hartgerink. “That’s why we emphasize to students the importance of knowing the science of the medicine and the body; with such knowledge they are on the road toward safely mastering the practice of giving anesthetics.”

## The simulator

For students, knowing the science that informs anesthetics and then articulating it are just the beginning. The road toward mastery in applying anesthetics also calls for students to encounter SimMan - the mannequin that awaits them in the program’s lab, located in a room in the Virginia Beach Higher Education Center.

Chad Driscoll, lecturer in the School of Nursing, is the director of simulation for the Nurse Anesthesia Program. One of the biggest initial challenges for students is taking SimMan seriously, he



**Nurse anesthesia student Meria Jackson simulates anesthesia delivery to child, Brett Hartgerink.**

said. “At first, students tend to joke about him,” said Driscoll, “but when they get into a scenario when it looks like he isn’t simulating breathing, then, for some of them, the panic sets in.”

The simulator, which came to the program in the summer of 2012, exposes students to high criticality/ low frequency events. Students encounter SimMan on an operating table - students already have the information on the pa-

tient’s background, allergies and the medical procedure - and lead him through the process of being sedated. “We tell each student to manage the care - and they talk to the patient and the patient actually ‘talks’ back to them,” Driscoll said. After students administer the simulated drugs and monitor SimMan’s physiological (and sometimes verbal) responses, they must then make sure he is safely revived.

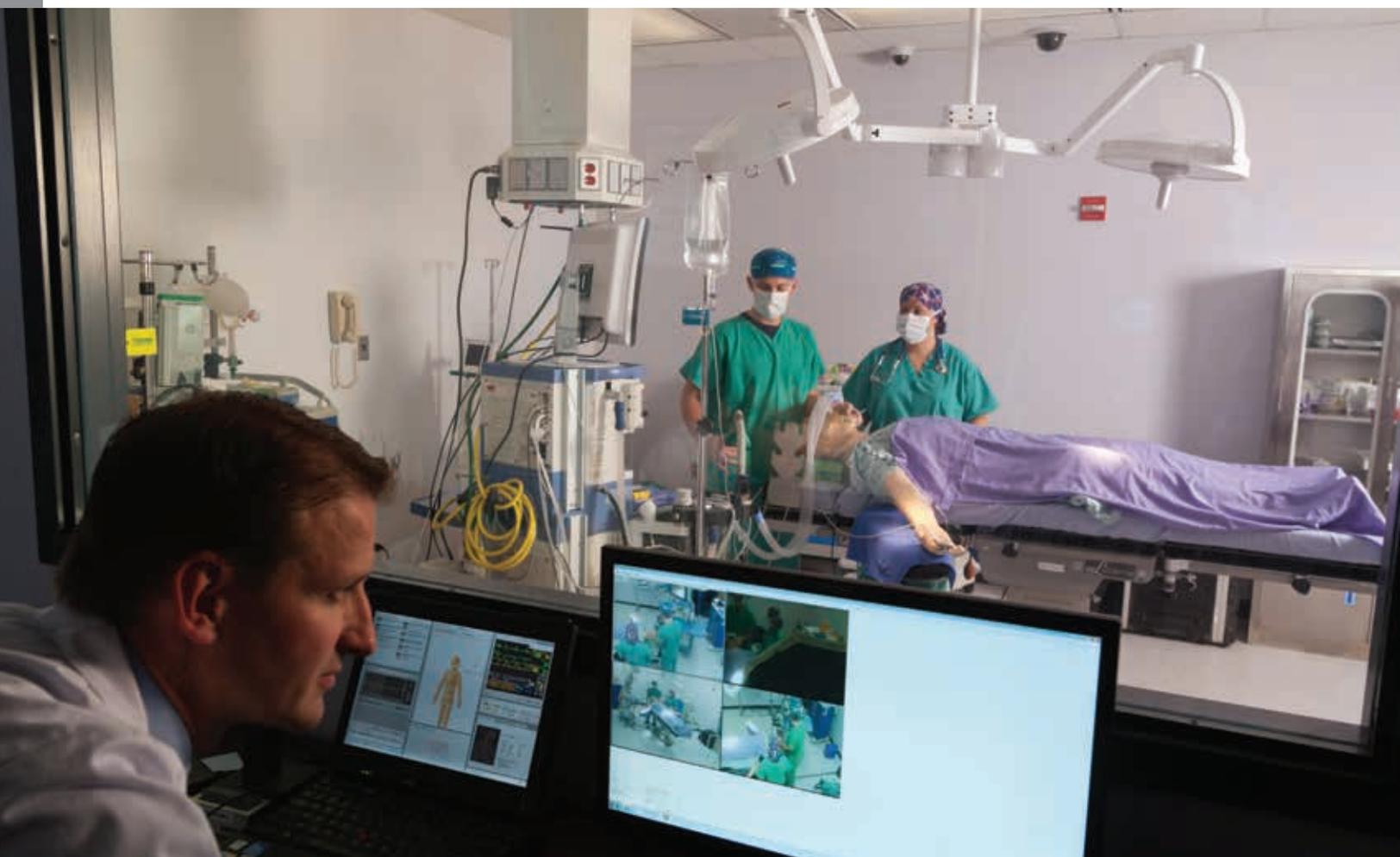
While this may sound straightforward, the “high criticality/low frequency” event will test the student’s command of nurse anesthesia skills. Spending such intense “alone time” with SimMan gives students the opportunity to put their training into action, especially when things are going wrong for the patient. When that happens, “the student needs to be able to calmly use multiple different modes of detecting this and then quickly address the situation,” Driscoll said. Take, for example, when the patient/mannequin simulates the cessation of breathing; SimMan’s chest will no longer rise and lower. If the student doesn’t respond promptly, a nearby monitor will reveal a drop in SimMan’s oxygen saturation. The monitor will signal if that loss gets to a criti-

**Nurse anesthesia simulation instructor, Chad Driscoll, monitors students Josh Rieke and Meria Jackson (class of 2013) in the simulated operating room working through a clinical scenario.**

cal point and a small light in the mannequin’s mouth will shine a blue hue on SimMan’s lips (offering a classic signal of deoxygenated blood). Additionally, SimMan’s eyes can open and it can make coughing sounds. Heeding all these warning signs, the student would then follow a series of problem-solving approaches, said Driscoll, such as checking the ventilation system, verifying what medications were administered, providing cardiopulmonary resuscitation, or administering additional medications.

Faculty observe the student from behind a one-way glass and follow the patient’s conditions through a bank of screens within a monitoring bay. They use video cameras to record student behavior, then provide feedback to the student. “We debrief them by showing them both the actions they took and how those actions affected the patient indicators (for example, pulse, heart rate and blood pressure) that were tracked in the monitoring bay,” he said.

Sometimes, this debriefing process is intense, particularly because students need to learn to assess their actions during the simulation in an analytical way. “In a simulated environment, it can still be distressing to see your patient die,” said Apatov. “Normally, the response is ‘What did I miss?’; however, at times, I’ve seen tears and storming out of the simulation room.” Apatov observed that the simulation room can provoke such a range of student reactions because it immerses students within an environment that looks and feels like a real operating room. “And seeing how the student reacts is vitally important because they have to demonstrate progression in grasping the science, the procedures and their own potential shortcomings,” he said. “The experience is an important step toward graduating students who are ready to administer anesthetics in pressure-filled situations.”





