Listen to the Community for Better Research
A Healthy New Start for Homeless Families
When the Best Nurses Leave
Hepatitis C—Improving the Quality of Life
School of Nursing Welcomes its First Four PhD Students
Embracing Simulation and Virtual Reality
The last two weeks of her mother’s life were incredibly difficult, but Diane Rikard, WC’71, G’73, and her family gained courage and solace from a team of “angels”—the nursing staff at Charlotte Presbyterian Hospital. “They treated me and my family with as much love and respect as they gave to their patient, my mother,” says Rikard.

Later, when her father battled multiple illnesses, another equally angelic nursing team at a rehab facility close to their home provided wholistic and nurturing care for both her dad and the family. “They laughed with us, and they cried with us—they knew what we were dealing with,” says Rikard.

When she and her husband found themselves in a position this fall to make a major philanthropic commitment, it didn’t take them long to think of supporting nursing education. Rikard’s love for Duke—where she received both undergraduate and master’s degrees in mathematics, led them to the Duke University School of Nursing. “It is so important to have a younger generation of nurses who are intelligent and have heart,” says Rikard.

The Rikards established a testamentary endowment that will ultimately provide scholarships for Duke nursing students interested in long-term care and elder care, with preference given to students from Oconee County, South Carolina, where the Rikards live.

Duke offers a number of options for planned giving, many of which provide supplemental income and tax benefits.

For planned giving information on the Web, visit http://development.mc.duke.edu.

IF YOU WOULD LIKE TO RECEIVE MORE INFORMATION OR A BROCHURE AND PERSONALIZED ILLUSTRATION, PLEASE CONTACT JOSEPH W. TYNAN, JD, DIRECTOR OF PLANNED GIVING AT (919) 667-2506 or tynan002@mc.duke.edu.
Friends,

In mid-January we ended our year-long celebration of the 75th anniversary of the opening of the Duke University School of Nursing. The year of celebration will be one to remember for years to come. Among the highlights:

- Opening of our new 59,000 square foot building, under the supervision of Mitchell Vann;
- Opening of our new PhD program, under the direction of Ruth Anderson, PhD, RN, FAAN;
- Opening of our new Global and Community Health Initiatives Office, under the direction of Dorothy Powell, PhD;
- Awarding of a University Medal, Duke’s highest distinction, to the first recipient from the School of Nursing, Ruby Wilson, EdD, RN, FAAN, in September;
- Naming of the first two distinguished professors in nursing, Jody Clipp, PhD, RN, and Linda Davis, PhD, RN;
- Initiation of the Distinguished Contributions to Nursing Science Award, presented in April 2006 to Diane Holditch-Davis, BSN’73, PhD, RN, FAAN;
- Enrollment of the largest cohort of students in many years (now at 470), overseen by Interim Associate Dean for Academic Affairs Mary Champagne, PhD, RN, FAAN, and her team of program administrators, Judith Hays, PhD, RN (ABSN Program), Brenda Nevidjon, BSN’72, MSN’78, RN, FAAN (MSN Program), and Ruth Anderson, PhD, RN, FAAN (PhD Program);
- Growth of the faculty by 25 percent;
- Continued growth of our research activities, under the leadership of Associate Dean for Research Affairs Jody Clipp, PhD, RN, bringing us into the top 20 NIH-funded schools for the first time ever;
- Federal funding in support of our educational programs exceeding $1 million;
- Funding of the Duke University School of Nursing Center of Excellence in Technology Center, directed by Barbara Turner, DNSc, RN, FAAN;
- Substantial revision of the Faculty Governance Association Bylaws, under the direction of Faculty Governance Association Chair, Julie Barroso, PhD, RN;
- Establishment of the new DUSON external Board of Advisors, chaired by Susan Meister, PhD, RN, FAAN, and renewal of the purposes and structure of the Nursing Alumni Council, chaired by Carole Klove, BSN’80; and
- Approval and launching of a five-year strategic plan for the school.

This list is by no means exhaustive, and I apologize to those not listed, for the entire community has worked diligently to respond to the rich opportunities open to us as we create our future. It truly takes a village....

Among my personal highlights was the opportunity to meet the returning alumni and one former faculty member who traveled to be with us in January 2007 for their induction into the Beta Epsilon Chapter of Sigma Theta Tau International (STTI) Society of Nursing. During the 1940s, 1950s, and 1960s, before the school operated its own STTI-chartered group, our original honor society was Santa Filomena. A total of 60 Santa Filomena members were inducted into STTI. The opportunity to return to Duke for this event brought alumnae from as far as Florida, Texas, and even California. Some came with friends, some on walkers, and a few bearing gifts. They reminded me of our collective pride in our association with Duke and that the values held dear in the 1940s are still driving us today.

I hope you will see those values represented in the pages of this magazine and feel that renewed sense of pride in your own association with the Duke University School of Nursing.

Catherine Lynch Gilliss, BSN’71, DNSc, RN, FAAN
Dean and Professor
Vice Chancellor for Nursing Affairs
DUH Named Magnet Hospital

Quality nursing care has earned Duke University Hospital a coveted national designation as an American Nurses Association Magnet Hospital.

Only 3.7 percent of the nation’s hospitals have earned this designation, which is intended to recognize hospitals that provide the highest level of nursing care.

“This is the highest honor a U.S. hospital can receive for its nursing program, and it recognizes the innovative, first-rate care patients receive at Duke,” said Victor J. Dzau, MD, chancellor for health affairs at Duke University and president and chief executive officer of the Duke University Health System. “Achieving magnet status is a testament to the knowledge and dedication Duke nurses bring to their profession.”

The credentia ling arm of the American Nurses Association lists these four objectives for the Magnet program:

- Recognize hospitals that deliver excellent nursing care to patients;
- Promote quality in an environment that supports professional nursing practice;
- Allow for the dissemination of successful nursing practices among health care organizations; and
- Promote positive patient outcomes.

The announcement of the award in September culminated a three-year application and evaluation process that included interviews with more than 500 nurses, physicians, and staff, as well as examination of nearly 3,000 pages of documentation, said Mary Ann Fuchs, MSN’90, RN, Duke’s chief nursing and patient care services officer.

Magnet designation lasts four years, during which time the association monitors the hospital closely to ensure it maintains high standards of care. Characteristically, Magnet hospitals are able to attract and retain the best-trained nurses, and nurses who work in these institutions are allowed to spend more individual time with patients—factors that can lead to shorter hospital stays.

More information about nursing at Duke can be found at www.dukenu rsing.org, and additional information about the Magnet Recognition Program is located at www.nursingworld.org/ancc/magnet.

SON in Top 20 for NIH Funding

For the first time since 1972 the Duke University School of Nursing is ranked in the top 20 nursing schools in the nation in National Institutes of Health (NIH) funding for fiscal year 2005.

The school ranked 19th among the nation’s nursing schools according to the agency. The school had ranked 23rd in funding for fiscal year 2004.

Duke’s nursing school received six NIH research grant awards for a total of $2.4 million.

“I’m very proud of our faculty and their deep commitment to improving health and health care by improving our understanding and treatment of illness in all stages of life,” says Dean Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN.

The school has enjoyed growing recognition as one of the top nursing schools in the nation, having been ranked 23rd by U.S. News and World Report (2003), while its Certified Registered Nurse Anesthetist and Masters in Gerontology programs are both ranked sixth and ninth respectively.
More than 600 faculty members, students, and other guests celebrated the opening of the new School of Nursing building on September 29, 2006. The ceremony included a cocktail reception and a ribbon-cutting ceremony with remarks from (above from left) Chancellor Victor J. Dzau, MD; President Richard H. Brodhead, PhD; Dean Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN; and Robert Steel, chair of the Duke University Board of Trustees; and Carol Klove, BSN’80, Duke Nursing Alumni Council president.

