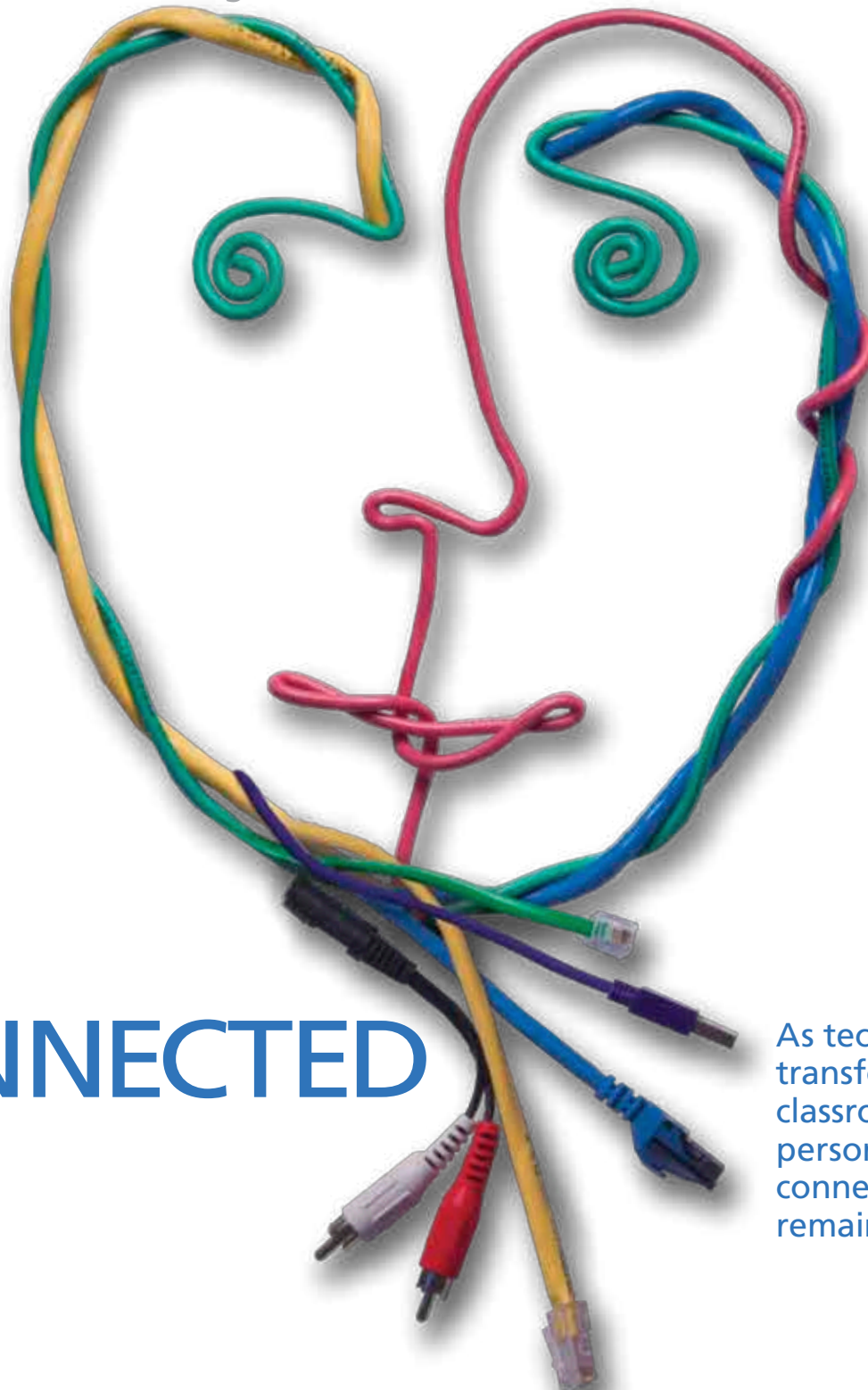




Winter
2011
Volume 6, No. 1

Duke Nursing

magazine



CONNECTED

As technology transforms the classroom, person-to-person connections remain vital.

Duke Nursing magazine

Winter
2011
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**CONNECTING TO LEARN,
LEARNING TO CONNECT**

Friends,

With advancements in technology occurring at breakneck speed, it's easy to get excited about the next gadget. At the Duke University School of Nursing, we look beyond the novelty of new technology to assess its usefulness as a tool for solving problems in learning, teaching, and delivering care.

Our faculty members are developing and improving virtual learning environments that allow students to practice and test their clinical skills outside the confines of the traditional classroom. We are expanding the boundaries of our Center for Nursing Discovery by taking simulation mannequins out of the lab and into the community—both on campus and online. With the help of our faculty, these mannequins are even engaging students via Twitter and Facebook to enhance teaching and learning, building human connections via technology.

Our Center for Nursing Discovery now digitally records student practice scenarios, enabling learners to further reflect on and improve team interactions and individual

performance. With e-portfolios we are broadening the picture of our students' experiences, competencies, and personal strengths in the classroom, the lab, and the community. Video conferencing software is enriching traditional learning techniques, connecting student readers with the authors of their assigned readings in real time.

Enhancing the human-to-human connection via technology holds great promise for the advancement of nursing education, research, and practice. No matter what new technologies emerge in the coming years, it will remain our goal to champion the human connection as we advance the delivery of health care and improve health outcomes for future generations.

Catherine Lynch Gilliss, BSN'71, DNSc, RN, FAAN
Dean and Helene Fuld Health Trust Professor of Nursing
Vice Chancellor for Nursing Affairs

appointments



Lisa Day



Kay Mueggenburg



Jane Peace



Janet Prvu Bettger



Karin Reuter-Rice

New SON Faculty Appointments

Lisa Day, PhD, RN, CNRN, is an assistant professor in the Accelerated Bachelor of Science in Nursing and Doctor of Nursing Practice degree programs. She comes to Duke from the University of California, San Francisco (UCSF) Medical Center, where she was a clinical nurse specialist for neuroscience and critical care. She and Patricia Benner, PhD, RN, FAAN, co-authored *Educating Nurses: A Call for Radical Transformation*. She is passionate about teaching second-degree students and developing support systems for new graduates transitioning into nursing practice. Nationally, she has served as a consultant on several nursing education projects, most recently the 2008 National League for Nursing Think Tank on Transforming Clinical Nursing Education. She holds an associate's degree in nursing from Long Beach City College, California, and bachelor's, master's, and PhD degrees from the UCSF School of Nursing.

Kay Mueggenburg, PhD, RN, is an assistant professor of nursing in the Accelerated Bachelor of Science in Nursing and Doctor of Nursing Practice degree programs. Her area of expertise is community and public health nursing. She has nearly 30 years of experience in nurse leadership roles in community

and public health organizations, as well as eight years in undergraduate teaching at Southern Illinois University and the University of Kentucky. Most recently, she worked to develop and implement in central Kentucky a hospice and palliative medicine fellowship program accredited by the Accreditation Council for Graduate Medical Education. She holds a diploma in nursing from Jewish Hospital in St. Louis, Missouri, a bachelor's degree from McKendree College in Lebanon, Illinois, a graduate degree in community health nursing from Southern Illinois University, Edwardsville, and a PhD in higher education and education administration from the University of Southern Illinois, Carbondale.

Jane Peace, PhD, RN, FNP, is an assistant professor of nursing in the Master of Science in Nursing and Doctor of Nursing Practice degree programs, charged with building capacity in nursing informatics and continuing the school's interdisciplinary collaborations with the Duke Center for Health Informatics. She comes to Duke from the University of North Carolina (UNC) at Chapel Hill, where she was a post-doctoral fellow in the School of Nursing and the Center for Genomics and Society, where she studied the ethical, legal, and social issues of sharing family health information. She has worked as a staff

nurse at Duke University Medical Center and as a family nurse practitioner in college health and women's health. She holds bachelor's and master's degrees in nursing from UNC-Chapel Hill and a PhD in nursing with a minor in computer sciences from the University of Wisconsin-Madison.

Janet Prvu Bettger, ScD, FAHA, is an assistant professor and Agency for Healthcare Research and Quality (AHRQ)-mentored scholar in comparative effectiveness research studying the effect of care coordination on post-stroke outcomes. She comes to Duke from the University of Pennsylvania (Penn) School of Nursing, where she was a research fellow with the NewCourtland Center for Transitions and Health. At Penn she completed federally funded post-doctoral research in neuro-rehabilitation and a Switzer Fellowship from the National Institute on Disability and Rehabilitation Research. Her doctoral training in rehabilitation sciences was completed at Boston University while she was leading a statewide stroke quality-of-care initiative for the Massachusetts Department of Health. She is chair of the National Stroke Association's Stroke Patient Follow-up Task Force



Lee Busselman



Kristi Rodriguez

Administrative Appointments

and incoming chair of the American Heart/Stroke Association’s Nursing and Rehabilitation Committee of the Stroke Council. She holds a bachelor’s degree from the University of Western Ontario, Canada, and a master’s degree from the University of Wisconsin-LaCrosse.

