



Spring/Summer  
2009  
Volume 4, No. 1

# Duke Nursing

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“We wanted to do what we could to help people who really want to be nurses afford a great nursing education.”

—Mary Shepard

## A DUKE CHARITABLE GIFT ANNUITY

Mary McFarland was a senior in high school in 1953 when a chance encounter changed her life.

Mary was visiting Annapolis, Md., but her date, Jack, a student at the U.S. Naval Academy, was in sick bay with pneumonia. Jack asked his cousin and fellow Naval Academy midshipman Rolf Shepard to entertain Mary, and “the rest is history,” Mary says.

She graduated from high school and was accepted at Duke University. She completed freshman and sophomore years, but then decided to marry Rolf, and the couple moved to California.

Mary went on to earn a degree in nursing from a community college and worked as a nurse for 20 years—in physician practices specializing in surgery, pediatrics, and OB-GYN. Rolf retired from the Navy after 20 years and then served as the Kern County veterans’ service officer in Bakersfield, Calif., for 22 more years, helping veterans and their dependents claim benefits. In 2005 the couple moved to Chocowinity, N.C., on the Pamlico River, to be closer to Mary’s family.

Even though she did not graduate from Duke, Mary maintained an allegiance. As a nurse herself, she chose to support the School of Nursing through the Annual Fund.

After more than three decades of loyal annual giving, the couple recently decided to make a gift through their estate. The gift will establish an endowment to provide scholarship support for nursing students. They have also established three charitable gift annuities totaling \$30,000, also for nursing scholarships.

“We wanted to do what we could to help people who really want to be nurses afford a great nursing education,” says Mary.

The couple attended a Duke men’s basketball game in 2008. It was their first time back to Duke’s campus since Mary left in 1955. They enjoyed meeting **Dean Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN**, and her husband for dinner. In February they returned to watch the Duke Blue Devils play Miami and to tour the School of Nursing’s building.

Mary says she is happy to support Duke nursing, and she and Rolf feel that charitable gift annuities are a safe place to invest in the current economic climate.

A Sound Investment for You—  
a Dream Come True for  
Tomorrow’s Nursing Leaders



Mary and Rolf Shepard

### Sample Duke Annuity Rates

SINGLE PERSON		MARRIED COUPLE	
Age	Rate	Age	Rate
65	5.3%	65/65	4.9%
70	5.7%	70/70	5.2%
75	6.3%	75/75	5.6%
80	7.1%	80/80	6.1%

For more information please contact **Joseph W. Tynan, JD**, director of gift and endowment planning for Duke Medicine, at [tynan002@mc.duke.edu](mailto:tynan002@mc.duke.edu) or 919-667-2506. Visit us on the Web at [dukemedicine.org/giving](http://dukemedicine.org/giving).

 **Duke University**  
School of Nursing

Dear Friends,  
 In this issue of *Duke Nursing*, you will see how the Duke University School of Nursing is *making a difference*.



Among the many initiatives, our Technology Integration Program for Nursing Education and Practice prepares nursing faculty to integrate new educational and clinical technologies into the curriculum. The Innovative Nursing Education Technology initiative facilitates exchange of educational innovations, teaching tools, and resources on the latest distance-learning technologies. Our new Doctor of Nursing Practice Program, offered in executive format, employs online technologies to make the program available to working nurses. Our faculty members and students are excited about these education innovations, and faculty in peer institutions have expressed appreciation for what they have learned from us.

Our faculty members are *making a difference* for patients and their families through their scientific work. We are studying new models of care to improve outcomes for people with chronic illness and their caregivers. Our work helps to support the transition from hospital to home and reduces the length of time people stay in acute care settings. These improvements save money and improve the quality of life for our patients.

Our faculty members are also engaged in the practice of nursing. They are demonstrating innovations that *make a difference* in the lives of our patients, such as preventing falls

in the hospital, managing care for heart failure, and overseeing recovery from breast cancer.

Our growing portfolio of community outreach and international work *makes a difference* in Durham and beyond. Students work among the underserved residents of Durham providing health education and screening. Our Office of Global and Community Health Initiatives has established a relationship with colleagues in the Caribbean that will build nursing capacity and improve the care of older persons with heart disease.

The Duke nursing tradition continues. We continue to educate leaders who will transform health care and discover better ways to improve health for all people. Our work is made possible because of the support of our many friends. I hope you will enjoy this annual report and hope to hear from you about your impressions of our work.

Catherine Lynch Gilliss, BSN'71, DNSc, RN, FAAN  
 Dean and Professor  
 Vice Chancellor for Nursing Affairs

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Please contact us at:

*DukeNursing Magazine*  
512 S. Mangum St., Suite 400  
Durham, NC 27701-3973  
[amelia.howle@duke.edu](mailto:amelia.howle@duke.edu)

#### **Duke Nursing Alumni Affairs Staff**

Fran Mauney, Interim Executive Director,  
Development and Alumni Relations

Sallie Ellinwood, Director  
of Development

Amelia Howle, Director, Alumni  
Relations and Annual Programs  
Ginger Griffin, Staff Assistant

#### **Editor**

Marty Fisher

#### **Copy Editor**

Stefanie Conrad

#### **Contributing Writers**

Jim Rogalski, Bernadette Gillis,  
Bryan Gilmer

#### **Graphic Designer**

David Pickel

#### **Photography**

Jon Gardiner, Jared Lazarus,  
Megan Morr, Les Todd, and Jim Wallace

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## Gilliss Reappointed as Dean

Victor J. Dzau, MD, Duke University chancellor for health affairs, Duke University, and president and chief executive officer, Duke University Health System, in September officially reappointed Catherine L. Gilliss, BSN'71, DNSc, RN, FAAN, to a second term as dean of the School of Nursing and vice chancellor for nursing affairs, Duke University.

"I can say the state of the School of Nursing is healthy, thriving, and on the move with energy, enthusiasm, and leadership," said Dzau during remarks at the dean's annual State of the School of Nursing address. "It's a vital, integral part of Duke Medicine, very much in the forefront of what we're trying to accomplish."

During Gilliss's tenure, the school's number of students has grown 25 percent, and the number of applications continues to rise. The faculty is 40 percent larger. The school also jumped from 29th in the 2004 *U.S. News & World Report* rankings to 15th in 2007.

Dzau first appointed Gilliss as dean and vice chancellor in 2004. She previously served as a professor and dean of the nursing school at Yale University. She holds a bachelor's degree in nursing from Duke, a master's degree in psychiatric nursing from The Catholic University of America, an adult nurse practitioner certificate from the University of Rochester, and a doctorate in nursing science from the University of California-San Francisco, where she also completed a postdoctoral fellowship. She is nationally known for her research on families and chronic illness, is the author of two books and numerous journal articles, and is the president-elect of the American Academy of Nursing.



## ABS N Program Earns 10-Year Accreditation

In November the Accelerated BSN degree program received its first 10-year accreditation, the maximum accreditation an established program can receive. The accreditation by the Commission on Collegiate Nursing Education came with no recommendations for improvements or focus areas of concern and is good through December 2018.

The credential signifies that the ABSN program is meeting the essentials of baccalaureate nursing education as identified by the American Association of Colleges of Nursing. Accreditation also signifies that the ABSN programs are at the highest level and that the continuous quality-improvement program established for the ABSN curriculum meets the rigorous criteria for ongoing evaluation.

The accreditation is a voluntary, self-regulatory process. The commission proclaims that it "ensures the quality and integrity of baccalaureate and graduate education programs preparing effective nurses" and "serves the public interest by assessing and identifying programs that engage in effective educational practices."

Soon after it launched, the Duke ABSN program was accredited for a shorter period beginning in 2003—also with no recommendations for improvement. This is the first time the program was eligible for a 10-year accreditation. The Duke nursing master's degree program is also CCNE accredited, through 2013.

## Harriet Cook Carter Speaker Applies Evidence to Chronic Illness Care



Barbara Paterson, PhD, MEd, BN, RN, a professor and Tier One Canada Research Chair in chronic illness at the University of New Brunswick, gave the 2009 Harriet Cook Carter Distinguished Lecture on January 28.

Paterson has conducted funded research studies in the self-management of diabetes and other chronic illnesses. Her first research study in diabetes self-management was published in the *Canadian Journal of Diabetes Care* and won the Novo Nordisk Award for her acknowledgment that

people with chronic illness have much to teach health care professionals about living with disease.

The School of Nursing holds its annual Harriet Cook Carter Lecture to commemorate the life of Harriet Cook Carter and her work on behalf of the Duke and Durham communities.

## Bailey Helps Develop National ABSN Competency Standards



Associate professor Chip Bailey, PhD, RN, helped to develop the latest national set of competency standards to help bachelor's degree nursing programs prepare graduates to provide safe, high-quality patient care.

Deans and directors from the nation's senior nursing schools approved the new "Essentials of Baccalaureate Education for Professional Nursing Practice" in October at the semi-annual meeting of the American Association of Colleges of Nursing.

For the past two years, Bailey represented the perspective of accelerated bachelor's programs on the national task force that developed the essentials, serving with six nursing deans and directors, two other faculty members, and one other nurse in clinical practice.

"It was a huge honor to be invited by the association to serve on this national task force because these essentials are important to professional nursing and the public that have entrusted us with their care, so I was glad to do it," Bailey says. "The nine essentials emerged through stakeholder meetings as the task force shaped the final document with the support of association staff."

The 61-page result ([aacn.nche.edu/Education/pdf/BaccEssentials08.pdf](http://aacn.nche.edu/Education/pdf/BaccEssentials08.pdf)) details nine essential themes as fundamental to baccalaureate nursing education:

- A solid base in liberal education provides the cornerstone for the practice and education of nurses.
- Skills in leadership, communication, quality improvement, and patient safety are necessary to providing high-quality health care.
- Professional nursing practice is grounded in the analysis and application of evidence.
- Knowledge and skills in information and patient-care technology are critical to the delivery of quality patient care.
- Health care policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the health care system.
- Collaboration among health care professionals is critical to delivering high-quality and safe patient care.
- Health promotion and disease prevention at the individual and population levels are necessary to improve population health.
- Professionalism is fundamental to the discipline of nursing.
- Integration of knowledge and skills is critical to practice. Practice occurs across the lifespan and in the continuum of health care environments. The baccalaureate graduate demonstrates clinical reasoning within the context of patient-centered care to form the basis for nursing practice that reflects ethical values.

School of Nursing leadership has long played a national role in defining the essential themes of baccalaureate nursing education. Bailey notes that Mary Champagne, PhD, RN, FAAN, professor and former dean, served on the panel that produced the association's original document, "Essentials of College and University Education for Professional Nursing" in 1986. That was the first national effort to define essential knowledge, values, and professional behaviors of baccalaureate-prepared nurses.





John Brion (front row, far right) with the Duke Men in Nursing group

## Men In Nursing Stick Together

Men are an under-represented group in both the School of Nursing, at 10 percent of total students, and in the Duke University Health System, where they make up 11 percent of nurses. So a nursing professor and four men in the Accelerated BSN program have started a Duke chapter of the American Assembly for Men in Nursing.

The group is working to increase visibility of men's contributions to nursing and to offer support and solidarity to male students at the school and to nurses within the health system. Women who are interested in the group's mission are welcome to join.

"Under-represented groups of students and nurses have a high attrition rate," says John Brion, PhD, RN, assistant clinical professor. "One of the reasons for that is that they can feel isolated. DUSON has done a tremendous job of recruiting students from under-represented groups. We wanted to help make sure we retain those students. We already have a good, strong core of 25 people and interest from close to 100 more who say they want to participate in some way."

The group led a university-wide Red Cross blood drive late in the fall and enjoyed a friendly competition with a University of North Carolina-Chapel Hill blood drive.

In addition to offering community-service projects such as the blood drive and a venue for networking, the group hopes

to begin a mentoring program for students. That will also help to connect the school even more tightly with the medical center and health system.

