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SUMMER 2014

ODU Nursing

Old Dominion University School of Nursing



Students Touch Lives
in Guatemala

Gerontology Studies
Put Nurses on the
Frontline of Elder Care

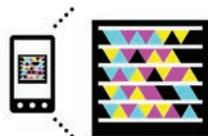


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On the Cover

Soonja Heber, May 2014
BSN graduate, with Guatemalan friend.



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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

I D E A F U S I O N



Message from the Chair

Who Do You Want Taking Care of Dad?

Last summer, I was in a meeting when I received an unexpected phone call from my mother telling me Dad was having chest pains. They were on their way to the hospital and I was to meet them there.

So much goes through your mind when confronted with a medical emergency. We tend to think the worst, and only dare to hope for the best. As the nurse in the family with a work history focused on urinary disorders, I was dusting off my knowledge of cardiovascular disease as I rushed through the streets of Norfolk and Virginia Beach to meet my parents at the emergency room.

I arrived at the ER first, and paced in the waiting room. Within minutes of my parents' arrival, a nurse came out to greet my dad and begin the assessment of his pain. I looked at the nurse and thought, "I know this guy." Then, I remembered he was Brian Jones, a 2010 graduate of the ODU baccalaureate nursing program. We exchanged glances and then Brian went about the business of taking care of Dad. He worked efficiently, while also mentoring a newly licensed registered nurse who had been hired to work in the ER. Only after completing several tasks—including applying monitors, drawing blood, inserting an IV and obtaining a full health history—did he look at me and acknowledge what was hanging in the air. That is, the chair of the ODU School of Nursing was with her dad in the ER watching their every move!

While my presence might have made Brian a little uneasy, he never let on. As I watched him work, I was impressed by his confidence, knowledge, compassion, and professionalism. I was proud of this alumnus, and in truth, relieved that he was the one taking care of my Dad. His expertise that afternoon reflected all of the values that we strive to instill in students enrolled in our programs.

After spending a few hours in the ER, Dad was eventually admitted for inpatient observation and a subsequent cardiac catheterization before being transferred to another facility for cardiac bypass surgery. The cascade of events that began in the ER was followed by an admission to the ICU for Dad following surgery, and then again for respiratory complications. Dad spent three weeks in the hospital recovering from his surgery.

During that time, I spent hours in the hospital with Dad, often overnight, watching the nurses. We were fortunate to have many excellent nurses assigned to care for Dad, many who were ODU grads. I swelled with pride each time I watched them doing what they had been educated to do: care for the sick and nurse them to health using critical thinking, evidence and a wealth of experience to guide their actions. Dad, on the other hand, was impressed with how many nurses knew me, and their genuine compliments for the nursing education they received at ODU.

However, I must admit that at times I was puzzled by other nurses' lack of knowledge, critical thinking or common sense about basic postoperative care. Surely, somewhere along the way these nurses had been taught how to effectively assess and manage postoperative pain in an elderly patient, recognize the signs of ineffective breathing or manage urinary urgency. In these instances, I found myself making subtle suggestions on how they might adjust their care. I did so cautiously for fear of being labeled a bossy and demanding daughter who was a nurse. And yet, I felt I had a duty, not only as a patient's daughter, but also as a nurse educator to seize these teachable moments to help improve the care these nurses would be providing to future patients. In a larger sense, what I saw and experienced also reinforced for me why our faculty set high expectations for students' clinical performance.

It has been nearly a year since Dad's bypass surgery, and I am pleased to report he is doing well. My reflection on his hospital experience has served to validate all that our faculty does to ensure that we are educating students to be exceptional nurses. With every decision regarding our programs and our students, we seek to answer just one question: Who do you want taking care of Dad, Mom, or even you? For me the answer is very clear: I want an ODU-educated nurse providing care!

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

School of Nursing News

Rutledge Receives 2014 SCHEV Award



Carolyn Rutledge, professor of nursing, and the director of the Doctor in Nursing Practice (DNP) Program in the School of Nursing, received a 2014 Outstanding

Faculty Award from the State Council of Higher Education for Virginia (SCHEV), one of only 12 recipients in the state for this year.

Rutledge says the award, in large part, acknowledges the role that nursing has in creating new models that can enhance the delivery of care to rural and underserved populations that have limited access to health care. She has been leading the charge to provide educational programs to students who are indigenous to the rural areas.

“This award has given a voice to nurses that are pursuing health care

roles that differ from the traditional understanding of nurses ‘roles’,” she says. “It is opening eyes to what nursing can actually do: work toward providing a more humane, just, and effective health care system.”

Rutledge has been on the ODU faculty since 2002. She is also a family nurse practitioner who, in 2011, received the ODU Doctoral Mentoring Award. Rutledge has served as an investigator on 22 successful grant applications totaling more than \$9.5 million, with a focus on increasing health care to rural and underserved populations. In 2012, she received a grant of more than \$1 million to provide interprofessional education to nurse practitioner, dental hygiene, physical therapy and clinical counseling students, where she assisted students in learning to collaborate through state-of-the-art technology.

Rutledge’s innovative educational programs have encouraged many advanced practice nurses to become clinic owners as they strive to meet the needs of remote, underserved populations. Students have developed practices in areas where 75 percent of the population is unemployed/ uninsured; where homeless individuals are provided with care; and where indigent pregnant women are in search of obstetrical care.

SCHEV nominees must possess a “record of superior accomplishment” that reflects their corresponding institution’s mission, and that encompasses four areas of scholarly endeavor: teaching, discovery, integration of knowledge, and service. Rutledge was among nine nominees from ODU for the 2014 awards, and is the 27th faculty member from the university to be honored with the award.

Faculty Transitions



Michelle Renaud, assistant professor, resigned her full-time faculty position to move to Florida and be closer to family. She taught in the Nurse Executive DNP program, and will continue in an adjunct role with the program.



Kay Palmer, associate professor, stepped down as undergraduate program director after 10 years of service in this administrative role. We deeply appreciate Kay’s dedication to the undergraduate nursing program and the untold hours she spent working on behalf of the students and faculty. Kay

will continue teaching courses in both the pre-licensure and post-licensure programs

Promotions

Congratulations to the following faculty who received a promotion in rank this academic year:



Carolyn Rutledge
to professor



Janice Hawkins
to senior lecturer



Denise Isabel
to senior lecturer

Faculty Awards and Honors



Janice Hawkins received two advising awards this year including the ODU 2013 Faculty Advisor of the Year Award, and the 2014 Region 2 National Academic Advising Association Faculty Advisor Award. She is the consistent face of our undergraduate program, and the one who is responsible for ensuring that prospective students have the materials

they need to make an informed choice to apply to our undergraduate nursing program. She also insures that current students are guided to progress in our program as specified and complete degree requirements on time. Her dedication to the advising role, knowledge of the curricula and university requirements, and her unhurried approach make students (and faculty!) appreciative of the service she provides. She is a worthy recipient of these awards.



Donna Rose was the recipient of the 2014 College of Health Sciences Teaching Award. Donna is an energetic, creative and knowledgeable teacher who is able to engage students through a variety of instructional approaches. It is to her credit that she takes the time to consider her students' needs and develop approaches to delivering course content that captures and keeps their

attention. Her commitment to maintaining a student-centered learning environment is why students love the classes that she teaches, and why she was selected for this award.



Kimberly Adams Tufts was recognized with a Diversity Champion Award from the Office of Institutional Equity and Diversity. The award honors and celebrates individuals who encourage and advance the principles of inclusive excellence, and whose efforts have a positive impact on diversity and inclusion within our university community.



Margaret Hockeborn, a longtime clinical preceptor for the Family Nurse Practitioner (FNP) program, was awarded the 2014 COHS Outstanding Preceptor Award. She was nominated for this award by Micah Scott, FNP program director, who applauded Margaret's consistent service and dedication to mentoring graduate nursing students.

New Faculty

Welcome to new undergraduate faculty members:



Suzanne Benfield, MSN



Sara Forbus, MSN



Cheryl Honeycutt, MSN



Jamela Martin, PhD



Deborah Gray, DNP



Tina Haney, DNP

Welcome to new graduate faculty members:

School of Nursing News

Student Awards



Undergraduate senior student **Sarah Howells** (top left) graduated summa cum laude and was selected as the COHS Distinguished Honor Graduate. She identified **Lynn Wiles** (bottom left) as her most inspiring faculty member, and was given the honor of carrying the COHS banner at the May commencement.



Elysa Hendrix, a senior RN-BSN student, received the University's Barbara Jordan Community Service Award which recognizes a student who has had a positive impact on the African American community through service. What is so extraordinary about Elysa's award is that her many service activities were completed while she completed her BSN as a concurrent student at Tidewater Community College.

ODU Student Nurses' Association Receives Outstanding Student Organization of the Year Award

Each year, the ODU Student Engagement and Enrollment Services division recognizes outstanding leaders and organizations for their contributions to the campus community. This year, the undergraduate Student Nurses' Association (SNA) was honored as the Outstanding Student Organization of the Year. This award recognizes one student organization or club that excelled through membership, recruitment, leadership development or participation in programming, and that makes a consistent contribution to campus life. Receiving this recognition was a first for the SNA, which is guided by faculty advisor Suzanne Van Orden.