During self-guided tours, attendees explored the building’s classrooms and labs and had the opportunity to meet some of the students enrolled in the school’s PhD and master’s programs.
Duke Appoints First Endowed Professorships in Nursing

Elizabeth C. “Jody” Clipp, PhD, RN, and Linda Lindsey Davis, PhD, RN, have been appointed to the first endowed professorships in the Duke University School of Nursing.

The most prestigious positions in academia, “endowed professorships are absolutely critical to building our research program,” said Dean Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN. “They are our means for rewarding exceptional achievement and scholarship and for attracting the most accomplished scientists to our faculty.”

The School of Nursing currently has a total of five distinguished professorships:

- the Bessie Baker Professorship, established in 2004 in honor of the first dean of nursing, who served from 1930–1938;
- the Ann Henshaw Gardiner Professorship, established in 2004 in honor of the first nursing faculty member, who served from 1931–1941;
- the Laurel Chadwick Professorship, established in 2004 by Harry Chadwick, T’51, L’53, of St. Pete Beach, Fla., in honor of his wife, Laurel, BSNeD’53, RN;
- the Mary T. Champagne Professorship, established by the Nursing Advisory Board to honor Champagne’s leadership as dean from 1991–2004; and
- the Helene Fuld Health Trust Professorship, established by the Trust, which also provided a $6 million gift for the Accelerated Bachelor’s of Science in Nursing Program.

Clipp is the Bessie Baker Professor of Nursing. She is an expert in gerontology, and her scientific work addresses the impact of early life events on patterns of health and functioning in later life, informal caregiving in chronic illness, and the quality of life and care at the end of life. In 2005, she was appointed the associate dean for research affairs in the School of Nursing. In that capacity she oversees the research portfolio of the school and facilitates the research activities of the nurses in the Duke University Health System.

Clipp began her career at Duke in 1985 as a research assistant professor in the Department of Medicine’s Division of Geriatrics. She was recruited to the School of Nursing in 2001, where she led a RAND/Hartford Interdisciplinary Geriatric Research Center. She currently serves as principal investigator and director of the National Institutes of Health’s National Institute of Nursing Research P20 Center focused on Trajectories of Aging and Care. Clipp is a senior fellow in Duke’s Center for the Study of Aging and Human Development.

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Davis is the Ann Henshaw Gardiner Professor of Nursing. She is an expert in informal family caregiving for the elderly, and her work informs our understanding of how elderly persons with dementia living in the community can be supported to remain in their homes. She joined the School of Nursing faculty in January 2005 after serving 15 years as a professor at the University of Alabama at Birmingham (UAB). While at UAB, Davis held the positions of associate dean for undergraduate programs and associate dean for research affairs.

Davis serves on the National Institutes of Health’s National Institute of Nursing Research Study Section, where she reviews applications for federally funded age-related research. For the National Alzheimer’s Association she reviews applications for dementia-related research funding. She is also a senior fellow in Duke’s Center for the Study of Aging and Human Development.

In 1988, Davis was named a distinguished practitioner by the National Academy of Practice in Nursing. She was one of the first Robert Wood Johnson Foundation Nurse Faculty Fellows in Primary Care and completed nurse practitioner preparation at the University of Rochester. She earned her master’s degree in nursing from UNC-Chapel Hill and a PhD in nursing from the University of Maryland at Baltimore.
Ruby Wilson Awarded Distinguished Medal

Former School of Nursing Dean Ruby Wilson, EdD, RN, FAAN, has been awarded the University Medal for Distinguished Meritorious Service—one of the university’s highest awards. She received the award at the annual Founders’ Day Convocation in Duke Chapel on September 28.

Founders’ Day celebrates the founding of the university and provides an opportunity each year for the university to reflect on its history and heritage and to recognize major contributions by students, faculty, administrators, employees, and alumni.

Wilson, a professor of nursing, assistant professor of medicine and assistant to the chancellor for health affairs, came to the School of Nursing in 1955 as a young faculty member. She helped develop a pioneering undergraduate curriculum and graduate nursing program, serving as the school’s dean from 1971 to 1984. Wilson continues her commitment to innovation and advocacy for nurses and their patients through numerous boards, committees and good works.

The September 28 celebration marked the 105th anniversary of the first event honoring the Duke family at this institution. In 1901, when Duke was Trinity College, it held a Benefactors’ Day to pay tribute to university namesake Washington Duke.

Board of Advisors Holds Inaugural Meeting

The inaugural meeting of the Duke University School of Nursing’s national Board of Advisors was held October 25–26, 2006. Nine members (out of eleven) were in attendance. In addition to approving the bylaws of the board, the members also heard an overview of the School of Nursing’s strategic plan.

The following is a list of current board members.

- Susan B. Meister, PhD, RN, FAAN (chair)
  Hampton, NH
- Linda Burns Bolton, DrPH, RN, FAAN
  Los Angeles, CA
- Mary Martin D. Bowen, G’59
  Decatur, GA
- The Honorable Wanda G. Bryant, T’77, JD
  Durham, NC
- Gordon H. DeFriese, PhD, Chapel Hill, NC
- Christopher A. “Chris” Downey
  Foothill Ranch, CA
- Victoria F. Haynes, PhD
  Research Triangle Park, NC
- Thomas D. Jones, Menlo Park, CA
- Gerard F. Joyce, Jr., New York, NY
- Frances D. “Fran” Mauney, Durham, NC
- Susan H. McDaniel, T’73, PhD
  Rochester, NY
- Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN (ex-officio member)

Short Selected as Senior Research Fellow

Nancy M. Short, BSN’76, MBA’91 DrPH, RN, was appointed as a senior research fellow in the Health Inequalities Program at the Terry Sanford Institute of Public Policy. The program is part of Duke’s Center for Health Policy, Law, and Management.

Her first assignment was multidisciplinary training in July and August in Moshi, Tanzania with Kate Whetten, PhD, and Brian Pence, PhD, of the Center for Health Policy at the Sanford Institute.

Short is a former assistant dean of the Duke School of Nursing. She spent 18 months in Washington, D.C. during 2004–05 as a Robert Wood Johnson Foundation (RWJF) Health Policy Fellow for Sen. William Frist. The fellowship allowed her to perform analyses and participate in discussions on health care issues that were priorities for the senator.

School of Nursing Fall Enrollment by the Numbers

<table>
<thead>
<tr>
<th>Program</th>
<th>Number</th>
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<tbody>
<tr>
<td>ABSN (full-time)</td>
<td>112</td>
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<tr>
<td>MSN (full-time)</td>
<td>121</td>
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<tr>
<td>MSN (part-time)</td>
<td>178</td>
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<tr>
<td>PMC/Non-degree</td>
<td>61</td>
</tr>
<tr>
<td>PhD (full-time)</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Enrollment</strong></td>
<td><strong>476</strong></td>
</tr>
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- Male: 7%
- Female: 93%
- Minority: 17%
- # States Represented: 29
- # from N.C.: 386
Champagne Takes on New Role as Interim Associate Dean

Former Dean Mary Champagne, PhD, RN, FAAN, has been appointed interim associate dean for academic affairs. She took on the role after Judy Miller, MSN’77, PhD, RN, resigned from her administrative and faculty positions on August 11, 2006.

“Mary’s deep knowledge of our academic programs and her business savvy make her a perfect choice to step into this important position for an interim period of service,” says Dean Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN.