"We want to try to create a program where students can look to male staff for the support and career advice of someone working in the clinical setting," Brion says. "The payoff for the school is that connecting students with staff through mentoring will hopefully help them to feel more connected to the profession and prevent the isolation that causes some to leave before graduating. And when they do graduate, if they stay in the Duke system for work, the networking and sense of inclusion started during school will hopefully serve as a retention tool for the hospital."

The group's abbreviated name—DAAMN—often gets a laugh, Brion says.

"Everybody seems to think it's fun," he says. "It is catchy and a little edgy, but not too bad. With the extra A in there, it's not technically anything other than an acronym. We have talked about printing T-shirts, and a lot of people from the hospital said they would love to wear them. I guess it allows people to feel like they're being just a little bit of a rebel."

## Two Pediatric Acute Care Students Named University Scholars

Two Duke nursing graduate students—including one who so far has taken all of her classes online—were honored as Duke University Scholars in 2007 and 2008. The program selects one student from each Duke graduate and professional school annually.

Stephanie Becherer just finished her master's of science in pediatric acute and chronic care nursing degree. And Melissa Winder, a student studying to be a nurse practitioner in the same program, is participating remotely while continuing to work as a nurse in Utah.

“Graduate and professional school University Scholars are outstanding, innovative students who have exhibited wide interdisciplinary interests and commitments,” according to the program guidelines. “They show evidence of profiting by intellectual collaboration and interchange at the very highest levels. They are good communicators who can share their specialized knowledge. They are excited by ideas and are capable of seeing how ideas from other fields can be translated into their own course of study.”

University Scholars also receive financial support that covers their tuition, funding to support a presentation at an interdisciplinary conference or one outside their discipline, and “intellectual support” including seminars, coffees, and other gatherings where the scholars share ideas and network across the academic disciplines.

“When I got the call from [Director of Admissions, Student Services] Bebe Mills saying that I had been chosen, I was elated,” says Becherer. “I couldn't believe I had been selected for this incredible opportunity. I was, of course, thrilled about the scholarship, but the program seemed to fit my interests perfectly. My research area is interprofessional collaboration, primarily between nurses and physicians, but the program has given collaboration a whole new meaning.”

She adds that she would now like to compare and contrast the relationship between registered nurses and

nurse practitioners with the one between physicians and registered nurses to see whether there are any differences in the willingness to collaborate in each case. She hopes that work will inspire the development of interventions that can improve collaboration and therefore the quality of patient care. She is beginning her search for a position as a clinical specialist.

Winder, a pediatric intensive care nurse and infant-unit charge nurse in Salt Lake City, has so far been



Stephanie Becherer



Melissa Winder



communicating with the other University Scholars mainly through an e-mail group. That has worked surprisingly well, she's found. She will be on campus next fall.

“I feel like when I get out to Duke next fall, I'll be prepared to jump right in and help contribute a little bit more,” she says. “I've loved being a Duke student so far. I just completed two classes online, and they were wonderful.”

Winder is interested in improving holistic palliative care for terminally ill children and their families, and she hopes to make connections with scholars at the Duke Institute on Care at the End of Life, which is based at Duke Divinity School.



## Improving Quality of Life and Care for the Chronically Ill

Three School of Nursing faculty members have just begun a five-year, \$3.3 million National Institute of Nursing Research study on innovative and cost-effective ways to help patients and their family caregivers better manage serious chronic illnesses at home. The hope is to develop and test new ways to avoid unpleasant and damaging symptoms that require hospitalization or expensive emergency care.

James Tulsky, MD, a professor of medicine with a dual appointment at the School of Nursing, is overseeing the set of three related randomized controlled trials, which are funded by an NIH program project grant.

“Our goal is to learn how to apply the principles of self-management to the care of patients with life-limiting illnesses,” Tulsky says. “These are all interventions that can be implemented by nurses, and we hope they will improve patient and caregiver quality of life.”

Chip Bailey, PhD, RN, associate professor, and Cristina Hendrix, DNS, CFNP, CCRN, assistant professor, are each leading a trial, as is Karen Steinhauser, PhD, a sociologist and associate professor

in the School of Medicine.

Bailey is studying an uncertainty-management intervention developed at the University of North Carolina-Chapel Hill. He wants to learn whether it can help patients with end-stage liver disease, many of whom are awaiting transplants.

The intervention involves a nurse calling each patient once a week to help them solve problems and deal with the uncertainty of their illness and the wait for a liver transplant. It has already been proven effective for breast- and prostate-cancer patients. The study is unique because the training will be given to patients and caregivers at the same time.

Hendrix will study the effectiveness of having a nurse educate both cancer patients and their caregivers about symptom management, home care, and stress-management strategies before patients are discharged from the hospital. Hendrix says this happens sometimes

on an informal basis but can be skipped when nurses are busy.

Steinhauser will study whether quality of life is improved for patients facing the end of life if they receive coaching about life review, forgiveness, and leaving a legacy.

Because the studies were designed in tandem, Tulsky’s team will be able to compile the data into a single system and analyze it together to quantify how much, if any, the interventions helped. He will then consider how this new knowledge can be applied to other chronically ill patients.

“We’ll also interview participants to understand more about what worked, what didn’t, and why so that we can learn how to improve interventions,” says Tulsky.

**Cristina Hendrix,  
Karen Steinhauser,  
James Tulsky,  
Chip Bailey**



## School of Nursing Honors Two

2009 Duke University School of Nursing

Alumni Association Awardees

### Distinguished Alumna Award

**Margarete Lieb Zalon, BSN'69, PhD, RN, ACNS-BC**

Committed to serving and advancing nursing through science and advocacy, Margarete Lieb Zalon, BSN'69, PhD, RN, ACNS-BC, has taken on leadership roles throughout her 40-year career that have impacted nursing on local, state, and national levels.

Zalon is currently a professor of nursing at the University of Scranton in Pennsylvania and also serves as chair of the university's Institutional Review Board.

She began her career as a volunteer nurse with a Duke service program in Tasbapouni, Nicaragua, during the summer of 1969. After holding positions at New York University Medical Center, Lutheran Medical Center, Queensborough Community College, and Mt. Sinai Medical Center, she went on to Community Medical Center in Scranton, where as director of the school of nursing, her accomplishments included helping the school maintain a 96 percent RN licensure examination rate for six years and initiating plans for transition to an associate degree program.

For the past 20 years Zalon has been at the University of Scranton, where she now teaches registered nurses, licensed practical nurses, and traditional undergraduate students. She also teaches graduate-level courses. She was the first faculty member at the university to teach a course via video conferencing and received a \$70,000 grant from the Helene Fuld Health Trust to facilitate computer-assisted instruction for students. Zalon also established a research agenda on pain, pain management, and the recovery of elderly patients after surgery and has been funded by the National Institute of Nursing Research. More recently she has partnered with the staff of a community hospital to measure outcomes for a program designed to prevent cognitive decline in the elderly.

Zalon currently serves as president of the American Nurses Foundation (ANF) and director-at-large for the American Nurses Association (ANA). As ANF president, she has been instrumental in enhancing the foundation's visibility, investigating its history, and increasing its fundraising initiatives. She also serves on the board of the northeast Pennsylvania affiliate of the Susan G. Komen for the Cure Foundation.



Zalon was instrumental in establishing the Nurse Educators Consortium of Northeastern Pennsylvania in 1982 and served as the group's first vice president and second president. She has held appointed and elected positions in state nursing associations and served numerous times in the ANA House of Delegates. In 2000 she was elected president of the Pennsylvania State Nurses Association, and in that role she provided testimony for key legislative initiatives affecting nursing.

Zalon earned a nursing degree from Duke University in 1969. She received a U.S. Public Health Service traineeship for graduate education and earned a master's degree in nursing with a major in biophysical pathology and a minor in teaching from New York University in 1973. In 1989 she returned to New York University to earn a PhD in nursing research.

## Distinguished Contributions to Nursing Science Award

**Linda Lindsey Davis, PhD, RN, ANP, FNAP, FAAN**

Linda Lindsey Davis, PhD, RN, ANP, FNAP, FAAN, is the Ann Henshaw Gardiner Professor of Nursing and a senior fellow in the Center for the Study of Aging and Human Development at Duke. She is also chair of the School of Nursing's PhD program.

As an adult nurse practitioner, Davis spent much of her career practicing in elder-care settings in New York, Oregon, Virginia, and Alabama. She has teaching and administrative experience in baccalaureate, master's, and doctoral nursing programs. Before coming to Duke in 2005, she held academic appointments at the University of Alabama-Birmingham, including serving as associate dean of undergraduate studies and interim associate dean for research.

Davis's research focuses on aging, and she is the author of numerous papers and book chapters on family and elder-care issues. Currently, she is the principal investigator of a study funded by the National Institutes of Health/ National Institute of Nursing Research on strategies that will help family caregivers provide home care for frail elders with Alzheimer's or Parkinson's disease.

Davis was one of the first Robert Wood Johnson Nurse Fellows in primary care and was elected to the national Academies of Practice (Nursing) in 1989 and the American Academy of Nursing in 2007. She has held leadership positions with organizations that include the national Alzheimer's Association, the TriServices Military Research Panel, and the American Nurses Foundation. She is a member of the scientific review panel of the National Institute of Nursing Research. She is also a member of Sigma Theta Tau International Honor Society of Nursing and the Gerontological Society of America.

A native of Dallas, Texas, Davis earned a bachelor's degree from Old Dominion University, a master's degree from the University of North Carolina-Chapel Hill, and



a PhD from the University of Maryland. She completed a primary care faculty fellowship at the University of Rochester and postdoctoral studies on family research methods at the University of California-San Francisco.

# HONORS

## Cullmans Support Global Health Scholarships

Nan and Hugh Cullman of Beaufort, N.C., have given \$50,000 to their existing scholarship endowment at the School of Nursing—for a total pledge of \$250,000—to create an endowed scholarship fund to support global health experiences for Duke nursing students. Their gift was matched through the Duke University Financial Aid Initiative for a total of \$500,000. The Cullmans, who have a great interest in international travel, are shown here

while hiking in Switzerland. They have both been patients at Duke Hospital, and they feel that excellent nursing care helped them have successful recoveries. “After hearing from many sources about the national nursing shortage, we decided that the Duke School of Nursing was an important part of Duke Medicine,” says Hugh. “We are happy to contribute to its success.”



Hugh and Nan Cullman

## Financial Aid Initiative a Success

The School of Nursing exceeded its goal of raising \$4 million for financial aid for nursing students as part of the university-wide Duke Financial Aid Initiative (FAI). When the three-year initiative ended on December 31, the school had raised a total of nearly \$4.5 million, 112 percent of its goal.

The total includes \$2.2 million in matching funds the school received from a generous pool of matching funds contributed by The Duke Endowment and four Duke families.

A total of 114 individual donors made gifts to the Nursing Financial Aid Initiative, and 19 scholarships were established from gifts to the FAI.

## Faculty-Staff Campaign Meets Goal

Faculty and staff at the School of Nursing succeeded in meeting its goal of raising \$50,000 through the Faculty-Staff Campaign. The campaign received a boost with a challenge gift from Susan Meister, PhD, RN, FAAN, chair of the school's national Board of Advisors, and her husband Paul. The money raised will go to the School of

Nursing Annual Fund, which provides student scholarships.

“I am very pleased to support the annual fund and its agenda, especially scholarships,” said Susan Meister. “As the chair of the Board of Advisors, I am well aware of the great advances the school has made with the leadership of our exceptional dean. I consider it an honor to join in these efforts.”

“This is a wonderful show of support for our students,” said **Dean Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN**. “We are very grateful to Susan and Paul Meister for their support and commitment to our school.”

