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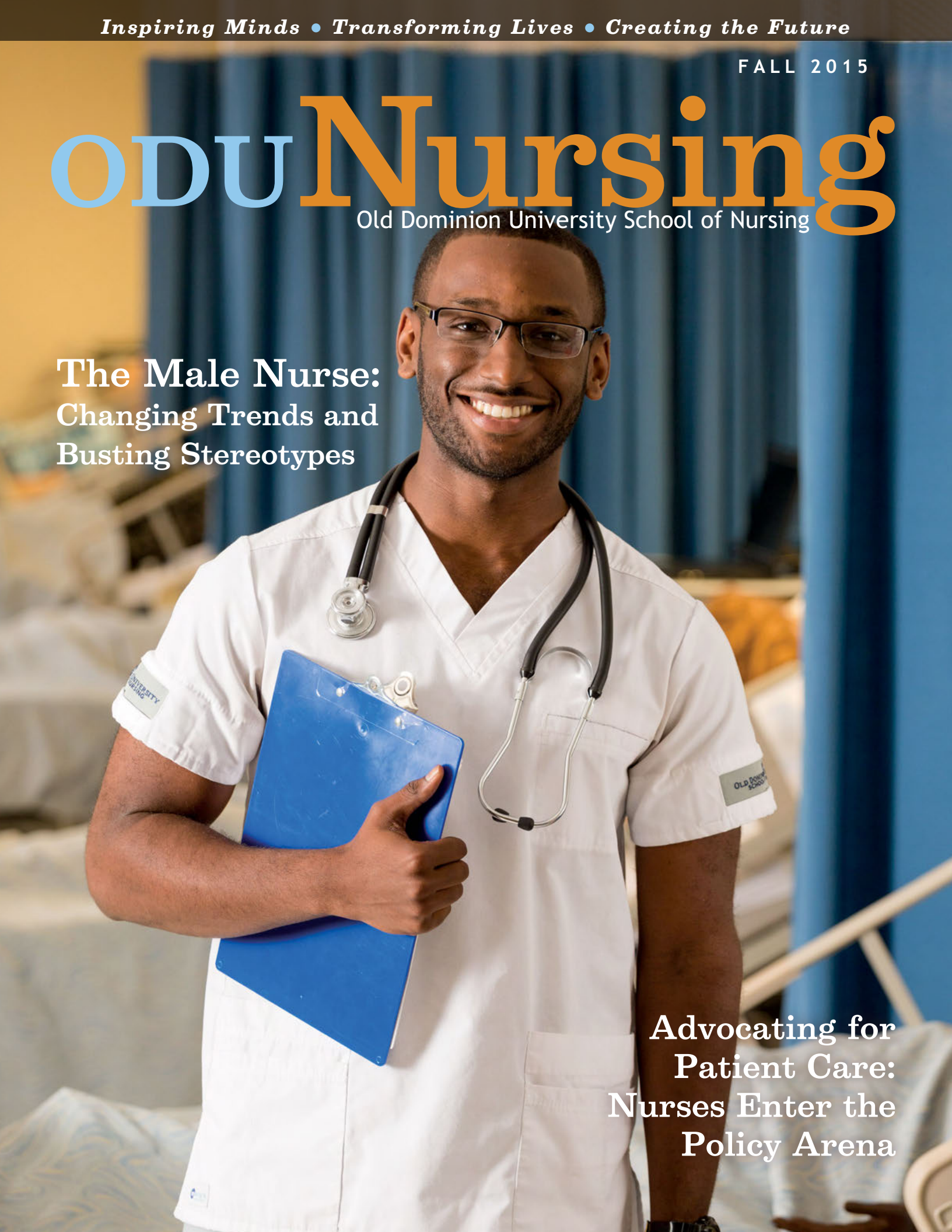
FALL 2015

ODU Nursing

Old Dominion University School of Nursing



The Male Nurse: Changing Trends and Busting Stereotypes

Advocating for Patient Care: Nurses Enter the Policy Arena

In this Issue

On the Cover
Undergraduate student Shane Greene

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Attendees at College of Health Sciences IPE Day, April 2015. See story, page 16

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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
IDEA FUSION

Message from the Chair

ODU School of Nursing—Numbers Tell the Story

Data collection is a never-ending task in the School of Nursing. Facts and figures about students and faculty are collected on a regular basis. Numbers tell our story, allow us to gauge the effectiveness of our programs, and guide our decisions about future directions. So, here are some important numbers that provide a snapshot of a school that is on the move and looking to the future.

- 26% — the increase in total enrollment across all programs since 2009, which brought our total student headcount to 810 for academic year 2014-15;
- 298 — the number of applications received for 2015 admission to the pre-licensure BSN program; a consistently strong and highly qualified pool of applicants reflects continuing demand for this high quality curriculum;
- 90% or better — this NCLEX-RN pass rate is a consistent outcome for BSN graduates at Old Dominion University;
- 118% — the increase in post-licensure BSN program enrollments since 2009;
- No. 2 nationally — the ranking by Value College, a website that researches educational quality and costs, which rated the RN-to-BSN program at Old Dominion as second nationally in a listing of the Top 50 Best Value Online RN-to-BSN Programs of 2015;
- No. 39 nationally — the 2015 ranking by U.S. News & World Report that recognizes ODU for best online graduate nursing programs;
- 100% — certification pass rates for Family Nurse Practitioner and Nurse Anesthesia programs in 2014-15;
- 99% and 100% — the employment rate within one year after graduation for undergraduate and graduate students, respectively;
- 97.5% — the overall satisfaction rate of nursing graduates across all programs;
- 84% — the percentage of faculty engaged in service-related activities to the School, College, University, community or profession;
- $8 million+ — the amount of external funding generated by faculty over the past five years, primarily from HRSA, for program development;
- 65 — the number of funded scholarships for undergraduate nursing students; an annual gift by the Lettie Pate Whitehead Foundation funds 51 scholarships, an annual gift from the TOWN Foundation funds 3 scholarships, while 12 individual endowments fund another 15 scholarships;
- 45 — the number of nurse practitioner students receiving HRSA trainee grant funds for tuition support in 2014-15. The two-year, $350,000 competitive award recognizes our efforts to educate advance practice nurses to work in rural and underserved areas of the Commonwealth;
- $290,445.36 — the total amount of donated gifts to the School of Nursing in 2014-15; 97% of this amount was for scholarships.

These facts and figures are evidence of a School of Nursing that is recognized for its strong educational programs that prepare exceptional nurses for professional practice. We owe our success to a faculty committed to delivering high quality nursing education through the use of innovative teaching methods that are consistently recognized through College and University teaching awards, national rankings and impressive barometers of student achievement and satisfaction.

However, the strong emphasis on teaching in the School of Nursing has challenged our efforts to also develop the faculty's research expertise. As a result, we lag behind our peers in our ability to engage in the study and development of crucial new knowledge concerning both clinical practice and nursing education. Some of the numbers that illustrate this include:

- 35 — the number of base-funded, full-time nursing faculty as of fall 2015 that includes seven tenure-track positions; this represents a full-time faculty-to-student ratio of approximately 1:23, which is higher than most other nursing schools of comparable size that report faculty-to-student ratios of 1:20 or lower;
- 137 — the number of adjunct faculty hired by the School of Nursing during 2014-15 (up from 94 in 2011-12);
- 43.75% — the percentage of faculty with refereed journal publications over a three year period;
- $80,000 — the total amount of research grant funding over the past three years;
- 3% — the percentage of donated gifts to the School in 2014-15 that supported the annual fund, nurse anesthesia program, and visiting scholars fund;
- <1% — the number of alumni who make gifts to the School of Nursing;
- 1 — the number of funded scholarships for graduate nursing students;
- 0 — the number of endowed faculty positions in the School of Nursing.

There is a critical need for funds to support the hiring of additional instructional faculty, seed the research efforts of junior faculty, establish professorships that will attract senior level faculty, and create lectureships to bring nationally recognized nurse researchers to campus to engage with students and faculty. The School of Nursing is at a tipping point, poised to make a significant impact on nursing practice and education in Hampton Roads and the Commonwealth of Virginia through meaningful, original research.

Overall, the numbers reveal the solid momentum at the School of Nursing and the opportunities to build on this progress. I hope you interpret the numbers in the same way, and are motivated to join our efforts and ensure the continued success of ODU School of Nursing. I welcome you to contact me at 757-683-5262 or kkarlowi@odu.edu to share your feedback on my message, and to contact Manisha Harrell, major gift officer, at 757-683-4313 or m1sharma@odu.edu to support the fundraising efforts of the ODU School of Nursing.

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

Nurse Anesthesia Program Receives Kudos and 10-Year Accreditation

The Nurse Anesthesia Program received continued accreditation for 10 more years from the Council on Accreditation (COA) for Nurse Anesthesia Education Programs. The COA, in its November 2014 letter to the School, noted that, "very few programs are granted accreditation with no progress report required. Even fewer programs have achieved the maximum accreditation of 10 years. Therefore, the directors of the COA are particularly pleased to offer their congratulations to everyone at the program who has demonstrated their commitment to meeting the requirements for continued accreditation."

From left to right: Nathaniel Apatov, Program Director; Adrienne Hartgerink, Associate Program Director; Karen Gillikin, Associate Program Director; and Chad Driscoll, Simulation Instructor

We salute the faculty of the Nurse Anesthesia Program who have worked tirelessly to establish and maintain the high academic and clinical standards of this program. Congratulations on the program's achieving maximum accreditation!

New Faculty

Nancy Sweeney joined the faculty in January 2015, as professor of practice and director of the Nurse Executive Doctor of Nursing Practice Program. Nancy has extensive leadership experience in both practice and academic settings, most recently as dean for the Department of Nursing and Allied Health at Urbana University in Ohio. What has Nancy enjoyed most since relocating to southeastern Virginia? Being near her granddaughter is great, but the moderate winter climate is best!

Pamela Etheridge joined the faculty in September 2014 as student clinical services coordinator. In this role, Pam is responsible for gathering health and other personal information from students, which is then shared with hospital partners prior to clinical rotations.