**Program Director  
Nathaniel Apatov**

## Learning in the Field

Once students display that they know how to effectively administer anesthetics in the simulation room, they next head toward clinicals, usually during their first summer in the program. Prior to sending students to their clinical sites, faculty brief students on the institution they are going to, tips on how to best organize themselves for their day, and appropriate dress and demeanor. "After we congratulate them for making it to the pre-clinical stage, we teach them how to be humble and lovable," said Karen Gillikin, who shares the nurse anesthesia assistant program director role with Hartgerink.

Each student performs duties at least four days a week at their sites (there are 15 in the Hampton Roads area), building on their basics of administering anesthetics. Students work under the guidance of a preceptor (an experienced CRNA) who is an employee of that facility. Normally, students begin their workday at 5:30 a.m. and may work up to 12- to 14-hour days. "Across the sites, students get to work in a variety of settings - trauma, cardiac, pediatric, obstetric," said Gillikin. "Students rotate through these various sites and get a wide range of experiences." They become oriented to each work environment, learn how to make care plans, and get a better grasp of the stages of anesthetic administration. They also develop vital interpersonal skills, said Gillikin, as they work with different personalities across different shifts at different sites.

Students turn in a daily progress report to Gillikin in order to earn credit toward completing this crucial program requirement. They also turn in detailed care plans and preceptor evaluations of their work. "We use these preceptor evaluations to encourage students when they make positive strides, and to also remediate any knowledge or performance concerns," said Gillikin. "Preceptors are often eagerly involved because they like to teach and they also sometimes learn new things from the students."

"My goal is to offer these students a supportive setting that exposes them to a wide range of pediatric cases," said Judith Ricketts, clinical coordinator for CRNAs at Children's Hospital of The King's Daughters (CHKD) in Norfolk. "Having clinicals at CHKD allows the students to get the in-depth pediatric experience they need; it is a gratifying experience because I have found that the students from the program are always professional and well prepared for clinical."

Across their clinicals, students must demonstrate that they were involved in the delivery of 550 anesthetics. By the end of that training, they should be taking full responsibility for administering drugs while being observed by their clinical supervisor.

"Clinicals are crucially important because, when students graduate and pass their boards, they have to be capable on day one of providing quality patient care," said Gillikin. When graduates head to their first practice, there may be no backup and the newly minted CRNA must be prepared to make decisions autonomously. "There is no time for a learning curve when you walk in and start treating patients as a CRNA," she said.

## Looking ahead

Nurse anesthetists offer the solid mix of training and experience that comes with being an advanced nursing practitioner, said Gillikin. And, because CRNAs take the nurses' "art of care" and apply that perspective to the science of anesthesia, they will likely contribute significantly to ongoing efforts to improve the U.S. health care system. CRNAs take care of one patient at a time, while also being well-versed in the larger perspective of health care policies, procedures and changes. "These nurses have a lot of experience in identifying and dealing with systemic health care challenges," said Hartgerink. "Their competencies are going to be continually more valued as this country seeks answers for such challenges." At ODU, this will likely lead to CRNAs advancing their studies, starting in 2015, by earning the Doctorate of Nursing Practice, where they will be versed in the economics and leadership of health care. Apatov indicated this will, over time, lead to a stronger focus on research in the program; the advances will come, he said, because "We get great support from the College of Health Sciences and the School of Nursing."

"I'm excited about the strides this program is making," said Apatov. "We have the right mix - a small program that offers individualized attention from highly qualified faculty."

*The ODU Master of Science in Nursing, Nurse Anesthesia Program, is one of several graduate offerings within the School of Nursing. The program prepares the RN holding a baccalaureate degree to earn a master's degree in nursing and sit for the National Certification Examination for nurse anesthesia. For application information, call 757-368-4171, or 1-800-572-2762, or email program director Nathaniel Apatov at [napatov@odu.edu](mailto:napatov@odu.edu).*



**ODU'S  
RN-to-BSN  
Program  
Leads Nurses  
into the Future**

**W**hen Robin Workman of Unionville, Va., turned 29, she decided to finally move on from different jobs that paid the bills - driving a bus, working in a deli - and pursue her interest in being a nurse. In 1994, she finished an associate degree in nursing and took on her first position as a registered nurse at Martha Jefferson Hospital in Charlottesville, Va. By 2005, she applied for a hospital scholarship that allowed her to take distance learning classes through ODU to earn a Bachelor of Science in Nursing (BSN) in 2009. "It took me a little while, about four years, to earn the degree," said Workman, "I had some prerequisites to complete, plus I was working full time, and had

grandchildren." Balancing all these factors was a challenge, but she had a group of experienced staffers at the hospital she could turn to for advice in working through time-consuming class assignments. It also helped that classes were available in the evenings near the hospital. Even so, some nights she finished class around 9 p.m. and then reported for her shift at 5 a.m. the next day.

It was an extensive commitment, but she pushed through it. "I like the challenge to be continually educated," said Workman, now 51. Nurses who have higher education experience help bring about better patient outcomes, she said. "And when the opportunity came to receive a 100 percent scholarship that could allow me to be a better nurse, I simply could not allow that to pass by."

### The RN-to-BSN program

"We've developed a unique program," said Kay Palmer, associate professor of nursing. "We created a curriculum for place-bound nursing students that builds on their previous learning in an associate degree or diploma program and integrates that with their work environment and the content of the BSN education." The RN-to-BSN curriculum is distinctive because students are routinely encouraged to use course assignments to explore practice or leadership issues in the workplace. This helps the RN student appreciate the relevance of the curriculum. Students reflect on, and synergize, their two years' worth of class materials into a portfolio that demonstrates mastery of core competencies. In fact, some students have used their portfolios to help receive promotions, find new positions, or seek admission to graduate nursing programs, said Palmer.

The post-licensure BSN curriculum at ODU was implemented nearly 25 years ago, and was among the first distance learning programs offered by Old Dominion. Since its inception, enrollments have remained high. Currently, between 250 and 300 students are pursuing the post-licensure BSN curriculum at ODU, which is designed for registered nurses who hold an associate degree in nursing or a hospital diploma.

**Robin Workman**



Typically, lower division (general education) requirements (100-200 level classes) may be transferred from community colleges or other universities. Registered nurses can receive, at no cost, up to 33 credit hours toward the program through credit for their work experience. The completion of an additional 39 credits of upper division nursing and elective coursework is needed to fulfill requirements for the BSN.

Classes are structured to make attendance convenient for the busy adult learner. RN-to-BSN students can choose to attend televised courses either at the main campus or at one of the ODU distance learning sites; they can also participate in classes via video streaming, or enroll in course sections delivered entirely online. “Most of our students work together without physically seeing each other in a classroom,” said Palmer. “They make up for the lack of non-verbal cues by being diligent and detailed users of email and discussion boards.”

Students may complete the RN-to-BSN major on a full-time or part-time basis. While a two-year, part-time completion of nursing courses is typical, students may proceed at a full-time pace and complete the coursework in one year or proceed at a slower pace, if desired, to allow them to work toward a degree while meeting the responsibilities of work and family.

## Rebecca Gilbert Receives 2012 Helen Yura-Petro Award



Rebecca T. Gilbert is a nurse at the University of Virginia Health System who graduated from Old Dominion University with her Master of Science in Nursing, in nursing administration, in August 2012. She began her college education at Central Virginia Community College but also took courses at Southside Virginia Community College and

Piedmont Virginia Community College (PVCC) before eventually earning her AAS in nursing from Virginia Western Community College in 1993.