The SNA encourages students to collaborate with peers and colleagues, strengthening the concepts of teamwork and professional growth. SNA members organize and engage in a variety of volunteer events that center on aspects of health care, or strengthen the ODU community. Activities during the 2013-14 academic year included participating in a health and wellness fair at New Life Providence Center; preparing meals for guests at the Ronald McDonald House; and teaching vital sign monitoring skills to students at Bayside High School's Health Science Academy. The SNA members are commended for the enthusiasm and service that distinguished them from other student organizations on campus. Congratulations!



SNA members, left to right, (front row): Estelle Katz, Allita De Oliveira Braga, Maria Villalon, Victoria Grigorita, Suzanne Van Orden (advisor); (back row) Ashley Atkinson, Leah Fiedler, Bree Davis, Rocio Constanza, Shelby Lowery, Heather Dickinson and Soonja Heber.



Diana Collette, August 2014 BSN graduate, discusses care of Guatemalan child with mother.

Students touch lives in Guatemala

On a warm spring day, a truck about the size of an ice cream van stops on a street in a small, leafy village surrounded by mountains. A loudspeaker blares the message: Nursing students are here to offer exams. As nursing professor Chris Sump and six students make final preparations, people appear, walking in from various trails that descend from the foliage. Sump and the students begin examining three patients at a time, identifying

such concerns as malnutrition, lice, and gastrointestinal and respiratory problems. They treat the lice (but the shampoo runs out within hours), and attempt to educate the patients about how to, for example, eat better. Sump looks at the patients and notes that, despite the range of their health problems, they act cheerful, gracious, and thankful.

This is Antigua, Guatemala, where there is only one doctor per 10,000 people. Sump and her students see 100 patients in three hours this day.

Adjusting to Guatemala

ODU's School of Nursing has been actively encouraging students to pursue opportunities to apply their skills and knowledge in other countries (editor's note: see the story on several ODU nursing students traveling to El Salvador in the 2011 *School of Nursing magazine*). This spring, 15 students—14 nursing students and one dental hygiene student—went on a one-week trip to Guatemala as part of a global health course that, in large part, was made possible



Dental hygiene student, Alisyn Olsovsky, conducts an oral exam.



Deborah Vance, May 2014 BSN graduate attempts to take the temperature of a child.

by funding through ODU's Center for Global Health. Accompanied by Sump, and professors Janice Hawkins and Deborah Gray, the visit was coordinated with Corazon de los Niños, a nonprofit group that focuses on educating, training and developing families so as to improve their daily lives.

Upon arriving in Antigua, a city of about 34,000, the students were placed in houses that surrounded a courtyard. There was one bathroom for everyone, but no hot water. Yes, there was a certain amount of culture shock, says Danielle Cribb, 23, of Chesapeake, Va. "I've been on a service trip to Nepal, but I saw more poverty on this trip," she says. "Families were living with no electricity, in tin shacks the size of living rooms, cooking on fires in open barrels inside their homes, and walking on dirt floors." Sump noticed that the children looked particularly small. "We were encountering children between 7 to 9 years of age who looked like 4-year-olds," she says. "It was apparent that many of them were undernourished."

Reaching out

The students did not have much time to dwell on their immediate impressions of the daunting challenges of living in Guatemala—their schedules were filled with opportunities to interact with the citizens of their host country.

Most days they were up by 7 a.m. and on the bus to a local village by 8 a.m. They offered health assessments until around noon, had lunch, then went to Spanish class to receive one-on-one instruction for about two hours. Then, students attended a learning module on Guatemala, usually tied directly into a health concern (e.g., malnourishment in women with infants and toddlers, and how this led to low breast milk production). By the time the module was completed it was 5 p.m., leaving the students some free time to explore the area.

"It's rewarding to go and help others; more often than not, you find yourself changed."

With such a full schedule, the students focused on maximizing their interactions with the people. "Mornings we were going to surrounding villages almost every day and doing so many nursing tasks," says Deborah Vance, 21, of Norfolk, who is fluent in Spanish. "We opened up two different nursing clinics and took care of dozens of people in just four-hour shifts." The students also delivered vegetables (along with information on proper nutrition) to a nearby village suffering from hunger,

and then traveled to a school to offer hand hygiene presentations (in Spanish) to 7- to 9-year-olds. The students used the Glo Germ, an ultraviolet light device that revealed on the children's hands the presence of germs. Then, because the school had no plumbing, the nursing students used buckets of water to help the children clean their hands.

The trip presented challenges that reinforced to the students the importance of being flexible and resourceful, says Cribb. Their supplies were limited, so they reused a couple of pairs of gloves by cleaning them with alcohol. The language barriers were significant, so Vance translated many interactions, but many times students could master only a few words and then used non-verbals (facial expressions, pointing) to communicate. Cribb marvels that, despite all this, they still were able to offer help. "We simply encountered lots of children who were underweight," says Cribb. For example, she said, one mom brought in a 2-year-old girl who was very lethargic. It turns out her mom was hydrating her daughter with coffee. Cribb advised her to keep the girl on milk and water. "She seemed glad that we, in some small way, could offer help; the gratitude of the people there still sticks with me," says Cribb.

The value of a global health experience

When nursing students travel abroad and engage people of other nations, they can develop creative ways to serve others, and learn to be more adaptable to different cultures. “Visiting another culture and learning about what it values is priceless,” says Hawkins. It can provide insights, for example, as to why a patient of Latino background would want several family members involved in discussions of care, she says. “A U.S. nursing student may not be thinking of that because our society often values autonomous decision making,” she says.

The idea, say both Hawkins and Sump, is for the student to see the world around them with an increased awareness of the multiple factors that influence health. When they travel, are they noticing things that impact health such as food supply, availability of water, and pollutants in the environment? Are they critically thinking about how individuals are affected by prevailing societal practices concerning the work environment, nutrition, and education?

Most critically, says Sump, the Guatemala trip served as a reality check to the students about the chronic presence of the underserved. “It teaches us to be aware of those around us who have limited means,” she says. “It also cautions us that we are there to be of assistance; it reminds us that we should not approach the underserved with the idea that we are going to rescue people.” Rather, says Sump, it is important to understand how those who are underserved—both abroad and in the U.S.—go about their daily lives, and how routines and constraints affect their health. With such insights, nurses can enhance their odds of offering effective care and education, says Sump.

Students indicated that they were attuned to such concerns. “It appeared to be a life-changing experience for our students,” says Sump. “They wrote post-visit reflections that brought tears to my eyes; several of them said they now want to do more in nursing to help underserved people.”

Cribb agrees that the trip has had lingering results. “It’s rewarding to go and help others; more



Alisyn Olsovsky inspects a young girl’s mouth.

often than not, you find yourself changed,” she says. “The people you meet shape who you become—you think you’re going there to make a difference and it turns out they’re often making a difference in your life.” In the years to come, she eventually wants to offer nursing care somewhere in Africa. She recently read a book called “Kisses from Katie,” about a young woman who left everything she knew to take care of kids there.

“Now, more than ever, I realize that nursing is not just in the walls of a hospital in the U.S.,” says Cribb. “There is a wide range of needs outside of those walls, and I want to work to address them.”



Gerontology Studies Puts Nurses on the Frontline of Elder Care



There is no doubt that people are living longer in the U.S.- the Center for Disease Control reports an average life expectancy of 78 years, the highest ever for the country. The Department of Health and Human Services says that Americans 65 and older are currently about 13 percent of the country's population, but will grow to about 20 percent in the next 15 years. The National Alliance for Caregiving reports that more than 30 percent of all households have someone taking care of an elderly family member; the average age of the caregiving recipient is 69.

But numbers only tell part of the story; what nurses see daily is more revealing. For example, in the hospital setting, nurses increasingly find themselves teaching both patients and their caregivers in ways that address the life conditions of both, says student Kimberly Kim, 41, of Chesapeake, VA, who works at Chesapeake Regional Medical Center's post-anesthesia care unit. And, while some discussions may be with patients and caregivers about daily care—for example, hygiene practices and preventing infections—other conversations may call for a nurse to be more anticipatory and work with other professionals like physical therapists and counselors. For example, she says, “we are seeing more elderly patients who are having surgery, some at 80 or 90 years old.” This calls for nurses to be involved in pain medicine

management and also consulting with others about such concerns as the patient's metabolism, and physical and mental fragility. “Our ability to help the patient and the caregiver is only as good as our ability to key in on their life conditions, their capabilities, and their understanding,” she says. “To be helpful, we have to be focused.”