## RWJF Grant Aims to Diversify Nursing

The Robert Wood Johnson Foundation has granted \$70,000 for the New Careers in Nursing Program, aimed at recruiting students from groups under-represented in nursing. **Syvil S. Burke, MSN, B’97, RN**, assistant dean for admissions and student services, is principal investigator on the grant. Currently the Duke Accelerated BSN program includes about 16 percent ethnic minorities—7 percent African

American, 4 percent Asian, and 5 percent Hispanic—and about 18 percent males.

## Susan Glenn Takes Children’s Development Post

Susan Glenn, who has served as executive director of development and alumni affairs for the School of Nursing since April 2007, has accepted a new position as executive director of development for Duke Children’s Hospital & Health Center. During her tenure at the School of Nursing, many new scholarship funds were established, the Nursing Annual Fund reached record highs, and the nursing alumni relations program has flourished.

“Susan has done a great deal to build new networks of support for our school among alumni and friends, and she will be greatly missed,” said **Dean Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN**. “We are glad that she will continue to work for Duke and in support of Duke Children’s.”

Fran Mauney, MEd, RN, associate dean for clinical affairs, will serve as interim executive director of development and alumni affairs.



John Emerson

## Emerson Gift Supports a Future Nurse

Nancy Emerson fought breast cancer for 21 years. And her husband John Emerson was by her side every step of the way.

Nancy was one of the first volunteers with Duke's Cancer Patient Support Program and chaired its board. She and John befriended hundreds of patients, nurses, and doctors at the Duke Comprehensive Cancer Center over the years.

Nancy lost her hard-fought battle five and a half years ago, but it wasn't long before John found himself drawn back to Duke and to helping people struggling with cancer. He comes every Thursday, with a warm smile and the trademark bananas that he shares with patients and families in the waiting room of Duke's Morris Cancer Clinic.

Giving of themselves just came

naturally to both Emersons, and John says he "tumbled around several ideas" before he decided on a meaningful way to leave a lasting legacy of his own at Duke.

"There are so many areas at Duke that you could contribute to—the research they are doing is a great thing. But nurses meant so much to Nancy and to me. They contribute so much to the healing process—I hold them very dear to my heart," says John.

His legacy gift will support future nurses, with preference given to students who plan a career in oncology nursing. Emerson has given \$100,000 for a nursing scholarship, which will be matched by the Duke Financial Aid Initiative for a total of \$200,000.

Emerson says he looks forward to meeting the student who receives the first funds from his endowment this fall.

"There's a genuine need for new nurses," he says.

## Holt Honors Sister's Selfless Spirit with Nursing Scholarship Endowment

Trela Christine Holt was the type of nurse who would do whatever she could to help people, no matter where or when, according to her older brother Terrance "Terry" K. Holt.

"Once I was traveling with her on an interstate and someone had pulled over and couldn't get their car started," he remembers. "Trela volunteered to keep their dog until they got their car fixed. She was the kind of person who never hesitated to help someone."

Trela enjoyed a successful and varied nursing career working as a life-flight nurse, a hyperbaric nurse, a prison nurse, an intensive care unit nurse, and a nursing teacher.

"She was always doing something that was not your classic run-of-the-mill nursing," says Terry, 53. "She did a lot of state-of-the-art stuff."

When Trela lost a six-month battle with pancreatic cancer on Thanksgiving Day 2006 at the age of 48, Terry vowed to honor his sister's unwavering selfless-



Terry and Virginia Holt

ness and giving spirit in some way.

Although his sister never attended the Duke University School of Nursing (DUSON), Terry and his wife Virginia chose to give \$250,000 to the school to establish The Trela Christine Holt School of Nursing Scholarship Fund. With 100 percent matching funds from the school's Financial Aid Initiative, the fund will launch this spring with an initial \$500,000 endowment.

"This is a way for me to promote the quality, state-of-the-art nursing education that she would have enthusiastically endorsed," Terry says. "It's a donation

to her legacy of never hesitating to help others no matter what the circumstances."

The fund will provide full and partial scholarships to DUSON students, with preference given to candidates first from the state of Tennessee, then to those from Illinois. The Holt family has roots in Tennessee and a strong presence in Illinois.

Terry is president of Red Barn Investments of Northbrook, Ill., the firm that manages the Holt family estate, and is a former member of the Duke Medicine Board of Visitors. In the past he has given money to Duke Medicine for Parkinson's disease research. He and Virginia have a daughter, **Amanda, T'07**, who graduated from Duke with a degree in public policy.

"I've had many positive experiences working with Duke," he says.

In addition to Amanda, Terry and Virginia have a daughter Laura—a sophomore at the University of Denver; and twins John and Jenna—both high school sophomores. The family lives in Kenilworth, Ill.



### Associate Dean for Clinical Affairs

**Fran Mauney, MEd, RN**, sees a future in which advanced-practice nurses provide more and more of patients' primary care, a goal she's working toward in her new role at the School of Nursing. She wants to increase the number of nurse practitioners and is investigating the feasibility of "nurse-first clinics," as well as looking at new and innovative nursing models of care.

#### Education

University of Cincinnati, BSN

Washington University, MEd

#### Professional

Mission Hospital, Asheville, N.C., Vice President of Operations

Durham Regional Hospital, Durham, N.C., Interim CEO

### Associate Dean for Academic Affairs

**Dori Taylor Sullivan, PhD, NE-BC, CNL, CPHQ**, is working with faculty and staff to attract top students and offer innovative curricula. She oversees the Office of Admissions and Student Services as well as the Center for Nursing Discovery (CND) and the new Institute for Educational Excellence.

#### Education

University of Connecticut, BSN, MSN-Administration, PhD,  
educational psychology

#### Professional

University of Connecticut Health Center, Farmington, Conn.,

Assistant Vice Chancellor for Performance and Quality  
Improvement, faculty researcher

Independent Health Care Consultant

Sacred Heart University, Fairfield, Conn., Chair of Nursing

**Q: What's your main focus in your new position at Duke?**

**A:** The heart of my job is to work with faculty and others to make sure we continue to have innovative curricula that include the best pedagogical strategies. It's really about supporting the faculty in our educational programs and in all of the activities that allow learning to happen in the highest-quality manner. That includes all four levels: Accelerated Bachelor's of Science in Nursing, master's, PhD, and doctor of nursing practice. We also want to be able to offer significant expertise to nursing education at large.

**Q: There's a growing demand for online education, and there also seems to be a trend toward using simulation and game-like experiences. How do you think of these technologies?**

**A:** We must use these technologies strategically to enhance student learning for both on- and off-campus students. Simulation and CND-type facilities are expensive, and we must ensure we are not merely doing something because it's different and trendy. The latest evolution is to employ simulation and technology where evidence shows they are the best instructional tools for a given situation.



**Q: Why is there a need for more non-physician practitioners?**

**A:** There's a shortage of primary care physicians all over the country, and right here in Durham County there's a void in primary care where patients can't get an appointment. As we look at addressing the shortage, we know practitioners such as physician's assistants and nurse practitioners can also ably care for patients. We as nurse practitioners can manage patients with chronic illnesses such as diabetes and hypertension and take the lead on things like wound care.

**Q: It's clear how this innovation will benefit patient care. But how will it help our nursing students?**

**A:** We have a nurse practitioner program and a doctor of nursing practice program, and as we develop these programs, we need sites like these for the students to achieve what they need to meet the criteria for their certifications. Plus, I think these new clinical settings will be excellent venues for a lot of research into how to improve and integrate practice.



### Assistant Dean for Undergraduate Education

**Michael Relf, PhD, RN**, is working to strategically grow Duke's Accelerated BSN program.

#### Education

South Dakota State University, BSN  
Georgetown University, MSN-Administration  
Johns Hopkins University, PhD

#### Professional

Marymount University, Arlington, Va., faculty member  
Arlington Hospital, Arlington, Va., Critical Care Unit Nurse Manager  
Whitman-Walker Clinic (HIV/AIDS treatment and prevention), Washington, D.C., Nursing Services Director  
Georgetown University School of Nursing and Health Studies, Washington, D.C., Chair, Department of Nursing

**Q: How well do you think Duke's undergraduate nursing program is positioned today?**

**A:** We have a great product. We have an exceptional faculty, curriculum, and resources. At many schools, traditional baccalaureate programs are constant or shrinking in size. Meanwhile, accelerated programs like ours are growing. We have really leveraged the opportunity to partner with the Duke University Health System to develop a top-notch program to address the nursing shortage. Now I'm working to ensure the program continues to grow strategically.

**Q: What are some of the main challenges in doing that?**

**A:** The biggest challenge the whole health care industry is having right now is determining how to close the gap between discovery and the application of that knowledge. What we teach students today is probably going to be outdated five different times over their career. So we have the chance to help students develop a set of basic competencies to enter the nursing work force with and become lifelong learners.

### Director, Institute for Educational Excellence

**Terry Valiga, EdD, RN, FAAN**, is helping nursing faculty apply evidence-based practice concepts to revise curricula, teach students, and evaluate learning. Valiga brings a career-long passion for teaching and decades of experience to the role.

#### Education

Teachers College of Columbia University, MEd, EdD

#### Professional

Trenton State College, Seton Hall University, Georgetown University, Villanova University, and Fairfield University, faculty member  
Fairfield University, Fairfield, Conn., Dean of Nursing  
National League for Nursing, Chief Program Officer



**Q: How do you rate the School of Nursing's commitment to instruction and educational research?**

**A:** We are one of a handful of nursing schools investing resources in and making the commitment to building creativity, innovation, and excellence in teaching. Many faculty members at Duke are already very innovative in how they design learning experiences for and with students. With this kind of foundation and history, I think we can move the School of Nursing into a strong position of leadership in nursing education.

**Q: Isn't having good instruction just a matter of hiring knowledgeable people to teach our students?**

**A:** Just because you are a good clinician doesn't mean you are a good teacher or know about curriculum development. Quite frankly, students can get signs and symptoms of a litany of illnesses from books or Web sites. What they can't get so easily is learning how to think through the complexity of clinical situations. When you are working with real people with complex health problems in real-life situations, there is a lot of uncertainty. That's really the essence of education: It's the ways of thinking, the insights, the values one integrates after careful reflection, not just taking on the values or information the teacher tells you to take on.

## New SON Faculty Appointments



Shulamit "Shula" Bernard, PhD, RN



James Lester Harmon, MSN'97, RN, ANP-BC, AAHIVS



Robin B. Knobel, PhD, RNC, NNP



Janet Levy, PhD

**Shulamit "Shula" Bernard, PhD, RN**, has joined the faculty as director of the Clinical Research Management Program. She earned a bachelor of science in nursing degree from City College of the City University of New York; a master's degree from Rochester University in Rochester, N.Y., specializing as a family health nurse clinician with a focus on older adults; and a PhD in public health policy and administration with a minor in epidemiology from University of North Carolina-Chapel Hill. She also completed postdoctoral training in health services research at the Cecil G. Sheps Center for Health Services Research at UNC. Prior to coming to Duke, she worked from 1999-2008 at the Research Triangle Institute in Research Triangle Park, N.C., most recently as senior director of the Research Program in Health Care Quality and Outcomes. Prior to that, she spent three years at UNC-Chapel Hill as a research associate at the UNC Institute on Aging; acting executive director and project director for the UNC Commission on Professional and Hospital Activities; and research assistant professor in the Department of Health Policy and Administration. Her areas of interest include health care quality, patient safety, health care, delivery models for chronic illness, and transla-

tional research. She and her husband Stephen live in Chapel Hill.