Karin Reuter-Rice, PhD, RN, CPNP-AC/PC, is faculty coordinator for the Neonatal and Pediatric Instructional Area and lead faculty member in the Pediatric Acute and Chronic Nurse Practitioner specialty in the Master of Science in Nursing degree program. She is co-editor of the first pediatric acute care interprofessional textbook, which is scheduled for release in 2011. She also is co-editor of *Acute and Specialty Cases for the Journal of Pediatric Health Care* and chairs the Acute Care Special Interest Group of the National Organization of Pediatric Nurse Practitioners. She is secretary and acute care member-at-large for the Pediatric Nursing Certification Board. Her research focuses on pediatric traumatic brain injury. She comes to Duke from Rady Children’s Hospital in San Diego, California, where she worked in a tertiary care pediatric ICU. She holds a diploma in nursing from the University of Alberta Hospital School of Nursing in Canada, and master of science and PhD degrees in nursing from the University of San Diego.

Lee Busselman is assistant dean for marketing and communications. He comes to Duke from the University of Illinois at Urbana-Champaign, where he served as director of marketing for the College of Agricultural, Consumer, and Environmental Sciences. He has an accomplished career leading marketing and communications departments in higher education and has received several national professional awards. He will lead the development of strategic initiatives to heighten awareness of the School of Nursing’s accomplishments in research, education, and service. He will also help create communication strategies for relationship building with prospective students, alumni, and friends of the school.

Kristi Rodriguez is assistant dean for admissions and student services. She comes to Duke from the University of Nevada, Las Vegas (UNLV), where she was director of undergraduate recruitment and compliance coordinator-financial aid administrator. She holds a bachelor of science degree in communication studies from Nebraska Wesleyan University and a master of education degree in higher education leadership from UNLV.

news

Wilson Becomes NC Nursing Hall of Famer

Former dean of the School of Nursing **Ruby L. Wilson, EdD'69, RN, FAAN**, was inducted into the North Carolina Nurses Association Hall of Fame at a ceremony in October.

Wilson was cited for her pioneering local and national leadership in nursing education and service. She became a member of the Duke nursing faculty in 1955 and was dean from 1971 to 1984. She also served as a professor of nursing, assistant professor of medicine, and assistant to the chancellor for health affairs.

In 1958, in collaboration with Thelma Engles, MA, RN, professor and chair of the Department of Medical-Surgical Nursing at Duke, Wilson initiated the first master's degree program in clinical nursing, which became a national model for graduate nursing specialization. She also encouraged professional development of Duke's nursing faculty and developed a pioneering undergraduate curriculum.

Wilson also was hailed for her service commitment—locally, nationally, and internationally—including serving on the boards of the Duke Cancer Patient Support Program, the American Cancer Society, Triangle Hospice, and the Women's Forum of North Carolina. She worked with the Rockefeller Foundation in Thailand to design a research-driven medical center with a new nursing curriculum. She also has been elected to the Institute of Medicine and the American Academy of Nursing and was a presidential appointee on the National Council of Nurse Training of the United States Public Health Service.

Wilson began her career as a staff nurse, head nurse, and night clinical supervisor at Allegheny General Hospital in Pennsylvania, where she received a bachelor's diploma in nursing. She went on to obtain a bachelor of science degree in nursing education from the University of Pittsburgh, a master of science degree in nursing from Case Western Reserve University, and a doctor of education degree from Duke University.



Ruby L. Wilson

DNP Student Wins GlaxoSmithKline Foundation Award

Jill Kerr, MPH, FNP, a student in the Doctor of Nursing Practice degree program, received the Individual Recognition Child Health Recognition Award from GlaxoSmithKline for her work with the Chapel Hill-Carrboro City Schools Pre-K Head Start Program.

Kerr speaks Spanish, French, and Arabic, which helps her communicate with children and families. She was cited for her exceptional communications with children and families to prevent health-related absences; intervene early with asthma,

dental, or vision problems; and eliminate health disparities among her students.

Kerr, who holds an undergraduate degree in history and French, served in the Peace Corps in Morocco in 1978, where she learned Arabic and apprenticed with midwives. She then received a family nurse practitioner degree from Pace University and went to work in the Yale-New Haven,

Connecticut, Emergency Department. Later she moved to rural New Mexico to work as a public health nurse in prenatal and well child care, communicable diseases, and school health.

Kerr moved to North Carolina in 1997 for a Child Health Public Health Service Fellowship at the University of North Carolina (UNC) School of Public Health. Now she is a full-time student in Duke's DNP degree program, focusing on decreasing pre-school absences as a way to help decrease the educational equity gap.

Kerr will donate her \$2,000 award to the North Carolina Public Health Association for scholarships. She and her husband have four living daughters, ages 18 to 25, including one student at Duke University and one student at UNC-Chapel Hill. They live in Chapel Hill.

GlaxoSmithKline Child Health Recognition Awards are presented annually to recognize individuals and programs that stand out for their success in improving children's health. Only one Individual Recognition Award is presented each year.



Jill Kerr

Chicago Duke Alumni Get Tips on Caring for Aging Parents

Dean Catherine L. Gilliss, BSN'71, DNSc, RN, FAAN, and Professor Linda L. Davis, PhD, RN, DP-NAP, FAAN, presented a program on Caring for Your Aging Parents at the Tower Club in Chicago, Illinois, in October. About 30 Duke University undergraduate and graduate alumni attended the event, which was followed by a reception. Gilliss is an expert on the family and chronic illness, and Davis, who holds the Ann Henshaw Gardiner Professorship in nursing at Duke, is a nationally published researcher on elder care whose model for building elder care coalitions in rural communities has been adopted by the U.S. Administration on Aging.



Linda L. Davis talks to Chicago alumni.

GLOBAL HEALTH LECTURE



4TH Annual Global Health Lecture

Come hear a current thought leader discuss the state of health around the world—from responses to natural disasters to caring for the underserved.

Thursday, February 3, 4:00-6:00 PM
School of Nursing Auditorium
A reception will follow from 6:00-7:00 PM

The Global Health Lecture is sponsored by the Duke University School of Nursing's Office of Global and Community Health Initiatives, the Duke Global Health Institute, and the Office of the Provost.

THURSDAY, FEBRUARY 3, 4:00-6:00 PM, SCHOOL OF NURSING AUDITORIUM

Sullivan Inducted as AAN Fellow



Dori Taylor Sullivan

Dori Taylor Sullivan, PhD, RN, NE-BC, CNL, CPHQ, FAAN, professor in the Doctor of Nursing Practice degree program and associate dean for academic affairs, was inducted as a Fellow in the American Academy of Nursing in November.

“Selection for membership in the Academy is one of the most prestigious honors in the field of nursing,” said Academy President

and Dean of the School of Nursing, **Catherine L. Gilliss, BSN’71, DNSc, RN, FAAN.** “Academy Fellows are truly experts. The Academy Fellowship represents the nation’s top nurse researchers, policymakers, scholars, executives, and practitioners.

Sullivan came to Duke in 2008 from Sacred Heart University in Connecticut, where she led the Department of Nursing and was chair of the Council of Deans and Directors of Nursing. Her 30-year career has included roles as a national health care consultant, clinical and research director, clinical specialist, faculty member, and academic administrator. She currently serves as core faculty for evidence-based practice on the Robert Wood Johnson Foundation grant, Quality and Safety Education in Nursing, and she co-authored a monograph on leadership competencies in health care with a focus on complexity science and transformational leadership.

Knobel Wins RWJF Nurse Faculty Scholar Grant

Robin Knobel, PhD, RNC, NNP, an assistant professor in the master’s, PhD, and DNP degree programs, won a competitive grant from the Robert Wood Johnson Foundation (RWJF) to study the mysterious physiology of extremely premature infants.



Robin Knobel

One of just 12 nurse educators nationwide to receive the three-year, \$350,000 Nurse Faculty Scholar award in 2010, Knobel will use the award to study babies born at less than 29 weeks gestation. These babies are frequently exposed to cold air during nursing and medical

procedures. Because they have immature neurological systems and little ability to generate their own heat or regulate their blood flow, they risk developing gastrointestinal infections, bleeding in the brain, and other potentially lethal complications.

Knobel’s research builds on a previous study she conducted that found that extremely premature babies suffer abnormal blood flow that keeps their hands and feet warmer than their body cores. Colder temperatures indicate low blood flow and correspondingly low oxygen levels, a pre-cursor of health problems.