Rutledge and Colleagues Receive $2.1 Million HRSA Grant

Carolyn Rutledge, associate chair for graduate programs, is the principal investigator for a recently awarded, three-year, $2.1 million Health Resources and Services Administration (HRSA) grant to develop the infrastructure for an increase of Advanced Practice Nurses (APNs) in rural and underserved areas of Virginia. The HRSA grant will support a project to build a telehealth network between ODU's School of Nursing, the University of Virginia Center for Telehealth, and community partners/preceptor sites. This network will recruit and train about 48 preceptors (or instructors) who will teach at least 90 APN students over a three-year period. Co-investigators include **Christianne Fowler, Tina Haney, Rebecca Poston** and **Lynn Wiles.**

ODU and Riverside Health System Sign MOU

On Dec. 22, 2014, Old Dominion University signed a memorandum of understanding with Riverside Health System in Newport News, VA to create a concurrent enrollment program intended to increase the number of highly qualified nurses educated in Hampton Roads. Riverside is phasing out its long-standing, and highly respected, diploma program that will be replaced by an Associate of Applied Science (AAS) degree program. Students admitted to the AAS program will be fast-tracked to get a Bachelor of Science in Nursing (BSN) by taking ODU nursing courses concurrently with Riverside nursing courses. Completion of the BSN would occur one to two semesters after attaining the AAS and licensure as a registered nurse.

An Academic Pilot Progression Grant award for faculty development from the Virginia Action Coalition, a joint initiative of the Virginia Nurses Foundation and AARP Virginia, was awarded to ODU and Riverside to assist in preparing both faculty groups for the launch of the program that is a model for seamless progression to the BSN. Unique to this partnership is that representatives from Riverside are standing members of the ODU undergraduate nursing admissions committee. In March 2015, the joint committee reviewed all applications for full-time admission to the pre-licensure BSN program at ODU and selected candidates for admission to both ODU and Riverside. With all planning done, and all approvals received, the Riverside AAS/ODU concurrent nursing program is scheduled to begin classes in January 2016. Watch ODU and Riverside web sites for more news on this partnership program!

Terris Kennedy (Riverside Health System CNO) and Karen Karlowicz (ODU) celebrate agreement.

Provost Carol Simpson (left), Wade Broughman, COO, Riverside Health System (center), and Dean Shelley Mishoe (right) sign the MOU.

Promotions

Congratulations **Christine Sump** and **Pamela Sharp,** who were both promoted to the rank of senior lecturer this year. Chris teaches theory and fundamentals in the undergraduate nursing program. Pam is co-director for the Adult Gerontology Clinical Nurse Specialist/Educator MSN program.

Tina Haney, Jamela Martin and **Rebecca Poston** were promoted from senior lecturer to assistant professor/ tenure track. Jamela teaches in the undergraduate nursing program; Tina and Rebecca teach in the graduate nursing program.

Christine Sump

Pamela Sharp

Tina Haney

Jamela Martin

Rebecca Poston

School of Nursing News

Sailing Honors

Grace Mason, a rising senior nursing student, was one of five Monarchs named to the 2014-15 All-Academic Sailing Team by the Inter-Collegiate Sailing Association (ICSA). Her selection is a special honor that recognizes collegiate sailors who achieved excellence in national and inter-conference competition as well as excelling at the highest academic level in 2014-15. To be selected, honorees must be a junior or senior, have at least a 3.3 cumulative GPA or higher on a 4.0 scale, and be a starter or key reserve in at least seven university sponsored regattas. Way to go, Grace!

New Uniforms

Students admitted in fall 2014 learned they would be the first class to wear the new clinical uniforms selected by faculty. The 2014 uniform change did not make headlines as it did in 1964 when the selection of the student uniform for the newly established school of nursing at Old Dominion College was featured in an article that ran in The Virginian-Pilot. But heads in local hospitals surely turned when students arrived wearing smart, scrub-style uniforms consisting of gray pants and white tops, with the school name embroidered prominently on the sleeve. To commemorate the latest uniform change, sophomore students gathered for a photo in the lobby of Chesapeake Regional Medical Center.

Gray Visits Haiti

In June 2014, **Deborah Gray, ANP-BC, FNP-C,** lecturer in the MSN and DNP programs, assisted Colleagues in Care (CIC), as an instructor for hypertension evaluation and management courses at both the National Medical School and National Nursing School in Port au Prince, Haiti. She also collaborates with CIC in planning hypertension specialist courses and initiatives to foster global health opportunities for student nurses. Colleagues in Care, a partner of the School of Nursing, is a nonprofit volunteer global health collaboration network dedicated to alleviating suffering, and building capacities to improve healthcare services in regions challenged by poverty, resource limitations, and recurring complex systemic issues.

Students Present at QSEN National Forum

A research project conducted by junior students **Barbara Sinnathamby, Sarah Ingrid** and **Karen Forosan** was selected for presentation at the Quality and Safety Education for Nurses (QSEN) National Forum held June 2015 in San Diego. Karen Forosan represented the team whose project examined neglected safety measures in the clinical setting. **Jamela Martin** and **Amy Lee** served as faculty advisors to this student project.

DNP Students Shine at VNA Legislative Day

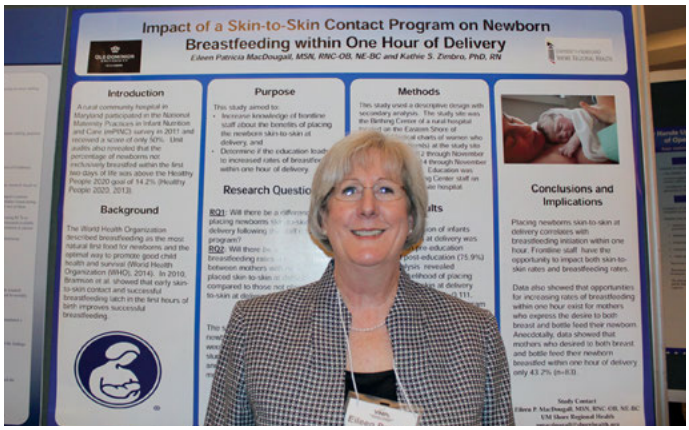
Several of ODU's Doctor of Nursing Practice students participated in the educational program that was part of the Virginia Nurses Association (VNA) Legislative Day activities. The posters featured here are just a sampling of the fine work being done by our DNP students for their capstone projects.

"Nurses, novice to expert, bedside to the boardroom, convened for VNA Legislative Day in support of optimal healthcare outcomes for Virginia's vulnerable populations through political advocacy. For those of us who presented DNP capstone projects, it was a valuable opportunity to network and observe our legislators at work during the General Assembly."

—Senora Ruffin

Barbara Ellcessor, DNP

Senora Ruffin, DNP, RNC



Eileen Patricia MacDougall, DNP, RNC-OB, NE-BC

Kate Berry, DNP, WHNP-BC

Tanya Satterwhite, DNP, FNP

The Male Nurse...

a trend changing the professional profile

Undergraduate students Shane Greene (left) and Nicholas Grose (right)

Nursing, thanks in large part to portrayals of nurses in television, the movies and in fiction writing, has been greatly associated with a woman wearing a white hat at bedside, waiting on the every command of the male doctor. This stereotype (which, like most stereotypes, has only limited basis in reality) is being greatly debunked on many levels. For example, nurses are involved in leadership roles, policy making, administration, training and education, and community outreach. Add another factor to the stereotype-busting: men are increasingly coming into the field. As recently as 2011, the Census Bureau reported that almost 10 percent of the nursing workforce was male (a more than 300 percent jump in the last four decades). Six men spoke with the ODU Nursing magazine to offer their perspectives on nursing and what the increasing presence of men means for the field. You'll find four in this article and the insights of two senior male nurse executives in the accompanying sidebar.

"I have already seen that both patients and female nurses are grateful for having more males in the nursing community."

— James Kirlin

James Kirlin, 31, of Virginia Beach, is a BSN student who is finishing his junior year at ODU. He's completed six-week clinical experiences in Norfolk and Virginia Beach in psychiatric, medical surgical, and obstetrics units. In his 20s, he didn't have much experience directly with nursing, and "had the stereotype that nurses were like Nurse Ratchet in the movie 'One Flew Over the Cuckoo's Nest,'" he says. Then, he had the opportunity to see two male nurses in action, one an in-flight trauma nurse and another who was an anesthetist. From those experiences, he better understood that nursing offered a variety of roles, and he couldn't shake the possibility that the field would have a position that was ideal for him. "I became intrigued because I like interacting with people, and I want to see that I am making a positive impact on someone's life," he says. "I could see how those nurses were doing just that."

Three years ago, he began studying nursing and has never looked back. "It's the best decision I've ever made. Every clinical rotation I finish just stokes my enthusiasm," he says, "I have found my calling."

The nurse-in-training, eager for the "front line"

Kirlin has a particular fondness for psychiatric nursing. He's concerned that the country doesn't understand the impact of mental illness. The health system has difficulty making progress with mental illness because it is stigmatized, he says, and many aspects of mental illness, like depression, may not be clearly visible. For example, many U.S. veterans who served in combat in the Middle East have returned with post-traumatic stress disorder. However, many of these veterans may not show symptoms, making it difficult for them to get treatment. "Veteran suicide rates are high, and these are often linked to untreated traumatic brain injuries and major depressive disorders," says Kirlin. Not surprisingly, after

James Kirlin

graduating, he would like to pursue either psychiatric or trauma nursing. "I want to get to the 'front lines' of the action in health care, and either one of these fields would accomplish that," he says.

Kirlin also wants to help address one of the biggest challenges for nursing: better communication within the profession and with other health workers. He points out that, too often, the health professions have walled themselves off from each other, resulting in different health professions setting up their own priorities for each patient. "Actually, those priorities should overlap," he says, "because the ultimate goal is to help the patient return to optimal health." Kirlin wants to play his part in improving communication so that all members of a care team will know what the others are doing, and how their roles interact. "It makes good sense; it will help speed responsiveness, and reduce medical errors," he says.

He believes that having more male nurses in care teams will help add new perspectives, which will ultimately improve patient care. Nursing is emphasizing improvements in culturally competent care, he says, and that movement should encompass gender diversity among nurses. "As a profession that has been run by females for over a century, there are naturally stereotypes about who a 'nurse' is and about males in nursing," he says.

"But, I have already seen that both patients and female nurses are grateful for having more males in the nursing community." Ultimately, he says, it comes down to the needs of the patients—the more diverse the nursing community, the better the community is poised to meet the needs of a wide variety of patients.