**James Lester Harmon, MSN'97, RN, ANP-BC, AAHIVS**, a clinical instructor and research assistant for the past two years, joined the school's regular rank faculty in August 2008. As a faculty member, he currently teaches in the Nurse Practitioner Program and assists associate professor Julie Barroso in her study of HIV-related fatigue. Harmon also cares for patients part time at an HIV outreach clinic in Henderson, N.C., which he helped found along with other Duke nurse practitioners. He came to nursing as a second career more than 15 years ago and has focused on treating and improving the quality of life for HIV patients. He earned a bachelor's degree in architecture from the University of North Carolina-Charlotte in 1977 and later moved to San Francisco, where he worked in architectural design, graphic design, and mapmaking. In 1991 he earned a bachelor's degree in nursing from the University of San Francisco's accelerated program. In 1997 he earned a master's degree in nursing from Duke.

**Robin B. Knobel, PhD, RNC, NNP**, joined the School of Nursing in May as an assistant professor. Her research aims to help premature babies weighing only one or two pounds improve

their odds of survival and reduce their risk of mental and physical handicaps. Her techniques for maintaining correct body temperature in babies 23 to 28 weeks' gestational age have improved the national standard of care. Knobel worked for 14 years in neonatal intensive care units after earning an associate's degree from the University of Nevada-Las Vegas in 1981. In 1995 she graduated from East Carolina University as a neonatal nurse practitioner and earned a master's degree in nursing from ECU in 2000. Afterward she began her temperature-regulation research and became a doctoral student at the University of North Carolina-Chapel Hill while continuing to practice clinically at Pitt County Memorial Hospital in Greenville, N.C. She earned a PhD from UNC in 2006.

**Janet Levy, PhD**, has been appointed as faculty statistician. She has decades of experience and expertise in data analysis, with the past six years focused on clinical trials at the National Institutes of Health's National Institute on Drug Abuse. At the NIH she worked with investigators across the country to set up clinical trials for new substance-abuse interventions. At Duke, in addition to helping faculty members apply for new funding,





Karen F. Ricker,  
MSN, CRNA, RRT



Allison A.  
Vorderstrasse,  
DNSc, APRN



Kathryn A. Wood,  
PhD, RN

Levy works with faculty to analyze data from already-funded studies and trials. Her strengths include knowing what the NIH seeks in proposals for clinical trials. She says her new post at the School of Nursing is her first teaching experience, which she is excited about. Levy earned an undergraduate degree in psychology from the University of Kansas and a master's in educational psychology from the University of Missouri-Kansas City. She returned to the University of Kansas to earn a doctoral degree in educational research, focusing on measurement and statistics as applied to problems in education. Following that, she returned to the University of Missouri-Kansas City to take 21 hours in mathematics, six of which were in mathematical statistics. Levy and her husband James K. Desper live in Durham.

**Michael Relf, PhD, RN** (see page 13)

**Karen F. Ricker, MSN, CRNA, RRT** is currently an assistant professor of nursing and clinical education coordinator for the Nurse Anesthesia Specialty. Since 1994 she has worked as a clinical certified registered nurse anesthetist (CRNA) faculty member and nurse anesthesia faculty member and administrator. Her previous clinical positions have included working as a CRNA and clinical preceptor at Davis Ambulatory Surgical Center and as a CRNA at UNC Hospitals. She also served as an adjunct faculty member at the University of North

Carolina-Greensboro School of Nursing and as director of clinical education and research for the Raleigh School of Nurse Anesthesia. Her research interests include treating obstructive sleep apnea in outpatient settings, productivity and its impact on anesthesia care, use of the simulation lab in teaching critical incidence to student-registered nurse anesthetists (SRNA), and education of SRNA clinical preceptors using the novice-to-expert theory. Ricker earned bachelor's and master's degrees in nursing from UNC-Greensboro. She received nurse anesthetist certification at the Raleigh School of Nurse Anesthesia. She has been accepted into Duke's Doctorate of Nursing Practice degree program and will begin her studies in the fall.

**Dori Taylor Sullivan, PhD, NE-BC, CNL, CPHQ** (see page 12)

**Terry Valiga, EdD, RN, FAAN** (see page 13)

**Allison A. Vorderstrasse, DNSc, APRN**, has been appointed assistant professor. She was most recently an assistant professor at Marymount University School of Nursing in Arlington, Va. Vorderstrasse earned a bachelor of science in nursing degree at Mount St. Mary's College and master of nursing and doctor of nursing science degrees from the Yale University School of Nursing. She was a research assistant at Yale from 2002-05, and is a certified adult nurse practitioner. Vorderstrasse's interests include behavioral research in

diabetes management—particularly self-management—and rheumatology, especially rheumatoid arthritis. She is a member of the American Diabetes Association and the Behavioral Research in Diabetes Group. She and her husband Greg previously lived in South Riding, Va.

**Kathryn A. Wood, PhD, RN**, joined the School of Nursing in August and currently serves as an assistant professor. She previously worked as a clinical specialist in arrhythmia-patient research at academic medical centers in Georgia, Alabama, Hawaii, California, and Ohio, in addition to spending five years in the cardiac medical-device industry. Her research interests include symptoms and quality of life in arrhythmia patients, gender differences in symptoms and access to care for patients with supraventricular arrhythmias, outcomes of ablation, and device treatment in patients with atrial fibrillation. Last fall she taught courses in Duke's master's degree cardiovascular nurse practitioner program, and this spring she is teaching in the Doctor of Nursing Practice program. A native of Savannah, Ga., Wood holds a master's degree in cardiovascular nursing from the University of Alabama-Birmingham. She earned a PhD in physiological nursing and completed a postdoctoral fellowship at the University of California-San Francisco.

# FROM WHERE I STAND

BY REBECCA TOM, ABSN'09



Friends and family, classmates and professors, strangers on the street—everyone asks me why, after earning a bachelor's degree from the Duke University School of Nursing in December, I'm joining the U.S. Army Nurse Corps.

"Muscles in uniform," I say with a coy smile. That's the only answer I'm willing to give to most people. But I tell my fellow nursing students that it's a great work environment, and the Army will repay my loans. They'll certainly understand that.

But the answer that I've never given, my true answer, is that I'm a patriot. Not only do I believe serving my country is my duty, I think it's everyone's.

Do I think that every man, woman, and child in the United States should join the Army? No. But I don't believe that our patriotic duty as Americans ends with a trip to the mall or even by paying our taxes on time. This is why I believe that when they turn 18, everyone should spend two years in some form of public service.

In our land of democracy, only 64 percent of people who were eligible to vote actually cast ballots in the 2004 presidential election. Voting is one of our most basic rights and responsibilities as American

citizens, but not everyone participates in presidential elections—and even fewer participate in congressional, state, and local elections. I think many people don't vote because they have little personally invested in the system, the nation, and the common good.

But perhaps the young man who spends two years cleaning up a Florida estuary will champion water conservation and sustainable land stewardship when he's 40. Perhaps the young woman who teaches in an inner city school or staffs a rural primary health clinic will help reform the crumbling education and health care systems. Perhaps as a young person, a future president will experience firsthand the horror of war and fight passionately for peace during his or her tenure in office.

But enough idealism—let me answer some more of the questions I get from my fellow students.

*Aren't you afraid you'll get sent to Iraq?* Anyone who joins the armed services now should be prepared for deployment overseas. If and when my time comes, I hope I can serve my country (and yours) to the best of my ability

*I didn't think "your type" joined the*



“But the answer that I’ve never given, my true answer, is that I’m a patriot. Not only do I believe serving my country is my duty, I think it’s everyone’s.”



Rebecca Tom, with her twin brother, Andrew Tom

*Army.* By “my type” she meant an upper middle-class born, New England-raised, prep school-educated, liberal Democrat, as if all soldiers are poor, uneducated Republicans with nothing better to do with their time. I’ve done nothing but benefit from my U.S. citizenship, and I feel I should repay that debt.

*What do your parents think about this?* My parents told me when I was growing up that parents can give their children only two things—an education and morals—and that I could be anything as long as I was contributing to society in some way. I’m sure they thought that meant becoming a scientist like my father or protesting the Vietnam War like my mother, but they’ve paid for my education, given me my morals, so now it’s my turn to give back. Don’t think I imagine my life will be all heroics and fancy marching or that I believe the Army is a perfect institution; I have read about the poorly maintained facilities at Walter Reed Army Medical Center and the country’s overwhelmed mental health system. But I never thought imperfection was a valid excuse for sitting at home and doing nothing at all.

Oh, and ladies—remember all those beautiful muscles you’ll see in uniform!

*In December 2008, Rebecca Tom was pinned along with her ABSN classmates. In the photo, at left, she wears the purple cord signifying membership in Sigma Theta Tau International Honor Society of Nursing. Following the pinning ceremony, Tom’s twin brother, Andrew Tom, a U.S. Navy Ensign, commissioned her as a 2nd lieutenant in the U.S. Army Nurse Corps. She reported to Officer Basic and Leadership Course on March 22nd at Fort Sam Houston in San Antonio, Texas. There she plans to “overcome her Girl Scout-inspired aversion to camping, learn about Army culture, and acclimate herself to the Army health care system. Following training she will report to her first duty station, Womack Army Medical Center at Fort Bragg in Fayetteville, N.C.*

# ENGINEERING BETTER NURSING CARE



“[Holt] is innovative and knows how to use the technology to strengthen patient care.”

HELEN GORDON

Improving the way things work is the specialty of an engineer, and **Jo Ellen Holt, ABSN’08**, is putting those principles to work to help her patients and fellow nurses.

Holt, who has an undergraduate engineering degree and four years of experience as a chemical process engineer, is working as a surgical/trauma/transplant step-down nurse at Duke Hospital while pursuing a master’s degree in nursing focusing on adult critical care.

She recently encountered a patient who needed to learn to change his own wound dressing after leaving the hospital. Holt used the patient’s Apple iPhone to record step-by-step photographs and audio instructions of the complex dressing change.

She later delivered a presentation to her fellow students and faculty at the School of Nursing to show others how to apply the technique to help their own patients.

“Give this young woman and great nurse a high five,” said colleague Helen Gordon, MS, CNM, RN. “[Holt] is innova-

tive and knows how to use the technology to strengthen patient care.”

Holt is a co-chair of Duke’s chapter of the Institute for Healthcare Improvement Open School, an effort to unite health care professionals at Duke to improve care. She is particularly interested in streamlining and standardizing nursing processes and in using new technologies to provide better patient care and better working conditions for nurses.

“What I am trying to figure out is how to become a nursing process engineer,” says Holt.

She is one of only two graduate students living in the Duke Smart Home, an eco-friendly dormitory on Duke’s Central Campus that also serves as a laboratory for researching green technologies. She became interested in the Smart Home after talking with **Dean Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN**, about how an engineer’s problem-solving and critical thinking skills parallel those of a

nurse dealing with a bedside crisis.

“The dean thought it would be a good outlet for my engineering skills and said, ‘How about you try to live there?’” Holt recalls. “I said, ‘That’s a great place fostering problem solving and good design.’ So I figured out how and applied.”

The building has resource-efficient systems, including one that collects rainwater for household uses like flushing toilets. The home is constructed with renewable resources such as cork flooring. And solar units heat the home’s water and generate electricity.

Her nursing skills have come in handy at the Smart Home. While she was leading a recent tour of the home for visitors, a woman fell into cardiac distress, and Holt helped other medical professionals who happened to be present stabilize the woman and summon medics. Now Holt is working to obtain an automated external defibrillator for the home. ♦

“The focus is on keeping you healthy; it’s not, ‘You’re so sick.’”

MARTHA HALL, PATIENT

## CANCER SURVIVORS TAKE CHARGE OF THEIR HEALTH



One morning each week the waiting room of the Duke Breast Cancer Survivors Clinic fills up with half a dozen women. They make their way to the blood-pressure gauge, pumping, listening, and writing down their own readings. They take their own pulses, check their weight. They even use notepad computers to answer questions about their physical, emotional, and psychological well-being. The one thing the women don’t do in that waiting room is wait.