Diane Holditch Davis, BSN’73, PhD, RN, FAAN, the Marcus E. Hobbs Distinguished Professor of Nursing, and **David Tanaka, MD,** a professor of pediatrics and neonatology at the School of Medicine, Department of Pediatrics, will serve as Knobel’s mentors.

“Every year, 30,000 extremely premature babies are born in the United States,” said Holditch-Davis. “Dr. Knobel’s research will ultimately help improve the odds that these babies will live longer, healthier lives and could lead to considerable savings to the U.S. health care system.”



Nikki and Derrick King



Jonathan and Shannon Garrett

Correction

On page 21 of the Summer 2010 issue of *Duke Nursing Magazine*, the photo captions of two married couples who received degrees together in May were reversed. We regret the error!



SAVE THE DATE
REUNION 2011 APRIL 8-9

Classes with years ending in 1 and 6, as well as members of the Half Century Club (classes 1933-1960), will celebrate reunions April 8-9 at Duke University School of Nursing. Reunion information will be mailed in March. For information, please contact Amelia Howle, director of alumni relations, at 919-667-2529 or amelia.howle@duke.edu. Many exciting activities are planned for this special weekend.



We hope you will join us!

New Graduate Certificate in Informatics

As the nation moves towards the electronic medical record, Duke University School of Nursing in January began offering a graduate certificate in health informatics to nurses and other health care providers.

The one-year, 18 credit-hour certificate, which is being offered in partnership with the Duke Center for Health Informatics, consists of primarily online courses. It also includes a two-and-a-half-day session at the school once a semester, and a real-world practicum following course work. Students who hold a bachelor's degree and have a health care background are eligible to apply.

"I think our program will stand out," said Constance Johnson, PhD, assistant professor, "because we've had a 36 credit-hour online informatics program since 1997" (Master of Science in Nursing informatics specialty degree program). "This certificate program will teach the fundamentals of information technology—issues, theories, standards, and trends."

The need for informatics specialists is projected to rise dramatically over the next several years following the 2009 passage by Congress of the Health Information Technology for Economic and Clinical Health Act (HI-TECH Act). The \$19 billion act was part of the \$787 billion U.S. stimulus package and is meant to promote industry-wide adoption of electronic medical records.

The Duke Center for Health



Constance Johnson

Informatics—which brings together Duke's schools of medicine, nursing, engineering, and business to train the next generation of health care administrators in implementing and managing electronic medical record systems—

received \$2.16 million

from the HI-TECH Act. The center is providing the School of Nursing with \$200,000 to offer 20 students \$10,000 each in tuition reimbursement.

The overall goal of electronic medical records is to improve health and lower costs by streamlining information and making it accessible to all of a patient's providers; reducing duplication of tests; flagging potential drug interactions; and more. Quick access to medical records could also be life-saving in an emergency situation.

VALUE IN HEALTH CARE



JACK NEEDLEMAN, PhD, FAAN, will present Searching for Value in Health Care at the 2011 Harriet Cook Carter Lecture, Tuesday, February 22, at 3:00 PM in the School of Nursing Auditorium.

A reception will follow. Needleman is a professor of health services at the University of California, Los Angeles School of Public Health.

2011 HARRIET COOK CARTER LECTURE

The lecture is sponsored by the Duke University School of Nursing; Duke Translational Nursing Institute; Sigma Theta Tau International Honor Society of Nursing, Beta Epsilon Chapter; and Duke University Health System Clinical Education and Professional Development. For information about receiving International Association for Continuing Education & Training (IACET) approved credit, please visit nursing.duke.edu/modules/son_about/index.php?id=137.



Marianne Tango Williams, left, and her father Michael Tango

Tango Honored For 25 Years of Annual Giving

This past summer, the Duke University School of Nursing honored Michael Tango of Washington, New Jersey, with a special plaque recognizing his 25 years of continuous giving to the School of Nursing Annual Fund.

Tango, a retired employee for M&M, Mars, Inc., and his late wife Emily made annual donations in recognition of their daughter **Marianne Tango Williams, BSN'81**.

“We have always been very proud of Marianne,” said Tango, who turned 90 in January. “We are grateful for the wonderful education she received at Duke, so it was just a natural gesture for us to give back.”

After graduating from the School of Nursing and the Duke Air Force ROTC training program, Williams pursued nursing

for a short time before she transitioned to the human resources field in the U.S. Air Force. She served as a commander before retiring from active duty as a Lieutenant Colonel in 2003.

“My parents are huge Duke fans, and they were role models for me with their generosity and selfless service as I grew up,” Williams said. “They had a tremendous influence on my choice to serve my country.”

She said she values how the faculty at the School of Nursing “cared about each student and nurtured our critical and innovative thinking, which helped to develop us into leaders in our respective professions.”

Tango says when his wife passed away in 1996 he continued to give to the Annual Fund because “it was a commitment we made together to show our appreciation to the School of Nursing for helping students.”

Williams said her parents made a difference in the lives of others with their annual gifts, and for that “I am very thankful and proud.”

Williams is married to **Brett Turnage Williams, T'81**, who also was in the Air Force ROTC while at Duke. He recently was appointed director of operations, deputy chief of staff for operations, Plans and Requirements, Headquarters U.S. Air Force, at the Pentagon in Washington, D.C. They have two children—Sean Michael, who is at the University of Florida on an Air Force ROTC scholarship; and Mikaela, who is at the University of Central Florida working on an accounting degree.



Construction now underway will transform Duke's medical campus with the Duke Medicine Pavilion, a major expansion of Duke University Hospital, and the Duke Cancer Center, an outpatient center for cancer care and clinical research. The School of Nursing building is at right.

You've Come A Long Way...

DUKE

Duke Wins National Award as Best Nursing School for Men

By Jim Rogalski

For the 1970 graduation capping ceremony, the Duke University School of Nursing (DUSON) faculty faced a dilemma with two of its students: Donning them with traditional nurse's caps was simply out of the question.

So when **Roger Voelkel, BSN'70**, and **Don Brown, BSN'70**—who both had come to Duke in 1966 via the U.S. Navy Enlisted Nursing Education Program—crossed the stage dressed in their crisp Navy whites, interim dean Ann Jacobansky, RN, placed a Duke pin on their respective lapels instead of a cap on their heads.

By earning their nursing degrees, the school's first two male students helped to pave the way for generations of men who would follow.

"The school took a bold step by admitting us," said Voelkel. "Times were different then, and it was uncommon for men to be

nurses. It was not unusual for men who wanted to do so to be perceived as strange."

Not so much today.

Lured by the chance to have an impact on the lives of others as well as copious opportunities in a multitude of specialties, a robust job market, and flexible work schedules, more men are entering the nursing field each year. Just a few years ago men made up 4.5 percent of the licensed nursing workforce. Today it is 6 percent and growing. Enrollment by men in pre-licensure programs is even higher.

"More men are realizing the many opportunities that exist within the

nursing profession," said John Brion, PhD, RN, an assistant professor in the Accelerated Bachelor of Science in Nursing (ABSN) degree program. "And the opportunity to become a nurse practitioner or certified nurse anesthetist with the potential to have greater autonomy seems to be particularly appealing to men."

Since the Voelkel and Brown era at DUSON, the School of Nursing has worked steadily to recruit more men into nursing and make Duke a welcoming place for them. Those efforts culminated this fall when the school received a 2010 Best Nursing School/College for Men in Nursing

Award from the American Assembly for Men in Nursing (AAMN). The association cited Duke's success at recruiting and retaining male students and faculty and coordinating networking and community service activities that foster a supportive environment for men in nursing.

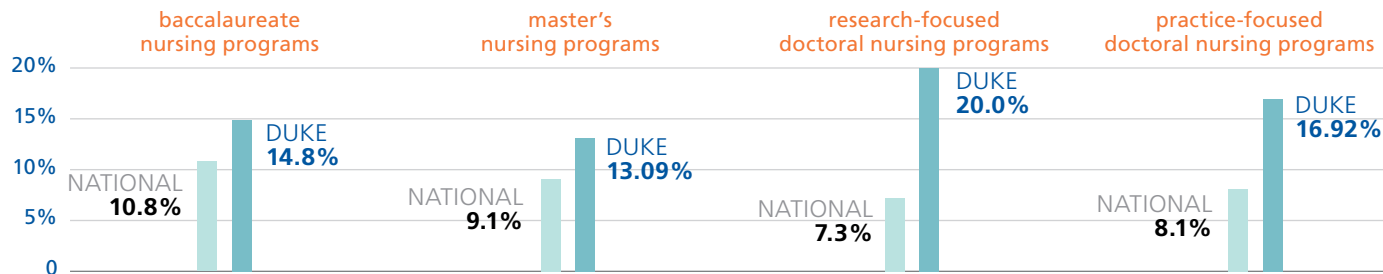
A full third of Duke's core nursing teaching faculty—four out of 12—are men.