She started the RN-to-BSN/MSN program at the ODU/PVCC distance learning campus in fall 2009, and graduated from ODU with her BSN and a 4.00 GPA in August 2011. A year later, she successfully completed the nurse administrator MSN program, also with a 4.00 GPA. Gilbert received the Helen Yura-Petro Award in 2012. The honor, named for Professor Emeritus Helen Yura Petro, is bestowed upon a graduate nursing student by the faculty for outstanding achievement based on academic excellence, scholarship and service to the university, profession and/or community.

Gilbert chose the RN-to-BSN program at ODU over other programs because of its flexibility. The ability to take courses that were televised via Teletechnet or online made it easier for her to be successful while working full time and having a busy family life with a husband and three sons.

“My decision to continue on for an MSN was because of my positive experience in the RN-to-BSN program,” she said. “The instructors were incredibly supportive, which I did not necessarily expect from a distance learning program.” Also influencing her decision to pursue a graduate degree was the fact that she was able to take three graduate level courses that also fulfilled requirements for the BSN program; thus, she was nine credits ahead when she entered the MSN program. For RNs wanting to go back to school, Rebecca says, “I would recommend ODU without hesitation. In addition to the convenience and excellence of the instructors, every class that I took helped me in my real-world job as a frontline nursing leader. Most RNs who are going back for their BSN are very busy, and if they are like me, do not want to waste time taking anything that will not be valuable in real life. That will not be the case at ODU; the time and money spent in the program are well worth it!”

## The challenge (and rewards) of the BSN program

Anita Shell, 38, from Kenbridge, Va., completed an associate degree to become a registered nurse in 2003. In 2005, she was one of the first employees hired by St. Francis Medical Center's intensive care unit in Richmond, Va. (where she is now the director of clinical operations). "I became more interested in nurse leadership," she said, "and ODU's BSN program really appealed to me as the distance learning program allowed me to take classes only 12 minutes from my house, and do it through a renowned nursing program." Shell completed the program in 2010; she did it in just two years, taking nine credit hours a semester while working a slightly adjusted schedule to allow her a work/life balance. While she was pursuing the program, she was promoted to nurse manager at St. Francis' progressive care center.

At the time she began the BSN program, Shell had three daughters, ages 13, 11 and 8. While her husband was supportive and helpful (especially managing their children's schedules), Shell said a sense of perspective and organization was key; she had a dedicated area of the home where she focused on school work. "When I was at work, I focused on work. When at home, I focused on making sure to take appropriate time for school work," she said. This often entailed some sacrifices, but she chose to eliminate any outside-of-family activities that weren't essential. "My goal was to achieve my master's degree by

the time my daughters were in high school," she said, as she wanted to devote time to help them with their own college plans.

When Erin Sawyers, 26, of Hillsville, Va., a surgical intensive care unit nurse at Carilion Roanoke Memorial Hospital, decided to pursue the BSN in 2010, she already had one bachelor's degree. "I received a degree in biology from Radford in 2008," she said. "I had been working at an environmental lab in Portsmouth, but it really wasn't what I wanted to do." So, she moved back home to get an associate degree in applied science, and concurrently pursued the BSN through ODU's distance learning program. She finished both degrees in the summer of 2012.

"Something about the program really clicked for me," she said, challenging her to make connections. She found that she had to do more research, analyzing and writing than ever before, but a lot of her previous biology class work - especially anatomy - gave her insights into the curricula. As Sawyers learned more about nursing, she realized the profession was the right place for her. "It all came together," she said, "Nursing would allow me to both help people and use the biology knowledge I had already acquired." Workman found coursework on nurs-

**The amount of credit hours are normally about the same as if you were singularly pursuing the associate degree.**



Anita Shell

ing philosophy and nursing research particularly rigorous. This kind of class content was often outside-of-the-box to her and she had to spend time reflecting on how nursing theory and research explained what she saw in her daily practice. Working with others helped her manage the assignments. In fact, Workman stated that one of the most valuable outcomes from the BSN curricula was developing better teamwork abilities. "You learn to pay attention carefully to the value of cooperation because you are working on tasks with fellow distance learning students," she said. "You don't see them in the classroom so you have to be organized, detailed

and thorough when handling group projects.” Finally, her portfolio presentation allowed her to demonstrate that she had synthesized the information from across her classes. “It was quite an experience; I couldn’t imagine speaking for five minutes and here I was doing a 30-minute presentation,” said Workman.

Shell noted that one of the most challenging aspects of the program was moving beyond the technical expert mindset to a more holistic understanding of nursing. At first, she questioned the usefulness of studying the history and theory of nursing. “That was a challenge for me because I was already experienced as a nurse,” she said. “I was asking ‘How will this information allow me to make a difference?’”

Shell said she was quickly amazed by what she didn’t know, and it gave her new perspectives about how to make day-to-day changes that would improve safety and patient outcomes. ODU faculty emphasized more than a grounding in the fundamentals, she said; they encouraged her to develop a leadership perspective about the practice. These broader views equipped her to successfully lead a portion of St. Francis Medical Center’s effort to receive re-accreditation through the Joint Commission.

The instructors in the program clearly set out to make sure students are successful, said Shell. “They equipped me to better understand the new shifts in health care reform.” All of this also allowed her to better envision how to help St. Francis reach a magnet designation by using her leadership position to encourage effective teamwork.

Palmer reflected that it’s not unusual for students to have such “ah-ha” moments, especially by the time they finish their portfolios. “One of them told me, ‘I am looking through new eyes,’” said Palmer. This student told Palmer that she now considers the total patient - including the patient’s family, community and culture - in order to provide holistic care. “Students tell me that they have a better ability to analyze the patient’s total situation, and realize how much more they, as nurses, have to offer,” she said.

**Erin Sawyers**



## The Road Ahead

Shell said her leadership role at St. Francis is enhanced by the deeper explorations of nursing standards and health care policies she received in the BSN program. The BSN helped her move beyond a task-orientation and into understanding how nursing is evolving. “It gives you the knowledge that can help you be successful from the bedside to the boardroom,” she said. She sees that her BSN-acquired knowledge will continue to enhance her leadership role involving St. Francis’ critical care centers and the nursing support center.

Workman has found that the BSN program has allowed her to exhibit more of a leadership role among her peers in a hotbed of activity at her hospital - the Surgical Interventional Procedural Center, where patients are admitted for surgery and also are cleared for recovery. For example, she has been taking an active role in educating bariatric (obese) patients about how to prevent obstructive sleep apnea after their procedures. With her increased competencies in educational outreach, she is considering moving her career into community health nursing.

Sawyers’ position in the critical care unit at her hospital is a vital step toward becoming a certified registered nurse anesthetist (CRNA). “I’ve spoken with CRNAs

and they tell me that they love their jobs,” she said. “I’ve seen them in action and I’m really attracted to the level of responsibility they have.” So, she is not yet done with her education; she is already making plans to pursue CRNA graduate education as soon as possible. “When I set my mind to it, I can get it done,” she said. “And it certainly helps that I love school.”