Looking ahead, Kirlin wants to pursue advanced studies to become a nurse practitioner, offering his services in a more rural outlet. "I'm from Wyoming and my wife is from rural Pennsylvania, so we both have a bit of the 'country bug' in us," he says. He points out that there's a big need for better access to health care and health education in rural areas. "As a nurse practitioner in such a setting, I would like to be offering rural citizens the health assessments and education they need," he says.

The ex-military nurse, now doing the hard work of adjusting to civilian life

Josh Compton, 40, of Oak Island, NC, is a staff nurse anesthetist at New Hanover Regional Center in Wilmington, NC. After 21 years of service in the U.S. Army, he retired as a major and accepted his current position in early 2015. Compton has been in nursing his entire adult life: when he finished high school in Tazewell County, VA, he achieved his LPN, entered the Army, and at 19, served as a nurse within an HIV and oncology ward. He received his BSN in 2001 and, as an officer, worked as an RN who specialized in perioperative care in medical surgery and intensive care units. During the latter part of his Army career, he became a certified registered nurse anesthetist (CRNA) and then completed his doctor of nursing practice through ODU in 2014.

He sees that, in general, his military nursing experience allowed him to take on more individual responsibility as compared to civilian nursing settings. Simply put, there are some military nursing situations that don't have a clear equivalent to civilian nursing. For example, he deployed for six months in 2009 as a CRNA to Jalalabad, Afghanistan, attached to a forward surgical team. "There was no anesthesiologist there, so CRNAs worked side by side with surgeons and medics," he says. "You're out there, in the middle of nowhere, stabilizing patients and providing support for surgery near the battlefield front lines."

Compton also saw something else that distinguished military nursing from its civilian counterpart: Men are better represented at several levels of military nursing. He believes that more men gravitate to nursing in the military because they are receptive to the rigors and demands of combat deployment (e.g., physical stress, dislocation from family, etc.). Men may also find attractive the military culture's emphasis on training nurses to be leaders. "The military culture stresses that senior people need to train junior people how to lead," he says. "There's a simple reason for this: if senior people are lost in battle, the junior people can step forward."

His current position is his first full-time assignment as a nurse in the civilian arena; he is focusing on improving his emotional intelligence and better adjusting to this different environment. "I'm not used to a supervisor asking someone to do something; in the military, it is common to direct people what to do," he says. "I'm having to adjust my direct style to offer a more democratic, inclusive approach." He articulates other items that call for adjustments: he has more flexibility in setting his schedule, he needs to "speak civilian" and abandon old military jargon, and there is no organizational requirement to keep physically fit. "The Army required you to meet yearly measurements for fitness," he says. "Now, I have to impose that on myself." Most days, he is up at 4:30 a.m. and running 4 miles.

He sees that advanced practice nurses have an obligation to step forward and indicate how they can help the American health care system cut costs and become more effective. Much can be gained if these nurses will keep


Josh Compton

A Conversation with Jeff Doucette, DNP

Jeff Doucette, 42, is vice president and chief nursing officer (CNO) for Bon Secours Mary Immaculate Hospital in Newport News. He is responsible for all aspects of nursing and patient care at the hospital, including the emergency department, operating rooms, inpatient nursing units, the wound care center, and resident care at St. Francis Nursing Center, a 115-bed facility in Newport News.

Q: You've had quite a bit of experience in upper-level nursing administration. Why did you pursue the DNP?

A: It's been a personal goal for many years. I had originally started in a PhD program in organizational development through another university. But what the ODU program offered was much more attractive. I was in the first graduate cohort of ODU's program and teach as an adjunct within the program. I absolutely love the program.

Q: What are some of the things you deal with in a typical day?

A: A big focus is the quality of care we deliver. In line with that, I spend a good deal of my time on essential matters of nursing practice—making sure nursing policies and procedures are in place and followed. Monitoring what we do to insure reliable and safe patient care is a big part of my day. Now, this calls for me to do a lot more than administrative tasks. I walk through the units every day and talk with employees about the challenges they face, and I also meet with patients and their families. I get my batteries recharged during these interactions, and it keeps me connected with what is happening on the front lines of the hospital. Being highly visible and highly engaged is very important. You can't be an effective leader if you don't connect with the people who are doing the work every day at the sharp edge of care.

Q: Some top executives simply don't make themselves as visible as you have become. What informed your decision to take such a visible approach to managing?

A: I've had the opportunity throughout my career to work for some great leaders and some poor ones. I've learned from those experiences to be the leader that I can be, and the leader I don't want to become. I've always appreciated it when my senior leaders were readily available. I vowed that, when I found myself in such a senior position, I would do the very same thing. Having an "open door" policy today includes, beyond meeting people in person, my being accessible through email, Twitter, Facebook, and via texting. Every patient gets my cell phone number.

Q: Tell us some more about your presence on social media.

A: I write all my own entries on social media. We use our Facebook page to connect with our millennial nursing staff, but we also have a lot of patient followers. We also send out electronic newsletters. We use a lot of these approaches to encourage employees to come to town hall meetings. Our approach is try to meet people where they are. That is, we focus on determining the type of communication they like and how they like to receive it, and follow up.

Q: Looking ahead, what's next for you?

A: I am a Robert Wood Johnson Executive Nurse Fellow, one of 20 chosen from a national pool in 2014. The fellowship runs until 2017 and I'm working with other high-level nurse executives on how we can re-shape the next generation of nurse leaders. For me, the key focus is how to put in place clearer benchmarks for how to grow the next crop of leaders. This is what I'm passionate about. What I am doing, in concert with the other nurse fellows, is working to change the dialogue about what the role looks like. For example, the project that we are working on now concentrates on the mindfulness and presence of nurse leaders when they are working with staff and patients. Health care organizations are complex, busy and loud places, with multiple activities going on simultaneously. For nurse leaders to have meaningful interactions, they need to be fully present despite all these stimuli. We're in the process of developing both the literature on this subject and ways to assess the role that mindfulness plays. It encompasses the idea of fitness—how mentally, physically, and emotionally fit are you to lead? We're trying to pull together all this information that provides more info on the science of good leadership.

Q: Speaking of roles, the nursing field has been traditionally understood as a female-dominated field. Why should men consider entering the field?

A: I used to be on an editorial advisory board for the journal *Men in Nursing*. That journal was devoted to talking about the issues that were unique to men in the field; it lasted about a year. What became clearer was that the issues identified were pertinent to all nurses, not just men. Frankly, we need to change the dialogue and move away from talking about "male nurses" and "female nurses." Pharmacists don't distinguish themselves that way. Our field is ideal for anyone who wants to marry the science of health with personal care. And finding people who can do that is not that easy. Moreover, nursing is not normally a top-of-mind profession for young men or boys. In my case, I wasn't exposed to nursing at school career day events. I found nursing totally by accident. And, today, men are only about 9 percent of the nursing workforce. But men should consider the field because the pay is excellent, and there are unmatched opportunities to connect with people in a way that nobody else can. It's an incredibly respected position that provides you opportunities in such areas as finance, administration, and facilities. It's an incredibly exciting field.

pushing for autonomy to help those in underserved areas, especially in rural settings. "Nurses have the opportunity to get out in front and lead change," Compton says, but first, nursing has to better explain to patients, families, and policy makers what the title "nurse" means. "How does the general public see a nurse? It's not clear that they understand the significant differences between a licensed practice nurse and a nurse with a PhD or DNP," he says. "When more of the public understands better the varying capacities of nursing, we'll be better positioned to assert our leadership in improving health care."

Compton says that having more men come into nursing will also contribute to enhancing the positive impact of the field. "For one thing, having more gender diversity offers a wider range of additional thoughts, opportunities, and personalities to the field," he says. More males in nursing would also help change the stereotypes of the female nurse in the white hat who "marches to every voice inflection given by a male doctor," he says. He points out that nursing affords men, in a more affordable way than pursuing a medical degree, the opportunity to move into leadership positions and help position nursing more effectively to drive change.

> ***"...having more gender diversity offers a wider range of additional thoughts, opportunities, and personalities to the field."***
>
> ***— Josh Compton***

None of this will be easy, and the significant challenges ahead only reinforce to Compton that he has been on an unforeseen journey. "I came from the Appalachian area of Virginia, with only a high school degree, and now I am an advanced practice nurse with a doctorate," he says. "Based on where I came from, statistically, I probably shouldn't even be here." But the route he took, in great part, was inspired by his parents. His father worked long hours, coming home draped in dark dust from the coal on the railroads, and his mother took on part-time jobs. "What I saw motivated me; it came down to one thing: the importance of hard work."

The nurse who keeps educating

Luis Becerra was in his 30s, working as a teacher and administrator in a Montessori school, and simply knew it wasn't a fit for him anymore. Fortunately, he had a new direction in mind—becoming a nurse. His family, which had a history of males going into medical school, struggled with Becerra's decision. His father asked him, "Why a nurse? Why not a doctor, since it is family tradition?" Becerra simply responded that nursing was where he saw the need and the calling. He received his BSN in 2001 at ODU and then received a master's in nursing education from Walden University.

Becerra, 49, of Virginia Beach, works at the Bon Secours DePaul Medical Center in Norfolk as a professional development specialist, leading professional training in that facility. He first arrived at Bon Secours Maryview Medical Center in Portsmouth, VA in 2005 as a bedside nurse in the emergency department, then transferred to DePaul in 2010. In early 2015, he was selected for the professional development role because he had previously developed Ebola training at DePaul, rolling out a curriculum to about 350 nurses. "I like to teach and, with this role, I have the opportunity to educate a wide range of nurses in areas where they need to build their competencies," he says. For example, he is working on a project designed to educate nurses on how to prevent pressure ulcers. These occur when patients who are hospitalized for 24 hours or more are not turned in their beds. The preliminary work for such an educational outreach is extensive, including doing research about the number and kinds of pressure ulcer incidents at DePaul and then determining what preventive measures can be established, particularly in areas like the intensive care unit and medical surgery. "What I particularly like about my new job is that there is much variety," he says. "Today, it's pressure ulcer prevention; tomorrow, well, I will be ready when a new and urgent need breaks."

Becerra particularly enjoys working in the emergency department as "it presents different cases that require you to wear many hats at one time." In that setting, he has helped women as they gave birth and been at the side of those who have died. "You can find yourself walking up to one family and saying, 'Congratulations' on your new baby, and then walking down the hall to inform another group that their family member has died," he says. "Going from such extremes reminds you of the distinct and important responsibility you have as a nurse."