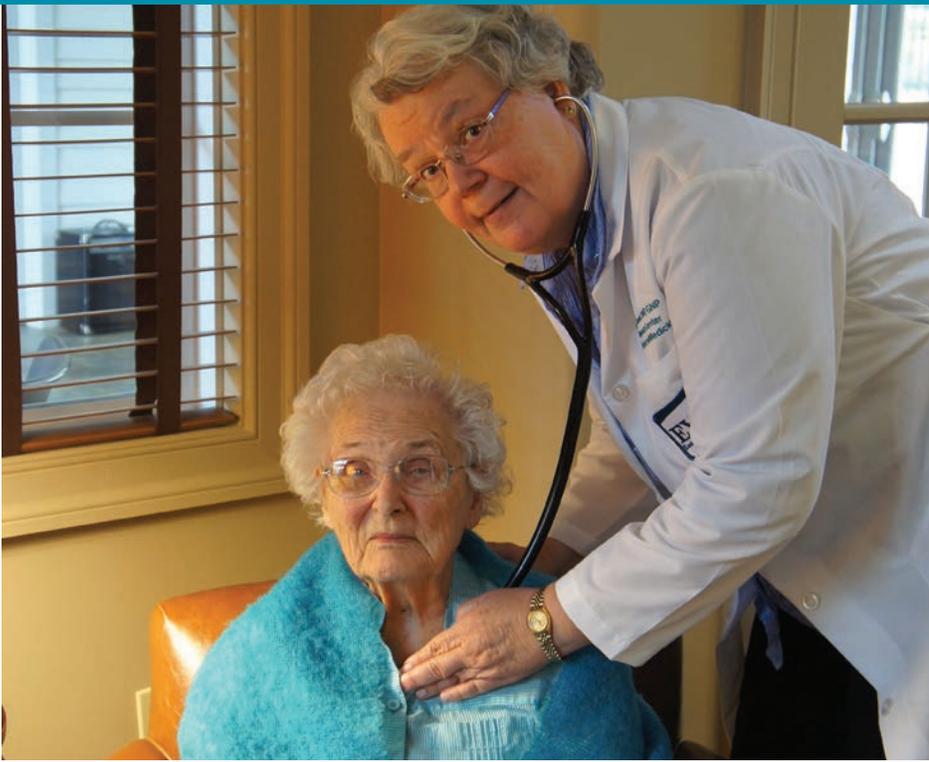
Graduate studies in Gerontology

America's aging population requires that nurses be in touch with the distinctive (and increasing) health care needs of the elderly. Accordingly, ODU's School of Nursing is putting an increasing emphasis on gerontology studies. Professor Debra Murray came to ODU in 2009* and took a leading role (along with professors Christi Fowler and Pam Sharp, and school chair Karen Karłowicz) in taking

an existing master's-level nurse educator program and converting it to the current adult-gerontology clinical nurse specialist—nurse educator (CNS-NE) program.

The adult gerontology CNS-NE program puts students through rigorous studies and practice that expose them to the challenges of the more comprehensive physical assessments that the elderly need. “Physical assessment, for this level of student, means not only recognizing abnormal findings, but also developing a diagnostic mind frame,” says Debra Murray. To this end, the school uses standardized patients—actors who visit the students in a simulated hospital or clinic setting and role-play symptoms. But, the focus of the program stretches beyond physical assessments. Courses are designed to develop the knowledge and skill sets that will enable the CNS-NE to conduct a root cause analysis of

Left: CNS/NE student Kimberly Kim provides instructions to surgical patient John Schroeder and his wife, Susanne.



Geriatric nurse practitioner and faculty member, Christi Fowler, examining Carolyn Gorry

a medical problem experienced by the older adult. For example, the CNS-NE might analyze issues such as medication compliance or use of herbal supplements, evaluate compliance with post-operative instructions, or monitor adherence to a specific diet and exercise plan.

Through the standardized patient (SP) approach, students have the opportunity to put this knowledge into action. This simulated clinical experience also works well for the students who participate through distance learning (DL) in a course called “Aging in the 21st Century,” says Fowler. For example, a DL student will be presented with a SP who had been recently hospitalized with congestive heart failure and is now recovering at home. The students use this SP experience to perform a Telehealth visit. Using devices with Bluetooth technology that are in the simulated home of the SP, students note the patient’s weight and blood pressure, listen to the heart and lungs, and check oxygenation of the blood. The

students can also see the patient at home via an Internet video connection. “Training nurses to use such technological tools effectively is crucial because there will be a shortage of nurses and other health care providers, especially in more rural areas,” says Fowler. “They won’t be able to travel to see all patients face-to-face. These Telehealth visits can supplement the more traditional office visits.”

The rigor of such course work is designed to move students out of their established ways of doing things so that they can exert a leadership role. For physical assessments, for example, if nurses encounter an abnormal neurological response, they need to know every neurological test that they are doing, says Debra Murray. Previously, if they had an abnormal response, they’d call someone else like a nurse practitioner or a physician. “We are emphasizing to each of these students that they are the person who is going to be called in; so learning how to go from an initial to

a full assessment is something they grapple with,” says Debra Murray. Gerontology studies at ODU is also emphasizing that effective elder care is more readily achieved when the varied health professions work together. For example, the “Aging in the 21st Century” course is also attended by students from ODU’s physical therapy, counseling, and dental hygiene programs. This allows for a wider perspective, examining not only the common chronic health conditions among the elderly (e.g., dementia, osteoporosis, and the need for pain management) but also studying how the physical and social environment affects the aged. “The issues for frail older adults are so complex that no one provider can meet the total needs of that person,” says Fowler.

But nurses haven’t always been trained to understand that reality, says student Vladislava Synenko, 40, of Norfolk, who works in home health for Immanuel Care of Chesapeake and Clearview Health Services of Virginia Beach. Her work experience, particularly in nursing homes, was that professionals such as dental hygienists and psychiatrists worked with patients independently; they all visited the patient under one roof, and worked from generalized health plans, but didn’t communicate with each other. Her ODU coursework, however, exposed her to partnerships with other health care workers. “Instead of just handing off a patient to a physical therapist, for example, I would ask to stop and watch what they were doing,” she says, “and they would explain why and how they took range of motion measurements.” Synenko says that such experiences encouraged her to see how health professionals need to work more closely together from one mutual care plan when caring for the aged. This is especially important when caring for patients

who have psychiatric problems or subpar mental functioning, she says. Such patients may have difficulty following instructions, but an interprofessional team can more readily spot this concern and build changes into the care plan to account for it.

Fowler emphasizes that the focus is on encouraging nurses to ask broader questions about the care of the aged. “We really need to be more proactive in getting help to the frail elderly; that’s the group that uses a lot of health care dollars,” she says. “We treat the symptom—for example, heart failure—but then simply send them back home; instead, we need to try to better determine the extent of that patient’s vulnerabilities.”

Anders Sylvester-Johnson, 34, of Roanoke, Va., is a distance learner who said the exposure to gerontology has provided him a broader perspective to the challenges he faces every day. As the director of programs for The Rescue Mission in Roanoke, he oversees services that provide food, shelter, and alcohol recovery for the homeless. Sylvester-Johnson says the gerontology focus on interprofessional teams is important because homeless individuals often have co-morbid conditions (e.g., respiratory failures, joint problems, depression, etc.). Therefore, a complete assessment—medical and psychological—is essential to identifying the signs of a life-threatening illness. “It is essential to move beyond acute care and look at the whole person and develop a plan to meet long-term needs,” he says.

Kim, in her role as a clinical coach at Chesapeake Regional Medical Center, notices that, even early in the master’s program, her assessment skills have improved. Such progress is important, she says, because,

“People are staying alive much longer and knowing how to take better care of them, and being able to educate the staff accordingly, is crucial.” She maintains that this focus on improved assessments allows nurses to assert leadership in care for the elderly. “Nurses need to provide the best assessment possible,” she says. “When you do that, you are a leader, working for better care for your patient, especially the very vulnerable ones.”

Syenko understands these leadership aspects intimately because she oversees about 10 nurses who care for approximately 50 patients, most of whom are elderly. She says that nurses are facing two significant changes: 1) increasing numbers of elderly who need hospital procedures, and 2) increasing numbers of elderly who are released from hospitals shortly after such procedures. “If, for example, a patient received hip replacement surgery, that patient used to spend additional postoperative time in the hospital,”

she says. “Now, they will have shorter hospital recovery stays and then are sent to a nursing home for rehabilitation—effectively making nursing homes an extension of acute care.” Nurses who can take the lead in meeting the needs of the elderly are essential because there simply aren’t enough doctors available in some of these homes to facilitate long-term care, she says.

Undergraduate Study in Gerontology

As undergraduates, nursing students take a class in their sophomore year called Nursing of the Gerontological Client. Taught by professor Susan Murray, the class provides an overall view of the elderly and fosters discussion of ethics, laws, elder support services and, occasionally, current events. Then students learn how to do assessments of elderly capability (e.g., ability to feed oneself, ability to walk, clean oneself, make phone calls, pay bills, etc.) and study common problems



Anders Sylvester-Johnson with a patient at The Rescue Mission.



Undergraduate student Haley McGee takes the blood pressure of “Dolly B” at Village Point Senior Center.

(e.g., arthritis, hypertension, insomnia) and life-changing events (e.g., dementia, Alzheimer’s, elder abuse). Then, despite some student unease, the class studies intimacy and sex among the elderly. “Students do exhibit some discomfort on that subject,” says Susan Murray. “But we stress that they need to get past that so that they can find resources for the elderly.”

She is clear about the motto in the undergraduate gerontology class: If you’re not sure what to do, assess it. The course also encourages students to empower older people through education. “If we can get the elderly to take better care of themselves and feel better about themselves, we will be doing so much more than treating the situation for that day,” says Susan Murray.

To help students become more familiar with the needs of the

elderly, students are required to visit a nursing home or assisted living site and observe the activities of the elderly and their interactions with others. Then, students must interview two people who are retired, but are not living in such care arrangements. These interviews offer students a counterpoint to the living arrangements that they observed in, for example, nursing homes. From both assignments, students then identify one recurrent issue (either positive or negative) and relate it to the larger elderly population in the U.S.

With these approaches, undergraduate gerontology study encourages nursing students to identify long-term prevention needs, says Susan Murray. “The goal for these students is that they become more aware of older people and be prepared to act on their behalf,” she says. Nurses

need to feel knowledgeable enough about the elderly and comfortable enough with them to ask what they need, “because you can’t advocate for them unless you’re listening to them,” she says.