In the meantime, Sawyers encourages prospective nurses to consider pursuing concurrent enrollment. “The amount of credit hours are normally about the same as if you were singularly pursuing the associate degree,” she said. “If you’re organized and dedicated to getting it done, it is a good idea; more employers are indicating they want new hires who have BSNs.” Added

**This student told Palmer that she now considers the total patient – including the patient’s family, community and culture – in order to provide holistic care. “Students tell me that they have a better ability to analyze the patient’s total situation, and realize how much more they, as nurses, have to offer.”**

While Sawyers’ affinity for school may be exceptional, there is little doubt that many more nurses will find themselves in a higher education classroom in the years to come, particularly through ODU. Nursing leaders in the commonwealth are actively working to respond to the Institute of Medicine recommendation that 80 percent of the nursing workforce have a BSN by 2020. Palmer said, “We’re very well-situated to help students address this evolving need in the marketplace; we have the faculty and the standards to help nurses reach this higher level of competency.”

Workman, “It’s better to pursue the BSN when you’re younger, and you can advance faster into a leadership role; you’ll be better prepared more quickly for the more complicated needs of employers and the ever-changing health care environment.”

*Admittance into the RN-to-BSN program occurs well in advance of each fall and spring semester. For more information about the program, call Old Dominion’s School of Nursing at 800-968-7276 or email Janice Hawkins at [jhawkins@odu.edu](mailto:jhawkins@odu.edu).*

# Kay Palmer Continues to Engage New Approaches, New Students

In January 1979, associate professor Kay Palmer was pursuing an Ed.D. through the University of Virginia. As she entered the dissertation stage, she wanted to do more teaching, arriving at ODU's School of Nursing as an adjunct.

for RN-to-BSN students, identifying the kinds of students who would be interested in the program (and where they were located), doing student advising, and developing the curricula. Phyllis Barham, who worked as a faculty

start that program in 2002. Palmer continues to work on expanding that program, particularly by identifying ways that nursing students in the community college environment can concurrently enroll in the ODU RN-to-BSN program.



When the School of Nursing building was remodeled in 2006, she helped set up the clinical simulation learning environments. "What was particularly rewarding was to see Monarch General Health System (MGHS) come to fruition," she said. "For about 15 years, a small group of us worked on this, and I'm still at it, looking for ways we can package this successful instructional approach and sell it to others."

There is no doubt that Palmer has been - and continues to be - at the core of the growth of the School of Nursing over the last 30 years, including service as the undergraduate program director since 2003. RN-to-BSN and MGHS are continually evolving, she said, and "keeps me young." Barham noted that it is no surprise that Palmer is immersed in the changes that continue at the school.

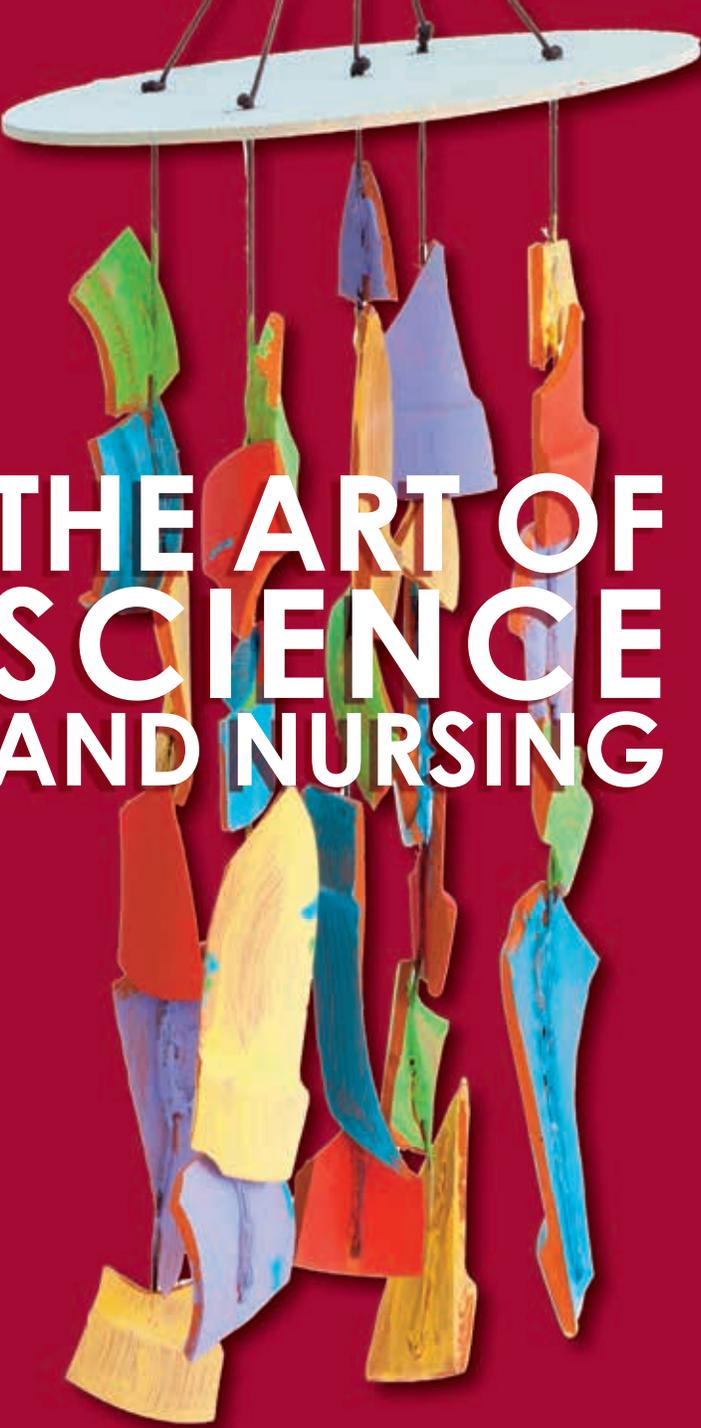
"In many ways, the nursing program has figuratively - and literally - built this school during my entire time here," she said. The program was propelled, she said, in great part by a series of chairpersons who were willing to take on new initiatives in research and teaching. Palmer found the changes especially invigorating; "As a former ICU/Neuro nurse, I'm somewhat of an adrenaline junky who really gets into the novelty that comes with new things," she said.

Not surprisingly, when the school had the opportunity in 1987 to get involved with distance learning (what would evolve into Teletechnet), Palmer jumped right in. She assisted in building from scratch the school's distance learning program

member with Palmer for more than 25 years, pointed out that Palmer was instrumental in making distance learning successful within the nursing school. "While some faculty clung to traditional classrooms, Kay immediately was able to see the possibilities of providing courses to place-bound, distance learning students," said Barham. "She embraced the technology, learned to trouble shoot when glitches occurred, and adjusted her teaching and classroom management styles to meet the learning needs of these students."

Next, Palmer played a vital role in developing asynchronous nursing classes for the RN-to-BSN program. She worked effectively to get university funding to

"She has vision and anticipates how new approaches and technologies can engage students in active learning. Then, she champions rolling out those changes into the classroom," said Barham. Still, when it comes to what Palmer sees as her legacy, it's less about the projects and the technology, and more about the personal; she wants students to recall her when they remember something they have learned. "It doesn't even have to be me by name, I just want them to be able to say, 'there was that instructor at ODU who had pointed that out to me.'" That, she said, is a form of eternity. "When they remember you, you continue after yourself," she said.



# THE ART OF SCIENCE AND NURSING

## STUDENTS CREATIVELY DISPLAY THEIR NURSING PHILOSOPHY

Once nursing student Danielle Cribb realized the depth of the assignment— make a piece of artwork that represents your nursing philosophy – she picked up a clay pot and hurled it to the floor.