A Conversation with Alan Vierling, DNP

Alan Vierling, 52, is senior vice president of operational transformation at Harris Health System in Houston, a $1.3 billion county government organization with more than 8,500 employees. A nurse for 25 years, he arrived at Harris in early 2014 as a consultant and shortly thereafter assumed the senior VP position.

Q: Tell us about your role at Harris Health.

A: I work at the second-largest safety net health system in the nation. I have purview over many areas, including nursing, pharmacy, corporate communications, contracts, and construction. We treat over 1 million patients a year, 65 percent of them uninsured. My charge is to help make the system function like a highly efficient private organization so that we can stretch our health care dollars to take care of more people. Currently, we can only care for about a third of the poor population, but I am determined to help Harris serve more people than ever.

Q: What kind of education do you have?

A: I have an undergraduate and a master's degree in nursing from Radford. I received my doctor of nursing practice (DNP) from ODU in 2014. Hands down, that is the best education I've ever received. The faculty across the board are exceptional. I found particularly helpful the instruction in health policy and nursing leadership. When I entered the program, I thought "What more can they teach me?" I mean, I've been a chief operating officer, a vice president of surgical services, and a top executive over rehabilitation services. I've been a nursing manager in almost every situation imaginable. But, from the very beginning, every day in ODU's DNP program was a revelation about what I didn't know. I was particularly inspired by learning about how much we, as nurses, can help make change at the policy level. You cannot overestimate the power of one person at the local level—particularly a nurse—to make a difference.

Q: Looking back at your first year of leadership, what are some things you wish you had known?

A: I wish I had better realized that everything is not a crisis. I also look back at the first year and realize that it would have been best to have identified a mentor. I have mentors now, but a good lesson for an early leader is to realize there are so many experienced people who are willing to help, if one is open to receiving such guidance. You see, the most important skill for a nursing leader is not within the technical or clinical areas. Instead, what is vitally important is emotional intelligence. Particularly, understanding the impact of your words and your actions on others.

Q: Still looking back on that first year of leadership, what led you to the realization that this was the route for you?

A: I was making good decisions that were positively affecting both patients and the staff. I love taking care of patients, but I found that I could spread a positive influence if I took care of the employees who were looking after the patients. I simply knew that I loved being a nurse. It was the second-best thing I ever did; the first one was being a dad. I just got excited about what I was doing as a nurse and a leader, and I still get excited about it!

Q: Considering your enthusiasm for the field, what do you think nursing needs to take on as significant challenges?

A: First, we see too many students completing undergraduate degrees in nursing who are not prepared to take care of patients in the hospital setting. Hospitals are spending millions of dollars every year educating these new nurses to get them ready for patients. That is a significant burden on the health system, but, as a profession, we are not tackling this problem sufficiently. Second, nursing is struggling to clearly articulate what it can reasonably do. You cannot be all things to all people. Nursing is slowly coming to the realization that is has to clearly assert what it can do with the money that is available. Like it or not, we have to acknowledge the financial aspect of this discussion. We spend more money on health care than any other industrialized nation, and the quality of the care we deliver is not as high as many of those countries. Nursing should be a contributor to policy discussions about our resources and how we use them, but it is a slowly evolving process.

Q: What does Harris do to address this?

A: When we get new employees fresh out of school, we spend a lot of time teaching these new nurses things like time management and assessment skills. What gets frustrating is if I, as a manager, have to put this new nurse in more follow-up training and testing. This is a big issue for us because there are not enough health care dollars but we still need to throw a lot of resources into first-year workplace training. We know that we have to do this, but it is probably not affordable in the long term.

Q: As a male with extensive experience in the field, what do you think makes the nursing arena particularly attractive for men?

A: First, let's realize that any man in nursing is probably going to work hard to demonstrate that he is caring and empathetic. But this is a field that is also high science and high finance. If you're an intelligent, gifted, hard-working person with a big heart who wants to make a difference in the world, then nursing is the job for you. You're not going to get rich, but every day you'll be able to go home knowing you made a difference. I have friends who are bankers and lawyers. They, of course, enjoy well-compensated lives, but very few of them can say on any given day that they personally touched a life in a way that made a difference. I've been able to say that for 25 years.

Q: It sounds like you are saying that going into nursing is a calling.

A: Exactly. For 25 years I have been appreciative that I have had the opportunity to do this. If you are selfless, you will be incredibly successful in this field.

He points out that with the American Association of Colleges of Nursing indicating there will be a nursing shortage well before 2030, men need to come into nursing. Men must consider how they will be meeting a great need, and finding rewarding work in the process, he says. Just like women saw potential for advancement and accomplishment in fields like the law and engineering, men need to do the same with nursing. "Richard Carmona was a nurse who progressed to being the surgeon general of the U.S. in 2002," he says, "and nurse William Pooley went to Sierra Leone to assist with Ebola, became infected, was successfully treated in the UK, and went back to help in Sierra Leone, advocating for more sustained international assistance." The point, Becerra says, is that nurses have a more extensive presence than at the bedside, and they can demonstrate how the field also provides leadership, which can be attractive to men looking to make a difference.


Luis Becerra

"What we need are more hard-working male nurses who, through their integrity, show other men that the field has progressed beyond the stereotype of the gentle female in the white uniform," he says. For example, there was a time when it was thought of as awkward, for both nurses and patients, if a male nurse was assisting in the gynecological arena. "But now I find that female patients are requesting certain male nurses," he says. "It appears to be happening because patients are picking up on the tendency for males to bring problem-solving orientations to nursing care, with just the right amount of empathy." Patients appreciate that frame of mind, he says, because they can see the nurse working actively on their behalf.

Becerra, as befits his love for educating, is considering advanced studies in pursuit of a PhD, while also entertaining new routes through which to educate others. "I eventually want to have a role in health administration, and perhaps become a politician," he says. "In those kind of roles I want to find more ways to enhance service to patients and improve health outcomes." Nurses, though, will always be front and center in his career; "I want to see us get, and keep, good nurses—it's important to work hard to get them what they need, and keep them happy," he says.

The nurse as a life-long leader

Mark Cole, 59, of Virginia Beach, is a nurse practitioner and hospitalist at the Sentara CarePlex Hospital in Hampton, VA. He is the only nurse hospitalist at that facility—10 physician colleagues are in the same role. In that position since 2007, he coordinates acute care with patients' primary care physicians and, as needed, arranges for appropriate follow-up care for discharged patients. "Although most hospitalists are physicians, nurses, with their broad education and extensive experience in how patients process through a hospital, are often ideal for fulfilling this role," he says. That's because nurses have more experience at the bedside (e.g., know how to complete a physician's order, and can come up with solutions to a faulty catheter) that are well-suited for the hospitalist position.

Cole, originally from Australia, completed his RN training in Sydney, then worked as a nurse in London, in both private and public health systems. He was recruited to the U.S., arriving at a community hospital in Passaic, NJ in 1982. "Although Australia is a wonderful, first-world nation, by my mid-20s I found it a bit isolated," he says. "I wanted to know what else was out there and I was attracted by American culture and the expansiveness of America." Across the years, as he progressed in his career, he became a U.S. citizen (while maintaining his Australian citizenship) and came to Virginia in 1994 as

a nursing supervisor. By 1999, he completed a master's degree at ODU to become a family nurse practitioner. Subsequently, he worked for a neurosurgeon in Virginia Beach and, as a guest lecturer, taught within the School of Nursing in ODU's distance learning program. More recently, he became a board member of the Virginia Council of Nurse Practitioners and is the state chairman of the council's government relations committee. He also serves as one of two nurse practitioners on the Sentara Medical Group's board of directors.

Cole's clinical experience and his expertise in policy areas has led him to this conclusion: Virginia has to better utilize nurse practitioners by removing unnecessary restrictions to their scope of practice, thus improving patient access to care. "One of our primary activities is reassuring physicians that our concern is increasing the availability of safe, effective providers of health care," he says. "There are 20 other states that have fewer restrictions on nurse practitioners, and they do not see physicians going broke, or witness downward trends in patient satisfaction scores." In fact, since 2012, Virginia has made some progress in this area by authorizing "minute" clinics (i.e., walk-in clinics in CVS stores) that are often staffed by nurse practitioners; physicians simply have to be a collaborator and not necessarily practice in these clinics. Cole says that this is one important step toward addressing concerns by some physicians that nurse practitioners are financial competitors who impinge on their turf. "Simply put, we need to get past this concern because there are not enough physicians in the marketplace, especially in primary care, to meet the needs of the baby boom generation," he says. Cole is hopeful that more progress will be made because nurses and physicians have more in common than they have differences; for example, both parties have worked together on malpractice reform.

Along this line, men are increasingly playing a vital role in advancing nursing's role in meeting today's challenges. Men are finding that nursing allows them the opportunity to work in many different arenas—clinical, educational, entrepreneurial, and policymaking—and they can do so within a very stable field. "Men may have tended to not think of nursing as an interesting field because it has, in the past, not been playing a significant role at the top administrative levels in health care," he says. But that is changing, says Cole, because there are an increasing number of nurses who are achieving advanced-level education, and are working collaboratively with physicians and other health professionals to advance research and practice. This is the right time for men to join the field and contribute to its momentum, says Cole, and he points to at least two reasons why. "Nurses are very highly rated by patients for our effectiveness and quality of care, and we're increasingly seen by policymakers and administrators as an effective resource for controlling the rising costs of American health care." With this statement, Cole echoes the observations of the other male nurses interviewed for this story: for men who care about making a difference to those they serve, the nursing profession looms as a field with immense potential, one that is being realized by increasing numbers of men each year.

> ***"This is the right time for men to join the field and contribute to its momentum."***
>
> ***— Mark Cole***

Mark Cole

Interprofessional Education Hits Its Stride at College of Health Sciences

Nursing Playing Vital Role

In today's complex medical arena, when patients may need multiple health procedures, it's not too hard to imagine that patients could encounter communication breakdowns among attending health professionals. For example, a nurse may be tracking problems with a patient's blood pressure, but that information doesn't get to a dental hygienist who will be doing extensive work to address that same patient's periodontal disease. Or a cancer patient, who is following strict dietary guidelines under a nutritionist's care, receives prescriptions from a physician or nurse practitioner that, in conjunction with the limited diet, severely weakens the patient.