In spring 2014, Audress Weber, 21, of Virginia Beach, finished her first undergraduate year in the School of Nursing. Although she had limited exposure to elderly people throughout her years, she said that one of the things that inspired her to be a nurse was helping her mother take care of her grandmother. Still, she was a little uncomfortable with the gerontology course requirement to visit elderly people at a nursing home. “At first, it was a little intimidating to try to interact more with elderly people,” she says. “But I started to hear their stories and had fun, and in the process, it reminded me of the good times I had with my

grandparents.” She says that she knew that her career is going to require that she interact with people in uncomfortable situations, so she made a conscious effort to ask patients about their interests. During one nursing home activity, she met one lady that had brought Madame Alexander dolls with her. “My grandmother had bequeathed the same brand of dolls to me,” says Weber, “so we talked about our common interests.” Now, Weber volunteers at a senior resource center, coordinating game activities and answering phones.

Looking Ahead

The demand for nurses with gerontology training will continue, says Debra Murray.* Nurses with this kind of training and experience are, like most of health care, moving toward preventive care and trying to prevent patient readmissions. “Nurses, especially CNS-NE nurses, are ideally suited to educate the in-hospital patient and family about how to be healthier and stay healthier so that they can stay out of the hospital in the future,” says Debra Murray. And, as the School of Nursing transitions

toward the Doctor of Nursing Practice in lieu of master’s work, about eight to 12 students will be in the gerontology track by 2015, she says.

Kim sees that such advanced study and work in gerontology meets a vital need. Kim observes that critical thinking is more important than ever. “If, for example, we are trying to teach elderly surgery patients about the use of medications and how to prevent infections, we need to better understand their life conditions, their abilities, and their capacity to understand,” she says. Synenko concurs, adding that nurses need to be sensitive to their elderly patients who are irritated that they cannot do many daily activities that they used to do independently. “If a nurse doesn’t encourage a discussion about this kind of patient frustration, it can wind up being a barrier to effective care,” she says.

Fowler is quick to offer, however, that the program is pointing toward more than the role of the nurse as leader—it’s also about the nurse as anticipatory collaborator with other professionals. “We can’t continue the process of individual

review, then passing the patient on to the next person,” she says. “The nursing profession is intertwined with others—like physical therapy or counseling—especially when it comes to treating the elderly.” Johnson, from his vantage point at the mission in Roanoke, similarly sees that partnerships will be important for providing care to the aged. “There will always be a significant amount of elderly who will continue to live independently,” he says. “The profession will become increasingly more resourceful, likely using care-provider teams who will reach these patients through telehealth platforms.”

Weber, at the start of her nursing career, looks ahead and knows that gerontology will be a large factor because the field will devote more time and resources to caring for older Americans. “Gerontology helps us have the knowledge base and specifics for treating them,” she says. “It’s essential because we simply can’t afford to be unprepared for dealing with this reality that is right in front of us every day.”

** Professor Debra Murray is now adjunct faculty for ODU School of Nursing.*



Support for Caregivers

Christy Fowler, assistant professor, as part of an interdisciplinary team, received a \$40,000 grant from the Virginia Center on Aging for examining frail, homebound populations. The project involves studying the caregivers of people with dementia, focusing specifically on caregivers’ quantity and quality of sleep. The premise is that caregivers who receive more virtual support—through a combination of support groups and self-care education—will experience improved sleep quality. Participants in the study will be exposed to support mechanisms online through what Fowler calls a “virtual health care neighborhood.” Fowler plans to eventually move the project into a larger study of the sleep of caregivers and the ones they are caring for, with an eye toward determining what kinds of support improve sleep.

Exceptional Nurse Advocates

The School of Nursing envisions a health care future where inspired minds transform lives as exceptional nurse leaders, scientists and advocates. To that end, we share with you the advocacy efforts of four School of Nursing alumni whose nursing practice is making an impact on the health care of the patients and communities they serve.

Dee and Carole Everhart Bring Vital Nursing Services to Rural Patients

In Cana, Va., just a few miles from the North Carolina border in the heavily rural southwestern part of the commonwealth, a 2-year-old health clinic is a buzz of activity. In the last 18 months, the nonprofit Everhart Primary Health Care clinic has seen 3,000 patients, many of them driving into Cana from within a 50-mile radius.

Nurse practitioners Dee Everhart, 77, and her daughter Carole, 56, run the clinic, with administrative support from Carole's daughter, 25-year-old Megan Monroe. Dee, who has 60 years'

practice. His practice grew quickly, so she successfully became certified as a family nurse practitioner at UNC-Chapel Hill, taking the university's first class in this field. In 1972, an isolated rural area in North Carolina near the Virginia border needed a physician; she and her husband bought a motor home, converted it into a clinic and provided services for three years until the state funded a health clinic.

Carole, who has four degrees, including a 2013 DNP degree from ODU, works as a nurse practitioner, caring for the intellectually disabled at the South-

and the clinic opened the following summer. "The consultants gave us the impression that they didn't think we would make it," says Carole, "but we're going strong."

Sitting on an acre of land donated by Dr. Everhart, the clinic operates seven days a week.

Patients often drive in from 75-100 miles away, says Dee, because they appreciate the personal attention, and they consider the fees to be nominal and fair. She points out that one female patient drives about 100 miles to get to the Everhart clinic. "She considers us to be her primary health care provider," says Dee. "She's typical of the trust our patients put in us and their belief that they're going to get their dollar's worth."

There are challenges. The closest pharmacy is approximately 12 miles away. The clinic would like to grow its staff, but, for now, its ability to pay market-competitive nursing salaries is constrained. Additionally, because they are in a very rural area on the state line with North Carolina, yet serve patients throughout that region, many of their calls are long distance, which makes for high telephone bills. Supplies (e.g., blood drawing utensils, bandages) are also costly, and almost all of their furniture, from chairs to exam beds, are secondhand, castoffs from state offices or picked up from a nursing home.

"Every day, we're showing that we can give the quality of care that patients deserve," says Dee. "We don't have a stopwatch mentality; we take the time needed to help people." Carole adds that such an approach is crucial because, "We're seeing very vulnerable patients with terrible diseases who have not gone to doctors because they couldn't afford them." But now, these patients are getting the health care they couldn't get before, she says, "and that is a huge success in our book."



Carole and Dee Everhart with therapy dog, Toby

experience in nursing and six degrees, including a 2013 Doctor in Nursing Practice (DNP) degree from ODU, has a long history of being on the leading edge (she received the 2014 woman of the year award from the Continental Who's Who and the National Association of Professional Women, and received a similar award in 2013 from the Virginia Nursing Foundation). Married to Dr. Carlton Everhart, a now-retired rural physician, she started work as a secretary in her husband's family

western Virginia Training Center near Hillsville, Va. Years ago, she had come back to Virginia from North Carolina with a business plan for a new clinic. Then, in 2011, the state announced the eventual closings of the training centers and she and Dee, with some assistance from an entrepreneurial center in the area, finalized the plan for a new clinic. Even though the consultants voiced doubts about their proposed clinic, the Everharts started implementing the plan in June 2011

Ashlynn Baker Successfully Banks on Increasing Human Milk for Babies



Ashlynn Baker processing first batch of donor breast milk.



Since the age of 13, when she was a volunteer at Children's Hospital of The King's Daughters, Ashlynn Baker, 30, knew she wanted to be a nurse that worked with babies. In college, she pursued the field with such determination that, in 2006, she completed her senior role transition clinical experience in the Neonatal ICU at CHKD, which subsequently led to a job offer before she graduated from ODU's School of Nursing.

In 2011, Baker took on a quality improvement project to increase the amount of human milk provided to medically fragile babies in the NICU. "I collaborated with a multidisciplinary team and started focusing on collecting data, reviewing literature, and preparing initiatives aimed at decreasing the rates of necrotizing enterocolitis (NEC), a devastating and sometimes-fatal bowel disease that primarily affects premature infants," she says. "We found that the best way to prevent NEC was to provide premature babies with human milk diets, preferably mother's own milk."

With Baker's leadership, in October 2012 CHKD started offering pasteurized donor human milk treatments to at-risk babies (e.g., pre-term, low birth weight, or critically ill) whose mothers' own milk was unavailable. By the end of 2013, more than 115 patients had received this lifesaving treatment. In June 2014, CHKD opened the first and only milk bank in Virginia, the King's Daughters Milk Bank. The Bank is one of 18 non-profit milk banks affiliated with the Human Milk Banking Association of North America (HMBANA), and was made possible by a generous donation from The King's Daughters.

Baker, as the bank manager, oversees a small staff that screens donors and pasteurizes the prescription donor human milk. "I have two children under the age of 4 and I, myself, have struggled with low milk supply," she says. "My goal is to help mothers of critically ill infants struggling with their own milk supply to obtain the nutrition and treatment that their babies desperately need, while also improving outcomes and decreasing mortality."

NICU Head Nurse, Laura Biava (ODU BSN 1994) and Ashlynn Baker (BSN 2006) with the milk bank eco automatic pasteurizer (pasteurizes up to 576 ounces of donor human milk in one 2 hour cycle).