"The award is really an honor," Brion said, "because it speaks to the commitment the school



A group of male Duke nursing students enjoy pizza and camaraderie at a recent informal social get-together.





has to making sure we have a diverse student body and a more diverse nursing workforce.”

The Duke chapter of AAMN—nicknamed DAAMN—hosts events that include informal cookouts and pizza parties, volunteer landscaping at a local homeless shelter, blood drives, and a night at a Durham Bulls game.

ABSN student Brian Gammon, the student chair of DAAMN, said the social gatherings are valuable because they give male students the opportunity to talk about what’s going on in school. The faculty, he said, “take time out of their day to meet with us outside of class. They treat us like colleagues even though we’re students.”

According to the American Association of Colleges of Nursing (AACN), 10.8 percent of nursing students in baccalaureate nursing programs nationwide are male; at Duke it’s 14.8 percent. The AACN says the national average for men in master’s programs is 9.1 percent; it’s 13.09 percent at Duke. Duke boasts a 20 percent male enrollment rate for research-focused doctoral nursing programs, which is nearly triple the national average of 7.3 percent. And 16.92 percent of Duke’s practice-focused doctoral nursing students are male, which is double the national average of 8.1 percent.

Ruby L. Wilson, EdD’69, RN, FAAN, dean from 1971 to 1984, said only a couple of tweaks were needed once the school began admitting men.

“Of course we had different uniforms made for them because they didn’t wear skirts. And we had to make different living arrangements,” Wilson said.

In the 1960s and early 1970s, nursing

students lived in Hanes House, but it was inappropriate to house the male students there, she said. Since West Campus was so far from the nursing school, the male students were housed across the street in the graduate center.

John Ringland, BSN’78, lived off campus. He transferred from Trinity into the nursing program during his sophomore year and was the only male in his class of 100. He said he “was treated like everyone else. I didn’t get any special treatment. I remember going to OB rotation in delivery and my professor never stopped me from doing anything.”

He said that, “like women surgeons having to work harder to gain respect, I had to do at least as well or better than the female students. Today, in general, nursing is a much more respected profession than it was 30 years ago.”

Robert Sigety, BSN’80, said he remembers “getting a few comments from doctors about why I wanted to be a nurse, but not anything mean. I was treated very

Okam said he had always been interested in the medical profession but was uncertain about which field to choose. He pursued research and pharmacology for a short while but eventually realized he wanted to work one-on-one with patients.

“The field of nursing is very broad,” he said, “and has a lot of opportunities. This is a starting point to greater things the field has to offer.”

He plans to eventually become a family nurse practitioner and manage his own practice.

Abdur Akbar also came from a research background but was drawn to nursing after “working alongside them and seeing the impact they have and the level of responsibility they are given.”

Ryan Shaw, a PhD student, said a number of friends and family members asked if he is planning to become a doctor. “The general public has a misconception that nursing is a bridge to becoming a doctor,” Shaw said. “But in truth, the two are very separate professions.”

“The field of nursing is very broad and has a lot of opportunities. This is a starting point to greater things the field has to offer.”
— UCHE OKAM

well and had good relationships.”

At a recent pizza gathering at the School of Nursing café, current male students talked about the importance of gender diversity in the nursing workforce, what appeals to them about the profession, and their experiences so far.

Uche Okam said that during his maternity clinic rotation he was assigned to a young woman in labor who “was not very receptive to having a male student, and I could understand that. So I was assigned to another patient.”

Omar Hasan came from a law enforcement background, where he enjoyed the flexible schedule and hands-on work. He prefers nursing because “you’re taking someone who’s sick and trying to problem solve and improve the quality of their life.”

Adds Brion: “The really impressive thing about all of our students is that most have had successful careers in other fields but have been drawn to nursing out of a desire to make a difference in the lives of other people.”

Nursing Home Study Connects Students with the World of Research

Most baccalaureate nursing students don't get involved in major research studies, but that may be starting to change for students in the Duke Accelerated Bachelor of Science in Nursing (ABSN) degree program, thanks to efforts by nursing researchers like Ruth A. Anderson, PhD, RN, FAAN, and Kirsten Corazzini, PhD.

Recently four students got the chance to work with them as research assistants on a National Institute of Nursing Research-funded study on falls in nursing homes.

Megan Bowers, Jennifer Mewshaw, Maggie Mucha, and Katy Zahn spent the summer and fall helping Anderson, the Virginia Stone Professor of Nursing, with a study that examines the role improved staff communication can play in preventing falls in nursing homes.

The study, titled "CONNECT for Better Falls Prevention," involves two groups of nursing homes. In one group employees receive falls prevention training. In the other they receive falls prevention training and communication training in a special intervention Anderson created called CONNECT. Anderson, who serves as principal investigator, says the study will show whether the added communication training can make a difference in preventing falls.

"Preliminary results already suggest that the answer is yes," Anderson says.

The students were involved in the falls prevention portion of the study. Over five months they trained nursing home

staff members on major areas that can put residents in danger of falls, such as poor vision, unstable gait, medications, cardiovascular problems, and poor footwear. The training took place both in person and through teleconferencing and included all levels of staff, from nursing directors to certified



Nursing home resident Clyde Ragan (center) listens as students (left to right) Maggie Mucha, Jennifer Mewshaw, Megan Bowers, and Katy Zahn discuss ways to prevent falls. Standing, from left, are faculty members Chip Bailey, PhD, RN, and Kirsten Corazzini, PhD, and Duke Clinical Instructor Ashley Leak.

nursing assistants to housekeepers.

The students also surveyed the staff multiple times on whether the communication training they received earlier in the study had been effective in helping them improve interactions and relationships with fellow employees.

The study offered all four students their first exposure to nursing research. "Before, I had no idea what it meant to do nursing research," says Mewshaw.

Bowers adds, “I was amazed at the complexity of actually implementing a research plan. It’s one thing to write it up. But it’s another thing to be in a nursing home where the staff turnover is high. It can be challenging to get the information you need.”

Challenges aside, all the students agree their experience with the CONNECT study has opened their eyes to the possibilities of pursuing a career in nursing research. Zahn says, “I want to incorporate research in my long-term career goals, which is not something that was on my radar before.”

And Anderson says that’s exactly what motivated her to involve the students in the first place. While she has frequently used PhD research assistants in the past, this was the first time she enlisted help from ABSN students. She says more researchers are needed in the field and getting students involved early on may be the key.

“Of all the nurses in the United



“The things we do as nurses in hospitals have been developed and tested through research. We need people building that knowledge base for practice.”

— RUTH A. ANDERSON

States, less than 6 percent have PhDs in nursing,” Anderson says. “They’re the ones who do the research, and research is how we learn to advance the practice of nursing. The things we do as nurses in hospitals have been developed and tested through research. We need people building that knowledge base for practice.”

Anderson says working with the ABSN students complements recent changes in the school’s curricula that now offer students the opportunity to follow either a research or foreign language track during the 16-month program. Bowers, Mewshaw, Mucha, and Zahn all chose the research option.

The CONNECT study also gave

students a glimpse into the challenges involved in nursing home care and taught them the importance of communicating with nursing assistants.

“The nurse assistants are with the patients more than any other provider in the nursing home,” Anderson says. “If nurses don’t talk and listen to them about what they’re seeing, then that information never gets to the care planning team and prevents them from helping patients feel better and making them less likely to fall.”

Mewshaw says, “There were a couple of people in the nursing home who didn’t get along very well, and this project helped them open those lines of communication. The study definitely impacted some people on a personal level.”

Anderson plans to continue working with ABSN students throughout the rest of the yearlong CONNECT study and in future studies. Though Bowers, Mewshaw, Mucha, and Zahn will have graduated by the time the study ends in the spring, they have written articles related to their work on the study that will be submitted for publication.

Associate professors Chip Bailey, PhD, RN, and Kirsten Corazzini, PhD, served as advisors and mentors for the students. Bailey trained the students in the study protocols, and Corazzini met with them every two weeks to discuss progress and provide education on research methods. ❁

—BERNADETTE GILLIS



The CONNECT study exposed ABSN students to nursing research and the complexity of nursing home care.



Duke nursing students provided much-needed services for Durham's homeless community. Left, student Amiee Graham (left) checks a patient's blood pressure as classmate Aleena Bhasin looks on. Right, student Ashley Anderholm (right) helps a patient fill out paperwork.

Homeless Connect—A Pathway to Hope

The man came to Project Homeless Connect hoping for a coat and a blanket to keep himself warm. He left with leads on a job, a home, and a pathway to a new career—as a nurse!