**Then, she took all the pieces and assembled a wind chime.**

“The broken pieces represent people who really need our help,” said Cribb, a 22-year-old from Chesapeake, Va. “They stand for the physical, emotional and mental brokenness of young girls who have been abused through human trafficking.”

Cribb is driven toward a nursing career that will reach out to such girls. “I hope to reach them while serving in missions,” she said. “I’m encouraged because all of us as nurses have the chance to put together the broken pieces, to help bring healing and turn something broken into something beautiful - like a wind chime.”



Danielle Cribb

## The Professional Outlook Project

In the first semester of their sophomore year, SON students take the required course NURS 300—Introduction to Nursing Theory and Concepts; they're exposed to the history of nursing, nursing theories, patient culture/spirituality, and communication with patients and peers. In essence, the class focuses on defining nursing, and the professional outlook project is a culminating activity for the class. That is, it is designed to allow students to highlight their new understandings of nursing and then, using creative art, articulate those understandings as a personal philosophy of nursing.

“By putting together an art project that demonstrates what they believe nursing is, students are challenged to apply the information from this class,” said senior lecturer Suzanne Van Orden. “They have to be able to

clearly determine what they now understand about nursing and how they can then show that to someone.”

Students have flexibility about the form of art used, but they need to demonstrate within the piece concepts of nursing, health, nursing theories and their nursing goals (conversely, students are not assessed on artistic ability). “We want them to depict a specialty area that they're interested in, how they envision their lifelong learning in the profession, and what they see as challenges to the profession,” said Van Orden. Articulating all these items as aspects of their own philosophy early in their studies is important because, when they eventually do senior portfolios, students will again have to communicate their nursing philosophy. This larger process - from sophomore to senior year - allows

students to better see what parts of their philosophy have endured, or have changed over a relatively short period of time.

For the sophomore professional outlook project, students complete their artwork and draft an outline that explains how the piece relates to their philosophy of nursing. Then they present their work to their peers, explaining it in no more than five minutes. Although developing artwork may be challenging for some students, others have displayed a bigger aversion to making the oral presentation. “The flexibility of the project has resulted in some speakers taking on ways to compensate for the fear of public speaking,” said Van Orden. “One student created visual avatars for her project and let those avatars literally speak to the class.”

Suzanne Van Orden



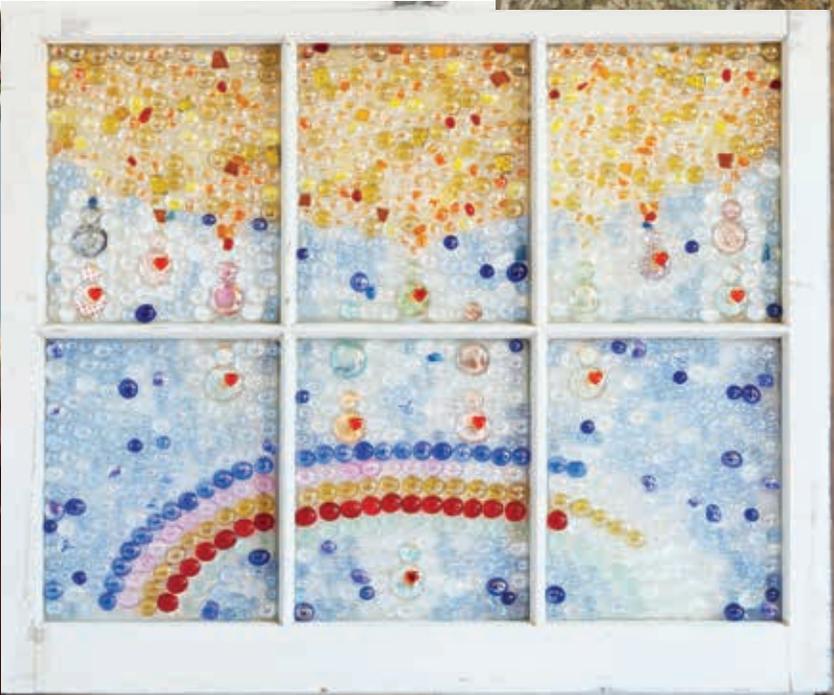


Allison McElhaney developed a friendship bracelet that reflects a holistic perspective of nursing. “The nurse relies on education, research, experience, intuition and communication to provide the best possible care,” said Allison, 30, from Norfolk, Va. “Addition-

ally, the nurse’s caring process uses strength, enthusiasm, growth, tranquility and cleanliness to execute care.” Colors used in the friendship bracelet display such holistic aspects. Red symbolizes blood and strength, blue is for peace and tranquility, green is growth, and yellow is the color of energy and enthusiasm. White is the color of cleanliness and a recognized symbol of nursing, and the shades of brown represent the different skin tones of all of us. “While each string is separately strong, together they are much stronger, much like the elements of the caring process,” she said.



Tamar Accardo-Jones, 55, from Chesapeake, Va., found that she gravitated to nursing theories about the importance of environmental elements in patient care. She conceptualized how to depict these elements - sunlight, cleanliness, fresh air, room color, and adequate food and water - and designed a mosaic window. Using the window as a frame for the patient experience, Accardo-Jones depicted healing sunlight flowing in upon images of nurses and patients. She pointed out, “A rainbow nicely complemented both the sunlight and my window, and is an effective representation of health as a combination of five elements - physical, psychological, emotional, social and spiritual.” Accardo-Jones’ artwork depicts health as multidimensional, constantly changing, and rarely optimal in all elements, but which, she said, “results in a colorful rainbow nonetheless, as each individual strives, with the help of nursing care, to achieve healing.”



**Articulating all these items as aspects of their own philosophy early in their studies is important because, when they eventually do senior portfolios, students will again have to communicate their nursing philosophy.**



Wendy Frantz, 43, from Virginia Beach, Va., designed a quilt that allowed her to depict multiple influences on her developing philosophy of nursing. The pattern for the project is based on the white heart of the Florence Nightingale International Foundation, which stands

for the caring, knowledge and humanity of nurses. Also central to the quilt is the image of a hand, which represents Orem's Theory of Self-Care Deficit: Nurses provide care for individuals until these patients can care for themselves. A flame represents the knowledge and continuing education of nurses. The various colors in the quilt stand for different factors: nursing environments, transcultural nursing, and even Frantz's cultural background. "A quilt makes all the sense in the world to me because they are given to people at all stages and levels of health," said Frantz. "And this one is held together by a binding that represents the ODU School of Nursing because the school - literally and figuratively - helped me put it all together."



Kimberly Price's creation of dove-scale buttons displayed her philosophy that receiving care is a basic human right that should be available to everyone and that "we must be culturally competent when providing that care." Kimberly, 30, of St. Paul, Minn., maintains it is every nurse's responsibility to understand each patient's point of view and their culture so as to provide

quality and meaningful care. She chose the white heart symbol of nursing because it demonstrates such acceptance, while the blue hand/dove represented international human rights. The white or blue buttons represent "the diversity among people who may, at first glance, look the same but are, in fact, different and unique," she said. The scale in the middle represents nurses' ethical responsibility to be fair and just and treat every person with the same amount of respect and dignity.