Olivia Newby Advances Nutrition to Thwart Diabetes

As a family nurse practitioner and certified diabetes educator at Primary Care Specialists (PCS) in Norfolk, Olivia Newby (DNP '14), 53, sees many patients at risk. In Norfolk, about 10 percent of African Americans have diabetes, says Newby, with poor women and children being particularly vulnerable to the disease. There are many barriers to improved health for this group, including lack of access to better food, poor eating habits, and lack of exercise, says Newby, the School of Nursing's 2014 Doctor of Nursing Practice Advocacy Award recipient.

One of the biggest challenges for her patients is to develop better eating practices that lower their vulnerability for diabetes. To help address this, two years ago Newby started a community garden outside PCS to provide samples of healthier food choices to her patients (e.g., herbs for seasoning instead of salt). Then, she recently persuaded the Five Points Community Farm Market to come out to the PCS parking lot once a week to give patients increased access to a wide volume of fresh foods and vegetables.

The arrival of the mobile Community Farm Market at PCS has been a big hit for the group's patients and for seniors who live in two high-rise apartment buildings near PCS. Newby is heartened by how the community is taking to food choices that can reduce the incidence of diabetes.

"I'd like to increase the number of days we have the farm market and eventually open a healthy living center that will offer nutritional counseling and weight loss classes to more people in the community," she says. To stop diabetes, health care providers need to move beyond the confines of the 15-minute office visit, says Newby. "I'll keep thinking about what else we can do and explore avenues," she says. "As a person, as a practitioner, and an African-American mom, I know we must keep doing things differently to help this community."



Olivia Newby working with a patient in the community garden.



Olivia Newby teaches a nutrition class.

One of the biggest challenges for her patients is to develop better eating practices that lower their vulnerability for diabetes.

Bennington Discusses Women's Health and Rights During Japan Exchange

The Merriam-Webster Dictionary defines "culture shock" as "a sense of confusion and uncertainty ... that may affect people exposed to an alien culture..." Customarily, we think of the stranger in a different land as being the one experiencing the shock.

So why was Linda Bennington, a senior lecturer in ODU's School of Nursing, altering that equation some in the summer of 2013—standing in front of a group of Japanese students in Japan, startling them by leading a class that included such subjects as black-market babies and female genital mutilation?

The back story: Bennington and her husband had earlier been a host family for Japanese visitors. During one stay, a Japanese woman indicated she was interested in the subject of women's rights. Then, Bennington saw an announcement from ODU's Office of International Programs, offering faculty an opportunity to teach a short class at the University of Kitakyushu. She investigated and found out that the university, located in an area that comprises five large cities, is primarily a liberal arts school. She thought of what her Japanese visitor had said and knew that she could offer a unique and pertinent subject. She proposed the one-week course, "The Evolution

of Women's Rights and Health Care in the United States," and was invited to Japan.

About 30 students (two were male) signed up for the one-week, not-for-credit class that met for five hours a day, across five days. At the outset, Bennington warned them that "I'm probably going to be showing some things that will be shocking to you." She then clarified, "But I'm doing it because this is background for what I teach in the area of women's health, and we need to link women's health care and women's rights together."

While such subjects as female genital mutilation and black market infant adoptions were shocking to most of them, says Bennington, students were particularly confounded by American childbirth practices. She showed videos of three different U.S. birthing arrangements (one in a hospital, one in a birthing center, and one at home) so they could see how the U.S. has "medicalized" childbirth. In fact, birthing in the U.S. is very different from Japan, she informed them, because, by the early 20th century in America, physicians took over childbirth from midwives as a way to build lifelong customer relationships with families. In contrast, similar efforts by doctors in Japan failed due to successful resistance from midwives. "Not surprisingly, the students were shocked by what they saw in the videos," she says. They were also stunned that about 40 percent of all births in the U.S. are to unmarried women; in Japan about 99 percent of birthing women are married. Students also found it curious that American



Linda Bennington (center in red dress) poses for a photo with her Japanese students.

women often won't breast-feed past three months; Japanese women are known to breast-feed for up to three years, she says.

Revelations from Japan

While Bennington shared how women have struggled to assert their rights in the U.S. across the 20th century, the students enlightened her on how women's rights were still a concern in Japan. They acknowledged that the peace treaty at the end of WWII established equal rights for women, at least on paper. Several pointed out that women's rights don't really exist, especially not in the Japanese workplace. Motherhood is revered as the woman's role in Japan, said the students, and is seen less as a choice and more as an expectation. In fact, several students voiced astonishment that Bennington had worked while she raised four children.

Bennington found that the students were also frank about their motivations for attending her class. Several students did use the class as an opportunity to talk about women's rights and the expectations in Japan about both work and child rearing. Many of the students, however, indicated they took the class mostly as an opportunity to practice English, as several of them wanted to come study in the U.S. Perhaps because of their desire to eventually travel to the U.S., they indicated they preferred lecture-based English language overviews about the diversity of cultures within the U.S. Still, one student specifically provided a women's rights perspective for knowing English. She said she learned English as a way to protect herself from American servicemen. In fact, her ability to understand English had allowed her to thwart two soldiers' scheme to get her drunk.

All of these viewpoints reinforced to Bennington the value of understanding others, especially through a cultural exchange. Nurses especially can benefit from such exposure, she says, as they need to know culture and tradition so that they can better connect with a patient. "You need to know where someone is coming from, so that you can help them effectively," she says.

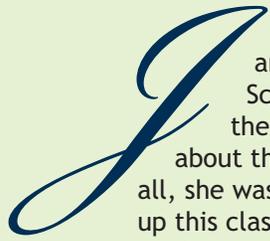
By the end of the week, Bennington felt that she did get a good sense of where the class was coming from. After the last class, she noted something interesting. "I know that within that culture, it is not customary to be 'touchy-feely,' but, after we finished, they did hug me," she says.



Undergraduate students make their mark at national research conference



Honors students Marian Gemender, Lakesa Williams & Michael Short with their poster



Jamela Martin, in her first year as an ODU School of Nursing lecturer, knew right away there was something she wanted to change about the undergraduate research course. After all, she was confident the honors students who make up this class would be up to the task: submit their work to a regional or national nursing conference. Four seniors—Clara Dalton, Marian Gemender, Michael Short and Lakesa Williams—submitted their research abstract into a sea of 4,000 submissions for the National Conference on Undergraduate Research (NCUR) yearly conference. To their delight (and establishing a first for ODU nursing undergraduates) the proposal was accepted and the students presented their research poster at the NCUR 2014 conference in Lexington, Ky.

The students provided information on a very topical area: the nature of challenges to health in the newly formed state of South Sudan. The topic came to the fore through discussions that Martin had with Dr. Muge Akpinar-Elci, the director of ODU's Center for Global Health (see sidebar). The center had been in contact with Abukloi Enterprises, a nonprofit that provides educational and vocational training in South Sudan. "Abukloi needed extensive background on the country, and the students used the Internet to scour for information," says Martin. "In essence, they did an Internet ethnography, and then presented it to Abukloi to inform their positions on potential health interventions." The students found that the biggest barriers to good health in South Sudan are poor sanitation, political instability, lack of adequate health care for women, and widespread sexual assault.

Students found that conference-goers were intrigued by their research. "Everyone wanted to know about this new research method called an Internet ethnography!" says Williams. "We spent much of our presentation time explaining our method, as several people indicated they wanted to replicate it." Gemender adds that the exposure to thousands of promising, intelligent, and determined students was invaluable. And, she says, "developing the project reinforced to me the importance of teamwork and compromise when working in a group." But the memorable experiences weren't confined to the conference or the poster, says Short. "At the airport we met a shuttle driver who was from South Sudan, who expressed appreciation that we researched his country," he says. "It was gratifying to know that our work personally touched someone from South Sudan."

Global Health Center on Collaboration with School of Nursing

Muge Akpinar-Elci, MD, the director of ODU's Center for Global Health, shares a few thoughts on collaborations with the School of Nursing.

Q: The Center for Global Health helped make the connection between the School of Nursing and Abukloi. How did you know about Abukloi and their needs?

A: One of the center's strategic goals is to serve our community. Abukloi is a local non-governmental organization. One of our center's joint faculty, Dr. Gail Grisetti [of the physical therapy department] is on Abukloi's advisory board.

Q: How did you find out about Jamela Martin and the opportunity to link her students to what Abukloi needed?

A: Jamela and I met in Fall 2013 and discussed possible collaboration opportunities in global health and I explained to her that I would like to prepare a community needs assessment in South Sudan for Abukloi. She took the initiative and got her students involved.

Q: Looking ahead, what kind of partnerships like this do you see are possible between the School of Nursing and the Center for Global Health?

A: Well, collaborations between the School of Nursing and the Center for Global Health would be natural as there exist shared goals and shared populations to serve. The partnership between nursing and global health can include areas of joint education, research and community service. Nursing faculty are already key partners with our center. Kimberly Adams Tufts has a joint appointment in both the nursing school and the center, and she is a great asset. Janice Hawkins, Christine Sump and Deborah Gray also launched a very crucial global health education initiative through the study abroad trip to Guatemala, and our center supported their invaluable effort. We also launched a new certification in global health and I hope this program will also give us more opportunities to collaborate.