Project Homeless Connect provides much needed resources such as job opportunities, housing assistance, hot showers, clothing, and medical care for people in Durham who lack permanent housing. This year 100 students from Duke University School of Nursing worked as volunteers at the event.

One of them, Elizabeth Esser, a student in the Accelerated Bachelor of Science in Nursing degree program, served as an escort, and she was matched with a homeless veteran. She served as his navigator for the day, hooking him up with a quick shave and a job interview.

The man learned that the job paid well enough to qualify him for housing loan assistance through the U.S. Department of Veterans Affairs. He revealed to Esser that he had long wanted to become a nurse.

"We headed over to the Durham Tech table, where we found that his Veteran's benefits would pay for him to get a nursing degree," says Esser. "As I gave him a big hug and wished him all the best, I wasn't sure who was more excited!"

The nursing students provided blood pressure checks and glucose screenings for the nearly 500 homeless people who attended the October event at the Durham Bulls Athletic Park. Nursing faculty members and staff also attended as volunteers.

According to Belinda Wisdom, senior program coordinator for the School of Nursing's Office of Global and Community Health Initiatives and one of the event's planners, the event provides a service opportunity for students and a different perspective on the problem of homelessness.

"There are misconceptions about homelessness," says Wisdom. "This event helps students realize that these are everyday people struggling with job loss and economic hardship."



Students also provided glucose screenings at Project Homeless Connect.

Brian Lupo (center) was one of 100 Duke nursing students who participated in the community event.

THE **human** TOUCH

In a High Tech World, High Touch is Still Critical

The surgeon makes a small incision and looks over the drapes. “Everything OK,” he asks?

The nurse anesthetist never looks away from the blinking and buzzing monitors that display a continuous trend of patient vital signs.

Heart rate? Check.

Blood pressure? Looks good.

Respiratory rate? Normal.

End-tidal carbon dioxide? Unchanged.

Exhaled anesthetic agent concentration? Therapeutic.

EEG waveform? Appropriate.

Body temperature? A little chilly but nothing a total body warming blanket won't fix.

Last but not least, oxygen saturation? 100 percent.

“Everything is great,” she fires back at the concerned surgeon.

Not willing to leave well enough alone, she chides the surgeon. “And it will be even better if you stay on your side of the table and mind your own business.”

Everyone laughs and agrees that he needs to continue the procedure if they are going to finish this case by 5 p.m. The sound of laughter is comforting, as everyone knows that laughter is a sign that things are going well.

The surgeon reverts to his side of the ether screen and the CRNA, once again, turns her attention to the city of monitors that sur-

rounds both her and the two-year-old patient.

Time passes and she notices that the oxygen saturation monitor is not providing a reading. Two minutes ago the oxygen saturation was 100 percent, and it has been stable throughout the case. The cause must be a defective oxygen sensor, or maybe it needs repositioning on the patient's small finger. She investigates and everything looks fine. The probe is securely in place, and yet the impulse from the patient's finger appears weaker and is being sensed less and less frequently.

What could it be? Suddenly she notices that the

electrocardiogram tone is also generating more and more slowly. She looks at the ECG monitor and sees only an occasional ECG impulse cross the screen. Something is wrong—very wrong. She alerts the surgeon that he needs to stop the procedure, and cardiac resuscitation of the two-year-old patient begins.

The situation I have just described happened many years ago, and the nurse anesthetist caring for this child was me. What happened, you are asking? This patient suffered a cardiac arrest secondary to a temporary insufficiency of oxygen delivery to his body tissues.

Yes, it was a major event and perhaps it could have been prevented. Fortunately, the cardiac arrest lasted only 10 seconds, and the patient recovered completely. The next question you may be asking is, how did this happen? How was it that I did not know this patient was experiencing dangerously low levels of oxygen? The answer is simple: I was looking at the monitors and all the blinking lights but not at the patient. In my desire to fix what was wrong, I focused on the technology and not on my patient. In this case, it almost cost this child his life.

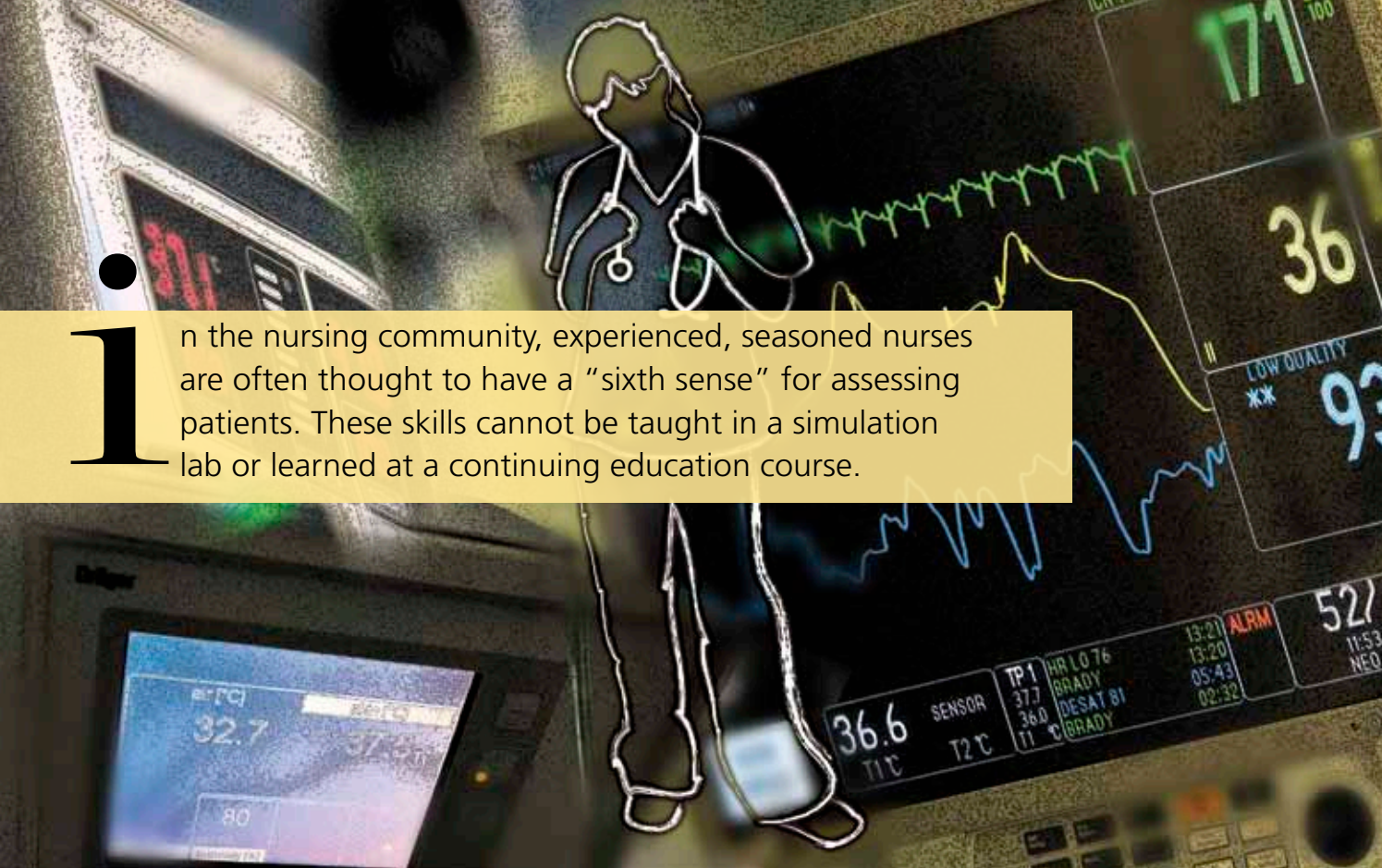
There can be no arguing that the use of technology saves patients' lives; however, the Institute for Healthcare Improvement estimates that approximately 15 million preventable medical mistakes occur in hospitals each year. More people die in U.S. hospitals from medical errors than perish from motor vehicle accidents or breast cancer.

Now standardization of technology usage and the creation of evidence-based clinical guidelines are being used to decrease hospital-related morbidity and mortality rates. Anesthesia care is an excellent example of how standardization has made anesthesia safer than ever.

The American Association of Nurse Anesthetists and the American Society of Anesthesiologists collaborate regularly to address various issues affecting patient safety during



By Sharon Hawks
DNP'10, CRNA



In the nursing community, experienced, seasoned nurses are often thought to have a “sixth sense” for assessing patients. These skills cannot be taught in a simulation lab or learned at a continuing education course.

anesthesia. These improvements have resulted in plummeting rates of anesthetic morbidity and mortality. It has never been safer to receive an anesthetic than it is today. The standardization of intra-operative monitoring has led to the use of pulse oximetry, ECG, blood pressure, temperature and end-tidal carbon dioxide monitoring, and other essential monitors during all anesthetics. Quality-improvement studies support the use of technology to improve patient care.