Champagne served as dean of the School of Nursing from 1991 to 2004. Under her leadership, the school created a number of innovative graduate programs, reinstated a bachelor’s degree program, and expanded its interdisciplinary research activities. She also played an integral role in the creation of Duke’s Division of Community Health.

Six Duke Nurses Named to ‘Great 100’ List

Six nurses from the Duke University Health System have been named to the 2006 list of the “Great 100 Nurses,” an annual award given by The Great 100—a statewide peer recognition organization. The 100 North Carolina nurses demonstrate excellence and commitment to their profession.

The Duke recipients are: Mary Ann Fuchs, MSN’90, RN, chief nursing and patient care services officer, Duke University Health System (DUHS) and Duke University Hospital; Debra Hernandez, chief nursing officer, Durham Regional Hospital; Nancy M. Short, BSN’76, MBA’91, DrPH, RN, assistant dean and assistant professor, Duke University School of Nursing; Jane Mericle, MHS-CL’04, clinical operations director, children’s critical care, Duke University Hospital; Kerry Harwood, oncology clinical nurse specialist, Duke University Hospital; Joanna Smothers, clinical nurse level III, telemetry, Duke Health Raleigh Hospital.

They were honored during a black-tie gala October 7 at the Joseph S. Koury Convention Center in Greensboro.

“Thomas award is further recognition of the excellence of Duke nursing and our outstanding nursing leadership,” said William Fulkerson, MD, chief executive officer of Duke University Hospital and chief medical officer for the hospital and Private Diagnostic Clinic.

Fuchs oversees the 5,800 DUHS nurses and leads DUHS Friends of Nursing, a philanthropic program that provides direct resources to nurses’ ongoing development and supports annual excellence award stipends. She is a Robert Wood Johnson Executive Nurse Fellow and serves as the elected N.C. Nurse Administrator to the N.C. Board of Nursing.

Hernandez collaborated with nurse leaders to develop a residency program fostering the early development and growth of new graduates. She holds elected office in the American Organization of Nurse Executives and is a board member for the N.C. Organization of Nurse Leaders.

Short was one of seven Robert Wood Johnson Foundation Health Policy Fellows in 2004-05 and the first Duke nurse ever to receive the honor. She was recently appointed as a senior research fellow in the Health Inequalities Program at Duke’s Center for Health Policy, Law and Management, part of the Terry Sanford Institute of Public Policy.

Mericle is chair of Duke’s Core Safety Team for Children’s Services and has served on other committees for nursing-led initiatives, such as the Magnet Accreditation Team and the Alaris Infusion Pump Implementation Team.

Harwood is director of Duke’s Cancer Center Patient and Family Education Program, and she created a monthly newsletter that answers questions about living with cancer. She also is the manager for Duke’s advanced practice nurses, including limb-loss nurse clinicians and brain tumor clinical nurses.

Smothers was a 2005 recipient of the Duke Health Raleigh Hospital Champion of Service Award for exceptional performance in attitude, professional presence, communication, confidentiality, and environment.
Keeping Health Care Workers On the Job—Corazzini and McConnell Join Statewide Team

Like other states, North Carolina is struggling to keep critically needed health care workers on the job. While the ranks of elderly and disabled people are growing, nursing aids and others who provide hands-on care are leaving their jobs, citing burnout, job stress, lack of a meaningful career path, and lack of recognition for their contributions. Two School of Nursing faculty members have played a key role in creating a program that they hope may reverse this trend and ultimately improve quality of care.

Assistant Professor Kirsten Corazzini, PhD, and Associate Professor Eleanor McConnell, PhD, RN, APRN, BC, represented Duke as part of a broad-based partner team that has created the nation’s first program to help reduce job turnover among health care professionals.

The partner team, which included all five of the state’s long-term care provider associations, as well as workers, consumers, advocates, regulators, and educators, created the North Carolina New Organizational Vision Award (NC NOVA) to recognize providers who actively support and empower their direct care workforce. The award is a special licensure designation given by the North Carolina Division of Facility Services to nursing homes, adult care homes, and home care agencies that voluntarily meet new higher standards for workplace culture.

NC NOVA standards span four major areas: supportive workplaces, training, career development, and balanced workloads. The Carolinas Center for Medical Excellence (CCME) will serve as the independent reviewer, deciding whether providers have met the rigorous, comprehensive standards. CCME has been designated by the Centers for Medicare and Medicaid Services as the Quality Improvement Organization for North Carolina and South Carolina.

NC NOVA was established through a national Better Jobs Better Care (BJBC) grant to the North Carolina Foundation for Advanced Health Program. BJBC is funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. Legislation to create NC NOVA was sponsored by the legislative Study on Aging. NC NOVA was also endorsed by the House Select Committee on Health Care. Other key supporters include consumer groups, direct care workers and supervisors, regulators, researchers, and North Carolina’s major long-term care provider associations.
On October 6, 2006, a hazardous material plant caught fire in Apex, N.C., prompting the evacuation of thousands of residents. The chemical fire was too far away from Durham to affect anybody at the Duke University School of Nursing, but that didn’t stop it from being a learning experience for some of the school’s students and faculty.

Students taking the clinical course, “Nursing Care of Older Adults and Their Families,” were involved in the evacuation and transfer of elderly residents from Rex Rehabilitation and Nursing Care Center of Apex to the Rex facility in Raleigh, says Assistant Professor Chip Bailey, PhD, RN, who teaches the course to students in the Accelerated Bachelor of Science in Nursing (ABSN) Program each fall. As a part of the course, students get to work with clinical instructors at the two sites in Apex and Raleigh.

“Melanie Bunn was the clinical instructor at the Rex Apex Nursing Care Center and assisted in the early morning evacuation of nearly 100 residents on October 6,” says Bailey. “A quarter of those residents were later transferred to the Rex Raleigh facility where Ann Riddle, clinical instructor, and her seven students stepped in to help.”

In both cases, the staff at these facilities was very appreciative of the help from Duke nursing students. Many of the patients transferred to Rex in Raleigh were admitted to the facility’s sleep lab, which had been converted into patient rooms by the students. “Our students got involved in everything from vacuuming floors and putting clean linens on beds to taking vital signs and assisting visitors to find their family members,” says Riddle. “It was also a wonderful experience for the students to see first hand disaster plan implementation and the interdisciplinary team’s effort to serve the community.”

Apex is located outside of Raleigh, about 18 miles from Durham. The majority of the town’s residents were allowed to return to their homes two days later after the blaze was completely extinguished.
During the Harriet Cook Carter lecture in January, Jemmott discussed methods other researchers can use to translate their work into best practice models for schools, churches, and homes.

The first step is to actually conduct research, particularly focus groups, right in the community. “Go out into the community,” says Jemmott. “Take the time to understand the code of the street.”

One of the nation’s foremost researchers in the field of HIV/AIDS prevention among African-American adolescents, Jemmott has had much success getting her research into practice in classrooms across the country. The U.S. Centers for Disease Control and Prevention (CDC) selected her HIV risk-reduction curriculum “Be Proud! Be Responsible!” as a model curriculum and disseminated it nationally as a part of the CDC’s “Research to Classrooms: Programs That Work!” program.

Not only have her curricula made it into classrooms, but Jemmott’s research also shows they can help reduce risky behaviors among adolescents.

The key to creating successful interventions for adolescents is to make the programs interactive, Jemmott says. “It’s important to know how to get kids involved.”

One program, the “Hear Me Project,” is reaching adolescents through a medium nearly all are familiar with—MTV. Jemmott collaborated with Select Media, Inc., to create an essay contest for youth between the ages of 14 and 22. The essays, written about HIV/AIDS, are judged by Jemmott and others, including actors Morgan Freeman and Jasmine Guy and director Spike Lee. The winning essay will be announced on MTV and then turned into a screenplay. Eventually a video will be produced, which will be placed into one of Jemmott’s curricula and distributed to schools. There is even talk of an HBO documentary based on the program, she says.