“It’s so nice to talk to other people who are going through similar things,” says Martha Hall, who’s been cancer-free for four years and recently attended the clinic for her annual checkup. What’s more, after the women fill out their materials, instead of hanging around avoiding eye contact, they meet with nurse practitioner **Kathy Trotter, MSN’08, CNM, FNP**, as a group. They discuss issues they face as cancer survivors: low bone density, depression, weight gain, proper nutrition and exercise, and what they can do to take care of themselves. The Survivors Clinic represents a new, empowering model of care—very different from the suspense-filled annual mammogram surrounded by two hours of waiting that most survivors are familiar with. “The focus is on keeping you healthy; it’s not, ‘You’re so sick,’” says Hall.

Trotter, who is an assistant clinical professor in the School of Nursing, designed the clinic format based on an existing model she had used with pregnant patients in her nurse midwifery practice and in well-baby care for parents in her family practice. She believes this is the first of its kind in the nation to combine both group and individual support, assessment, and education within a single visit.

“I love the Centering Healthcare Institute’s group-visit model, and when I was asked by medical and surgical oncology to develop a follow-up clinic for their patients, I knew it could be adapted to benefit cancer patients,” says Trotter.

After their assessment and group meeting, the women go on to individual appointments, whether for mammograms, bone-density scans, blood work, nutrition consults, physical therapy, or one-on-one time with Trotter. Working with Trotter, patients complete a long-term care plan to share with their primary care providers. When needed, they can schedule an appointment with their oncologists for the same day.

Each woman ends up spending the same number of hours she would have devoted to her checkup, but she sees

multiple practitioners and wastes no time. Because of the convenience and cost savings—since most insurance doesn’t cover nutrition consults or some of the other services—patients receive a higher level of comprehensive care and education.

February marks the one-year anniversary of the Breast Cancer Survivors Clinic, and Trotter looks forward to beginning outcomes research. She says patient-satisfaction statistics have been excellent after seeing 180 patients in the first year. “I’d also like to look at personal empowerment levels, financial benefits for the health system, and other wellness indicators,” she adds.

Trotter hopes the new clinic format will serve as a national model. “It’s designed to empower survivors, and they love it,” she says. She has received inquiries from other cancer centers interested in the model and will give a presentation about it at the national Oncology Nursing Society meeting in May.

*This article is a revised version of the article “A New Normal” by Scott Huler, originally published in DukeMed Magazine, Summer 2008. Photographs by Jared Lazarus. ♦*



Kathy Trotter



# A HIGHER Degree OF CHANGE AGENT

NEW DNP  
OFFERS CLINICAL  
NURSING LEADERS A  
BIGGER TOOLBOX

By Jim Rogalski



An estimated one million new and replacement nurses are needed in the next decade to meet the nation's colossal health care needs. A veritable sea of prospective nursing students is turned away each year because there aren't enough faculty to teach them. Some cutting-edge nursing research stalls at the bench because of a lack of health care administrators with the know-how to effectively take it to bedside.

## Ahead of a National Trend

To help meet current and future health care and nursing challenges like these, the Duke University School of Nursing (DUSON) has embraced the recommendation from the American Association of Colleges of Nursing (AACN)—with input from the National Academy of Sciences—that nursing schools would be well served by developing a new non-research clinical doctorate. DUSON began offering a Doctor of Nursing Practice (DNP) degree in Fall 2008, the first nursing school in North Carolina to offer the new terminal nursing degree, and admitted 25 students.

“This is a national trend, and we're at the beginning,” says **Barbara Turner**, DNSc, RN, FAAN, the chair of Duke's DNP program. “In 2004 there were maybe four or five colleges offering the DNP degree. Now there are at least 90,



William “Michael” Scott, a student in the DNP program, with a patient at Duke's Pickett Road Clinic



“We’re giving nurses a new tool kit so they understand the business of health care, how policy is developed and implemented, how to implement research into practice, and how to evaluate it.”

BARBARA TURNER  
CHAIR OF DUKE’S DNP PROGRAM



with 140 more schools planning to.”

The AACN recommends that by 2015 all advanced-practice nurses be prepared at the doctoral level—with either a PhD or DNP degree.

“The people in our program will be change agents, there’s no question,” says Turner. “DNPs will assess research findings, and if applicable, implement them into practice. We’re giving nurses a new tool kit so they understand the business of health care, how policy is developed and implemented, how to implement research into practice, and how to evaluate it. Graduates need to understand what an ROI [return on investment] is, how to make a budget and a business plan, and have expertise in financial management.”

Plus, Turner adds, “The DNP is a new stream where we can get much-needed faculty. The PhD degree is research-oriented, whereas the DNP is practice-focused. Some [DNP degree recipients] will choose to be clinical-track faculty in schools of nursing while others will chose to be active practicing nurses. Still others will combine practice and teaching. These individuals know patient scenarios and will be good teachers.”

The four-point mission of the DUSON program is: to teach post-baccalaureate and post-master’s degree nursing students how to translate research into practice, well beyond the level that they were taught for their master’s or baccalaureate degrees; to teach students how to transform the health care industry by affecting policy; to create the next wave of health care leaders; and to advance the quality of patient care.

### Translating Research into Better Care

William “Michael” Scott, FNP, the director of clinics for DUSON and a member of the school’s DNP Steering Committee, also serves on the executive committee of the Commission on Collegiate Nursing Education in Washington, D.C., the accrediting body for baccalaureate and higher-degree nursing programs. He has reviewed DNP cur-

ricula from myriad nursing schools and says DUSON’s program “is well situated to stand out. Duke is so well established in the health care community in terms of recognition for its research-intensive programs. People look to Duke for leadership and innovative ideas and [DUSON’S] program has a strong emphasis on the translational piece. I can’t think of a better university to take research and translate it, particularly when it comes to nursing care.”

Scott came to Duke with 14 years of practice as a family nurse practitioner and currently is enrolled in the largely online DNP program at Georgia Southern University. He sees patients as a nurse practitioner several days a week at Duke’s Pickett Road Clinic. He said the concept of the DNP degree is not new but reworked from previous attempts to mainstream practice doctorates in nursing, namely the now-remodeled Doctor of Nursing (ND) program.

“The difference with the DNP is that it has more of a translational research focus—getting new research to clinics and bedside,” Scott says. “In addition to providing direct patient care, this level of nursing demands a solid knowledge base in systems management. The DNP-prepared nurse will be on the cutting edge of health care policy, health care-delivery approaches, bioethical decision making, and organizational theory.”

### A Program for Working People

DUSON’s current cohort of 25 DNP students holds post-master’s degrees and is enrolled in five semesters of study, taking two or three courses per semester.

“Structuring the program as online with on-campus intensives once a semester was done on purpose because we want the students to continue to work in their advanced-practice nursing specialties and take courses when it is convenient for them,” Turner says. “We wanted to start with just the post-master’s students; this year we have begun recruiting post-baccalaureate students.”

The length of the post-baccalaureate



DNP program depends on the students' clinical advanced-practice specialty, such as nurse anesthesiology or nurse midwifery. Turner says the average length is three years of full-time study.

Rosemary Brown, MSN, RN, NEA-BC, is chief nursing officer at Duke Raleigh Hospital with clinical and operational oversight duties for the Department of Nursing and several ancillary departments. She is one of DUSON's 25 DNP students and likes the program because it allows her to directly focus on nursing practice while giving her new skills and knowledge around health care leadership and advanced-practice competencies.

"Ultimately it will make a difference with outcomes for our patients," Brown says. "I especially like the focus on translating research to direct practice. That is a huge opportunity for students in this program."

She takes two courses per semester—mostly online—each with papers and assignments with set deadlines. Occasionally there are specific times for an online class, but most studying is done

when it's convenient for her.

"I was really worried about the time commitment but am finding that I am now more productive with my time," Brown says. Her husband Michael is very supportive, she says, and with her children now college graduates, she has fewer obligations at home. The syllabus for the entire semester is available, so it's easy to stay on target and even get ahead, she says.

"Duke really has created a program for working people," Brown says. "Yes, it's challenging, but in the long run it will help me to be a better health care leader."

Earning the DNP degree requires completion of a clinical immersion project that demonstrates a student's ability to synthesize what he or she has learned in terms of its translational application, then implement the practice change in the clinical setting, and then evaluate the effects of that change.

"It must demonstrate positive outcomes that lead to changes in the clinical practice setting, either from a staffing perspective or for a particular patient or patient popula-

tion," Scott says.

Brown's capstone project will focus on care for the uninsured with chronic disease.

"It will use research to investigate the theory that chronic-disease patients who become aligned to a medical home have improved outcomes," Brown says.

Duke is a champion of the patient-centered medical home model of care that relies on a central repository for all health and socially relevant patient information to be shared by all of the patient's health care providers. Physicians, nurses, and social workers monitor patients' activities to make sure they are keeping appointments, taking their medications, and not going to the emergency room for routine care.

"[Medical homes] improve their lives and the hospital's ability to help them. Having them go to the emergency room all of the time is not ideal for them, and it's not ideal for us," says Turner.

Turner says she hopes to have another 40 DNP students—including post-baccalaureate students—enrolled for this fall. ♦



"Duke really has created a program for working people. Yes, it's challenging, but in the long run it will help me to be a better health care leader."

ROSEMARY BROWN  
CHIEF NURSING OFFICER AT  
DUKE RALEIGH HOSPITAL

DNP student Rosemary Brown on duty at Duke Raleigh Hospital



Robin Knobel with a baby in the Duke Hospital Neonatal Intensive Care Unit

# Nursing RESEARCH Translates Into Better Care for CHILDREN

By Bernadette Gillis

Eight years ago, Robin Knobel, PhD, RNC, NNP, was a member of a team transporting a premature baby from a small North Carolina hospital to a level III hospital. The nurses at the small hospital had done almost everything they should have to care for the frail baby's respiratory failure, cardiac concerns, and other problems. But they forgot one simple thing—to turn on the radiant warmers to increase the baby's body temperature from a dangerous 91 degrees Fahrenheit to a normal temperature.

The baby died five days later at the level III hospital. While his death could have been caused by any number of reasons, Knobel is convinced that not regulating his temperature played a major role. She knew she had to do something to give others like him a better shot at survival.

"It was so overwhelming for the nurses," says Knobel, now an assistant professor at the Duke School of Nursing. "If they had remembered to keep him warm along with all the other high-tech things they were doing, then he might have lived. Modern-day technology has everyone focused on the ventilators, the drips, and all of the high-tech things to save these babies.

I think temperature regulation is one of those simple things that people just don't pay that much attention to anymore, and it really can still have devastating outcomes if we don't keep [the babies] warm."

Knobel, who has 30 years of experience in neonatal nursing, is the principal investigator of a pilot study that eventually will give health care workers better guidance on how to warm and handle premature babies during those crucial first few days of life in the hopes of preventing brain injury and death.

Duke is known around the world for its cutting-edge research and quality patient care. But for nursing researchers like Knobel, it's also important to investigate new ways to look at old—and sometimes overlooked or forgotten—standards of care. And thanks to her efforts, some of the youngest, most fragile patients are surviving and thriving.

## Warm Bodies, Better Outcomes

In the pilot study, Knobel, along with fellow Duke researchers David Tanaka, MD; Bob Gunther, PhD; and Diane Holditch-Davis, BSN'73, PhD, RN, FAAN, will use infrared cameras to measure the temperatures of the hands, feet, and stomachs of 10 extremely low birth-weight infants. They will also use video cameras to observe how often the babies are touched or moved throughout the day. Knobel says they hope to discover the most important times to avoid stimulating the babies, which in turn could help prevent brain injury. After the pilot study is complete, Knobel plans to move on to an expanded study with 60 babies.

In a previous study, Knobel looked at ways to keep babies warm as they are moved from the delivery room to the Intensive Care Nursery. Like reptiles, premature babies weighing less than 1,000 grams, or about two pounds, do not have the ability to shiver, meaning they cannot



keep themselves warm by shunting blood to the center of their bodies and brains. And as they're being moved, their temperatures fall significantly. Knobel found that covering the babies with plastic bags up to their necks could enable them to retain heat.