Kimberly Adams Tufts

These kinds of scenarios, indeed, aren't hard to imagine, because they arise from very real dynamics in today's health care, says Kimberly Adams Tufts, assistant dean for interprofessional education (IPE) in ODU's College of Health Sciences. Steeped in both nursing practice and the field's scholarly literature, Tufts points out that, since at least the mid-1960s, studies have observed that communication between nurses and doctors has too often been stilted, incomplete, and "traditionally ineffective for good patient outcomes." Many of these communication breakdowns came from medical education that was "siloed": that is, education that was focused exclusively on the practices and procedures of a single field without incorporating interaction with other health practitioners.

"You can see the effects of siloing in something as simple as patient notes," Tufts says. "There are physical therapy notes, nursing notes, physician notes, and, even with this information available now on electronic health records (EHRs), there is concern about how well we, across professions, read and incorporate these observations into total care for the patient." In fact, difficulties with identifying the onset of the 2014 Ebola outbreak at Texas Presbyterian Hospital in the U.S. hinged on this very element. A chief clinical officer for the hospital's health system said the hospital's EHR system had to be "modified in multiple ways to increase the visibility and documentation of information" that needed sharing across professions.

Encouraging different health practitioners to communicate more effectively with each other rests on more than better technology; it is being propelled by several factors. Carolyn Rutledge, professor and director of the school's Doctor of Nursing Practice program, indicates that the momentum for IPE is substantial. For one, health professionals are finding that effective, cross-disciplinary efforts are key to better patient outcomes. Secondly, in an era when health providers increasingly receive "bundled" reimbursements for patient care (i.e., a set "cap" on payment per patient), providers need to "get the patient to the team of professionals who will help get the best results for that patient as quickly as possible," she says. Third, health care education programs now must include IPE in their curricula to meet accreditation, she says. For example, the Commission on Collegiate Nursing Education (CCNE), a national accreditor, updated its standards to emphasize the importance of IPE within curricula for master's-level nursing programs.

DNP students participate in interprofessional telehealth training.

"Frankly, treating a patient without interprofessional collaboration would be like a mechanic trying to fix a car without looking under the hood."

—Shannon Stone, graduate student

Not surprisingly, in 2011, the Interprofessional Education Collaborative (IPEC), a body comprising six health profession associations, identified four key competencies that serve as a focus for IPE: 1) an ethic of working in common for the benefit of the patient; 2) a better understanding of the multiple roles and responsibilities involved in patient care; 3) effective communication between the various health care professionals; and 4) an ability to work in teams.

IPE in the classroom

The IPEC and CCNE efforts contribute to a sense of urgency about more fully realizing IPE in the classroom, says Tufts. Those bodies have advocated IPE because they are convinced by evidence that indicates a mutual-learning environment is a sound road toward quality, affordable and effective health care. "If you're learning about, from, and with other health care professionals, you find out more about each profession's value in the context of providing better health outcomes," she says. "When we learn from each other, we make greater strides toward improved patient outcomes."

Graduate-level studies in nursing at ODU are incorporating more IPE, said Rebecca Deal Poston, assistant professor in nursing and past chair of the College of Health Sciences' IPE task force. As a member of the group, she was intimately involved in brainstorming what IPE looks like in the classroom, where IPE could be introduced in the curricula, and where resources could be found. Poston, who teaches at the graduate level, said that nurses are especially qualified to articulate how IPE works in the classroom. "We understand, and engage with, interprofessional competencies and ideas consistently," she says. "As advanced practice nurses, we're very good at understanding what other professions bring to the table, and how to access and utilize their skill sets to get the best outcomes for patients." But the IPE concept is much bigger than a nurse understanding when to bring in an occupational therapist or identifying the need to consult with a dental hygienist, she says. Instead, it's knowing how to work with other professionals from the outset so that very challenging medical issues can be successfully addressed within a complex health care environment. A wide variety of patients, some of them with complicated, chronic needs, are attempting to get effective care from within a sometimes overly-bureaucratic health care marketplace, she says. IPE for advanced-level nurses must emphasize the importance of "an ethical environment of care embraced at the beginning by all the professions" who converge on assisting the patient, she says.

Poston maintains that it is crucial for nurses in the school's graduate program to see IP demonstrated in their course

work, because it is often problematic to witness it in the workplace. “In my clinical practice, sometimes there are simply logistical hurdles to work through,” she says. “For example, at my practice we are attempting to set up an interprofessional clinic for patients with chronic conditions—and that calls for dealing with the challenges of getting multiple schedules to align and trying to figure out who gets reimbursements for patient visits.”

These kinds of questions only come further to the fore as the school works to bring clinical partners into the interprofessional curriculum development. For example, the College of Health Sciences has an IPE standing committee that includes representatives from ODU’s schools of education and business, and representatives from Sentara Health Care system and the Children’s Hospital of The King’s Daughters.

“We are focused on getting our clinical partners involved in the development of IPE,” says Poston. “I’m big on this because I come from a clinical and educational experience that emphasized working and learning with others.” She emphasizes that clinical partners and School of Nursing faculty, in a mutual-learning environment, work toward the common goal of imparting to all health care team members that they have a professional voice. Granted, students will encounter preceptors who have, at times, been enculturated to value hierarchy over voice. “There are no easy answers for this reality,” she says. “But ethics education should have a crucial role in helping nurses develop and assert their voice in the service of their patients.”

Shannon Stone, 24, an ODU physical therapy graduate student and a member of the IPE standing committee, agrees that IPE is crucial in advanced-level classes. “From my experience in an inpatient/acute care setting, I noticed many times when patient care could have been enhanced if health care workers had a better background in IPE,” she says. “Frankly, treating a patient without interprofessional collaboration would be like a mechanic trying to fix a car without looking under the hood.”

To foster better awareness of the need for collaboration, Poston is developing online modules for incorporation into existing classes that focus on the ethics of interprofessional practice. These modules, which center on interaction with an online virtual patient, allow students to put into place various interprofessional approaches. For example, said Poston, students will be exposed to professional codes of conduct and then will be asked to compare those codes to their own personal values. Then, they will also view fellow students’ statements of values and then be tasked with articulating how they would resolve differences with these peers. The

next step, says Poston, is developing a graduate-level interprofessional course by late 2016.

IPE and research

Rutledge, who has worked as a nurse at Eastern Virginia Medical School (EVMS) since 1988, has long been interested in interprofessional approaches—in fact, it drove her pursuit of a doctorate in health services research. In the course of her doctoral work, she also pursued studies in industrial and organizational psychology, immersing herself in the study of how to get people to move beyond hierarchy and improve their collaborative efforts. With three recent grants from the Health Resources and Services Administration (HRSA) that, together, total over $4 million, she is working on projects that focus on a major question: What can be done to make health care providers more accessible to rural and underserved communities? Rutledge’s work investigates how technology (known as “telehealth”) coupled with interprofessional approaches can help address this need. For example, a 10-year-old boy comes into a rural facility with a head injury. “More than likely, this patient will meet with a nurse, but the nurse needs to be able to, in this case, consult with a pediatric neurologist,” she says. Transporting this patient a long distance to the neurologist’s facility may not be best. Instead, the nurse, along with the patient, can consult with the neurologist via teleconferencing.

For one HRSA grant project, Rutledge combines education and technology to encourage students to pursue interprofessional problem-solving within simulated patient

care scenarios. EVMS medical students work with students in nursing, speech therapy, and athletic training to address the needs of virtual patients—some military veterans, others pediatric—with multiple chronic conditions. Again, videoconferencing is crucial as the student team uses telehealth to, for example, measure blood sugar and listen to the heart. "Their interaction with the patient starts as a daylong workshop," says Rutledge. "Then, over several weeks, the team develops a smartphone application or a website that will help address each patient's recurring needs." Rutledge stresses that this approach is about more than the technology. After they develop new online tools, the teams are required to pursue service learning, bringing their new tools, and understandings, to such places as the Hampton VA Medical Center, and the Barry Robinson Center in Norfolk (a residential treatment center for boys and girls).

Rutledge is also involved in another project targeted toward an underserved population: caregivers for elderly, homebound dementia patients. Working with other nursing faculty, she is testing how an online virtual health care neighborhood—a support network that includes nurses, dental hygienists, physical therapists, and clinical counselors—can help the effectiveness of these caregivers. This heath care team develops the content, providing holistic care information such as good oral health hygiene and the importance of exercise. Rutledge indicated that initial evaluations of this interprofessional approach reveal that caregivers who are part of this virtual neighborhood report higher self-efficacy scores than those from a control group who did not have such access. Additionally, says Rutledge, from a pedagogical viewpoint, the project also "teaches teams how to anticipate the needs of patients they don't see face to face, and it fosters comfort with a technology that allows them to collaborate more successfully in reaching out to underserved populations."

What's ahead for IPE

Poston says that IPE efforts will expand because the health care arena is intent on identifying and preventing errors, and that nurses will be at the forefront of this movement. "All the professional health care associations say interprofessionalism is a part of their core competencies," she says. "Since nurses' approach and training is holistic—we think beyond diagnosis toward the whole health context of the patient—we are, and will continue to be, leaders in IPE."

As Poston develops IPE curricula at the graduate level, the IPE standing committee will emphasize IPE throughout the College of Health Sciences. The committee wants to promote a cultural shift among both faculty and students by promoting interprofessional activities and accomplishments, and fostering further interprofessional curricula development. Ultimately, the committee wants to establish a center for IPE, a place that provides resources, houses an IPE research institute and offers summer fellowships to students. To extend interest and awareness, the committee plans to build on its first IPE day held in April 2015. That event, attended by a combined 250 students and faculty, featured presentations on the potential of interprofessionalism. Awards for project proposals designed to enhance IPE were also presented to faculty members Christianne Fowler and Tina Haney, and student Cheresa Wiggins.

Rutledge sees that ODU will continue to have a prominent role in IPE efforts that embrace technology. A three-year, $2.1 million HRSA grant received by Rutledge on July 1, 2015, will support a project to build a telehealth network between ODU's School of Nursing, the University of Virginia Center for Telehealth, and community partners/preceptor sites. This network will recruit and train about 48 preceptors (or instructors) who will teach at least 90 advanced practice nurse students over a three-year period. The goals is to increase the number of APNs in rural and underserved areas of Virginia. "UVA has the telehealth structure," she says, "but ODU has the nursing student population in the distance environment that can help make interprofessional outreach to those communities a reality."