# Faculty Scholarship

Achievements from April 30, 2012 - May 1, 2013

## Journal Articles (faculty primary author)

- Adams Tufts, K. (2012). Interview with Linda Burnes Bolton. *Journal of the Association of Nurses in AIDS Care*, 23(2), 100-6.
- Adams Tufts, K. (2012). The Supreme Court Decision and Health Care Reform: What it Means for the Health Care Consumer. *Journal of the Association of Nurses in AIDS Care*, 23(6), 475-477.
- Gray, D., & Rutledge, C. M. (2013). Herbal supplements in primary care: Patient perceptions, motivations, and effects on use. *Holistic Nursing Practice*, 27(1), 7-12.
- Haney, T., & Adams Tufts, K. (2012). Electronic Communication in Home Health: Implications on Parental Well-Being and Satisfaction. *Home Health Care Nurse*, 30(2), 216-224.
- Hawkins, J. E., O'Connor, L., & Santo Domingo, R. (2012). Bridging the Gap between School and the Real World: Student Perspectives on Nursing Externships. *Imprint*, 59(4), 42-43.
- Hawkins, J. E., & Vialet, C. L. (2012). Service Learning Abroad: A Life Changing Experience for Nursing Students. *Journal of Christian Nursing*, 29(3), 173-177.
- Hawkins, J. E. (2013). Anxiously Awaiting. *Nursing for Women's Health*, 17(1), 75-76.
- Hawkins, J. E. (2012). Planning a service learning trip? Some tips to keep in mind. *Reflections on Nursing Leadership*, 38(3). [www.reflectionsonnursingleadership.org/Pages/Vol38\\_3\\_Hawkins\\_Service-learning.aspx](http://www.reflectionsonnursingleadership.org/Pages/Vol38_3_Hawkins_Service-learning.aspx)
- Hawkins, J. E., & Campbell, A. (2012). Wikicountries: Enhancing Global Health Awareness Without Leaving Home. *Nurse Educator*, 37(3), 89-91.
- Pitts, M. J., & Adams Tufts, K. (2013). Barriers to and Facilitators of Effective Family Discussions and Decision-Making about the State Mandated HPV Vaccine. *Qualitative Health Research*, 23(5), 605-17.
- Renaud, M. T., Rutledge, C. M., & Shepherd, L. (2012). Preparing emotionally intelligent doctor of nursing practice leaders. *Journal of Nursing Education*, 51(8), 454-460.
- Rose, D. L. (2013). I've Heard Report, Now What Do I Do? Avatars Prepare Novice Students for Patient Handoff. *Nurse Educator*, 38(2), 54-55.
- Rose, D. L. (2013). The avatar nurse: Bridging the hand-off gap: It's not science fiction. *Reflections on Nursing Leadership (Sigma Theta Tau International Journal)*, 38(4). [www.reflectionsonnursingleadership.org](http://www.reflectionsonnursingleadership.org)
- Rutledge, C.M., LaGuardia, A., & Bluestein, D.A. (2013). Predictors of Self-Efficacy for Sleep in Primary Care. *Journal of Clinical Nursing*, 22(9-10), 1254-61.
- Sharp, P.B. & Salyer, J. (2012). Self-efficacy and barriers to healthy diet in cardiac rehabilitation participants and non-participants. *Journal of Cardiovascular Nursing*, 27(3), 253-262.
- Tuck, I., Johnson, S.C., Kuznetsova, M.I., Baxter, M.L., McCrocklin, C., & Bennington, L. (2012). Sacred healing stories told at the end of life. *Journal of Holistic Nursing*, 30, 69-80. [jhn.sagepub.com/content/30/2/69.full](http://jhn.sagepub.com/content/30/2/69.full)

## Journal Articles (collaborations where students are primary authors)

- Jesse, B., & Rutledge, C.M. (2012). Effectiveness of Nurse Practitioner Coordinated Team (NPCT) Group Visits for Type 2 Diabetes in Medically Underserved Appalachia. *Journal of the American Academy of Nurse Practitioners*. doi: 10.1111/j.1745-7599.2012.00764.x
- Umar-Kamara, M., & Adams Tufts, K. (2013). Provider adherence to recommended standards of care for adults with Type 2 diabetes mellitus. *Journal of the American Academy of Nurse Practitioners*. Advance online publication. doi: 10.1111/1745-7599.12018
- Patterson, B. M., & Renaud, M. (2012). Routine hearing screening in primary care for adult populations using distortion product otoacoustic emissions testing. *Journal of the American Academy of Nurse Practitioners*, 24(7), 400-404.
- Wilhelm, M., Zimbardo, K., Smith, M., Garzon, L., & Rutledge, C. (2012). Pediatric Obesity and Nutrition Counseling. *ICAN: Infant, Child & Adolescent Nutrition*. doi: 10.1177/1941406412452317

# Faculty Scholarship

Achievements from April 30, 2012 - May 1, 2013

## Books

Lee, A. H., & Rose, D. L. (2013). *Clinical Decision Making Study Guide for Medical-Surgical Nursing: Patient-Centered Collaborative Care (7th ed.)*. Maryland Heights, MO: Elsevier-Saunders. evolve.elsevier.com

## Book Chapters

Bennington, L. K. (2013). Immunogenetics. In C. A. Kenner & J. A. Lewis (Eds.), *Genetics and Genomics for Nursing*. Upper Saddle River, NJ: Prentice Hall.  
www.pearsonhighered.com/educator/product/Genetics-and-Genomics-for-Nursing/9780132174077.page

Bennington, L. K. (2013). Mosaicism. In C. A. Kenner and J. A. Lewis (Eds.), *Genetics and Genomics for Nursing*. Upper Saddle River, NJ: Prentice Hall.  
www.pearsonhighered.com/educator/product/Genetics-and-Genomics-for-Nursing/9780132174077.page

## Presentations (oral)

Adams Tufts, K. (2012). *Advocacy for HIV in Times of Change*. Presented at Coping with Hope 14th Annual Meeting, Charles Drew University and UCLA, Los Angeles.

Adams Tufts, K., Gittner, L. & Tulenson, A. (2012). *Secrets: A School-based Peer-to-Peer Educational Theatre Program Aimed at Increasing STI/HIV Prevention and Transmission Knowledge and Reducing HIV Risk Behaviors in Adolescents*. Presented at XIX International AIDS Conference, Washington, DC.

Apatov, Nathaniel M. (2013). Long-term Outcomes in Anesthesia; The Triple Low. Presented at 2013 UNF Patient Safety Conference, Amelia Island, FL.

Bennington, L. K. (2012, June). *The relationship among spirituality, perceived birth experience and maternal infant bonding*. Presented at Association of Women's Health, Obstetric and Neonatal Nursing, Washington, DC.

Fowler, C., Curry-Lourenco, K., Murray, D., & Sharp, P. (2013, March). *Improving Care for Older Adults through Education of Nurses as Adult Gerontology Clinical Nurse Specialists.* Presented at National Association of Clinical Nurse Specialists' Annual Conference, San Antonio, TX.

Fowler, C., Haney, T., Kott, K., Lemaster, M. F., Johnson, K. F., Rutledge, C. M., & Bordelon, M. (2013, March). *Preparing NP's to Function Interprofessionally Through a Health Promotion Curriculum*. Presented at Emswiler Interprofessional Symposium, Virginia Commonwealth University, Richmond, VA.

Fowler, C. (2013, April). *Family Caregivers, Are They a Missing Link?* Presented at the Virginia Public Health Association Spring Meeting: Redefining Health and Wellness for an Aging Population, Richmond, VA.