The goal of technology development is to remove the potential for human error; however, as can be seen from the situation I described, technology is only effective when it is interpreted accurately and appropriate actions are subsequently taken. If technologically measured hemodynamic data are to be useful, it is the anesthesia team that must critically analyze the information and provide the context for making patient care decisions.

Were it not for these human interfaces, technology would be reduced to blinking lights and irritating beeps. In the end, technology is not infallible. For this reason, patient information gathered through the use of nursing assessment skills must never be ignored in favor of sophisticated technological data gathering tools. Essential nursing skills such as observation, palpation, and auscultation have always been and continue to be the foundation of nursing care. Palpating a pulse, observing changes in skin color, and touching a patient’s skin to detect temperature changes are as important now as they were when practiced by Florence Nightingale.

A significant challenge created by the growing use of technology in nursing is the decreased opportunity for patient contact. As technology use in health care increases, it becomes more difficult to maintain a hands-on approach to patient care. In the nursing community, experienced, seasoned nurses are often thought to have a “sixth sense” for assessing patients. This sixth sense allows them to assess a patient using skills that are more intuitive and sensing rather than technology driven. These skills cannot be taught in a simulation lab or learned at a continuing education course. They must be learned in the real world by taking care of living, breathing patients. The philosophy of caring has always been a central tenet of the nursing role. As we all know, caring involves a skill set that cannot be delivered by technology but instead requires the attention and dedication of a human being.

My question is, if nurses increase the time spent using technology, will there be enough time to provide patients with those things that are harder to measure yet matter so much, such as caring.

On that day many years ago, I never interpreted the data from the pulse oximeter as troubling. In my mind, I had already decided the problem was the pulse oximetry device itself and not the patient (as is the case most of the time). Now that I am an experienced nurse anesthetist, I have learned that technology is irreplaceable and essential to providing safe patient care; however, it does not replace the vigilance and caring of a competent anesthesia care provider. ♦

CONNECTED



As technology transforms the classroom, person-to-person connections remain vital.

By Jim Rogalski

A LIFELESS DUMMY HARDLY SEEMS the likely hero in a story about award-winning innovation in nursing education.

Until you meet Stanley Sim.

The low-end, durable patient simulator has crowd-surfed at a Duke men's basketball game; dressed as a vampire to promote a blood drive; and posted to Twitter his thoughts about love, health, and the pursuit of pulled pork sandwiches.

By doing so, he engaged his followers in a dialogue about core nursing competencies, patient-centered care and safety, and HIPAA (Health Insurance Portability and Accountability Act) regulations. He also impressed the higher education community and helped the Duke University School of Nursing win a 2010 Campus Technology Innovators Award for the creative use of social media in education.

“This award is a big deal for us because it shows that the School of Nursing is willing to embrace new technology and explore new ways of teaching and learning,” says Mary Barzee, the program coordinator for Innovative Nursing Education Technologies (iNET) at the School of Nursing. iNET is a federally funded collaborative effort among the nursing programs at Duke, Western Carolina University, and the University of North Carolina at Charlotte, to integrate technology into nursing education.





Student Jean Schenkan explores the Duke Education and Learning in Virtual Environments (DELVE) computer program with assistant professor Beth Phillips.

Duke was the lead team and designed and scripted Stanley's adventures in Sim Soap: A Twitter Soap Opera.

With computer technology seemingly advancing every nanosecond and today's students as committed to their Internet-enabled cell phones as Ozzie was to Harriet, it's just not enough to learn by rote memory anymore, nursing experts say.

So one of the school's strategic goals "is to be at the forefront of innovation," says Marilyn Lombardi, PhD, director of academic and strategic technology. "Technology can help us create critically aware and creative health care providers and make nursing education more of a personalized experience."

Within the past 18 months, the school has upgraded its Center for Nursing Discovery (CND) patient simulation lab to include more realistic, programmable patient mannequins;

developed a highly detailed avatar-based 3D virtual nursing lab and patient scenario; taught the creation of Web-based portfolios; embraced Facebook and Twitter, and more.

"Seeing so much innovation in the last year or so makes it really clear that there will be a lot more in the future," says Meredith Park, a student in the Accelerated Bachelor of Science in Nursing (ABS N) degree program. "Our generation grew up with Facebook, Twitter, and computers, and it's great to see the school embracing them."

ABS N student Jean Schenkkan says of the CND staff: "I haven't met any other team of people who are more dedicated to the students and to embracing new technology."

Stan's the Man on Campus
Sim Soap: A Twitter Soap Opera was designed as an experiment for nurse educators to use the

"Students today are so drawn to social media like Facebook and Twitter, and we're realizing it's a great way for us to get our message to them and to reinforce core competencies in a fun way."

— MARGIE MOLLOY

popular social medium Twitter to reach students and reinforce key competencies of Quality and Safety Education for Nurses.

For six days in February of 2010, Barzee posted a total of 488 "tweets," or short text messages, on Stanley's behalf in a fully scripted soap opera story. Close to 100 nurse educators and students followed Stanley Sim's creative and imaginary drama in which he wrote about his growing anxiety over acute indigestion and about non-medical interests like Duke men's basketball and finding his long-lost high school sweetheart.

Duke staff hauled Stanley to various campus events as a way to give him life beyond the lab and cyberspace. Students around the university campus were eager to get their photos taken with him.

"They were very curious about him, and it served as an opportunity for us to explain to others how we use these simulators," says CND Coordinator Margie Molloy, MSN, RN. "It helped us promote nursing education at Duke."

Molloy drew the line at what she would allow Stanley to do. Crowd surfing with the Cameron Crazies was fine, but, she says with a chuckle, "when students wanted him to smoke the hookah, we didn't let him."

In accordance with the script, Stanley eventually suffered a heart attack, and details of his condition and treatment were updated regularly on Twitter. When the script called for a nurse to post a little too much personal information about him, the online discussion turned to the importance of knowing HIPAA guidelines.

The soap opera ended on Valentine's Day on a happy note: Stanley was released from the hospital in good health and finally connected with his lost love, Cookie.

"Students today are so drawn to social media like Facebook and Twitter, and we're realizing it's a great way for us to get our message to them and to reinforce core competencies in a fun way," Molloy says.



DUSON representatives Mary Barzee, holding award, Midge Bowers, second from left, and Margie Molloy, center, are flanked by two representatives of Campus Technology Magazine as they accept the Innovators Award in Boston, Massachusetts.



Stan's face on Twitter

On the Facebook front, Molloy breathed life into another low-end mannequin named Ivy Sim by creating a Facebook account for her. Molloy—posing as Ivy—posted Ivy’s thoughts about her successes and struggles as a first-semester Duke ABSN student. Ivy’s followers interacted with her by posting messages of encouragement and ruminating about the difficulties of particular homework assignments. Promoting student interaction was the main goal of the Facebook project.

Ivy, too, was brought to campus events and spent a weekend in Krzyzewskiville during the graduate student basketball campout. Like Stanley, she was quite popular.

The feedback from both the Stanley Sim and Ivy Sim experiments was so positive that faculty members are discussing ways to make student participation in similar social media projects mandatory in the future, perhaps as early as this spring.

“It’s important that students have fun learning and that we make teaching points memorable and meaningful,” Barzee says.

Realism Breeds Competency, Compassion

The CND recently added several new patient mannequins with more life-like qualities, including chest movement when they breathe and the ability to converse with nurses via a live person speaking through a microphone in the observation room.

Students say the improved realism helps them to envision the mannequins as real people, making patient scenarios more impactful as they prepare for their clinical rotation with real patients.

“The new human characteristics help to personify them,” Park says. “We’ve really gotten to the point where we’re comfortable talking to them and treating them like real patients.”

During a recent patient scenario with a team of students, during which the mock patient suffered from an undetected intestinal blockage, Molloy recounted how back in August of 2009 the students would barely approach the mannequins, partially because the simulators were unrealistic. “Now, they’re even placing their hands on the mannequins’ shoulders to comfort them.”

Matt Wright, a nursing simulation and technology specialist, often provides the patients’ voices.

He’ll say things such as, “my stomach really hurts,” and “that IV bag doesn’t look like what I usually get.” Students say being able to respond to a patient makes the scenarios much more real.



Clinical instructors Pam Porter, RN, center, and Daya Breckenridge, RN, right, take notes on students’ performances during a patient simulation session.



Margie Molloy, second from left, coordinator at the Center for Nursing Discovery, leads a group discussion following a patient simulation session.