Once the babies make it to the Intensive Care Nursery, exposure to numerous procedures can cause their body temperatures to again fall to as low as 93.2 degrees Fahrenheit. Knobel hopes her new study will discover exactly when these babies develop the ability to constrict and dilate their blood vessels and generate their own heat in order to keep their brains and central organs warm, a state also known as mature vasomotor tone.

"We think immature vasomotor tone in the first few weeks of life might be related to why these infants get brain hemorrhages, which can have very devastating results, like cerebral palsy or death," Knobel says. "So we're hoping if we know the time when their vasomotor tone is mature, we can guard them against the things that cause the brain hemorrhages—things like ventilator pressures that cause pressure changes in the brain. We can make sure we don't do these things during that vulnerable time."

### The Complicated—and Deadly—Effects of Nicotine

Even in a society that has become increasingly intolerant of smoking, Jane Blood-Siegfried, DNSc, CPNP, says self-reported smoking among pregnant women is as high as 20 percent. And if researchers were to factor in the pregnant mothers who are too ashamed to admit they smoke, the number could be much higher.

"That's a lot of infants exposed," says Blood-Siegfried. "Some will be born prematurely and have complications from that, but there are other risks caused by smoking during pregnancy."

Maternal smoking is now the leading risk factor for sudden infant death syndrome

(SIDS) and also has been linked to attention-deficit/hyperactivity disorder (ADHD) and depression among children and adolescents.

Blood-Siegfried, an associate clinical professor in the School of Nursing, hopes to learn even more about the implications of maternal smoking by investigating the effects of nicotine exposure on the developing fetus.

In one study, Blood-Siegfried uses a rat model she created to mimic what happens when mothers expose their unborn children to nicotine. This involves inserting small osmotic pumps into pregnant rats in order to continually expose them to nicotine. After birth she will challenge the rat pups' ability to respond to a mild drop in blood pressure. This is similar to what appears to be happening in some infants who die of SIDS.

Normally when a person's blood pressure drops, the body produces catecholamines, which help restore blood pressure to a normal level, known as the fight or flight response. However, nicotine exposure during pregnancy can change that response at an age when infants are most susceptible to SIDS.

A second study, which she hopes will be funded soon, will use human tissue to look at the effects of nicotine on fetal membranes in the placenta to better understand how maternal smoking may trigger premature labor.

"We know that women who smoke have a higher risk of preterm rupture of membranes, which is one of the causes of premature delivery," she says.

Blood-Siegfried hopes both studies will "give stronger evidence of what we already know—that smoking during pregnancy is not a good thing. The more we know about it, the more ammunition we have to encourage pregnant women to stop smoking."

She hopes results from both studies will be used to better educate providers as well. "If you ask a lot of health care workers about smoking during pregnancy, they are likely to say that it affects the baby's size and



"I think temperature regulation is one of those simple things that people just don't pay that much attention to anymore, and it really can still have devastating outcomes if we don't keep [the babies] warm."

ROBIN KNOBEL



Jane Blood-Siegfried and nursing graduate student Katie M. Kerrigan in the laboratory



Sharron Docherty counsels new parents Seth and Leslie Carter about caring for their daughter Cameron

increases the chance of preterm delivery, but most do not understand the deep ramifications of what [smoking] can do.”

### Making Tough Decisions Easier

Infants with life-threatening illnesses who earlier would have died are now receiving highly complex treatments to cure their illnesses or prolong their lives. Health care providers and parents often have to make extremely difficult decisions about the course of treatment in tight time frames, under incredible stress. These decisions include whether and when to initiate treatment, intensify treatment, shift from curative care to symptom-focused palliative care, and to withhold or withdraw treatment. As a pediatric nurse practitioner and neonatal clinical nurse specialist respectively, Sharron Docherty PhD, RN, CPNP, and Debra Brandon, PhD, RN, CCNS, have experienced the difficulty of making treatment decisions in their clinical practice. Docherty is an assistant professor who directs Duke’s Pediatric Acute/Chronic-Care Nurse Practitioner Specialty, and Brandon is an associate professor and director of the Neonatal Nurse Practitioner Specialty.

In preliminary research conducted by Docherty and Brandon, they found that nurses and other health care providers reported it was difficult for them to help parents make decisions to move from curative care to palliative care since the point in an illness when there is no more hope or the child is “definitely going to die” is often uncertain. Parents, with assistance from health care providers, including nurses, must weigh possible treatment benefits against the physical, emotional, social, and economic costs to the infant and family, says Docherty. Nurses play a key role in helping parents understand the circumstances of an infant’s illness and treatments because the nurse is at the infant’s bedside 24 hours a day, seven days a week, says Docherty.

In a five-year, \$1.9-million study, Docherty and Brandon will follow the illnesses and treatment courses of 40 infants with life-threatening illnesses to better understand how and why treatment decisions are made. The parents and health care providers of the infants will be interviewed over a period of 12 months to describe what decisions are made and the factors that influence the decision making. Docherty and Brandon hope that the study will help identify key points in the progression of illness when decisions should be discussed, as well as help parents to make difficult treatment decisions. For example, says Docherty, do personal characteristics of the parents or emotions such as trust in health care providers influence how they make decisions?

“Many studies are done retrospectively, where you look back through the chart to determine what happened or you have a parent think back to when they first made a decision,” says Docherty. “[In this study] we’re asking parents as they are living the decision.” While it can be difficult to interview parents at the time decisions are made, Docherty and Brandon have found that parents want to discuss their experience with them.

Docherty and Brandon say they hope the study will help health care providers and parents as they make all kinds of decisions—from the very beginning of treatment all the way to end of life, if necessary. “Decisions to continue care are often made because parents, doctors, or nurses don’t want to feel like they’re giving up hope,” they add. “Children are not supposed to die, yet we also do not want them to suffer unnecessarily.”

For both the infants and their parents, it is important that we discover how to help parents make decisions they will not later regret—whether the decision results in the death or the survival of an

infant, says Brandon. “You can’t work in a children’s hospital today and not be touched by this topic.”

### Exposing Students to Research

While much of Duke’s pediatric nursing research will have an impact on the care provided for premature babies and critically ill children in the future, students at the School of Nursing are already benefiting.

Brandon and Docherty work with master’s students who are studying to become advanced-practice nurses and PhD students.

“The students we are educating are going to be working with these children and infants and their families, so what we learn from our research, we’ve tried to integrate into their coursework,” says Brandon.

**Wanda Bradshaw, MSN’96, RNC, NNP,** PNP, an assistant clinical professor who works closely with premature babies and their families in the Intensive Care Nursery, shares her experiences with her neonatal nurse practitioner students. She often uses cases she encounters in the nursery as examples during lessons.

Bradshaw says the students aren’t just learning the clinical side of caring for these patients, but they’re also learning how to cope with the emotional aspects, such as delivering bad news to parents.

“We teach our students how to tell families bad news,” Bradshaw says. “That’s not taught a lot of times at other schools. To be able to sit down with the family and say, ‘Your child has X, Y, and Z, and most of the time children with this problem don’t survive’—how do you do that? We actually have a class on it where actors come in and demonstrate these situations. It’s really poignant.” ♦

# How NURSES Can LEAD the Way to a BETTER HEALTH CARE SYSTEM



DUKE IS  
DEMONSTRATING  
A NUMBER OF  
WAYS THAT NURSE  
PRACTITIONERS,  
REGISTERED NURSES,  
AND OTHER NURSING  
SPECIALISTS ARE  
IMPROVING HEALTH  
CARE BY LEADING  
COMMUNITY-BASED,  
PATIENT-CENTRIC  
PROGRAMS.

With a new U.S. president and administration in place, national dialogue about how to fix the country's ailing health care system is ratcheting up, and members of the nursing profession are mobilizing to be heard.

In an effort to improve outcomes and increase awareness of successful nurse-driven initiatives that address issues of inaccessible, costly, and fragmented care, the American Academy of Nursing (AAN) has produced a promotional video and advertising campaign called "Raise the Voice: Transforming Health Care Policy and Practice Through Nursing Solutions." The goal is to find critical answers as the country struggles to care for an increasingly older population prone to multiple chronic illnesses.

For instance, says Dori Taylor Sullivan, PhD, NE-BC, CNL, CPHQ, a clinical professor and associate dean for academic affairs at the Duke University School of Nursing, "there is growing national recognition of the importance of nurse practitioners because of the evolving shortage of physicians."

Duke is demonstrating a number of ways that nurse practitioners, registered nurses, and other nursing specialists are improving health care by leading community-based, patient-centric programs.

One of its most storied successes is the Just for Us Program in the Division of Community Health, which nursing faculty were instrumental in developing. Just for Us brings together a diverse team of providers that includes registered nurses, nurse practitioners, community health workers, dietitians, pharmacists, physician's assistants, occupational therapists, and social workers to coordinate care around elderly and disabled patients' medical, physical, and social needs. The impact on enrolled patients has been undeniable: Home visits, phone calls to and from patients, and regular communication between the various providers has decreased the hospitalization rate by 68 percent, cut the need for ambulance transport by 49 percent, and decreased emergency room visits by 41 percent.

"Nurses are particularly skillful at building relationships with patients and then drawing upon those relationships to get them engaged in their health care," says Ellie McConnell, PhD, RN, GCNS-BC, an associate professor and director of the Gerontological Nursing Specialty at Duke. "Nurses have a rich tradition of doing that, but we haven't always called it out as something that our discipline specializes in."

At the Duke Heart Center, Margaret "Midge" Bowers, MSN, RN, APRN, BC, a nurse practitioner, assistant clinical professor, and director of the Adult Cardiovascular Acute Care and Critical Care Specialty, leads the pioneering Heart Failure Disease Management Program that

"Nurses are particularly skillful at building relationships with patients and then drawing upon those relationships to get them engaged in their health care."

ELLIE MCCONNELL

“We have more time to spend with [patients] doing counseling, dietary management, and checking on medical adherence and fluid intake...Heart failure is a ‘forever illness,’ and big part of it is learning how to deal with it.”

MIDGE BOWERS



Ellie McConnell



Dori Taylor Sullivan



Midge Bowers, director of the Adult Cardiovascular Acute Care and Critical Care Specialty, counsels a patient in the Duke Heart Failure Disease Management Program

helps to manage care for nearly 500 chronic heart failure patients. It began nine years ago and was one of the nation’s first nurse practitioner-run programs.

Its mission is to improve length and quality of life for patients by shifting the focus from crisis management to continuous care. Patients receive care based on scientifically proven models of care. Each patient is assigned to an advanced-practice nurse who teaches them how to manage their own care. Patients are given the tools to self-monitor their symptoms, which improves their quality of life and prevents recurrent hospitalizations.

“We are up on the latest therapies and can anticipate problems because we know how diseases progress and we know the patients,” Bowers says. “We have more time to spend with them doing

counseling, dietary management, and checking on medical adherence and fluid intake. We encourage them to call or page us when they have questions. Heart failure is a ‘forever illness,’ and a big part of it is learning how to deal with it.”

With the oldest of the country’s 79 million Baby Boomers having turned 62 last year, the demographics of the American population is shifting significantly toward the elderly. The state of the health care industry demands specialized training for providers to address the specific needs of the elderly. The School of Nursing now offers Geriatric Resource Nurse (GRN) training to do just that. GRNs bring specialty geriatric expertise to the bedside of hospitalized older adults and those receiving home care. Because GRNs gain broad perspectives on various

care options for older adults, they are well positioned to serve as caregivers when patients transition from one situation to another, such as moving from acute care to rehab to home- or assisted-living care. If deployed in this manner, they could enhance patient and family education about what to expect during disease progression and how to provide better management of medications and communication between providers.