In addition to helping educate adolescents in schools, Jemmott is conducting research that she hopes will touch everyone in the community. One past study focused on an intervention to help single mothers reduce their sons’ risky behaviors. She is also currently working with 10 black Baptist churches in Philadelphia on an abstinence study.
Jemmott points out that community-based research takes time, and she encouraged researchers in the audience to have patience when conducting their own studies. “Take the time to build (the community’s) trust, and then you build your team,” she says. “Then, you’re on your way.”

In addition to leading the Center for Health Disparities Research at the U Penn School of Nursing, Jemmott is the assistant university provost for minority and gender equity issues. She also holds a secondary appointment as a professor in the U Penn School of Medicine graduate program in public health studies. In 2003, she was appointed the van Ameringen Professor in Psychiatric Mental Health Nursing, one of the School of Nursing’s most prestigious honors.

Exploring Medicine in Other Cultures

Who benefits most when students participate in health care mission trips to developing countries?

According to faculty member Penny Cooper, MSN’02, RN, the experience enriches the students far more than the communities they serve. Since 1994, students and faculty from Duke’s schools of divinity, medicine, and nursing have traveled to Honduras as part of the interdisciplinary “Exploring Medicine in Other Cultures” course. Last year Cooper accompanied eight Duke nursing students to Honduras, and she looks forward to returning in March with six nursing students.

While providing preventive education and routine medical and dental care is an important part of the trip, “it’s not so much what we bring, as how it changes our perspective,” says Cooper. “Sometimes students ask, how do these people make money? Well, they don’t make money. They have to live on what they can grow. They work very hard.”

Students are also challenged to present information and care to people at opposite ends of the literacy scale. Last year the group visited Tegucigalpa, which has a 95 percent literacy rate, and Copán, a Mayan village with a 5 percent literacy rate.

In both villages the students provided education about dental health, parasite prevention, and how to prevent headaches and other symptoms of dehydration—including the importance of using sunscreen, wearing hats, and drinking water instead of coffee while working in the fields.

Before they travel to Honduras, students take a 10-week class that covers Latin American culture, religion, archeology, and political science, as well as medical Spanish. The trips are coordinated by Heiffer International, and students raise their own travel funds. Information about the course is available through the School of Nursing’s Office of Global and Community Health Initiatives.
New SON Faculty Appointments

**Wendy Demark-Wahnefried, PhD, RD, LDN**, has been appointed professor. Prior to her recent appointment, she was a professor within the Duke Department of Surgery, where she still maintains a secondary appointment. She received a bachelor’s degree from the University of Michigan and a master’s degree from Texas Woman’s University. She earned a PhD in nutritional science from Syracuse University. Her interests include diet/hormonal and genetic interactions and their association with neoplasia and lifestyle interventions (diet and exercise) among cancer survivors.

**Sharon Hawks, MSN, CRNA**, has been appointed assistant professor. A certified registered nurse anesthetist, she is a clinical instructor in Duke’s Nurse Anesthesia Program and has been a member of the anesthesia care team since 2001. She received a bachelor’s degree in nursing from Radford University and a master’s degree in nursing from UNC-Greensboro. Her interests include cardiovascular and pediatric anesthesia.

**J. Frank Titch, MSNA, CRNA, RN**, has been appointed assistant clinical professor and interim program director for the Nurse Anesthesia Specialty. Before his recent appointment, he was a consulting associate in the school’s Nurse Anesthesia Program and was clinically active at the Veterans Administration Medical Center in Durham. He served in the military for 22 years and has a bachelor of science in nursing degree from the University of Texas at Austin. He earned his master of science in nurse anesthesia at Virginia Commonwealth University/Medical College of Virginia. His interests are currently focused on curriculum development for nurse anesthesia education and techniques of regional anesthesia.

**Helen Gordon, MS, CNM**, has been appointed assistant clinical professor. She received her bachelor’s degree in nursing from the University of Arkansas College of Nursing and her master’s degree in parent-child nursing and nurse-midwifery from the University of Utah. Prior to coming to Duke, she managed a grant for the American College of Nurse-Midwives in Washington, D.C. For five years she was the state technical specialist in nurse-midwifery care for the N.C. Office of Rural Health, assisting in the implementation of CNM-MD practices in rural North Carolina. She was the first nursing director in the United States to implement labor delivery recovery postpartum (LDRP) unit care in a tertiary setting. Gordon has extensive experience in the development of market-driven competitive women’s care services. Currently, she teaches the maternity and community nursing courses in the Accelerated Bachelor of Science in Nursing (ABSN) Program at Duke and assists in the senior preceptorship course.

**Constance Johnson, PhD, RN**, has been appointed assistant professor. She received her bachelor’s degree in nursing from the University of Connecticut and her master’s degree and PhD in health informatics from the University of Texas Health Science Center at Houston, School of Health Information Sciences. Her research interests include cancer prevention, information visualization, and human-centered computing. She is currently working with a multidisciplinary team on the development of a cancer risk model and assessment tool.
Wm. Michael Scott, MSN, APRN, has been appointed director of nursing clinics and clinical associate. He comes to Duke from NurseFirst Family Health Center in Seneca, S.C., where he was lead nurse practitioner and director. The center began as a pilot project to improve primary care access in the community and was originally funded through a matching grant from The Duke Endowment. Scott is also a former faculty member with Emory University’s School of Nursing. He received a bachelor’s degree in nursing from Georgia Southern College and a master’s degree in nursing from Georgia Southern University.

Kathleen J. Sikkema, PhD, has been appointed professor of nursing, psychology, and psychiatry. She is a clinical psychologist, previously in the School of Medicine at Yale University. She received a bachelor’s degree from Central University of Iowa, master’s degrees from Illinois State University and Virginia Tech, and a PhD from Virginia Tech. Her research, supported by the National Institute of Mental Health for the past 15 years, is focused on the conduct of randomized trials to determine the efficacy of HIV prevention and mental health interventions, with expertise in community-level interventions.

Special Ceremony Held for SON’s First Honor Society

Seventeen members of the School of Nursing’s original honor society, Santa Filomena, were welcomed to the school’s current honor society, the Beta Epsilon Chapter of Sigma Theta Tau International, during a special induction ceremony following the Harriet Cook Carter Lecture on January 19.

Santa Filomena was created in April 1944 to recognize nursing students who contributed to the betterment of the school through demonstrated leadership, outstanding nursing care, and higher scholastic achievement. In 1972, the Beta Epsilon Chapter of Sigma Theta Tau International Honor Society of Nursing, was introduced and became the school’s honor society.