Tufts indicates that, over time, IPE will take on a more prominent role in undergraduate studies. It's important to expose students to IPE early in their studies, she says, before the students completely formulate a professional identity that "my way" is the best way to look at health care challenges. "Moving IPE widely into undergraduate education takes a little time because, to get IPE right, one must move from a vision, to a guiding policy, and then to benchmarks for education," she says. "The vision is clear, the policy is shaping, and the education is quickly following."

As the details continue to take shape, Poston sees that "ODU can become a shining light for realizing IPE across the health professions." Moreover, she says, the students will be the best advocates, because, as graduates newly in the workplace, "They will come to their work settings with this team orientation already in place—acting as change agents who offer ethical leadership at the bedside."

"Since nurses' approach and training is holistic—we think beyond diagnosis toward the whole health context of the patient—we are, and will continue to be, leaders in IPE."

—Carolyn Rutledge, Director, DNP program

Nurses Plunge Into Policy Arena to Advocate for Improved Patient Care

Picture this:
You are a working nurse who has been offered the opportunity to sit down with a legislative aide on Capitol Hill.
You have a limited amount of time to get your message across.
Considering the many issues in health care, what should be your focus?

For nurse practitioner Melissa Legowski, a doctor of nursing practice (DNP) student at ODU, the answer was obvious. She knew legislators were on a tight deadline for inserting items in an appropriation bill. She looked at the aide and said, "Title VIII funding helped me to achieve my bachelor's degree in nursing. This funding is important for helping other students get their feet in the door and start the process of becoming a nurse who can especially be available in underserved areas. We'd like the member's support for Title VIII funds."

Legowski's effort is indicative of an increasing awareness that nurses need to be more involved in health care policy-making. For example, some 100 miles away, in Virginia's General Assembly, four physicians serve as legislators, but only one nurse serves as a legislator. Not surprisingly, when health policy items are identified, discussed, and voted on in that body, they tend to be framed through the expertise of physicians. Carolyn Rutledge, professor and director of the School of Nursing's DNP program, points out that this physician-oriented perspective may actually be adversely affecting patient access to health care. Consider, for example, the existing law that nurse practitioners need to be supervised by physicians. Such an approach can actually lower access to health care in rural areas, where there may be few physicians. Instead, says Rutledge, "collaboration between physicians and nurse practitioners—rather than supervision by physicians—can open up the structure more effectively and provide more access to patients in underserved, remote areas." Clearly, nurses are seeing the need to become more involved in policymaking at both the federal and state levels.


Melissa Legowski

Policy as maturation

When you're 37, with family responsibilities, and pursuing your doctorate full time, can you find more opportunities to pursue your passion for the field? For Melissa Legowski of Hampton, VA, the answer was a resounding "yes." She had increasingly become intrigued with the arena of health policy, especially the enhancement of health services to underserved populations. "In my first years in nursing, I felt like just doing my job was fine," she says. However, as she finished her master's in nursing, she realized there were opportunities to speak out about health policy, "so why not go and do what they are teaching me to do?" she says.

Legowski, who began studies in Old Dominion's DNP program in January 2015, is an example of the nurse who keeps looking for more knowledge and challenges. Since 2007, she finished her BSN degree at East Carolina University and graduated from the women's health nurse practitioner program at ODU. During those years, she worked in medical surgery, then labor and delivery, then at a women's health clinic. Most recently, she passed her nurse practitioner board exams.

In late March 2015, she attended the American Association of Colleges of Nursing (AACN) Policy Summit in Washington, D.C. Over the course of several days, she listened to presentations, met with fellow nurses from around the country, and visited congressional offices. "We were advocating for increased Title VIII funding, continued federal funds support for nursing research, and for the increased autonomy of nurse practitioners," she says. Title VIII funding is particularly important for supporting efforts to produce graduates who can work with rural and underserved populations. She also advocated for nurse practitioner autonomy for the same reason: There are shortages of physicians in remote locations and nurse practitioners need the independence to serve those communities adequately. "Nurse practitioners need to work without having their hands tied," she says. "The law should be changed so that these nurses can be collaborators with physicians but not necessarily be limited to physician oversight."

Legowski's early experiences at the AACN Policy Summit and in the DNP program have only furthered her desire to develop more influence as a nurse. "We are held in good esteem in society, yet we miss too many opportunities to make our voices heard," she says. Her doctorate-level study has spurred her to get involved in policy because she realized two things: 1) nurses have power and influence in the workplace and society, and 2) she, like many nurses, doesn't understand enough about how policy works. "I've decided to plunge into this earlier rather than later," she says. For Legowski, ignorance about policy is not a comforting thought because it allows others to speak for nurses. "We shouldn't let someone else chart the course while we ride in the back seat with our eyes closed," she says.

She understands how, for nurses, moving into the policy arena can be challenging. "I didn't even have time to think about what policy was before entering the DNP program," she says. "But, on the very first day of my first DNP class, my eyes were opened to the question of what I can do to make a difference; I am already getting the information and confidence to get into the action of the policy arena."

Policy as administration

Much like Legowski, Dawn Adams, a 2013 graduate of the DNP program, has already broadened her horizons by getting involved in policy. Adams, 50, of Richmond, VA became the director of health services for Virginia's Department of Behavioral Health and Developmental Services in 2014. A nurse practitioner since 1999, she went into the DNP program full time while also working full time as a hospitalist at Southside Regional in Petersburg, VA. She found that balancing this workload was the toughest thing that she had ever done, but also put her through a transformational experience. "When you work a job as intense as a hospitalist, and put your heart and soul into it, taking DNP studies only added to the intensity," she says. "I found my own voice; I had to push myself mentally, emotionally, and physically and, in the process, pushed past some limiting beliefs and gained more confidence."

Six months after graduation, she quit her job at Southside Regional, preparing to teach a health policy class for the DNP program at ODU. She called nursing leaders at nonprofits and consulting firms and, through those contacts, started attending General Assembly sessions in 2014. In between committee sessions, she met the assistant commissioner for developmental services; he


Dawn Adams

asked if she had ever thought about working for the state (she said no). However, several follow-up meetings piqued her interest, leading to her successful application for the director of health services position. “They knew they needed someone in health care, and they knew they needed a nurse, but they didn’t have the position well-defined,” she says. “So, after getting settled in, I molded it into something more.”

Her first priority is devising approaches to satisfy a 2012 settlement with the Department of Justice that called for the state to provide adequate health support to those with intellectual and developmental disabilities (IDD). Adams is assisting in the creation of a Developmental Disabilities Health Support Network (DDHSN) which will bring health service to IDD individuals in their family homes, or in sponsored homes or group homes. The intent behind DDHSN, she says, is to avoid “medicalizing” these individuals and, instead, facilitate their participation in the wider community. She is developing changes for preadmission screening at skilled nursing facilities so that the state isn’t institutionalizing people with IDD and short-term rehabilitation needs. Moreover, she says, nurses “are the holistic providers/facilitators,” at the crux of the DDHSN. “They are the coordinators for nutrition and exercise, and medical and dental care,” she says. One of the challenges, however, is getting that word out in communities. To that end, Adams indicates she is also creating of a reference guide for IDD patients so that “no one has to search so hard to find somebody that can help.”

Policy as advocacy

Rebecca Bates, 41, of Leesburg, VA, was encouraged by her mother to get into nursing while she was still in high school. However, she originally was focused on being a college professor, and completed an undergraduate degree in English literature, with a minor in biology. Her next step in pursuit of an academic career involved going to graduate school, which entailed a 100-mile round trip to her university. Her friends noted the amount of time and effort it took for her graduate studies and encouraged her to think about building on her interest in biology by going to a nearby program in nursing. She took that step and, in the course of her first classes, she found that nursing was her passion, especially the idea that nurses could work to help promote wellness, prevent disease, and empower people for better lives.

Married to an active-duty serviceman, she and their four children (ages 6 to 15) have traveled to numerous duty stations around the world. She’s worked in internal medicine, student health services, family practice, and now works at a free clinic. She graduated from Saint Louis University’s nurse practitioner online program in 2009 and received her DNP from ODU in May 2015.

Bates was drawn to the DNP program at ODU because it appealed to her interest in how health care can promote social justice. Working in private practice, she often found herself frustrated by a system that was not providing adequate care for Medicare/Medicaid and uninsured patients. “There are only so many people who can provide pro bono work and it can be very difficult to find a specialist providing such cost-free services, especially if the patient needs to see someone quickly for an acute problem,” she says. She indicates that, too often, she had to send these vulnerable patients to the hospital emergency room, something she sees that needs to be changed. “I was drawn by the program’s emphasis on nurses identifying what they can do to have a positive impact in the community where they live,” she says. “I found that this program is a great place to work on the subject of reducing health disparities and to attempt to change the world for the better.”

In fact, Bates points to Adams’ DNP class on policy as particularly inspirational—it helped her see more clearly “the power nurses have as leaders in health care to influence policy from the local level on up to the international arena,” she says. Bates received similar encouragement from a 2014 Virginia Nurse Advocate Health Policy Fellowship. The award led to almost 300 hours of health policy experience at the Virginia General Assembly from November 2014 through the end of the Virginia legislative session in March 2015, accompanied with a $1,000 stipend. Throughout her fellowship she spent one day a week in Richmond doing advocacy work

Rebecca Bates

by attending health education committee meetings, visiting with legislators and legislative aides, and attending health advocacy group meetings. With the guidance of Becky Bowers-Lanier, of B2L Consulting, Bates says, "I learned how to be an advocate, who to build relationships with, and how to do that, and what other groups are involved in the health care advocacy effort." Bates says that the most important lessons she learned from the experience were a deeper perspective on how nurses have valuable contributions, ideas, and innovations to share with policy-makers, and that legislators really do want to hear from their constituents.

Bates has been particularly focused on improving access to mental health services in Virginia. The National Alliance on Mental Illness says that about 25 percent of Americans experience a bout of mental illness in any given year. Furthermore, says Bates, the need for enhanced access to mental health care was dramatized to Virginians in November 2012 when state Sen. Creigh Deeds was attacked by his mentally ill son, Gus. A subsequent investigation found that Gus Deeds was not able to readily get residential treatment. "I am particularly concerned about those people who have no place for inpatient treatment, and who lack access to providers, perhaps because they have no insurance, or simply aren't aware of where services are available," she says. In the course of her fellowship, she felt encouraged by the opportunity to work with several people—including the Virginia state health commissioner, the deputy secretary for health and human services, the executive director of the Virginia Board of Nursing, and the coalition Healthcare for All Virginians—who shared her concern for better health care access for vulnerable populations.