Beth Phillips explains DELVE to ABSN students.



Students create an avatar in their own likeness.



Students control their avatars as they participate in patient care scenarios in computer generated three-dimensional hospital rooms.

Of course, actual clinical experience is the best form of teaching, Molloy says, but practice scenarios done in a high fidelity simulation environment make for a smoother transition to real patients.

Other new technology recently added to the CND are video cameras and computer software that allow students to go online afterward to watch a recording of their session, complete with visuals of all of the room's monitors. If students made mistakes during the session, they can go back and learn exactly where things started to go wrong and why.

"This is extremely valuable," says ABSN student Beth Helgeson. "Sometimes in these simulations we do a good job as a team, but this helps me understand what I need to do better. The next time, I'll be more cognizant of it."

Another valuable addition is debriefings following the sessions in which faculty give kudos for jobs well done and point out where mistakes were made. Students share their thoughts about their own performance and the performance of the team.

Says Schenkkan: "Like Margie (Molloy) always says, 'If you make a mistake here, you'll never make that same mistake with a real patient.'"

Virtual Reality a Reality

Schenkkan was one of the first students to take a test drive of DELVE (Duke Education and Learning in Virtual Environments), the state-of-the-art 3D Duke virtual nursing lab—an online computer game-like program in which students enter a detailed virtual replica of a Duke Hospital room and treat a patient whose medical chart is accessed by a click of the mouse. All diagnostic devices and monitors mimic what's used at Duke University Hospital and are placed precisely where they would be in a real hospital room.

If medication needs to be dispensed, students click on the medication drawer, select what they need, and adjust the dosage. If the IV pump needs adjusting, students click on it and adjust the controls.

DUSON hopes to roll out the new computer program to students this spring.

Like in the CND, sessions will be recorded and made available online afterward, a feature that Schenkkan says is invaluable.



“People are jumping into new technology because it’s exciting and fun. But we’re looking at the theory behind it and whether students can really learn with it.”

— BETH PHILLIPS

“This is a great way to do self-testing and clinical practice at home and watch what you’ve done in the past,” she says. “This is done very well. There’s so much detail.”

All sounds—from running water in the hand wash sink to blood pressure cuff Velcro— were recorded and input into the program by **Beth Phillips, MSN’93, RN, CNE**, who heads the development of the computer program.

Phillips says the 10 different patient scenarios that will be programmed are designed to teach basic nursing competencies. Users create an avatar to represent themselves and move freely throughout the virtual hospital room simply by moving their computer mouse.

“This certainly is not a substitute for clinical experience but is a great way to prepare them to go to clinical,” she says. “You feel a real sense of presence in here and a sense that you are really with a patient.”

Other Tech-Savvy Advances

Sharon Hawks, DNP’10, RN, CRNA, associate director of the Nurse Anesthesia Specialty in the Master of Science in Nursing degree program, mandates that all of her students create an electronic portfolio—an online CV that is made accessible to potential employers. She teaches them how to do it.

Hawks says e-portfolios allow students to represent the full scope of their experience and strengths and not simply document that they have met minimum competencies to become a nurse.

“My ultimate goal would be that all students who come through the nursing program create an e-portfolio when they enter to show exactly what they are capable of doing,” she says. “It allows things that are normally invisible to be seen, and that is really exciting because it captures the full scope of a person.”

Feedback has been positive from her students who have created e-portfolios.

“It helped me to better realize my accomplishments and demonstrate how I have shaped myself professionally,” says Lisa Tatko, a senior in the Nurse Anesthesia Specialty. “I liked that I could individualize my portfolio with a specific layout and attach examples of my work.”

Luke Sutton, also a student in the Nurse Anesthesia Specialty, said he was “able to provide a link to my portfolio to potential employers, and I have received positive reactions. I was told that it is very impressive.”

Assistant Professor Helen Gordon, MS, RN, CNM, used the free video conferencing software Skype to connect ABSN students in her Nursing Care of the Child Bearing Family course to Jennifer Block, the author of a book she had assigned.

Gordon’s class of 68 students sat in an auditorium equipped with a large-screen projector. The video image from Block’s Web-camera was visible on the large screen, and Block was able to see the class on her computer screen. Gordon moderated a 30-minute real-time question and answer session between Block and the students.

“It felt like Block was in the room as a guest speaker, and the students were engaged and interested,” Gordon says.

Using Skype, she says, cuts down on travel costs and encourages informal dialogue with experts from outside the area.

Phillips says the ultimate goal of using new technology for nursing education is to make a difference in learning.

“People are jumping into new technology because it’s exciting and fun. But we’re looking at the theory behind it and whether it can improve students’ learning. We believe that ultimately these students will go out and improve the quality of patient care.” ❖



A student’s e-portfolio homepage



Volunteer Experience Leads Marsh on Mission to Improve Nursing Education in Kenya

According to **Gene Marsh, BSN'66, PhD**, no amount of orientation, Wikipedia searches, or study of the CIA World Fact Book fully prepared her for a five-month volunteer experience in Eldoret, Kenya. Prior to leaving her Colorado home in January 2010, she had visions of teaching nursing students in a land made up of scorched, barren deserts and starving nomadic families.

But during her assignment with Encore Service Corps International at Moi University, College of Health Sciences, she instead found a lush, pastoral landscape at the western edge of the Rift Valley filled with hardworking individuals doing all they could to educate themselves and their families. As a volunteer nursing professor at the university, she ended up becoming more than just a teacher. She's now a fundraiser, mentor, and long-term advocate for faculty members and students eager to earn PhDs.

Not long after her arrival, Marsh discovered that her students and others like them in Kenya are severely limited in how far they can go with their education. The need for nurses in Kenya is high, but government-funded nursing positions lag behind demand, and faculty members to educate nurses are in short supply. No PhD programs in nursing exist in all of Kenya. In fact, the closest program is in South Africa.

On top of that, the nursing program at Moi University is a department within

the School of Medicine. Until the nursing program has a PhD-prepared nursing professor on faculty, it will be difficult for the department to advance to the status of a school of nursing and receive much-needed resources.

"They hope for opportunity and to move forward with their careers," Marsh says of the nursing students, "but opportunities come to them so seldomly."

So in addition to her teaching duties, Marsh, an associate professor emerita of nursing at the University of Colorado, devoted her time to mentoring master's students in research methods and helping faculty members prepare PhD proposals, often a requirement for admission to African and European PhD degree programs.

Marsh says she developed relationships with all her master's students, but one in particular left a lasting impression. A nurse-midwife named Lydia sought Marsh's help with her thesis. Marsh was amazed by Lydia's dedication, especially since she had two sons, a husband, and mother-in-law to care for.

"She told me, 'Please be hard on me because the harder you are the stronger a woman I will be,'" Marsh says. "I've never seen a student blossom so quickly. She challenged the class to do better."

Lydia's determination was particularly moving, considering how difficult it can be



"...I focused on the skills and attributes I have to offer and reminded myself that the small things add up and can make a big difference."

— GENE MARSH

for women to get an education in Kenya. Marsh says, "There are still human rights infringements against women, especially if they come from traditional tribal villages instead of the city."

Ironically, male nursing students are better positioned to become the voice for improved health care for women and children, Marsh says. Men make up about 30 to 40 percent of nursing students at Moi University. For their theses, two of Marsh's male students selected controversial topics related to HIV/AIDS that challenge traditional cultural beliefs and behaviors. Marsh says their work is important because the country's health ministers and legislators are more likely to listen to them than women.

Marsh admits that about halfway through her experience in Kenya, loneliness and discouragement set in, leaving her wondering if her efforts, which seemed so small, were truly making a difference in a country affected by major social ills and government corruption.

"But then I focused on the skills and attributes I have to offer and reminded myself that the small things add up and can make a big difference," she says. She adds that many international volunteers working in Kenya through NGOs (non-governmental organizations) are making significant progress.

Though she's back home now, Marsh's heart is still with the nursing students in Eldoret. She continues to supervise and offer support to Lydia via e-mail. She has also teamed up with Encore to create a scholarship fund, which awards \$5,000 to Moi University faculty pursuing PhDs in nursing. The first scholarship recipient, Geoffrey Maina, is now enrolled at the University of Alberta, Canada. A community health nurse, he plans to eventually return to Kenya and become a mentor to master's-level nursing students. Two additional scholarships will be awarded in 2011.

Marsh's ability to raise the funds for the scholarship is due in part to support from her 1966 Duke School of Nursing classmates. She said many offered donations and words of encouragement before she left Kenya.

"I would get the most encouraging e-mails," she says. "My classmates' enthusiasm and support helped me get through some tough times and kept me smiling."