NURSE PRECEPTORS:

The value of mentoring new nurses

Nurse preceptors are critical players on the clinical education team. These unpaid mentors work alongside students, one-on-one, to develop their clinical confidence and competence as they evolve in the professional role. Undergraduate students work with a clinical preceptor for 120 hours or more in a role transition experience in the last semester of the pre-licensure BSN program. Graduate students develop their advanced practice skills under the careful guidance of a preceptor in a variety of practice settings. We offer these four profiles to provide insight into the role of a clinical nurse preceptor. But more importantly, we salute all our nurse preceptors who so willingly share their wisdom and expertise, as well as their time to ensure our students are fully prepared to enter the workforce upon graduation.



ILANA ANDERSON

37, of Chesapeake.
Employed at Children's Hospital of
The King's Daughters, Norfolk.

Q: Tell us about your educational background.

A: I have my BSN; I received it from ODU in May 1999. I am waiting to hear about acceptance to the Acute Care Pediatric Nurse Practitioner Program at this time.

Q: Tell us about where you work.

A: I work in the Pediatric Intensive Care Unit (PICU); I'm going into my 11th year there. I help develop, facilitate, instruct, and evaluate educational programs for new and experienced staff. I assist in the orientation of all students and new PICU staff. I coordinate schedules and make sure educational materials are completed. Also,

as a preceptor, I am responsible for teaching staff and evaluating their development as PICU nurses.

Q: What are the most important responsibilities of a preceptor?

A: Educating the new staffers and supporting their growth in a fast-paced, diverse environment. The important thing is to instill in our nurses that they must learn to take care of critically ill patients while being able to prioritize and utilize good time management.

Q: What is most fulfilling for you as a preceptor?

A: Seeing the growth and development of nurses as they become more independent and are able to utilize critical thinking skills. I enjoy when they each have their "aha" moments - usually that is accompanied by a pride that they are becoming independent and efficient in providing care.



MARGARET HOCKEBORN

55, of Chesapeake.
Employed at Virginia Beach
Department of Public Health.

Q: Tell us about your educational background.

A. I have a BSN and an MSN. I am also trained as a family nurse practitioner.

Q: Tell us about where you work.

A: I now have 17 years experience at the Department of Public Health. I am responsible for the Family Planning Clinic, Teen Clinic, Maternity Clinic, and the STD Clinic. I also have responsibility for the newcomer health program, which is designed to proactively assist with identifying the health needs of newly arrived refugees to the area.

Q: What are the most important responsibilities of a preceptor?

A: Being a positive mentor. It is critical to help students evolve into the role as a nurse practitioner—focusing on their strengths and encouraging them to be successful in their new (and sometimes scary) adventure. As a mentor, a preceptor must also be the student's advocate, helping them get to that next level.

Q: Why do you serve as a preceptor for ODU nursing students?

A: I am comfortable with the curriculum and the standards of the program. I know that when I receive graduate students from ODU, they are well prepared to be a part of the clinical team. I also know that the graduate faculty is ready to discuss issues which may arise and help the students progress to success.



SABRINA LANE

26, of Norfolk.

Employed at Children's Hospital of The King's Daughters, Norfolk.

Q: Tell us about your educational background.

A: I have a BSN that I received from the University of Virginia in 2010.

Q: Tell us about where you work.

A: I work in the Pediatric Intensive Care Unit (PICU) where I am responsible for children from newborn to 21 years of age (and sometimes older). We focus on care for patients dealing with a range of infections, chronic illnesses, and diseases. I have been a preceptor for students and nurses for two and a half years now.

Q: What are the most important responsibilities of a preceptor?

A: Ensuring that students being mentored feel comfortable and supported as they encounter new patients and experiences.

Q: What is most fulfilling for you as a preceptor?

A: Seeing the students I mentor come back to work in the PICU. And seeing them feeling comfortable and excelling in their new nursing role!

Q: Why do you serve as a preceptor to ODU nursing students?

A: Every nurse was once a student and new graduate. Having a supportive, patient, and understanding preceptor is essential for students to succeed as they find their footing in the nursing world.



JENNIFER MCMURRAY

62, of Suffolk.

Partner at Renaissance Pediatrics, P.C. in Chesapeake.

Q: Tell us about your educational background.

A: I started with a nursing diploma, which is a three-year program, from Riverside White Cross Methodist Hospital in Columbus, Ohio, in 1974, and received my BSN in 1992. I received my MSN in 1993 from ODU. I then returned to a joint program between Old Dominion University and Norfolk State and received my pediatric nurse practitioner degree in 1997. When Old Dominion University opened up its doctorate program, I was knocking on the door for admission and received my Doctorate of Nursing Practice in the first graduating class in 2010. I think I am finished with school for a while.

Q: Tell us about where you work.

A: I work as a pediatric nurse practitioner but I am also the managing partner for our practice.

I work with all the departments in making sure that high-quality, cost-effective care is provided for our patients. I see patients daily, and I also handle finances and personnel.

Q: What do you see as being the most important responsibilities of a preceptor?

A: Without a doubt, it is preparing the future generation of nurse practitioners and physician assistants in caring for children.

Q: What is most fulfilling for you as a preceptor?

A: To see students progress through the rotation and become more confident in their abilities to care for patients. I am a preceptor to students because someone took the time to mentor me; I feel I need to give back to my profession and encourage others to become professionals who care. I mentor ODU students because I am giving back to my alma mater.

Faculty Scholarship

Achievements from May 1, 2013 - April 30, 2014

Journal Articles (faculty primary author)

- DeMarco, R. & Tufts, K.A. (in press). The Mechanics of Writing a Policy Brief. *Nursing Outlook*.
- Fowler, C. (2014). Caring for the Caregiver. *Nursing*, 44 (5), 60-64.
- Gray, D., & Rutledge, C.M. (2013). Herbal and natural supplement use in primary care: Patient perceptions, motivations, and effects on use. *Holistic Nursing Practice*. DOI: 10.1097/HNP.0b013e318276fb32. pp. 1-7.
- Hawkins, J.E. (2013). Potential pitfalls of short-term medical missions. *Journal of Christian Nursing*, 30(4), E1-E6.
- Hawkins, J.E. (2013). Listening to nurses. *The American Journal of Nursing*, 113(7), 12.
- Hawkins, J.E. (2013). I'm still standing: Five strategies to survive going back to school. *Reflections in Nursing Leadership*, 39(2).
- Poston, R.D. (2014). Shedding our protective professional skin: A new common language for IPE. *Nursing in the 21st Century*, 2, 5.
- Putnam, K.F., Mueller, L.A., Magann, E.D., Thagaard, A., Johnson, A.M., Ounpraseuth, S.T., & Morrison, J.C. (2013). Evaluating effects of self-reported domestic physical activity on pregnancy and neonatal outcomes in "stay at home" military wives. *Military Medicine*, 178(8):893-8.
- Putnam, K.F. (March/April 2013). Military service through the eyes of this nurse [Guest Editorial], *Urologic Nursing*, 33(2), 58-59.
- Rutledge, C.M., Healey, A., & Bluestein, D.A. (2013). Self-efficacy for sleep in primary care. *Journal of Clinical Nursing*, pp. 1254-61. DOI: 10.1111/jocn.12005.
- Rutledge, C.M., & Renaud, M. (2013). Back to school! Selecting a DNP program. *Nursing Management*, pp. 1-6. DOI:10.1097/01.NUMA.0000436363.14645.15.
- Rutledge, C., Haney, T., Bordelon, M., Renaud, M. & Fowler, C. (January 2014). Telehealth: Preparing advanced practice nurses to address healthcare needs in rural and underserved populations. *International Journal of Nursing Education Scholarship*, 11 (1). DOI: 10.1515/ijnes-2013-0061.

- Scott, M.A., Condon, E.H., Montgomery, A.J., & Baker, S. (2014). Predicting post deployment family adaptation in U.S. Navy families. *International Journal of Advanced Nursing Studies*, 3 (1), 32-41. DOI: 10.14419/ijans.v3i1.231
- Wiles, L.L., Simko, L.C., & Schoessler, M. (2013). What do I do now? Clinical decision making by new grads. *Journal for Nurses in Professional Development*, 29 (4) 167-172.

Journal Articles (collaborations where students are primary authors)

- Umar-Kamara, M. & Tufts, K. A. (2013). Provider adherence to recommended standards of care for adults with type 2 diabetes mellitus. *Journal of the American Academy of Nurse Practitioners*. DOI: 10.1111/1745-7599.12018

Book Chapters

- Apatov, N.M., & McCarthy, E.J. (2014). The postanesthesia patient. In Morton, P.G. and Fontaine, D. (Eds.), *Critical Care Nursing: A Holistic Approach*. Lippincott Williams & Wilkins, Baltimore, MD.

Presentations (oral)

- Adams Tufts, K. (April 2014). *Self-management for African American women living with HIV: Meaning, behavioral patterns, and future implications*. Works in Progress: A Regional Interdisciplinary Conference of Feminist Scholarship, The Women's Studies Department. Old Dominion University, Norfolk, VA.
- Fowler, C. (April 2013). *Family caregivers: Are they a missing link?* The Virginia Public Health Association Spring Meeting: Redefining Health and Wellness for an Aging Population. Richmond, VA.
- Fowler, C. (April 2014). *Breaking down hierarchical models in interprofessional collaboration through experiential learning in geriatrics*. National Organization of Nurse Practitioner Faculty Annual Conference. Pre-conference workshop. Denver, CO.
- Gray, D., & Rutledge, C.M. (April 2013). *Preparing nurse practitioners in the use of technology to collaborate interprofessionally at a distance*. National Organization of Nurse Practitioner Faculty 39th Annual Conference. Pittsburgh, PA.