Santa Filomena members who attended the induction ceremony were:

Ellen Devol Barnhart, BSN’59, Towson, Md.
Jerre Denning Boren, N’53, Elkin, N.C.
Emily B. Campbell, BSNEd’55 (Honorary Faculty), Tremplealeau, Wis.
Dorothy Staub Caudle, N’54, Charlotte, N.C.
Dorothy Adams Darsie, BSN’66, Lenoir, N.C.
Wilhelmina Ann Forbes, BSN’56, Asheville, N.C.
Frances Dixon Jones, N’55, Cary, N.C.
May Craigge Kernodle, BSN’46, Elon, N.C.
Mary Eva Flake Knight, BSN’49, Winston Salem, N.C.
Rosalie Weatherford Le Fontaine, BSN’59, South Boston, Va.
Ann Kelly Leake, N’54, Hopewell, Va.
Gene Harlow Lewis, N’45, Atlantic Beach, Fla.
Gladys Shorrock Lewis, BSN’60, MSN’62, Leesburg, Va.
Sarah Pritchett Meyer, BSN’47, Houston, Texas
Marguerite Thain Randall, N’57, BSN’59, Mount Holly, N.C.
Marilyn Howe Rhodes, BSN’64, Claremont, Calif.
I. Jane Smith, N’51, Pittsboro, N.C.
**Watchful Waiting in Hepatitis C—**

NEW STUDY AIMS TO IMPROVE QUALITY OF LIFE

“Watchful waiting” is a protocol being offered with increasing frequency to people with serious but slow-moving diseases like prostate cancer and hepatitis C. While a break from aggressive treatment can come as a relief, how does living with uncertainty in the face of a life-threatening illness affect patients’ quality of life?

A new National Institute of Nursing Research (NINR)-funded study led by Assistant Professor Chip Bailey, PhD, RN, will explore hepatitis C patients’ experiences with watchful waiting with a goal of devising new and better ways to manage symptoms and improve quality of life.

Officially titled “Uncertainty and Watchful Waiting in Chronic Hepatitis C,” Bailey’s study involves an impressive team of experts from Duke’s schools of nursing and medicine. Team members are: Andrew Muir, MD’93, HS’93–’97, MHS’01, assistant professor of medicine-gastroenterology; Elizabeth Clipp, PhD, RN, professor of nursing; Julie Barroso, PhD, RN, associate professor of nursing; Linda Folsom, BSN, RN, research nurse; Pat Bixby, RN, clinical research coordinator at the Duke Liver Center; and Lisa Strickland, study coordinator.

An estimated 170 million people worldwide are currently infected with the hepatitis C virus, four million of whom live in the United States. An additional 35,000 new cases are detected each year. The contagious disease, which can be spread through contaminated needles, blood transfusions, and other contact with contaminated blood, is considered a “silent killer” because it often goes undetected and can cause serious liver damage and death.

Many companies are pouring money into research to find a cure; meanwhile the current treatment—a combination of drugs designed to stimulate the body’s immune system to attack the virus—cures less than half of people infected with the most common strain. Forty percent of those who elect to receive the drug treatment either do not respond to the therapy or decide to stop because of severe side effects including fatigue, pain, gastrointestinal problems, depression, and anemia. Ten percent forego treatment altogether. In the end, nearly half of patients diagnosed with chronic hepatitis C are watching and waiting.

Melissa Peters and Renee Twersky, two students in Duke’s Accelerated Bachelor’s of Science in Nursing Program, got hands-on experience in nursing research by helping with the Uncertainty and Watchful Waiting in Chronic Hepatitis C study. In addition to providing data entry, Peters, a member of the Class of 2007, published a bi-monthly newsletter for patients enrolled in the study. “By participating, these students gained an understanding of how nursing research can inform the development of best practices in patient care,” says Bailey.
The term watchful waiting first appeared in the medical literature in the late 1960s and was used in the context of dental care. It is sometimes referred to as observation, expectant management, active monitoring, or deferred treatment.

“Although watchful waiting is now used as an alternative to treatment, its effect on a patient’s quality of life has not been studied,” says Bailey. “This study will describe watchful waiting in patients with chronic hepatitis C and their quality of life, and hopefully make this period as comfortable as possible for them.”

Bailey’s team is monitoring a group of 120 chronic hepatitis C patients who are not currently being treated but receive regular check ups from their health care provider.

Bailey hopes to eventually provide a tailored intervention to these patients similar to one he provided to men with prostate cancer who elected watchful waiting. In that study, men received five weekly intervention phone calls from a nurse.

The descriptive study aims to not only refine interventions that can help patients with the uncertainty of their situation, but also pinpoint the periods of time when patients will most benefit from a given intervention. In the prostate cancer study, Bailey found that subjects who received the phone call intervention were significantly more likely to view their lives in a new light, experience a decrease in confusion, and reported a greater improvement in quality of life and outlook for the future.

“Our intervention calls attempted to prove the possibility of moving a watchful waiting patient out of the psychological discomfort of uncertainty by integrating the concept of continual uncertainty into his life, reevaluating what he believes to be important, reconsidering his own commitments, and appreciating the delicacy and conditional nature of life,” says Bailey.

The study began in October 2005 and results are expected early 2009.

“This study will describe watchful waiting in patients with chronic hepatitis C and their quality of life, and hopefully make this period as comfortable as possible for them.”

—Chip Bailey, PhD, RN
In August the Duke University School of Nursing welcomed its first PhD students. These four students have entered the program at a critical time—when schools across the country are facing a shortage of nursing faculty.

Not only will the new PhD students have an impact on the future of nursing education, but their presence at the school is helping to advance the school’s goal to increase its research prominence, says Ruth Anderson, PhD, RN, FAAN, director of the PhD program.

“A mature school of nursing is one that not only contributes original knowledge to the discipline but also prepares the next generation of nursing scholars,” she adds.

The students, whose research interests vary from racial disparities in breast cancer treatment to the impact of technology on patient care, say they have been impressed by the one-on-one attention and access to internationally recognized faculty. The School of Nursing covers full tuition plus a stipend—a total of $50,000 per student—for those admitted to the highly competitive PhD program.
Jada L. Brooks says she has always been fascinated with the connection between mothers and their infants. As a student in the new PhD program, she will take her fascination to another level by examining what that connection means to an infant’s health.

Brooks is working under the direction of Professor of Nursing Diane Holditch-Davis, BSN’73, PhD, RN, FAAN, who is leading a study on how various types of interventions administered by mothers, like infant massage and kangaroo care, can affect developmental outcomes for low birth weight infants. In kangaroo care the infant experiences skin-to-skin contact by being placed directly on the mother’s chest. As a part of the study, Brooks will also assess the effect of maternal distress on the quality of the mother-infant relationship.

Brooks says she hopes to one day conduct research that will impact all of society, not just newborns. “Overall, I just want to give back to the community through my research,” she says.

Brooks grew up in Pembroke and Laurinburg, N.C., and received her bachelor’s degree in biology and chemistry from UNC-Pembroke. She holds a master of science in public health degree from UNC-Chapel Hill. In December 2005, she completed Duke’s Accelerated Bachelor of Science in Nursing (ABSN) Program.
A few years ago Yvonne Ford volunteered her time to develop a program to educate African-American women in faith-based communities about breast cancer prevention, diagnosis, and treatment. The experience gave her insight into subtle differences in the breast cancer experience of African-American women and those of other races. African-American women tend to be diagnosed later and are more likely to die of the disease than their white counterparts.

Ford, who lost both parents to cancer, hopes her research at the School of Nursing will help her continue to advance education and understanding to improve breast cancer outcomes for African-American women. Ford’s research examines quality-of-life issues faced by older African-American breast cancer survivors. She says even after women have completed treatment and survived a bout with breast cancer, they often still have to deal with issues related to chronic illness, depression, sexuality, and fears of cancer reoccurrence.

“I hope my work will help women have more quality conversations with their health care providers on how they will be followed throughout their care,” says Ford.

Prior to entering the PhD program, Ford was the manager of clinical placement services at the School of Nursing. The Fayetteville, N.C., native received both a master’s degree in nursing and a master of health science degree in clinical leadership at Duke.

“I hope my work will help women have more quality conversations with their health care providers.” Yvonne Ford
After 10 years of working in nursing informatics, Rebecca “Becky” Kitzmiller came to realize she still had questions about her chosen field that she just couldn’t answer. She hopes studying for a PhD at the School of Nursing will help her find the answers she needs to improve patient care.