“Transitions are a potential high-risk time for medication mistakes,” McConnell says. “The patient might be prescribed something that the next provider might not be aware of, or patients themselves might not know everything they are taking.”

A number of Duke University Health System nurses have earned GRN recogni-





Colleen Wojciechowski, a Duke nurse practitioner with the Just for Us program, visits patient Andrew Whitley's apartment to take his blood pressure



Witnessing the signing of a memorandum of understanding between Duke University and the University of the West Indies are, from left, Dean Catherine L. Gilliss, Duke University Provost Peter Lange, Vice Chancellor of the University of the West Indies E. Nigel Harris, Duke University Chancellor for Health Affairs Victor J. Dzau, and Associate Dean for Global and Community Health Initiatives Dorothy Powell

tion from the School of Nursing and are applying their new knowledge and skills at Duke Hospital. They received 39 hours of continuing education in a model that combines three classroom sessions with interactive online modules and a precepted clinical practice improvement project. The training emphasizes clinical leadership—not just knowledge about pathophysiology, McConnell says.

The School of Nursing is now refining the curriculum in collaboration with Yvette West, MSN, GCNS, a Duke University Health System clinical nurse specialist in geriatrics. The second cohort of GRN students that began the program in late March will be educated over a three-month period to earn the GRN recognition.

As part of its global health mission, the School of Nursing's Office of Global

and Community Health Initiatives (OGACHI) is collaborating with the Pan American Health Organization and the Regional Nursing Body of the Caribbean Community to conduct continuing education conferences focused on nurse-led, community-based prevention and management strategies for elders with cardiovascular and other chronic diseases. OGACHI has hosted two such conferences—in Barbados and Antigua—with a third conference planned for this fall in Miami.

“One of the things we’re hoping to test in time is the use of geriatric advanced-practice nurses as a way to prevent so many hospital admissions and long-term stays among the Caribbean elderly,” says Dorothy Powell, EdD, RN, FAAN, founding director of OGACHI and associate dean for global and

community health initiatives. She believes other countries with fewer resources might have as much to teach the U.S. about resource-efficient preventive care as the U.S. has to teach them. Her office has entered into a partnership with the University of the West Indies (UWI) to jointly study the possibilities. The School of Nursing will partner with the UWI School of Nursing to develop and implement a geriatric advanced-practice nursing program.

“At Duke, we believe we can work on the challenges that both North America and the Caribbean face, and reduce health disparities in both, especially in regard to aging and chronic non-communicable diseases,” Powell says. ♦

# Duke University School of Nursing Awards & Recognitions

2007–2008



## **Julie Barroso, PhD, ANP, APRN, BC, FAAN**

Inducted into American Academy of Nursing

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

Received National Association of Neonatal Nurses 2007 Research Award for "Effects of cycled light on short term health outcomes" Paper

Delivered Keynote Lecture "The Role of the Clinical Nurse Specialist and Outcomes Research," Chiba University School of Nursing, Graduate Education Symposium, Chiba, Japan, March 16, 2008

Received *Pediatric Nursing* 2008 Donna L. Wong Writer's Award for "Searching for 'The dying point': Providers experiences with palliative care in pediatric acute care" Manuscript

## **Elizabeth C. Clipp, PhD, RN, FAAN (deceased)**

Inducted into American Academy of Nursing

## **Kirsten Corazzini, PhD**

Appointed Ad Hoc Member, Education & Practice Committee, North Carolina Board of Nursing

## **Linda L. Davis, PhD, RN, ANP, DP-NAP, FAAN**

Inducted into American Academy of Nursing

Named Distinguished Alumnus, Old Dominion University, 2007

## **Wendy Demark-Wahnefried, PhD, RD, LDN**

Delivered Keynote Lecture, U.S. Department of Defense Prostate Scientific Conference, Atlanta, Ga., September 5-8, 2007.

## **Sharron L. Docherty, PhD, CPNP**

Elected Executive Board Member, Association of Faculties of Pediatric Nurse Practitioners

Appointed Co-chairperson, Program Review Committee, Pediatric Nursing Certification Board

Received *Pediatric Nursing* 2008 Donna L. Wong Writer's Award for "Searching for 'The dying point': Providers experiences with palliative care in pediatric acute care" Manuscript

## **Catherine L. Gilliss, DNSc, RN, FAAN**

Received Triangle Business Journal's Health Care Heroes Award, Health Care Manager category

## **Diane Holditch-Davis, PhD, RN, FAAN**

Appointed Marcus Hobbs Distinguished Professor of Nursing, Duke University

Invited Expert Participant, Psychosocial and Behavioral Considerations Work Group for U.S. Surgeon General's Conference on Prevention of Preterm Birth

Appointed Member of Association of Women's Health, Obstetric and Neonatal Nurses Late Preterm Infant Research-based Practice Project Science Team

## **Mary E. Holtschneider, MPA, RN, BC, NREMT-P**

Elected to N.C. League for Nursing Board of Directors

## **Constance M. Johnson, PhD, RN**

Received Best Poster Award for "A novel approach to building cancer risk models predictive of cancer incidence," 60th Annual Symposium on Cancer Research, University of Texas M. D. Anderson Cancer Center, Houston, Tx., October 11-13, 2007

## **Holly Lieder-Parker, MSN, RN, CPNP-AC, PC**

Selected as First Annual Critical Care Pediatric Nurse Practitioner Visiting Scholar, Medical College of Wisconsin, Children's Hospital of Wisconsin in Milwaukee, September 10-12, 2007

## **Eleanor S. McConnell, PhD, RN, GCNS, BC**

Received Ewald W. Busse Award, N.C. Department of Health and Human Services Division of Aging and Adult Services

Received 2007 American Journal of Nursing Book of the Year Award in the Gerontological Nursing category for Gerontological Nursing Textbook [A. Linton & H. Lach (Eds). *Matteson & McConnell's Gerontological Nursing: Concepts and Practice* (3rd ed.). St. Louis: Saunders, Elsevier, Inc.]

Inducted into National Academy of Practice

Awarded Congressional Medallion as Distinguished Practitioner of Nursing, National Academy of Practice

## **Dorothy Powell, EdD, RN, FAAN**

Received Department of Health and Human Services Centers for Disease Control Conference Cooperative Agreement Award

## **Susan M. Schnedier, PhD, RN, AOCN, FAAN**

Elected Director-at-Large, National Oncology Nursing Society

## **Barbara Turner, DNSc, RN, FAAN**

Delivered Keynote Lecture "B5:R2 for Military Nursing Research? (Bench to Bedside to Battlefield to Beneficiaries and Back: Right Roadmap for Military Nursing Research?)," 15th Biennial Phyllis J. Verhonick Nursing Research Conference, San Antonio, Tx., May 12-15, 2008

**Ruth A. Anderson, PhD, RN, FAAN**

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**Elizabeth C. Clipp, PhD, RN, FAAN (deceased)**

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**Kirsten Corazzini, PhD**

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**Wendy Demark-Wahnefried, PhD, RD, LDN**

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**Judith C. Hays, PhD, RN**

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**Cristina C. Hendrix, DNS, APRN-BC, GNP, FNP**

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**Diane Holditch-Davis, PhD, RN, FAAN**

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**Mary E. Holtschneider, MPA, RN, BC, NREMT-P**  
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**Holly Lieder-Parker, MSN, RN, CPNP-AC, PC**  
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**Eleanor S. McConnell, PhD, RN, GCNS, BC**  
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**Kathy Pereira, MSN, FNP**

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**Marva Mizell Price, DrPH, RN, FAANP, FAAN**

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**Carla Gene Rapp, PhD, RN, CRRN**

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**Susan M. Schneider, PhD, RN, AOCN, FAAN**

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**Nancy M. Short, DrPH, MBA, RN**

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**Deirdre Thornlow, PhD, RN**

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**Joshua Thorpe, PhD, MPH**

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**Kathryn Trotter, MSN, CNM, FNP**

Trotter, K. J. (2008). Group prenatal care: Centering pregnancy. In S. D. Ratcliffe et al. (Eds.), *Family medicine obstetrics* (pp. 127-129). Philadelphia: Mosby Elsevier.

**Barbara Turner, DNSc, RN, FAAN**

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**Queen Utley-Smith, EdD, RN**

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# Duke University School of Nursing Funded Research and Training Grants\*

Active during Fiscal Year '07-'08 (7/1/07-6/30/08)

**Anderson, R. A.** (Principal Investigator). **Bailey Jr., D. E., Corazzini, K. N., McConnell, E. S., Utley-Smith, Q.,** Burton, R. Outcomes of Nursing Management Practice in Nursing Homes. Funded by National Institutes of Health/National Institute of Nursing Research (R01-NR03178), 9/1/1994-1/31/2008, \$150,953.

**Anderson, R. A.** (Principal Investigator). Staffing Characteristics of Nursing Homes and Quality. Funded by University of Pittsburgh (0003617-112512-1), 4/1/2007-3/31/2009, \$16,366.

**Bailey Jr., D. E.** (Principal Investigator). **Landerman, L. R., Barroso, J.,** Muir, A. Uncertainty and Watchful Waiting in Chronic Hepatitis C. Funded by National Institutes of Health (1R15-NR008704), 9/30/2005-8/31/2009, \$150,000.

**Barroso, J.** (Principal Investigator). Hicks, C., Bartlett, J., Pence, B. Fatigue in HIV Positive People. Funded by National Institutes of Health/National Institute of Nursing Research (R01-NR008681), 9/1/2004-5/31/2009, \$403,498.

**Barroso, J.** (Principal Investigator). Integrating Qualitative and Quantitative Research Findings. Funded by University of North Carolina - Chapel Hill (5-33042), 6/3/2005-3/31/2010, \$54,503.

**Bowers, M. D.** (Principal Investigator). The Relationship Between Daily Weight Monitoring and Early Symptom Recognition. Funded by American Association of Critical Care Nurses, 3/1/2008-2/28/2009, \$5,455.

**Brandon, D.** (Principal Investigator). **Landerman, L. R.** Preterm Infants: Light Effects on Health and Development. Funded by National Institutes of Health (R01-NR08044), 2/1/2003-1/31/2009, \$130,849.

**Brooks, J.** (Principal Investigator). **Holditch-Davis, D.** Interactions between Mothers and their Premature American Indian Infants. Funded by National Institutes of Health (F31-NR010851), 7/1/2008-6/30/2011, \$40,972.

Burks, A. W. (Principal Investigator). **Turner, B. S.** Duke Clinical and Translational Sciences Institute. Funded by National Institutes of Health/National Center for Research Resources (UL1-RR024128), 9/30/2006-6/30/2011, \$2,909,611.

Califf, R. (Principal Investigator). **Turner, B. S., Schneider, S. M.** Clinical and Translational Science Institute. Funded by National Institutes of Health (UL1-RR024128), 9/30/2006-6/30/2011, \$6,448,162.

Cohen, H./Pieper, C. (Principal Investigator). **Landerman, L. R.** Claude D. Pepper Older Americans Independence Centers (OAICs). Funded by National Institutes of Health (P30-AG028716), 9/15/2006-6/30/2011, \$196,254.

Colen-Emeric, C. (Principal Investigator). **Anderson, R. A.** Evidence-Based Medicine in the Skilled Nursing Facility. Funded by National Institutes of Health (K23-AG024787), 7/15/2004-5/31/2009, \$157,545.

**Corazzini, K. N.** (Principal Investigator). Translating Nursing Systems Science into Practice in Long Term Care: The Peer-Assisted Learning Strategies Intervention. Funded by University of Iowa (1000612739), 1/1/2007-12/31/2008, \$10,000.

**Davis, L. L.** (Principal Investigator). **Landerman, L. R.** Project Assistance, Support, and Self-health Initiated through Skill Training (ASSIST) for Chronic Illness Caregivers. Funded by National Institutes of Health (R01-NR008285), 9/30/2002-12/30/2008, \$320,090.