Gray, Deborah C. (June 2013). *So your patient wants to take an herbal: A primer of what you need to know*. American Academy of Nurse Practitioners 28th National Conference, Las Vegas, NV.

Gray, Deborah C. (April 2014). *Personal strategic planning: Empowering DNP/NP students to create a personal plan for serving as a change agent in health care*. National Organization of Nurse Practitioner Faculty 40th Annual Conference, Denver, CO.

Hartergink, A. (September 2013). *Routine anesthesia for non-routine pediatrics*. Virginia Association of Nurse Anesthetists State Meeting, Tyson's Corner, VA.

Hartergink, A. (February 2014). *Evidence-based anesthesia management for patients with musculoskeletal and neuromuscular disease*. Virginia Association of Nurse Anesthetists State Meeting, Richmond, VA.

Hawkins, J. E. (May 2013). *Cultural consciousness: Bridging the Gap between Teaching and Learning*, Old Dominion University CLT Summer Institute, Norfolk, VA.

Hawkins, J.E., White, L., & Ferrara, K. (March 2014). *Parallel degree plans for health science majors and other competitive programs*. NACADA Region 2 Mid-Atlantic Conference, Lancaster, PA.

Poston, R. (November 2013). *Interprofessional ethics: Topics for discussion*. Guest Lecturer for William & Mary School of Law, Professionalism Course for Law Students, Williamsburg, VA.

Poston, R. (April 2014). *Adolescent and parent subjective and objective understanding of informed consent and assent in oncology research*. The Society of Clinical Research Associates, Hampton Roads Chapter.

Rutledge, C.M. (April 2013). *Preparing nurse practitioners to lead the move toward interprofessional and independent practice models*. National Organization of Nurse Practitioner Faculty 39th Annual Meeting, Pittsburgh, PA.

Rutledge, C., Haney, T., & Fowler, C. (September 2013). *The DNP as a leader in the developing interprofessional collaboration for practice, research and education*. Doctor of Nursing Practice Conference, Phoenix, AZ.

Rutledge, C.M., Kott, K., Lemaster, M., Johnson, K., Fowler, C., & Haney, T. (March 2014). *Interprofessional collaboration: Bringing allied health professionals to the table*. Second Annual Emswiller Interprofessional Conference, Richmond, VA.

Rutledge, C.M., Fowler, C., Schweickert, P. (April 2014). *Developing leaders, visionaries, and technology savvy interprofessional collaborators*. Pre-Conference Symposium, 40th Annual Conference of the National Organization of Nurse Practitioner Faculty, Denver, CO.

Wiles, L.L., Sechrist, S. & Osgood, C. (May 2013). *Implementing e-portfolios: From individual courses to entire curriculums*. ODU Center for Learning and Teaching Faculty Summer Institute, Norfolk, VA.

Wiles, L.L. (October 2013). *Keep it clean: A visual approach to reinforce hand hygiene compliance in the emergency department*. Sentara Norfolk General Research Council, Norfolk, VA.

Presentations (posters)

Adams, D., & Rutledge, C.M. (April 2013). *Overcoming the barriers to developing nurse practitioner-led clinics*. National Organization of Nurse Practitioner Faculty 39th Annual Meeting, Pittsburgh, PA.

Armstrong, V., & Renaud, M. (February 2014). *POST orders: Effect on staff caregiver satisfaction, hospital admissions and hospice enrollments*. AMDA, Nashville, TN.

Atkinson, K., & Hudson, J. (March 2014). *The effects of focused training on perceived self-efficacy and SCIP compliance*. AORN Surgical Expo and Conference, Chicago, IL.

Bauman, T., & Gray, D. (January 2014). *Knowledge and attitudes regarding the human papillomavirus and HPV vaccine among military 18 - 26 years of age*. AANP Conference, Nashville, TN.

Buck, S., & Renaud, M. (February 2014). *Transformational leadership practices of chief nursing officers: Which skills lead to pathway*. Southern Nursing Research Society, San Antonio, TX.

Cheek, K., & Rutledge, C.M. (May 2014). *Pre-anesthetic evaluations and situation awareness: A preoperative intervention to reduce adverse outcomes*. 2014 WAMC Research Symposium, Fayetteville, NC.

Constante, M.J., & Haney, T.S. (March 2014). *Parental empowerment program for children with atopic dermatitis interventions utilizing telehealth*. Virginia Council of Nurse Practitioners Conference, Reston, VA.

Faculty Scholarship

Achievements from May 1, 2013 - April 30, 2014

Eldoseri, H., & Adams Tufts, K. (November 2013). *Intimate partner physical violence experiences of Saudi Arabian women*. 141st Annual Meeting of APHA, Boston, MA.

Evans, S., & Renaud, M. (April 2014). *Influence of structural empowerment on the perceived value of gerontological nursing certification*. Nurses Improving Care for Healthsystem Elders, San Diego, CA.

Everhart, D., & Rutledge, C.M. (April 2013). *Establishing nurse practitioner owned/run practices*. National Organization of Nurse Practitioner Faculty 39th Annual Meeting, Pittsburgh, PA.

Fowler, C., Johnson, K., Kott, K., Lemaster, M., Haney, T. & Rutledge, C. (November 2013). *Educating nurse practitioners to work interprofessionally*. Gerontological Society of American Annual Conference, New Orleans, LA.

Gembel, D., & Apatov, N. (April 2014). *The impact of a cost-focused educational program on CRNAs' selection of anesthesia medications*. WVANA Annual Meeting, Roanoke, WV.

Haney, T.S., Rutledge, C., Fowler, C., & Renaud, M. (September 2013). *The DNP as a leader in the development of an interprofessional health promotion course for graduate allied health students*. Doctor of Nursing Practice Conference, Phoenix AZ.

Martin, J. (February 2014). *Vulnerable populations in the Caribbean: Exploring women's experiences of pregnancy and prenatal care in St. Kitts and Nevis, West Indies*. Southern Nursing Research Society, San Antonio, TX.

Melvin Pifer, J., & Hudson, J. (February 2014). *Immediate use steam sterilization in the surgical suite*. Washington Regional Nursing Research, Washington, D.C.

Riddick, T., & Gray, D.C. (September 2013). *Effects of depression, social support, spirituality, and subjective health on blood pressure in African Americans*. Doctor of Nursing Practice Conference, Phoenix, AZ.

Smith, L., & Zimbardo, K. (April 2014). *The impact of in-home nurse visits within 36 hours of home hospice admission on quality and utilization outcomes*. Cleveland Clinic Symposium, Cleveland, OH.

Vierling, A., & Hudson, J. (April 2014). *Role of nurse informaticist and adoption of evidence-based practice and information technology governance*. Western Institute of Nursing Research Conference, Seattle, WA.

Williams, L., Gemender, M., Short, M., Dalton, C., & Martin, J. (April 2014). *A team-based approach to Internet ethnography: Evaluating community needs in South Sudan, Central Africa*. National Conference on Undergraduate Research, Lexington, KY.

Williams, R. J., & Zimbardo, K. (May 2014). *Impact of a pressure ulcer prevention program for patients admitted to the intensive care unit*. 2014 Sentara Nursing Leadership Summit, Williamsburg, VA.

Grants

Apatov, N. (Principal). Nurse Anesthetist Traineeships. Health Resources and Services Administration (July 1, 2013-June 30, 2014), \$11,355.

Fowler, C. (Principal), Rutledge, C., Johnson, K., Lemaster, M., Kott, K., & Gupta, A. (Co-principals). *The Impact of an Interdisciplinary Virtual Healthcare Neighborhood (VHN) on Sleep, Health care/Social Support, and Self-Efficacy Among Caregivers of Elderly Persons with Dementia*. Alzheimer's and Related Diseases Research Fund (July 1, 2013 - June 30, 2014), \$40,000.

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. HRSA, Federal, (September 2012 - August 2016), \$1,046,157.

Rutledge, C.M. (Principal) & Karlowicz, K.A. (co-PI). *Advanced Education Nursing Traineeships*. HRSA (April 2012-2014), \$350,000 x 2 years.

Wiles, L. (2013). *Simulating Infectious Disease Spread to Increase Hand Hygiene Compliance*. ODU Summer Research Fellowship Program, \$6,200.

Class Notes

Mabel Lawrence Nicosia '71 passed away Sept. 19, 2013. Mabel also earned a master's in psychiatric nursing from Hampton University, and was retired from the Virginia Department of Health.

Mitzi Kerr Kilker '73 passed away Jan. 16, 2014. Mitzi resided in Washington state and spent much of her professional nursing career teaching, administering a skilled nursing facility, and doing health-related volunteer work.

Linda (Martin) Burnette '77 writes, "I am chief nursing officer at Southern Virginia Regional Medical Center in Emporia, Va., since 2010. I received an MSA in health services administration in 1997 and certification in executive nursing practice in 2012."

Craig Poole '84 reminisced about his nursing career as he came up on his 30-year graduation date. He took the NCLEX boards in Anchorage, Alaska, after joining the U.S. Public Health Service Commissioned Corps. He then served in Alaska, California, eastern tropical Pacific, Washington, New York, and Florida with the Indian Health Service, National Oceanic and Atmospheric Administration and Immigration and Naturalization Service. He earned his MSN as geriatric nurse practitioner in 2000, worked 10 years with the VA in New York and 11 years in the U.S. Navy, retiring in 2003 with 30 years of federal service. Now he is an adjunct instructor at Boise State University and St. Xavier nursing schools. He says: "I now spend the winters in the Caribbean and summers on my sailboat in Maryland. It's a grand time to be a nurse and I'm so thankful that ODU accepted me into its BSN program way back in 1980."