Fowler, C. (2013, April). *Preparing NPs to Function Interprofessionally through a Health Promotion Curriculum*. Presented at National Organization of Nurse Practitioner Faculty Annual Conference, Pittsburgh, PA.

Gray, D. (2012, June). *Herbal Use in Primary Care: Practice Pearls from Research*. Presented at American Academy of Nurse Practitioners' 27th National Conference, Orlando, FL.

Gray, D. (2013, April). *Preparing Nurse Practitioners in the Use of Technology to Collaborate Interprofessionally at a Distance*. Presented at National Organization of Nurse Practitioner Faculties 39th Annual Conference, Pittsburgh, PA.

Lee, A., & Murray, D. (2013, May). *Acknowledging Student Experiences with Patient Safety Errors through Guided Writing*. Presented at the Quality and Safety Education for Nurses National Forum; Embracing New Heights, Atlanta, GA.

Murray, D. (2012, September). *A Pilot Study of Nurse Practitioner-Facilitated Newborn Group Wellness Care*. Presented at DNP National Conference, St. Louis, MO.

Putnam, K., Scott, M. A., Forst, J. K., & Diawara, N. (2013, March). *Salaries and Employment Attitudes of Nurse Practitioners in Virginia*. Presented at Virginia Council of Nurse Practitioners' Annual Meeting, Williamsburg, VA.

Putnam, K. (2012). *Self-Reported Domestic Physical Activity and Pregnancy Outcomes by Kilocalorie Expenditure: A Pilot Study*. Presented at AMSUS, Phoenix, AZ.

Rutledge, C.M. (2013, April). *Preparing Nurse Practitioners to Lead the Move toward Interprofessional and Independent Practice Models*. Presented at National Organization of Nurse Practitioner Faculties 39th Annual Meeting, Pittsburgh, PA.

Rutledge, C.M., & Haney, D. (2013, January). *Remodeling Methods for Teaching Nursing Research: Developing Differing Capacity*. Presented at AACN's 2013 Doctoral Education Conference, San Diego, CA.

- Scott, M. A. (2013, February). *Past, Present and Future of Advanced Nursing Practice*. Presented at International Association of TORCH Clubs, Norfolk, VA.
- Scott, M. A., Putnam, K. F., & Forst, J. K. (2012, November). *Prior Deployments and Years of Marriage as Correlates of Post Deployment Adaptation in United States Navy Families*. Presented at Joining Forces to Restore Lives: Nursing Education and Research in Veterans Health Conference, University of South Florida, Tampa, FL.
- Wiles, L., Rose, D. L., Curry-Lourenco, K. A., & Swift, D. (2012, May). *Creating the Learning Experience: A Collaborative Teaming Approach*. Presented at Center for Learning and Teaching, Faculty Summer Institute, Old Dominion University, Norfolk, VA.
- Wiles, L. (2013, March). *What next? Clinical decision making by new grads in critical care*. Presented at Southern Nurses Research Society Annual Meeting, Little Rock, AR.
- Kegg, C., & Rutledge, C.M. (2012, June). *Barriers to Breastfeeding*. Presented at 2012 AANP National Conference, Orlando, FL.
- Lee, A., Benjamin, R.S., Barham, P., Palmer, K., & Karlowicz, K. (2012, April). *Using Avatars to Meet Changes in Clinical Nursing Education*. Presented at Sigma Theta Tau International Region 13 Research Symposium, A Call for New Nursing Roles in Leadership, Practice, Education and Research, Virginia Beach, VA.
- Malcolm, D., & Zimbardo, K. Southern. (2013, February). *Early Sepsis Diagnosis: The Impact of EGDT on Quality Outcomes for Seniors Admitted to the Emergency Department with Sepsis*. Presented at Nursing Research Society 27th Annual Conference: Expanding Networks of Knowledge for Healthcare Innovation, Little Rock, AR.
- McAndrews, S., Kennedy, T., & Rutledge, C. (2013, March). *Efficacy of Preoperative Advance Directive Nursing Education of Elderly Ambulatory Surgical Patients*. Presented at the Association of Perioperative Nurses, San Diego, CA.

## Presentations (poster)

- Darby, S., Hudson, J., & Dillard, C. (2013, February). *Examining Utilization of Healthcare by Pediatric Long Term Care Residents*. Presented at Southern Nursing Research Society 27<sup>th</sup> Annual Conference, Little Rock, AR.
- Fowler, C., & Walia, M. (2012, November). *Access to a Health Care Provider. How it Affects the Caregivers*. Presented at Gerontological Society of America Annual Conference, San Diego, CA.
- Fowler, C., & Rutledge, C. (2012, October). *Caregiver Health Measures: Comparing Those Whose Care Recipients have Access to a Primary Care Provider to Those that Don't*. Doctor of Presented at Nursing Practice Annual Conference, St. Louis, MO.
- Gonzalez-Wilson, C., & Haney, T. (2013, March). *Facebook: An Education Tool for Young Women in an OB/GYN Practice*. Presented at Women's Health 2013: The 21st Annual Congress, Washington, DC.
- Gray, T.L., & Hudson, J. (2013, April). *Medical-Surgical Nurses' Perceptions of the Electronic Medical Record's Handoff Tools*. Presented at 2013 Western Institute of Nursing Research Conference, Anaheim, CA.
- Isibel, D. (2013, January). *Collaborative Partnerships in Community Health*. Presented at Elsevier Faculty Development Conference, Las Vegas, NV.
- Newberry, L.W., & Sharp, P.B. (2013, May). *Bon Secours Mary Immaculate Hospital Practice Standard 8: Nurses are Recognized for Achievements*. Presented at American Nurses Credentialing Center Pathway to Excellence National Conference, Baltimore, MD.
- Rust, M.S., & Rutledge, C.M. (2012, June). *A Primary Care Weight Loss Program in Western Kentucky*. Presented at 2012 AANP National Conference, Orlando, FL.
- Thomas, J., & Zimbardo, K. (2013, April). *Nurse Leaders' Perceived Change in Health Care Delivery Practices as a Result of Managed Care Implementation*. Presented at 19<sup>th</sup> Annual HMO Research Network Conference, San Francisco, CA.

## Grants

- Rutledge, C. M. (Principal), Fowler, C., Kott, K., Lemaster, M. F., Johnson, K. F., & Renaud, M. (Co-Principals). *Educating Nurse Practitioners to Practice Interprofessionally*. Department of Health and Human Services Advanced Practice Nursing Program, sponsored by HRSA, Federal (Sept. 2012 - Aug. 2016). \$1,046,157.
- Rutledge, C.M. (Principal), & Karlowicz, K.A. (Co-Principal). *Advanced Education Nursing Traineeships*, HRSA (April 2012-14). \$350,000.

# Class Notes

**Elizabeth Jane (Servonsky) Clarke** (BSN '70, PhD '93 in health services/children & families) died May 6, 2013. Jane was a family/pediatric nurse practitioner. She initiated the specialty of pediatric nursing at the graduate level at Hampton University and designed, developed and implemented the first pediatric nurse practitioner program in the Hampton Roads area.

**Nancy Samuelson** (BSN '76), age 59, of Arlington, VA passed away on Sunday, July 28. After graduating from ODU, Nancy earned a master's degree in Cardiovascular Nursing at The Catholic University. She had been an intensive care nurse at Doctors Hospital in Arlington and National Hospital for Orthopedics in Alexandria, VA.