Looking ahead in health care policy

"I see the pursuit of good health as both a human right and a social-politico movement" that needs state-supported infrastructure, says Adams. To that end, she sees her role as being a knowledge broker. "Politics and policy are based on relationships," she says. "So, having information is fine, but sharing it in useful, constructive ways is essential." She sees a need for continually focusing the conversations with legislators on "who the Department of Behavioral Health and Developmental Services serve, and the extraordinary expertise of the health professionals that assist IDD individuals."

Looking ahead, she sees access to care as a significant concern. For example, conversations in Virginia's General Assembly need to acknowledge more fully that high-level medical care goes beyond physicians to also include, for example, advanced practice nurses. "The state can't afford to miss out on nurse practitioners as a valuable source for those regions where physicians are not available," she says. "As the largest body of health care professionals, we have the obligation to speak up, so that we don't miss the opportunity to care for these underserved citizens."

Speaking up can be a daunting task, says Bates, because a big hurdle for making changes in health policy is partisan politics, which, to her, appears to take precedence over evidence. She finds that dynamic particularly challenging in a state which won't expand Medicaid coverage. As a nurse practitioner, Bates uses evidence-based practice; that is, she looks at the facts to determine a course of care for the patient. "I can, and do, tell the story of a working mother who has coverage for her kids under Medicaid, but makes too much for such coverage for herself," she says, her voice cracking. "What am I supposed to do when she needs brain scans because she has a brain tumor?" The point, she says, is to take the discussion out of the political realm and move it more to the arena of people's stories. "If, when I tell this mother's story, I can help improve the odds of access to health care for her, and others in her situation, then I am doing my job," she says. "And, if we can encourage all 3 million nurses in the U.S. to each tell at least one story of one patient who would benefit from a health policy change, like improved access to care and improved Medicare and Medicaid, we would be helping health care move from treatment to health promotion and disease prevention." The story behind the story, she says, is that health care should be a right for all.

Legowski sees that perceived lack of time is one of the big challenges that will continue for nurses getting involved in policy. Nurses are very busy, she says, and "When they have a break from their workload, will they be thinking of how they can affect changes in policy?" There may also be resistance about changes in policy, both from within nursing and without, because of a desire to uphold the status quo in the name of preserving patient safety. Finally, it can simply be intimidating to step out from the daily environs and meet policymakers. To combat this, Legowski says that being prepared, but not overly so, is a good place to begin. "What I learned is that a nurse can get involved in policy, especially if you realize that you don't have to be perfect," she says. "For example, you have to have your facts straight, but memorizing every particular detail is not what this is about."

Still, Legowski cautions that if nurses are not in the policy discussion, the profession is letting someone else make decisions for it. To assert itself, the field must continue encouraging a wide range of nurses to get involved. "One nurse can't make all the contacts and go to all the meetings to speak for all of nursing," she says. "We need many of us to join together to speak effectively for all of us."

For her part, Legowski is committed to finding ways in the policy arena to facilitate connections between vulnerable populations and health professionals. She has a very personal motivation. Her Korean mother, who was leery of American/western health care, died of cancer. Legowski says that her mother showed every sign of being within a vulnerable population. "She had health insurance," she says, "but she didn't trust the medical community, and therefore, didn't pursue medical help." Inspired by her mother's case, Legowski wants to minimize barriers between patients and health professionals—whether the barriers are within the patient, the health care worker, or within the health care structure. "I want to jump into the health care policy arena to learn how to make a difference for those who are vulnerable," she says.

Adams has every reason to believe that a novice like Legowski can be an important player in the realm of health care legislation. "It's interesting how few people really make policy at the state government level," says Adams. "One person's voice can make a difference because, sometimes, only a handful of voices lead to change in a state policy."

In Memoriam 2015

Remembering our classmates, colleagues, former faculty and friends

Helen Carole Forbes DeBerry (BSN '92)

James E. Hayford (BSN '80)

Frances A. King (BSN '84) (deceased in 2013)

Margurite (Margie) Lynne Scheurich Langlands (BSN '85)

Michele Lunde (MSN '10)

Linda Sue Sigler (BSN '99)

Mary A. Steigelman (BSN '83)

Teresa M. Valasek (MSN '96)

Helen Yura Petro

Just as this magazine was going into production, we learned of the death of Helen Yura Petro, Eminent Professor Emeritus, on October 12, 2015 after a brave battle against breast cancer. Please watch for a special tribute to Helen in the 2016 issue of ODU Nursing.

Faculty Scholarship

Achievements from May 1, 2014 - April 30, 2015

Refereed Publications

Fowler, C., Haney, T.S., Rutledge, C.M. (2014). An interprofessional virtual healthcare neighborhood (VHN) for caregivers of elderly with dementia. *The Journal for Nurse Practitioners,* 10(10), 829-834. DOI: 10.1016/j.nurpra.2014.08.012t.

Gray, D., Rutledge, C.M. (2014). Using new communication technologies: An educational strategy fostering collaboration and telehealth skills in nurse practitioners. *The Journal for Nurse Practitioners,* 10(10), 840-844. DOI: 10.1016/j.nupra.2014.06.018.

Haney, T. S., Kott, K. (2014). Sleep problems in children: An under evaluated factor of negative behavior. *Journal of Psychosocial Nursing and Mental Health,* 52(10), 27-32.

Johnson, K., Fowler, C., Lemaster, M., & Kott, K. (2014). Perceptions of the counseling profession: From health science graduate faculty and students. *Journal of Behavioral and Social Sciences,* 1 (1), 25-39.

Rutledge, C.M., Haney, T., Bordelon, M., Renaud. M., Fowler, C. (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.

Sharp, P.B., Newberry, L.W., Fleishauer, M. & Doucette, J. (2014). High-fidelity simulation and its nursing impact in the acute care setting. *Nursing Management,* 45(7), 32-39.

Trent, C.A., Zimbro, K.S., Rutledge C.M. (2014). Barriers in asthma care for pediatric patients in primary care. *Journal of Pediatric Health Care.* DOI: http://dx.doi.org/10.1016/j.pedhc.2014.07.002

Wiles, L. L. (2015). Why can't I pass these exams? Providing individualized feedback for nursing students. *Journal of Nursing Education,* 54 (3), 55-58.

Wiles, L. L., Roberts, C. W., & Schmidt, K. L. (2015). Keep it clean: A visual approach to reinforce hand hygiene compliance in the emergency department. *Journal of Emergency Nursing,* 41(2) 119-124.

Wiles, L.L., Rose, D., Swift, D, & Curry-Lourenco, K. (2014). Bringing learning to light: Innovative instructional strategies for teaching infection control to nursing students. *Nursing Education Perspectives.* DOI: 10.5480/12/977-1.

Books & Book Chapters

Forbus, S. (2015). Maternal and Obstetric Disorders. In Harding, M., & Snyder, J., *Winningham's Critical Thinking Cases in Nursing: Medical-Surgical, Pediatric, Maternity, and Psychiatric* (6th Ed.). St. Louis, MO: Elsevier Mosby.

Rutledge, C.M., Haney. T., Fowler, C. (2014). Transforming clinical practice. In Korniewic, D. (Ed.), *Essential Leadership for Advanced Practice Professionals.* DEStech Publications Inc.

Publications: Editorials/Newsletters

Haney, T., Sharp, P., & Rutledge, C. (2015, February). Opportunities abound for clinical nurse specialists. *Virginia Nurse Today,* 23(1).

Podium Presentations

Gillikin, K. (March 21, 2015). *Moving to the Doctorate of Nursing Practice degree.* VANA/ODU Clinical Faculty Workshop. Virginia Beach, VA.

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

Haney, T., Poston, R., Cajares, C., Fowler, C., Johnson, K., Kott, K., Lemaster, M., Rutledge, C. (April 2015). *Leadership: A workshop for developing excellence in leading healthcare initiatives, change and interprofessional teams.* Emswiller Interprofessional Conference, Richmond, VA.

Hartgerink, A. (March 2015). *Enhancing the role of clinical instructor.* Virginia Association of Nurse Anesthetist's Clinical Preceptor Workshop, Norfolk,VA.

Hartgerink, A. (March 2015). *Navigating clinical expectations.* Diversity in Anesthesia Workshop, University of Tennessee at Chattanooga.

Hartgerink, A. (September/October 2014). *Substance abuse in anesthesia: It's more common than you think.* Missouri Association of Nurse Anesthetists Meeting, Branson, MO; Virginia Association of Nurse Anesthetist's Meeting, Tyson's Corner, VA.

Hartgerink, A. (September/October 2014). *Name that cause: Differential diagnosis for anesthesia crisis management.* Missouri Association of Nurse Anesthetists Meeting, Branson, MO/Virginia Association of Nurse Anesthetist's Meeting, Tyson's Corner, VA.

Hawkins, J. E., Johnston, M. (February 7, 2015). *RN'dless possibilities: Nurses make a difference–military nursing.* Virginia Student Nurses Association Annual Convention, University of Virginia.

Hawkins, J. E. (December 3, 2014). *The influence of culture on health around the world.* Global Certificate Program, Old Dominion University, Norfolk, VA.

Johnson, K.F., Fowler, C., Kott, K, Lemaster, M., Haney, T., Rutledge, C. (February 2015). *Creating a shared language amongst health professions using the IPEC competencies: Reflections from nursing, dental hygiene, physical therapy, & counseling graduate students.* American Association of Behavioral and Social Sciences Annual Conference, Las Vegas, NV.

Rose,D. (November 20-22, 2014). *The Entertainer: Innovative teaching strategies for today's diverse nursing students.* AACN 2014 Baccalaureate Education Conference, Baltimore, MD.

Rutledge, C.M. (April 3-6, 2014). *Interprofessional perspectives and technology for NP education & practice.* National Organization of Nurse Practitioner Faculty 40th Annual Meeting, Denver, CO.

Rutledge, CM, Haney T. (January 29-31, 2015). *Breaking down professional silos: Overcoming interpersonal and intrapersonal barriers to interprofessional education and collaboration.* AACN 2015 Doctoral Education Conference, San Diego, CA.

Rutledge, C., Haney, T., Fowler, C. (April 2015). *Preparing NP students for excellence as providers, leaders, and change agents.* National Association of Nurse Practitioners, Baltimore MD.