“I continued to see barriers to the use of and in the usefulness of clinical information systems, especially in large health care organizations,” she says. “I felt returning to school would help me better understand the care environment.”

Kitzmiller holds a master’s degree from the Duke Nursing Health Systems and Informatics Program and an Information Technology Fellowship, which is supported by Duke Health Technology Solutions. She will focus her research on developing supportive, advanced technology solutions that will ultimately lead to better quality of care.

Before entering the PhD program, Kitzmiller was director of nursing informatics at Duke Health Technology Solutions. Once she completes the program, she says she would like to continue working at Duke.

Originally from Sykesville, Md., Kitzmiller has a bachelor of science in nursing degree from the University of Pennsylvania and a master’s degree in human relations from the University of Oklahoma. She has 14 years of active military duty experience and is starting her fifth year in the U.S. Army Reserves.

Rebecca Kitzmiller, MHR, MSN’97

**FINDING ANSWERS IN CLINICAL TECHNOLOGY**

The Information Technology Fellowship held by Rebecca Kitzmiller will be offered again to a full-time PhD student entering in Fall 2007. Funded by the School of Nursing and Duke Health Technology Solutions, the focus of the fellowship is patient safety and clinical quality.

IT Fellows work under the guidance of faculty mentors and research ways to integrate computing and information capabilities into clinical practice, while placing an emphasis on improving patient safety and clinical quality. While earning a PhD, the fellow will use IT systems such as computerized physician order entry (CPOE), automated surveillance, and a computerized voluntary reporting system to identify potential sources of medical errors and propose strategies to reduce errors and prevent harm to patients.

To learn more about the fellowship opportunity, contact Revonda Huppert, nursing PhD program coordinator, at huppert@duke.edu or nursingPhD@notes.mc.duke.edu.
A native of Seoul, Korea, Bomin Shim says her main motivation for seeking an advanced degree in nursing was to become a better clinical nurse. However, while getting her master of science in nursing degree from Seoul National University College of Nursing, she became intrigued with the academic side of nursing and discovered the power of research to touch patients’ lives.

As a student in the School of Nursing’s PhD program, Shim is interested in better understanding the factors that affect older adults’ ability to cope with chronic disease. She also has an interest in helping under-represented populations.

Before coming to Duke in August, Shim worked as an electrophysiology clinical specialist for Johnson & Johnson Medical-Korea. She also worked for two years as a registered nurse in the kidney-liver transplantation ward at Severance Hospital in Seoul.

As for her plans once she completes the PhD program, Shim says her options are still open. Because she wants more experience working directly with older adults, she may pursue an additional master’s degree in Duke’s Gerontological Nurse Practitioner Program.

Shim discovered the power of research to touch patients’ lives.
A nursing student puts on thick, high-tech glasses and steps into a room about the size of a large walk-in closet. The lights dim and the cubicle transforms into a three-dimensional virtual hospital room complete with a computer-generated patient sitting in bed.

The student checks the patient’s chart and asks questions. The patient responds, perhaps becoming caustic at times. The student’s clinical knowledge and bedside manner are put to the test while an instructor takes notes.

By Jim Rogalski
Embracing Simulation and Virtual Reality

Because the School of Nursing is embracing such new and emerging technology for education and clinical care training, it has been named the national training site for teaching nursing faculty from around the country about the latest technology in health care.

"Technology is evolving at a rapid rate; we need nurses to know how to use it, and we need faculty to be able to teach nurses how to use it," says Barbara Turner, DNSc, RN, FAAN, professor in the School of Nursing and senior nurse scientist at the Duke Clinical Research Unit.

A five-year $1.43 million grant from the Health Resources and Service Administration and the Office of Health Information Technology will allow a total of 540 faculty members from institutions around the nation to either come to Duke beginning this summer or to take web-based training. Duke faculty and visiting experts will showcase to them what is new, evolving, and futuristic in health care.

"Technology is evolving at a rapid rate; we need nurses to know how to use it, and we need faculty to be able to teach nurses how to use it," says Barbara Turner, DNSc, RN, FAAN, professor in the School of Nursing and senior nurse scientist at the Duke Clinical Research Unit.

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"I think education simulation is the big thing," Turner says of the future of nursing education. "There will be increased use of it in education simply because it’s a safe environment in which to practice and make mistakes."

Duke nursing students already routinely learn with several high-tech human patient simulators, including an infant, an adult, and a pregnant woman. Instructors document how the students respond to changes in patient condition, which the instructor regulates from a computer in a separate room.

Some nursing faculty around the country, however, are unfamiliar with simpler technological teaching tools like using iPods and the web to distribute lectures, hosting live video conferences, or even teaching with a PowerPoint presentation—things that are routine at Duke. Others lack knowledge of how to operate the latest clinical monitoring systems or computerized physician order entry software.

Up to 140 teams (420 faculty) will be allowed password-protected web-based training and 40 teams (120 faculty) will come to Duke for on-site training. Those selected to come to Duke for TIP-NEP will get a chance to see it all, including Duke’s crown jewel of futuristic teaching: its virtual reality room, one of only three in the country and seven in the world.

The Duke Immersive Virtual Environment, or DiVE Tank, is part of the Pratt School of Engineering. The roughly 10-foot by 10-foot room uses six projectors—one for each wall, the floor, and the ceiling—to create a lifelike environment that can simulate such diverse experiences as walking through a forest, across a rickety wooden bridge, or through a home in which snakes and spiders appear without warning. Those examples currently are used to monitor people’s physiological reactions to fearful situations.

On another day, the student enters the room and a 3D vision of a human brain floats in mid air. With clicks of a computer mouse, the student peels away layers of the brain, revealing its inner workings. The student walks around the room to see all of the brain’s components—brain stem, ventricles, and optic chiasm—from multiple angles.

These futuristic images of nursing education are far from far-fetched. The hovering brain already is happening at Duke, and the virtual hospital room likely will become reality in a few years.
“I see an excellent application of this technology for nurses,” says Rachael Brady, the director of Duke’s Visualization Technology Group. “The DiVE can be used as both a simulation room for patient relations and as an education room for teaching anatomy or other complex three-dimensional structures.”

One day soon, Brady says, the DiVE Tank will be used to test the reaction times of people suffering from Parkinson’s or Alzheimer’s diseases or those who have suffered a stroke. Nursing faculty need to be aware that such technology exists.

Reaching Out to Community Colleges and Minority-Serving Institutions

Roughly 10 teams of three or four faculty from nursing programs across the nation will be selected via a competitive process to come to Duke each summer for a three- to four-day conference. “They’ll have to explain what they’re currently doing, what they hope to learn here, and how they can take that knowledge back to make changes at their institution,” Turner says. Minority-serving institutions and community colleges will be given priority, she says.

“Community colleges often are training the bulk of the nursing profession, and yet they may not have access to some of the latest technology,” Turner says. The selected teams will have their expenses paid and each team will receive a $3,000 stipend to take back to their institutions to enhance their technology base by buying software, equipment, or bringing in experts to discuss and demonstrate new technology.

Duke has partnered with Fayetteville State University and Western Carolina University. Turner says Fayetteville State currently is beginning to work with simulation, and faculty understand what is needed to build their technology program. Western Carolina is a state school that does a lot of distance education. “A lot of their students live in the mountains, and it can be very hard for them to travel to campus,” Turner says. “They understand what rural or underserved communities need in terms of how the students like to learn.”

All participating faculty teams will be followed for nine months to determine if the program has made a difference in their teaching and/or clinical practice.

To cap off the project in a technologically appropriate way, all lectures and information presented during TIP-NEP will be posted on the web for anyone to see once the project is completed.