Lucy (Barker) Todd '87 is currently employed as a medical science liaison with Baxter Healthcare, responsible for educating nephrology fellows on home dialysis therapies, particularly peritoneal dialysis. She was awarded the 2013 Journal Writing Award for Education by the Nephrology Nursing Journal, and she participated in the Nurse in Washington Internship in Washington, D.C., in March 2014, under auspices of the Alliance for Nursing, to advocate for legislative issues critical to nursing.

Capt. Thomas Doss, DHA '88 writes "One of the fun things about the Commissioned Corps of the U.S. Public Health Service is the variety of positions that are available to nurses. I have worked in a federal psychiatric prison, all over the world on NOAA research vessels, and in emergency response. For the last six years I have been detailed to the Department of Defense as the health benefits section chief. Basically, I do policy work related to care for our beneficiaries, but all of us are always available for urgent health-related deployments. The last one for me was the Hurricane Sandy response."

Kathleen (Thomas) Glaser '92 completed her MPH at the University of South Florida and is now working for the U.S. Department of State as the medical officer for the U.S. Embassy to Austria in Vienna.

Wanda Lilley '94 is working at Vidant Bertie Hospital in Windsor, N.C. She is certified as an operating room nurse (CNOR), and has obtained the highest level in the clinical ladder status, a level IV. She lives with her husband and three sons in Williamston, N.C. She says: "I give all the credit for where, what and who I am today to God first, my wonderful parents, and the wonderful ODU nursing instructors I had in 1994."

Susan (Belote) Tanner '97 is administrative director of Riverside Health System Patient Care Operations in Newport News, Va. After completing her BSN at ODU, she earned an MSN from the University of Maryland, with a specialty in nursing informatics. She is very excited about the opportunity to work with all disciplines to improve patient care by leveraging technology with evidenced-based practice.



Johnathan Phillips (MSN '02) received the 2013 Distinguished Faculty Advisor Award from Radford University for his work with undergraduate students. A scholarship was awarded in his name. Phillips has been employed at RU since 2006 and teaches leadership and community health in the school of nursing. He also chairs the Virginia Department of Health's Nurse Practitioner, Nurse Midwife, and Nurse Educator Scholarship Advisory Committee. He lives in Martinsville, Va., with his wife, Kimberly, and two children.

Imagene Garris Roaché '02 passed away Feb. 18, 2014. Imagene earned an associate degree in nursing at John Tyler Community College in Richmond, Va., and then earned her degree in the RN-to-BSN program at ODU. Over her career, Imagene worked for Hiram Davis Medical Center, MCV, Health South and Hopewell Convalescent Center.

Kelly Niermeier '03 writes, "My ODU education has been a blessing, and has afforded me many rewarding experiences as a nurse over the last 10 years. I have been fortunate to work with the pediatric and neonatal populations in multiple settings: NICU, pediatric inpatient/clinic, well baby nursery, and school health. I am currently completing clinical requirements to be a Sexual Assault Nurse Examiner for pediatric/adolescents. I was recently accepted into both the primary care and acute care tracks of the pediatric nurse practitioner program at Catholic University of America, and will begin classes this fall 2014!"

Dawnya (Rinker) Finerfrock '03 is proud to announce the birth of a baby girl, Avery Paige, born Sept. 18, 2013, in Winchester Medical Center, Winchester, Va.

Liz Hagen (MSN '09) recently relocated to Danville, Va., to do family practice at a federally qualified health care center. In May 2014 she received the Provider of the Year Award from the Virginia Community Healthcare Association during its award dinner in Richmond. She says: "I had no idea I was getting this award. I have your program to thank for the excellent education I received."

Kaitlin Schwarz '09 is a labor and delivery nurse and recently obtained certification in inpatient obstetrics. She was then promoted to a clinical nurse IV.

Emily Thrasher '13 writes, "I am feeling ever so slightly sentimental about coming upon my one-year anniversary of graduation. Thanks so much for the wonderful education and for pushing me harder than I ever thought imaginable. I am so proud to be an ODU School of Nursing grad and working in my dream unit, CHKD's NICU, with other ODU grads. The gold at the end of the rainbow is especially shiny right now."

Visiting Scholar Osterbrink Discusses Evolving Partnership with ODU



This past spring, the School of Nursing hosted its first visiting scholar, Jürgen Osterbrink, (pictured in photo with Nathaniel Apatov, Nurse Anesthesia Program Director [left] and Karen Karlowicz, Chair of the School of Nursing [center]), from Paracelsus Medical University's Institute of Nursing Science and Practice (Salzburg, Austria). Osterbrink, who was recently elected as the European representative to the International Council of Nurses, gave presentations on his pain management research for students, and for members and guests of the Epsilon Chi Chapter of Sigma Theta Tau International. After one of his presentations, he sat down to share more about himself and the reason for his visit.

Q: Tell us about your background.

A: It's pretty international. My education and training are primarily as an anesthesia nurse, and I served as a head nurse at an ICU in Luxembourg. Then I worked one year in Ethiopia for Doctors without Borders. Next, it was off to Glasgow, Scotland, to pursue advanced studies in nursing and public health. Then, I went to Belgium to complete my Ph.D. in nursing and public health. After that, I ran a school of nursing in Nuremberg, Germany. For the last eight years I have been head of the school of nursing in Paracelsus and have been on a joint appointment with the University of North Florida.

Q: What is your research focus?

A: Throughout my career I have been focusing primarily on pain management. In 2002, I worked with an interprofessional group to design a national standard for pain management for both Germany and Austria. For example, in Germany I worked on a pain-free initiative that involved 25 hospitals and data collection from 8,000 patients, 5,000 nurses and 2,500 physicians. I am also privileged to be part of an effort to expand this effort to create a "pain-free city" initiative in Munster, Germany. Hospitals, nursing homes, and hospice care providers are added into the mix for this project, which we expect to finish by the end of 2014.

Q: You have quite a few projects going on in the area of pain management. Why do you see this area as important to focus on now?

A: I want to see these projects bring results that have a direct impact on nursing practice. For example, we've received a generous European Union grant so that we can develop a pain app. We involved communication scientists, physicians, pharmacists, and nursing academics in devising it, so that it will measure the patient's activities of daily living, the

patient's quality of life, and the level of pain experienced.

Q: Why did you make this visit to ODU?

A: We've been talking with the ODU School of Nursing, and the university's Center for Global Health, about setting up an exchange program for faculty and students. The initial focus is on faculty and students involved with ODU's nurse anesthetist program and the School of Nursing's honors students at both the undergraduate and graduate levels. We anticipate it could start in spring 2015.

Q: Why pursue this exchange program?

A: Today's health care demands a lot from young nursing professionals. But you can't fight in the darkness by using more darkness; one needs to shine a light. When students visit another country, they can benefit from the insights they'll have from being exposed to a different health care system.

Q: Where, specifically, do you think a partnership between ODU and Paracelsus can make a mark?

A: By pursuing a major focus on pain control. We need to keep the emphasis narrow, because it's very difficult for a program to be current if it is spread across several areas. Still, we could collaborate on other programs. For example, Paracelsus does online teaching, as does ODU, so there is opportunity for joint courses. But the main emphasis should be on how to improve pain management. There are several aspects of this to improve. First, if we take pain control into account before discharging a patient, the patient's pain treatment in his home care setting will be more effective. Second, we need to teach and model better communication between nursing and other health care disciplines. If this is addressed, our performance will be better. Finally, we need to

enhance nurses' basic knowledge of psychology, pharmacology, and pathophysiology so that they can improve pain management.

Q: What's next for ODU and Paracelsus?

A: Already, we have established a lot of common interests, and our early discussions and planning appear to be fruitful. Within five years we anticipate having exchange programs in place along with a joint program—with a strong emphasis on pain management—at the graduate level. Above all, I foresee we're going to have a lot of fun on the way!

We Gave Because...

We strongly believe that nursing education is greatly enriched through interactions with leaders in the profession. Since travel to attend conferences and hear prominent clinicians share their practice and research is not possible for most students or faculty, we decided to support an initiative that would bring nursing experts to Old Dominion University. Our gift of \$25,000 contributed to the endowment of the *School of Nursing Visiting Scholars Fund*. This endowed fund supports travel and honoraria for a nurse of national or international distinction to impart his or her expertise with students, faculty, alumni and the community. Collaboration with a visiting scholar is an annual event for the School of Nursing and provides a special opportunity to learn from one who is at the pinnacle of his or her career. This tradition supports the school's mission to prepare exceptional nurses, advance nursing science and partner with the global community.

Drs. M. Gary and Karen Karlowicz

Because You Gave...



International nursing pain expert, Dr. Jürgen Osterbrink, visited ODU and presented to students, faculty, alumni, and the community through the Visiting Scholars Fund.

Three Nursing students were able to attend the National Conference of Undergraduate Research at the University of Kentucky through the School of Nursing Annual Fund.



Nurse Anesthesia Students were able to attend the Mid-Year Assembly in Washington DC through the Nurse Anesthesia Fund.



Your continued support of the School of Nursing enables us to ensure that our students are receiving unparalleled educational experiences and professional training opportunities.

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