Mishoe, S.C., Benjamin, R., Poston, R., Blando, J., Bobzien, J., Clairborne, D., De Leo,G., Grisetti, G., Kott, K., Najand, M. (October 2014). *A College of Health Sciences strategy to advance IPE/IPP in health sciences, public health and nursing.* Annual Meeting of Association of Allied Health Professions.

Sump, C., Hawkins, J. E., (November 21, 2014). *Key ingredients for a successful global health study abroad: A recipe for nurse educators.* AACN Baccalaureate Education Conference, Baltimore, MD.

White, L., Hawkins, J. E., Waters, S. M. (March 20, 2015). *Enriching the advising experience: Predict, plan, graduate!* NACADA, Richmond, VA.

White, L., Ferrara, K., Hawkins, J. E. (October 30, 2014). *From parallel planning to Finish in 4.* ODAN Fall Advising Conference, Old Dominion University, Norfolk, VA.

Wiles, L.L., Isibel, D. & Benfield, S. (November 2014). *Leaders emerging from disaster: Integrating leadership skills and disaster preparedness using clinical simulation.* AACN Baccalaureate Education Conference, Baltimore, MD.

Wiles, L. L., Sechrist, S., Ulmer, L. & Pickering, J.W. (May 2014). *Idea fusion: ePortfolios in health sciences.* ODU Center for Learning and Teaching Faculty Summer Institute. Norfolk, VA.

Wiles, L. L., Sechrist, S., Ulmer, L. & Pickering, J.W. (May 2014). *Using ePortfolios to enhance integrative learning among students.* ODU Center for Learning and Teaching Faculty Summer Institute, Norfolk, VA.

Wiles. L. L., (May 2014). *Unleashing nursing passion: A day in the life of an educator* (panel presenter). Sentara Medical Surgical Symposium, Norfolk, VA.

Presentations (posters)

Fowler, C., Gupta, A., Hoquee, K., Kott, K., Lemaster, M., Rutledge, C. (March 2015). *A virtual healthcare neighborhood: Providing support for dementia caregivers.* Mid-Atlantic Telehealth Resource Center Summit. White Sulphur Springs, WV.

Gillikin, K. and Apatov, N. (2014). *The effectiveness of an anesthesia hand-off tool: An electronic health record application to enhance patient safety.* VANA Fall Conference, McLean, VA.

Gillikin, K. and Apatov, N. (2014). *The effectiveness of an anesthesia hand-off tool: An electronic health record application to enhance patient safety.* AANA Nurse Anesthesia Annual Congress, Orlando, FL.

Gray, D.C. (March, 2015). *Fostering telehealth skills and use of new communication technologies.* Mid-Atlantic Telehealth Resource Center Summit, White Sulphur Springs, WV.

Gray, D.C., Rutledge, C.M. (March 2015). *Preparing doctors of nursing practice in the use of technology to collaborate at a distance.* Mid-Atlantic Telehealth Resource Center Summit, White Sulphur Springs, WV.

Haney, T., Fowler, C., Rutledge, C. (October 2014). *Preparing the CNS for interprofessional care across borders.* International Society for Clinical Nurse Specialist Education, Vancouver British Columbia.

Haney, TS, Rutledge, C. (March 2015). *Preparing interprofessional teams to utilize telehealth technologies to enhance geriatric palliative care.* Mid-Atlantic Telehealth Resource Center Summit, White Sulphur Springs, WV.

Newberry, L.W., Sharp, P.B., & Doucette, J. (October 12-16, 2014). *Effect of high fidelity simulation on work satisfaction, self-confidence, and satisfaction in learning among nurses in the acute care inpatient setting: A research study.* Nursing Management Congress 2014 Conference, Las Vegas, NV.

Faculty Scholarship

Achievements from May 1, 2014 - April 30, 2015

Poston, R.D. (October 2014). *Parent and provider experiences of informed consent and assent in oncology research.* American Society of Bioethics and Humanities Annual Conference, San Diego, CA.

Sharp, P.B., Newberry, L.W., Fleishauer, M., & Doucette, J. (May, 2014). *Effect of high fidelity simulation on work satisfaction, self-confidence, and satisfaction in learning among nurses in the acute care inpatient setting: A research study.* American Nurses Credentialing Center Pathway to Excellence National Conference, San Antonio, TX.

Sharp, P.B., Newberry, L.W., Fleishauer, M., & Doucette, J. (June 2014). *Effect of high fidelity simulation on work satisfaction, self-confidence, and satisfaction in learning among nurses in the acute care inpatient setting: A research study.* International Nursing Association for Clinical Simulation and Learning 13th annual International Nursing Simulation/Learning Resource Centers Conference, Lake Buena Vista, FL.

Sump, C. (November 2014). *Patient safety initiative: Student nurse clinical handover education.* 4th National Patient Safety Conference, Dublin, Ireland.

Grants

Rutledge, C., Haney, T., Kott, K., Johnson, K., Poston, R., Britton, B., Richels, C., & Sharp, P.B. *Interprofessional Education for Advanced Practice Nurses.* Sponsored by Department of Health and Human Services, Health Resources Service Administration, Advanced Practice Nursing Program, $1,209,945 (Sept 2014–August 2017).

Hawkins, J., Sump, C., Gray, D., & Stull, S. *Service-Learning Instructional Mini-Grant Award for Interprofessional Health Science Global Education.* Sponsored by Old Dominion University, $1,000.00 (December 1, 2014–May 31, 2015).

Haney, T., Kott, K., & Rutledge, R. *Correlating Sleep and Daytime Behaviors in Children Residing at a Mental Health Residential Treatment Facility.* Sponsored by Barry Robinson Center Foundation, $10,000 (April 2015–April 2016).

Donor Acknowledgment

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Braun Family Endows Barbie Morgan Scholarship for CRNA Students

Fund Honors Memory of Aspiring Nurse

In 2013, on the day Cary Braun graduated from ODU's nurse anesthetist program, she had, yet again, another reminder of Barbie Morgan, her cousin who had meant so much to her, and who had died years ago as a teenager. "The day I graduated from nursing school, Barbie's mom found an essay that Barbie had written in the sixth grade," says Cary. "It was a description of all the qualities—the sense of dedication and helpfulness to others—it took to be a good nurse." The discovery of that essay heightened for Cary the importance that Barbie put on wanting to help others. In late December 2014, certified registered nurse anesthetist (CRNA) Cary Braun, 33, and her husband Jacob Braun, 36, of Virginia Beach established a $25,000 endowed scholarship for senior-year nurse anesthesia students in memory of Barbie, who had died unexpectedly in 1998 at the age of 16.

Cary had always wanted to honor her cousin; born only two months apart, they had been very close throughout their lives. "It seemed that the best way to hold up her memory was to give back to the CRNA program, whose faculty did so much to help us through my studies," she says. Jacob, who has a master's degree in engineering management through ODU, said that it was an easy decision. "There is an emotion that comes to Cary's face when she talks about Barbie, especially when she shares with me how something she witnessed—whether with our son, or simply something she saw in a movie—relates to her cousin," he says. "It is obvious they were not only cousins, but good friends." Both agreed, without a moment's doubt, that donating to the university, and the nurse anesthetist program in particular, was a fitting way to pay tribute to Barbie.

Cary works as a CRNA at Atlantic Anesthesia of Virginia Beach; Jacob, a 15-year Navy officer, is the executive officer on the U.S.S. San Jacinto. Sitting in their farm home on 15 acres in the Pungo area of Virginia Beach, the Braun house is notable for a nearby stable of horses, three which Cary owns. In fact, outside of her work and her family, horses are a central passion in Cary's life. She grew up riding them, receiving her first pony when she was 2. Her enthusiasm for her job is also clear; she says she is gratified that she can put into place at work each day the lessons she learned in her program at ODU. "Moreover, I enjoy the interactions with the patients, and the variety of the surgeries that we are involved with means that you have to use your brain all the time," she says.

Of course, their farm life also keeps them both busy. Jacob, a child of suburbia, finds that the adjustments to their rural setting are not onerous, though he marvels at the extent of his wife's commitment. "She'll mention to me that there's something magical and calming about shoveling out horse waste in the morning and I'll think she's a bit crazy," he laughs. "But, I can see how that physical commitment to this place allows her to feel that way." He allows that there is something soothing about their spread, especially as he makes plans to get Luke comfortable with a soccer ball. "I can envision the both of us sprinting in the empty horse paddocks—that will definitely be good for the both of us," he says.

While their lives appear idyllic now, the Brauns faced some challenges while Cary completed her studies at ODU. In fact, they got married and had Luke while Cary was in the program. "The studies are challenging enough, and with these other events, it could seem overwhelming at times," she says. "But we received so much support from the nursing faculty—they were there for us, no matter what."

Cary gave birth to Luke four months before she graduated, while Jacob was often away from home for long stretches due to work requirements, so, says Jacob, "Cary had a lot of burden on her, especially physically, as she went into the last year of the program." For example, in the senior year of anesthesia studies, students do clinicals for a month or two in areas like Washington, D.C., Baltimore, and Columbus, OH. "So, there is not only the stress of having to relocate, but, in some of these areas, you have to provide your own temporary housing, which can be quite expensive," says Cary. "In my case, we were able to handle these costs because of Jacob's GI Bill, but many of my friends in the program were accumulating substantial debt."

From their experience, the Brauns felt motivated to find a way to help students and make their investment in the nurse anesthetist program more manageable, while also honoring the spirit of dedication visible in Barbie that had long inspired Cary. Jacob pointed out that, once they decided they wanted to memorialize Barbie, they contacted Manisha Harrell, major gifts officer for the College of Health Sciences, to discuss the range of possibilities. "She provided a great service in telling us what an endowment was about and how we could make it work," he says. "She was incredibly patient and kind with us, but always acted as an enabler so that we could make this happen." They found out that, if they set up an endowment, it would be a gift in Barbie's honor that would be designed to last a long time. "Manisha helped us accomplish this because she showed us that we could establish the endowment by making smaller installment payments," says Jacob. "That way we could get the endowment started promptly, but have time to spread out how we are funding it."

"Schools give so much to each of us, so it is important to carefully think about how to give back," says Cary. Jacob adds that, if one is considering donating, it is important to think how such a gift can make a difference to students. "Being on the receiving end of a scholarship can help decrease students' stress, allows them to keep their focus on studying, and can help them be in a better place, financially, when they complete their program," he says. For the Brauns, the endowment is also a way to honor the contributions Barbie made in her short life, and while also helping others to make their mark.

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