**Demark-Wahnefried, W.** (Principal Investigator). Jones, L. W., Lipkus, I., Kimmick, G., Peterson, B. Daughters And MothErS (DAMES) Against Breast Cancer. Funded by National Institutes of Health (R21-CA122143), 6/10/2007-5/31/2009, \$140,000.

**Demark-Wahnefried, W.** (Principal Investigator). Morey, M., Cohen, H., Peterson, B. RENEW: Reach out to ENhancE Wellness in Older Survivors. Funded by National Institutes of Health (R01-CA106919), 7/15/2004-5/31/2009, \$315,834.

**Denman, S.** (Principal Investigator). **Landerman, L. R., Parrado, E., Martin, M., Reyes, R.** Health of Latino Infants: Interventions to Assure Care. Funded by National Institutes of Health (1R15-NR008701), 9/21/2006-8/31/2009, \$150,000.

**Docherty, S. L.** (Principal Investigator). **Landerman, L. R., Kurtzberg, J., Miles, M.** Parental Caregiving of Children Post Stem Cell Transplant. Funded by National Institutes of Health (1R15-NR009041), 8/1/2004-7/31/2008, \$150,000.

**Docherty, S. L.** (Principal Investigator). Stories and Music for Adolescent Resilience during Transplant (SMART) - Therapeutic Music Video. Funded by Indiana University (R01-NR008583), 11/1/2007-4/30/2008, \$44,500.

Freedland, S. J. (Principal Investigator). **Demark-Wahnefried, W.** Ketogenesis, Ketogenic Diet, and Prostate Cancer Progression. Funded by Department of Defense (W81XWH-06-1-0133), 11/15/2005-12/14/2008, \$236,447.

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), 4/1/2006-3/31/2011, \$648,148.

\* **Gilliss, C. L.** (Principal Investigator). Advanced Education Nursing Traineeship. Funded by Health Resources and Service Administration (A10-HP00264), 7/1/2002-6/30/2008, \$115,824.

Goldberg, R. N. (Principal Investigator). **Brandon, D.** Cooperative Multicenter Neonatal Research Network. Funded by National Institutes of Health (U10-HD040492), 5/1/2001-3/31/2011, \$310,420.

Hamilton, J. (Principal Investigator). **Sikkema, K. J.** AIDS International Training and Research Program. Funded by National Institutes of Health (D43-TW006732), 7/1/2003-5/31/2012, \$267,385.

**Hendrix, C.** (Principal Investigator). **Landerman, L. R., Schneider, S. M.,** Moore, J. Informal Caregiver Training in Cancer Symptom Management. Funded by National Institutes of Health (1R15-NR009489), 3/1/2006-8/31/2009, \$125,000.

**Hendrix, C.** (Principal Investigator). Mentor Program: Caregiver Training in Cancer Symptom Management. Funded by University of Iowa, 3/1/2006-8/31/2008, \$1,000.

**Holditch-Davis, D.** (Principal Investigator). **Landerman, L. R.** Mother-Administered Interventions for Very Low Birth Weight

Infants. Funded by National Institutes of Health (R01-NR009418), 9/30/2005-6/30/2010, \$423,383.

**Holditch-Davis, D.** (Principal Investigator). **Brooks, J.** Supplement: Mother-Administered Interventions for Very Low Birth Weight Infants. Funded by National Institutes of Health (R01-NR009418), 9/21/2006-6/30/2008, \$33,974.

**Holditch-Davis, D.** (Principal Investigator). Nursing Support Intervention for Mothers of Preterms. Funded by University of North Carolina - Chapel Hill (5-33946 Yr05 Am #2), 1/1/2006-6/30/2007, \$10,152.

**Holditch-Davis, D.** (Principal Investigator). Reducing Depressive Symptoms in Low-income Mothers (HILDA). Funded by University of North Carolina - Chapel Hill (5-50245), 4/3/2006-2/28/2009, \$8,114.

Hoyo, C. (Principal Investigator). **Demark-Wahnefried, W.** In-utero Exposure and Infant Loss of Insulin-Like Growth Factor 2 Imprinting. Funded by National Institutes of Health (R21-ES014947), 9/20/2006-8/31/2008, \$121,375.

Hybels, C. (Principal Investigator). **Landerman, L. R.** Depression and Physical Functioning in Older Adults. Funded by National Institutes of Health (K01-MH066380), 4/1/2003-1/31/2009, \$103,186.

Hybels, C. (Principal Investigator). **Landerman, L. R.** Subtypes and Trajectories of Depression in Older Adults. Funded by National Institutes of Health (R01-MH080311), 6/1/2007-5/31/2011, \$100,000.

**Johnson, C.** (Principal Investigator). Lipkus, I. Strategies to Help Inform Colorectal Cancer Risk Magnitudes. Funded by National Institutes of Health (R03-CA132562), 9/30/2007-8/31/2009, \$53,360.

**Johnson, C.** (Principal Investigator). Translation of Computational Risk Model to Consumer-Based Information System for World Wide Web. Funded by University of Texas MD Anderson Cancer Center, 9/1/2006-8/31/2007, \$30,625.

Jones, L. W. (Principal Investigator). **Demark-Wahnefried, W.** Post-operative Exercise Training for Non-small Cell Lung Cancer Patients. Funded by Lance Armstrong Foundation, 1/1/2006-12/31/2008, \$98,989.

\* **Lieder, H. S.** (Principal Investigator). **Docherty, S. L., Turner, B. S., Lorimer, M. S., Bradshaw, W.**

Pediatric Advanced Practice Nurse Practitioner for Family Nurse Practitioners. Funded by Health Resources and Service Administration (D09-HP07339), 7/1/2006-6/30/2009, \$179,103.

\* **Lorimer, M. S.** (Principal Investigator). **Docherty, S. L., Brandon, D.** Mental Health Assessment for Pediatric Advanced-Practice Nurses. Funded by Health Resources and Service Administration (1D09-HP07988-01), 7/1/2007-6/30/2010, \$114,804.

\* **McConnell, E. S.** (Principal Investigator). **Anderson, R. A., McConnell, E. S., Landerman, L. R.** Trajectories of Aging and Care in Nursing Science. Funded by National Institutes of Health (P20-NR007795), 9/15/2001-6/30/2008, \$197,042.

**McConnell, E. S.** (Principal Investigator). **Corazzini, K. N., Hendrix, C., Bailey Jr., D. E.** Evidence Based Nursing Practice in Geriatric Settings. Funded by Health Resources and Service Administration (D62-HP01909), 9/1/2003-6/30/2009, \$154,326.

**McConnell, E. S.** (Principal Investigator). **Corazzini, K. N.** Partner Team for the North Carolina New Organizational Vision Award (NC NOVA). Funded by North Carolina Foundation for Advanced Health Programs, Inc., 3/1/2007-7/31/2007, \$8,000.

**McConnell, E. S.** (Principal Investigator). Geriatric Nursing Education Project. Funded by John A. Hartford Foundation, 7/1/2005-6/30/2008, \$72,854.

**Powell, D. L.** (Principal Investigator). Caribbean Continuing Education Institute on Managing Cardiovascular Disease in the Elderly. Funded by Centers for Disease Control and Prevention (U13-DP000702), 9/30/2007-9/29/2010, \$97,971.

**Powell, D. L.** (Principal Investigator). Caribbean Continuing Education Institute on Managing Cardiovascular Disease in the Elderly. Funded by Pfizer Medical Education Grants, 10/8/2007-10/11/2008, \$25,000.

**Price, M. L.** (Principal Investigator). Hoyo, C., Robertson, C., July, F. Partnering Research Involving Mentoring and Education (PRIME) in Prostate Cancer. Funded by Department of Defense (W81XWH-05-1-0209), 1/15/2005-8/14/2008, \$190,679.

**Price, M. L.** (Principal Investigator). **Powell, D. L., Freedland, S. J., Polascik, T., Moul, J.** Collaboration Around Research and Education

(CARE) in Prostate Cancer. Funded by Department of Defense (W81XWH-07-1-0090), 2/1/2007-1/31/2010, \$185,000.

\* **Schneider, S. M.** (Principal Investigator). **Pereira, K., Nicollerat, J., Collins-McNeil, J., Denman, S., Cooper, P.** Advanced Diabetes Management for Nurse Practitioners. Funded by Health Resources and Service Administration (D09-HP08059), 7/1/2007-6/30/2010, \$162,557.

\* **Short, N. M.** (Principal Investigator). **Champagne, M., Gordon, H., Lieder, H. S., Phillips, B., Turner, K.** Simulations and Partners Across Communities for Registered Nurse Education (SIM-PAC-RN). Funded by Health Resources and Service Administration (D11-HP08367), 7/1/2007-6/30/2010, \$260,441.

**Sikkema, K. J.** (Principal Investigator). A Coping Intervention for HIV-Infected Older Adults. Funded by Ohio State University (UT12931), 11/1/2006-3/31/2008, \$311,733.

**Thornlow, D. K.** (Principal Investigator). Mentoring Grant in Gerontology. Funded by University of Iowa, 1/1/2008-12/31/2008, \$2,500.

\* **Titch, J. F.** (Principal Investigator). Duke University Nurse Anesthesia Traineeship. Funded by Health Resources and Service Administration (A22-HP00079), 7/1/2003-6/30/2008, \$13,362.

Tulsky, J. (Principal Investigator). **Hays, J.** Trajectories of Serious Illness: Patients and Caregivers. Funded by National Institutes of Health (R01-NR008249), 8/1/2003-4/30/2009, \$383,947.

\* **Turner, B. S.** (Principal Investigator). **Goodwin, L. K., Turner, G.** TIP-NEP: Technology Integration Program for Nursing Education and Practice. Funded by Health Resources and Service Administration (U1K-HP07713), 9/1/2006-8/31/2011, \$269,912.

\* **Turner, B. S.** (Principal Investigator). **Titch, J. F., Walker, J., Taekman, J., Hawks, S.** Nurse Anesthesia Program. Funded by Health Resources and Service Administration (D09-HP07359), 7/1/2006-6/30/2009, \$158,238.

\* **Turner, B. S.** (Principal Investigator). **Turner, G., Dren, A.** Clinical Research Management Program for Nurses. Funded by Health Resources and Service Administration (D09-HP07350), 7/1/2006-6/30/2009, \$142,408.



## Raising Health, Raising Hope for Durham Elementary Students

Even the best educational strategies don't work if children aren't feeling well. A group of students from Duke School of Nursing is "Raising Health, Raising Hope" for children and families at Durham's Eastway Elementary School.

The children and families are already participating in a Child and Family Support Team project of the N.C. Department of Health and Human Services and Department of Public Instruction. It unites families with a team of supporters—a social worker, school nurse, school guidance counselor, principal, and assistant principal—to create an individualized plan for success for each at-risk student.

The nursing students in Raising Health, Raising Hope work with the team to customize a health-education curriculum. Teams identified hygiene, mental health, violence, ADHD, nutrition, oral health, asthma, and puberty as topics that need to be addressed.

The DUSON students also conducted eye screenings for the Eastway Elementary students.

"Raising Health, Raising Hope is an opportunity for our students to assist their community...while learning how to create a support network for a diverse, underserved population," says Rosa M. Solorzano, MD, MPH, associate director of the School of Nursing's Office of Global and Community Health Initiatives.

The Raising Health, Raising Hope effort at Eastway is supported by a \$4,000 grant from the Duke University Health System Charitable Grants Fund and a \$6,000 grant from the N.C. Area Health Education Centers Program. Participating nursing students also work at Genesis Home, a non-profit organization that provides shelter and transitional housing for homeless families, and the Durham Rescue Mission.



Photo courtesy of Durham Herald-Sun

Ellen Brasington, ABSN'09, covers a student's eye to test his vision at Eastway Elementary