“I think education simulation is the big thing... There will be increased use of it in education simply because it’s a SAFE ENVIRONMENT in which to practice and make mistakes.” —Barbara Turner
Since September, the students have been teaching health workshops to Genesis Home residents once a month. Most Genesis Home families are headed by single mothers, and topics include women’s health, healthy cooking, exercise and wellness, nutrition, and dental hygiene.

While the residents benefit from the gained health knowledge, the students profit from the experience by designing and shaping the course curriculum around what Genesis Home residents tell the students they need to know.

Among the nursing students’ creative innovations was designing a quick workout using sand-filled water bottles as weights.

“Later that week while walking through the house, I ran into one of our new moms in the living room watching an exercise show and pumping her sand weights,” says Ryan Fehrman, executive director of Genesis Home. “I thought it was inspiring to see one of our clients using the information from the workshop to make her life better in some small way.”

The “Raising Health, Raising Hope” program was incubated last year when Dorothy Powell, PhD, director of Duke School of Nursing’s Office of Global and Community Health Initiatives, had a chance meeting with Genesis Home’s Board Chairman Graham Fitzsimons. Programs like this are at the heart of Duke’s Global Health Initiative to improve the health of people in the community and around the world.

“These classes have helped raise the residents’ awareness of health issues,” says Powell. As a result, residents’ sense of hope and self confidence also rise, she says.

Some residents even expressed an interest to student Ryan Davis, ABSN’07, that they would like to get into nursing as a career. Davis and the seven other students in the first group of eight who launched the program have graduated, but a new group of 10 students is taking the reins.

Genesis Home has served Durham since 1989. Fehrman says about 80 percent of families maintain stable housing arrangements after they leave the shelter, which receives federal government funding and foundation grants but depends heavily on the community for financial and volunteer support.

Fehrman says the largest volunteer need is for tutors to support shelter residents in their effort to stay at grade level or to pass the EOIs.

In 2005 (the latest year with complete data), Genesis Home served 26 families, 47 children, 53 women, and 24 men.
“These classes have helped raise the residents’ awareness of health issues...as a result, [their] sense of hope and self confidence also rise.”

—Dorothy Powell
Nearly every country in the world faces a documented shortage of nurses. The problem is exacerbated by the escalating migration of the best nurses from rural communities to urban centers or from third world nations to developing nations in search of better pay and working conditions. According to the World Health Organization, this migration and the subsequent imbalance of nursing talent has devastating consequences for human health.

As director of the Office of Global and Community Health Initiatives in the Duke School of Nursing, I took a team of nursing faculty to seven countries in Central America and the Caribbean in September and October to explore the multiple dimensions of this crisis. Our goal was to begin to develop strategies and partnerships to educate the remaining health professionals and improve disease prevention and care for the chronically ill.

Joining me were Duke Assistant Professor of Nursing Susan Denman, PhD, RN, FNP-C, and Cathy Lindenberg, PhD, RN, a retired associate professor of nursing at the University of Washington who lives in Costa Rica. We met with various ministries of health, schools of nursing, national and regional nursing organizations, and others in Ecuador, Panama, Costa Rica, Nicaragua, Honduras, St. Kitts, and Barbados.

Numerous worrisome themes emerged during our 25-day visit, and we returned with a robust agenda of possibilities for expanding Duke School of Nursing’s goal of helping to address health disparities among some of the poorest countries in the world.

Major Concerns
An overall shortage of nurses is just the beginning. Low salaries, poor working conditions, poor career advancement opportunities, and political instability are top reasons why nurses seek employment in other countries. Highly skilled nurses and those who speak English are especially targeted by recruiters from the U.S., England, Canada, and Australia.

Those nursing faculty who stay in rural communities and developing countries are woefully under-trained, and public health facilities are under-funded. Throughout the Caribbean and Central America, facilities lack competency in specialty areas, including geriatrics, pediatrics, neonatology, trauma, and management of chronic conditions like diabetes and obesity. Baccalaureate education is required for professional nurses in Central America, but the vast majority of providers are nursing assistants. The ratio of nursing assistants to registered nurses is 8:1 with nursing assistants frequently filling positions that should require a registered nurse.

The capacity for computer use is uneven in Central America with little readiness for e-learning opportunities, and there is minimal capacity in the academic and service sectors to conduct
clinical research. In all the countries we visited, health care systems were largely hospital-based with little emphasis on prevention and wellness. The conditions of greatest concern are diabetes, obesity, hypertension, and oncology.

Strategy for Help
All countries understood that our visit was exploratory; however, we identified several priority areas for assistance, including offering regional continuing education on caring for the elderly, diabetes patients, neonates, and children at the prevention and possibly tertiary levels. This could be accomplished with audiovisual media translated into Spanish in Central America. More face-to-face training and supplemental on-line follow up are likely in the Caribbean.

On-line education through the Duke School of Nursing is also a possibility for those seeking master’s in nursing education degrees and specialty training in informatics, geriatrics, pediatrics, and neonatology. We also hope to collaborate on clinical research in both the Caribbean and Central America. And, there are many opportunities for Duke nursing students to gain international health experience while providing a valuable service in these countries.

It may not be possible to stop the migration of nurses out of rural communities and third world countries, but we can provide education and assistance for those who do stay. We will share our findings with our faculty and administrators, consider funding sources, and arrive at a five-year plan of action.◆
### Duke University School Of Nursing

**Awards & Recognitions**  
(July 2005–June 2006)

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<th>Name</th>
<th>Award/Recognition</th>
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<tr>
<td><strong>Julie Barroso, PhD, ANP, APRN, BC</strong></td>
<td>President’s Award, Association of Nurses in AIDS Care</td>
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<td></td>
<td>Distinguished Professor, National Academies of Practice in Nursing</td>
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<td><strong>Margaret Bowers, MSN, RN, CA, FNP</strong></td>
<td>Outstanding Faculty of the Year, Duke University School of Nursing</td>
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<td><strong>Elizabeth Clipp, RN, PhD</strong></td>
<td>Award for Excellence in Oncology Nutrition Research, Oncology Dietetic Practice Group</td>
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<td><strong>Jan C. Collins-McNeil, PhD, APRN, BC</strong></td>
<td>Mentee Award, National Coalition of Ethnic Minority Nurse Association</td>
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<td><strong>Helen Gordon, MS, CNM</strong></td>
<td>Faculty Excellence in Teaching Award, Duke University School of Nursing</td>
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<td><strong>Cristina C. Hendrix, DNS, APRN-BC, GNP, FNP</strong></td>
<td>End-of-Life Nursing Education Consortium Graduate Teaching Award, AACN Masters Education Conference</td>
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<td><strong>Diane Holditch-Davis, PhD, RN, FAAN</strong></td>
<td>Kenan Distinguished Professorship, UNC-Chapel Hill</td>
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<td>Distinguished Contribution to Nursing Science Award, Duke University School of Nursing</td>
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<tr>
<td><strong>Susan M. Schneider, PhD, RN, AOCN</strong></td>
<td>Oncology Nursing Society Excellence in Cancer Nursing Research Award</td>
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<td><strong>Nancy M. Short, DrPH, MBA, RN</strong></td>
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<tr>
<td><strong>Kevin Sowers, MSN, RN</strong></td>
<td>Distinguished Alumnus Award, Duke University School of Nursing</td>
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<tr>
<td><strong>Joshua Thorpe, PhD, MPH</strong></td>
<td>Best Student Poster Award, 2nd Annual Aging Exchange, UNC-Chapel Hill</td>
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<td><strong>Barbara S. Turner, RN, DNSc, FAAN</strong></td>
<td>Juanita Long Community Service Award, Sigma Theta Tau International</td>
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<tr>
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<td>Distinguished Service Award, Duke University School of Nursing</td>
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<td><strong>Kathleen M. Turner, MSN, RN</strong></td>
<td>Named one of the “Great 100” Nurses in North Carolina</td>
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Ruth Anderson, PhD, RN, FAAN