**Judith Ann (Wilson) Sanders**, (BSN '78), age 56, passed away July 22, 2013 in Grapevine, TX after a courageous battle with cancer. Following her graduation from ODU, Judi worked as a Registered Nurse for over 30 years in Labor and Delivery, bringing hundreds of children safely into the world. For the past 15 years she worked at St. Paul/University of Texas Southwestern Medical Center Hospital in Dallas, TX.

**Patricia (Aeberli) Cordell** ('79) writes, "I have just received my Master of Science in Nursing Informatics from Walden University. I have been working in the physician informatics department at Florida Hospital in Orlando, Fla., since September of 2010."

**Christine (Heine) Mueller** ('84) writes that she has been appointed as the associate dean for academic programs at the University of Minnesota School of Nursing. She holds credentials as a PhD, RN and FAAN.

**Lesley (Anderson) Riley** ('95) graduated from East Carolina University (ECU) on May 11, 2013, with an MSN in nursing education concentration. She has been accepted into the Adult Gerontology Nurse Practitioner Program at ECU for fall 2013. She writes, "I can't get enough education these days!"

**Navy Lt. Cmdr. Raynard Gibbs** (BSN '01), Alpha Division officer at the Naval Medical Center Portsmouth (NMCP), has earned an MBA as well as certification as an operating room nurse. As the main operating room clinical coordinator at NMCP, he manages an 18-room surgical suite. Gibbs was a 2004 Nurse of the Quarter award winner and 2005 Nurse of the Year award winner. In addition to multiple unit and service awards, Gibbs' personal awards include the Navy Commendation Medal with three stars, and five Navy Achievement Medals.

**Naomi Pitcock** ('04) received a DNP in nursing from University of Virginia on May 19, 2013, and recently accepted a position as assistant professor at Shenandoah University in Winchester, Va.

**Laurie Pierce** (MSN '08) is currently in the PhD program at the University of North Dakota. "My dissertation method is ethno-nursing research and my domain of inquiry is the culture care values, beliefs and practices observed in the resiliency of African American nurses who experienced desegregation of southern hospitals. I never thought I would end up in qualitative research. I should be completed with the dissertation by June 2015. I have also been accepted as a Yale-Hastings visiting scholar this summer. I will be exploring ethical considerations of methods of desegregation in Southern hospitals."

**Jeanette (Powell) Connell** (BSN 2000) writes, "I began my career working at Sentara in the ER from 2000 to 2002, and then moved to Florida and worked in the ER at a level II trauma center as a trauma team member and charge nurse from 2002 to 2010. In 2005, I graduated with my masters in nursing education from Drexel University, and taught nursing for a while at a local community college. In 2006, I was hired to fly life flight and loved it, and went on to become a paramedic in 2010. I still teach at the local college, but teach EMT and paramedics. In May 2012, I graduated with my post-masters certificate in Advanced Emergency Nursing (Family NP/Adult-Gerontological Acute Care Dual Role) from the University of South Alabama. I still teach paramedics and EMT in my spare time, as teaching is one of my first joys. I have retired from flying, but miss it greatly. I am now working as a nurse practitioner in a local emergency department in Florida, and it is truly a wonderful experience."

**Chris Ohlstein** (BSN '06, MSN/FNP '09) currently works with Cardiovascular Associates of Virginia Beach.



**Rene Farmer** (BSN '09) was part of a group invited to the Governor's office on May 2, 2011, when Gov. Bob McDonnell signed bill HB1690 into law, which provides protection for emergency providers and created a mandatory sentence of two days in jail for assailants. The law was in response to a high workplace violence injury rate, with some studies reporting that 80 percent of nursing staff had been assaulted at least once in their careers. Over the next couple of years, she will be traveling internationally to study Spanish and public health in Barcelona, Spain (through Johns Hopkins University), studying international relations at American Graduate School in Paris, and completing a public health project in Beijing, China. She hopes to begin work on a PhD in public health by 2015.

## In Memoriam

The School of Nursing remembers these former ODU faculty whose contributions shaped the careers of many nursing students.

**Virginia Smith**, age 94, died Nov. 9, 2012. Smith was a former chair of the ODU Department of Nursing, serving in the role from 1973 to 1977.

**Janet Ahalt Rodgers**, PhD, RN, FAAN, age 77, dean emerita of the Hahn School of Nursing at the University of San Diego, died Feb. 17, 2013, of congestive heart failure. She was chair of the ODU Department of Nursing from 1977 to 1979.

**Alice W. Deal**, MSN, age 82, died May 20, 2013. Deal was a 1969 graduate of the BSN program at ODU. After earning a master's degree in pediatric nursing from the University of Alabama, she eventually returned to ODU and taught pediatric nursing for several years.

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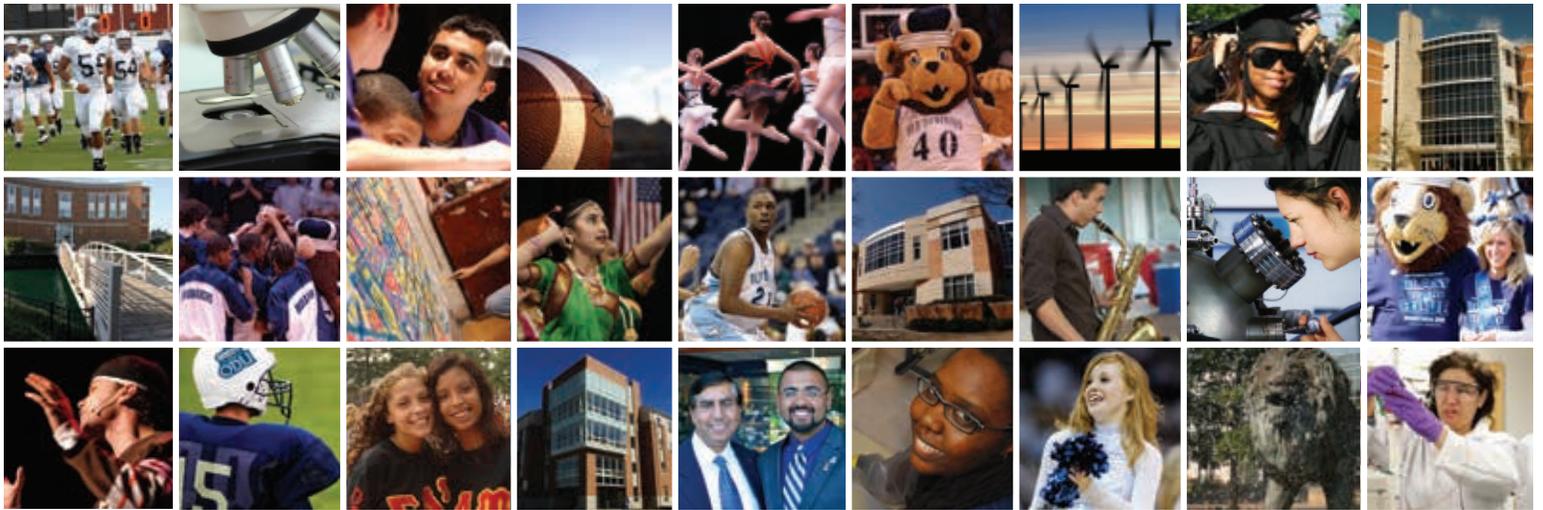
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