Chip Bailey, RN, PhD


**Julie Barroso, PhD, ANP, CS**


**Jane Blood-Siegfried, DNsC, CPNP**


**Wanda Bradshaw, RNC, MSN, NNP, PNP**


**Debra Brandon, PhD, RN, CCNS**


Mary T. Champagne, RN, BSN, MSN, PhD, FAAN


Elizabeth Clipp, RN, PhD


Kirsten Corazzini, PhD


Linda L. Davis, PhD, RN


Wendy Demark-Wahnefried, PhD, RD, LDN


Catherine L. Gilliss, DNSc, RN, FAAN


Linda Goodwin, RN, BC, PhD


Sharon L. Docherty, CPNP, PhD


Judy Hays, PhD, RN


Sharon Hawks, CRNA, MSN


Cristina C. Hendrix, DNS, CFNP, CCRN


Diane Holditch-Davis, PhD, RN, FAAN


Richard Landerman, PhD


Holly Lieder, RN, MSN, CPNP


Marcia Lorimer, RN, MSN, CPNP


Eleanor McConnell, RN, PhD


Brenda Nevidjon, RN, MSN, FAAN

Judith K. Payne, PhD, RN, AOCN


Carla Gene Rapp, PhD, RN, CRRN


Susan M. Schneider, PhD, RN, AOCN


Nancy M. Short, DrPH, MBA, RN


Lisa J. Thiemann, CRNA, MNA


Joshua M. Thorpe, PhD, MPH


Kathryn Trotter, MSN, CNM, FNP


Barbara S. Turner, RN, DNSc, FAAN


Queen E. Utley-Smith, EdD, RN


Bailey Jr., D. E. (Principal Investigator), Barroso, J., Clipp, E. C., Landerman, L. R., Muir, A. Uncertainty and Watchful Waiting in Chronic Hepatitis C. Funded by NIH/NINR (R15NR008704), 9/30/05-8/31/08, $50,000.

Barroso, J. (Principal Investigator), Hicks, C., Bartlett, J., Wheten, K., Pence, B. Fatigue in HIV Positive People. Funded by NIH/NINR (R01NR008681), 9/1/04-5/31/07, $428,500.


Brandon, D. (Principal Investigator), Landerman, L. R., Goldstein, R., Freedman, S., Gustafson, K. Preterm Infants: Light Effects on Health and Development. Funded by NIH/NINR (R01NR08044), 2/1/03-1/31/06, $230,000.


Colón-Emeric, C. S. (Principal Investigator), Anderson, R. A. Evidence-Based Medicine in the Skilled Nursing Facility. Funded by NIH/NIA (K23AG024787), 7/15/04-5/31/09, $159,818.

Corazzini, K. N. (Principal Investigator). RN Delegation & Quality of Care in Long-Term Care. Funded by University of Iowa, 1/1/06-12/31/06, $2,000.

Davis, L. L. (Principal Investigator), Landerman, L. R., Thorpe, J. M. Project ASSIST for Chronic Illness Caregivers. Funded by NIH/NINR (R01NR008285), 9/30/02-6/30/07, $320,090.


Demark-Wahnefried, W. (Principal Investigator), George, S., Madden, J. Prostate Cancer: Impact of Fat & Flaxseed Modified Diets. Funded by NIH/NCI (R01CA85740), 1/4/02-6/30/07, $222,500.

Demark-Wahnefried, W. (Principal Investigator), Kraus, W., Reiner, I. L., Clap, E., Lobach, D., Peterson, B. Promoting Health in Prostate and Breast Cancer Survivors. Funded by NIH/NCI (R01CA81191), 3/1/01-12/31/06, $247,755.

Docherty, S. L. (Principal Investigator), Landerman, L. R., Kurtzberg, J., Miles, M. Parental Caregiving of Children PostStem Cell Transplant. Funded by NIH/NINR (R15NR009041), 8/01/04-7/31/07, $150,000.
Freedland, S. J. (Principal Investigator), Demark-Wahnefried, W. Molecular Dissection of the Association Between Obesity and Aggressive Prostate Cancer. Funded by Department of Defense (W81XWH-06-0353), 4/1/06-3/31/11, $648,148.

Freedland, S. J. (Principal Investigator), Demark-Wahnefried, W. Ketogenesis, Ketogenic Diet, and Prostate Cancer Progression. Funded by Department of Defense (W81XWH-06-1-0133), 11/15/05-11/14/07, $236,447.

Freedland, S. J. (Principal Investigator), Demark-Wahnefried, W. Ketogenic Diet and Prostate Cancer. Funded by Atkins Foundation, 6/29/06-6/30/07, $75,000.

Goldberg, R. N. (Principal Investigator), Brandon, D. Cooperative Multicenter Neonatal Research Network. Funded by National Institutes of Health (U10HD40492), 5/1/01-3/31/11, $421,568.

Hendrix, C. (Principal Investigator), Clipp, E. C., Schneider, S. M., Landerman, L. R., Moore, J. Informal Caregiver Training in Cancer Symptom Management. Funded by NIH/NINR (R15NR009489), 3/1/06-8/31/08, $125,000.

Hendrix, C. (Principal Investigator). Mentor Program: Caregiver Training in Cancer Symptom Management. Funded by University of Iowa, 3/1/06-8/31/08, $1,000.

Holditch-Davis, D. H. (Principal Investigator), Landerman, L. R. Mother-Administered Interventions for VLBW Infants. Funded by NIH/NINR (R01NR009418), 9/30/05-6/30/10, $441,051.

Hybels, C. F. (Principal Investigator), Landerman, L. R. Depression and Physical Functioning in Older Adults. Funded by NIH/NIMH (K01MH066380), 4/1/03-1/31/08, $103,186.


McConnell, E. S. (Principal Investigator). Diffusion of Innovations Measures for Translational Science in LTC: LPNs and CNAs. Funded by University of Iowa, 9/1/05-3/31/09, $15,000.


Tulsky, James A. (Principal Investigator), Clipp, E. C., Hays, J. C. Trajectories of Serious Illness: Patients and Caregivers. Funded by NIH/NINR (R01NR008249), 8/1/03-6/30/08, $418,019.

Books for Iraq

When he returned from active duty in Iraq, Duke School of Nursing alumnus Tobin Hill, MSN’01, “mentioned that if we ever had excess books, the people of Iraq could sure use them,” says Duke Assistant Professor of Nursing Marva Price, DrPH, RN, FNP, FAAN.

Through her service on the North Carolina Commission for Health Services, Price met Randall Williams, MD, a local obstetrician who volunteers with Medical Alliance for Iraq. The Duke nursing community collected a total of 901 textbooks on undergraduate nursing, primary care, pediatrics, anesthesia, surgical nursing, reproductive health, oncology, geriatrics, and other topics, and Williams will have them delivered to Hawler Medical University in Erbil, Iraq by the U.S. Army Corps of Engineers.

According to Williams, the Iraqi people once had strong connections with British schools, and English is the language of health care education. But for 30 years, they have been cut off from the West. “Now Iraqi physicians and nurses want to reconnect,” says Williams.

“Dr. Williams is going back to Iraq in April, and he has promised to send us a photo of these books on the shelves in the medical library in Erbil,” says Price. “That will be something to marvel at.”