Marsh lives in Denver, Colo., and has two daughters, Karen Sahn and **Stacey Petersen, T'92**. Karen lives in Aspen, Colo., with her partner Scott Scharin. Stacey and her husband Kirk live in Crested Butte, Colo., with their twin son and daughter Sydney and Turner, 10, and son, Steve, 8.

—BERNADETTE GILLIS

1950s

Shirley Davis Martin, N'56, BSN'58, MSN'60, recently completed a five-week visit to Cambodia and Vietnam. In Cambodia she evaluated the nursing assistant curriculum she wrote in 2008 for a new nursing school there and met five of the six graduates from the inaugural class. Two of the grads are twin sisters. Martin says she purchased their release from the sex trade into which their mother and aunt had sold them in 2008. The twins are continuing their education to become registered nurses. Martin also spent time seeing patients at a clinic in Phnom Penh. In Vietnam she worked with the nursing school at Hanoi Medical Center and in primary care clinics. Her home is in Altamont Springs, Fla.

1960s

Sandra M. Walsh, BSN'60, PhD, has received a Distinguished Alumna Award from the University of South Carolina College of Nursing, where she received a PhD. She is still teaching full time and enjoying her work immensely. She is a professor and research clinician at Barry University School of Nursing in Miami Fla., where she lives with her husband Tom.

1970s

Joan Schweickart Rice, BSN'70, author of *Parenting Solutions: Encouragement for Everyday Parenting Concerns*, presented a November workshop at the convention of the National Association of the Education of Young Children in Anaheim, Calif. She lives in Santa Maria, Calif.

Nancy M. Short, BSN'76, MBA'91, an associate professor for the Duke University School of Nursing and senior research fellow for the Health Inequities Program, received the 2010 School of Nursing Distinguished Teaching Award from the faculty and the Outstanding Doctor of Nursing Practice (DNP) Faculty Award from the DNP students.

Elizabeth Whitmore Kelley, BSN'79, GNC'97, is working part time at Rex Healthcare in Raleigh, N.C. Her son Whit graduated in May from Hampden-Sydney College with a bachelor's degree in biology; her daughter Charlotte is a senior at Cary Academy; and her husband **Arthur, E'79, G'81, PhD'84**, is self-employed and teaching a senior-level electrical engineering course at North Carolina State University.

1980s

Ellen M. Minden, BSN'80, has been selected as nurse inspector for the U.S. Air Force Inspection Agency at Kirkland Air Force Base, New Mexico. She is responsible for surveying compliance with Air Force Health Services Inspection requirements. Minden is a colonel in the U.S. Air Force Reserves and lives in Los Gatos, Calif., with her husband Steve.

Long, BSN'70, Evokes the Renaissance for a Modern Audience

For as long as she can remember, **Christine Long, BSN'70**, wanted to be a nurse. And for 37 years, that's exactly what she did. But towards the end of her career as a Duke University Hospital ICU nurse, another love began calling her name.

"I had painted as a child," remembers Long, "but I didn't study painting at all until the mid-1990s."

That's when a friend visiting her home saw a Vermeer painting she had copied for fun. The friend suggested she take some classes. After a year of taking classes, Long attended a workshop offered by master portrait painter Frank Covino.

Covino's dedication to the painstaking oil painting techniques practiced by the masters of the Italian Renaissance appealed to the same qualities that had enabled Long to excel as an ICU nurse—attention to detail and commitment to quality.

For the next nine years, she continued to study with Covino while winding down her career at Duke University Hospital. She paid off her home mortgage and finally retired in 2007. In August 2008 she and three partners rented a high-ceilinged, light-filled studio in Downtown Durham's Golden Belt arts and entertainment district. The historic renovation of an old textile mill has 35 artist's studios and offers frequent art shows and events for the community.

The floor-to-ceiling windows in Long's north-facing studio provide soft, indirect sunlight, which is ideal for oil painting.

More than 20 paintings, including local landscapes of the Eno River and her native northern Virginia, portraits, and still lifes are currently on display, and she has several new paintings in progress, including one of her late mother done in the somber style of Rembrandt. She also cleans and restores old paintings.

Long, who has coined the term Millenaissance Art, a combination of "Millenium" and "Renaissance," for her studio, says she is a perfectionist about following the time-honored techniques she learned from Covino.

For every painting, she first creates a monochromatic underpainting, then applies color on top. This adds depth, creates realistic facial tones, and ensures that the color doesn't fade over time. She paints directly on wood and builds all her own frames. In her still lifes, she enjoys incorporating playful special effects, using the 15th-century technique of *trompe l'oeil*.

She is a realist but has dabbled in the styles of Impressionism and Abstract Expressionism. A colleague once dared her to try an abstract painting. Her first effort, titled *Urban Vortex*, was purchased by *Genetics in Medicine* magazine, a University of North Carolina at Chapel Hill publication.

One of the largest portraits in Long's studio stands out from all the others because of its size, bold colors, and more contemporary style. Titled *Triumph of Samson*, it portrays a man with a body builder's physique struggling against steel chains that bind his arms. Unlike Sampson from the Bible story, Long's Samson overcomes impossible odds



A colleague once dared her to try an abstract painting. Her first effort, titled *Urban Vortex*, was purchased by *Genetics in Medicine* magazine...



Christine Long

to free himself. She painted it while she was still working in the Duke ICU, in memory of a patient she cared for.

“He had a very aggressive form of cancer,” she says. “He had the beautiful physique of a high school athlete when he was admitted to the ICU, but he finally ended up on life support. I was impressed with his spirit and determination.”

Long invites nursing alumni who live in the area or are visiting to stop by her studio in Golden Belt during open studios on first Wednesdays (11 a.m.-4 p.m.), second Saturdays (11 a.m.-4 p.m.), and third Fridays (6-9 p.m.). For more information, visit goldenbeltarts.com.

—MARTY FISHER



Ryan Shaw in Switzerland

Sacrebleu! PhD Student Encounters the French Blue Devils

When he attended summer school at the University of Basel, Switzerland, last summer, Ryan Shaw, a current student in the School of Nursing’s PhD degree program, stumbled upon a World War I tribute to the French Blue Devils—the inspiration for Duke’s famed mascot.

Shaw writes that, following World War I, the Duke University student newspaper launched a campaign to find an appropriate mascot. Many nominations were sent in, but only one, “Blue Devils,” caught on, in part due to the racy name on Duke’s Methodist campus.

The Blue Devils, in French *les Diables Bleus*, was the nickname of an elite band of French soldiers, the Chasseurs Alpins. They wore dark blue uniforms with flowing capes and jaunty berets. Their unique training and knowledge of the French Alps were counted upon to break the stalemate of trench warfare in the mountains.

Shaw found the tribute at the base of Mount Salève in the small village of Veyrier. There he met an elderly man who lived nearby. Speaking in French, the man described himself as a Chasseurs Alpins who served during World War II. Upon learning Shaw was American, the man’s eyes lit up. He shook Shaw’s hand vigorously and exclaimed that he has never forgotten when the Americans joined the war and helped push back the Axis powers.

Shaw says he was glad he was wearing the right shirt!



obituaries

Bowen, Volunteer and Supporter

Edward G. Bowen, T'57, MD'59, HS'59, of Decatur and Lake Rabun, Ga., died July 20, 2010. He was 74. Longtime supporters of the Duke University School of Nursing, Dr. Bowen and his wife **Mary Martin D. Bowen, G'59**, established the Edward G. and Mary Martin Bowen Scholarship in the School of Nursing. Mary currently serves on the Duke University School of Nursing Board of Advisors. Dr. Bowen was a retired gynecologist and obstetrician who practiced in Atlanta, Ga.. He served as a member of the Duke University Board of Trustees from 1999-2006. He also received the Charles A. Dukes Award as an outstanding alumnus of Duke.

1930s

Eunice Goodman Holmes, N'34, of China Grove, N.C., died Oct. 30, 2010. She was 98. Holmes worked as the first night supervisor at Rowan Memorial Hospital and for the Rowan County School System. Later she served as state nursing supervisor for the West Virginia Health Department and the Maryland State Health Department. From 1956-1974 she was a supervisor of nursing for the home care unit of the Veterans Affairs Medical Center in Fayetteville, N.C. She was preceded in death by her husband Cicero K. Holmes.

Marie McAdams Parrish, N'37, of Boca Raton, Fla., died Oct. 23, 2010. She was 94. Her career included working as a nurse at her husband's urology practice in Ft. Lauderdale, Fla. She also was deeply involved with the Christian education department at her church. Later in life she began painting and traveled extensively around the U.S., learning oil painting techniques. She received professional certification in 1993. She was preceded in death by her husband **Albert A. Parrish, T'33, MD'39**.

1940s

Evelyn Garris McDonnell, N'42, of Dover, Del., died Nov. 25, 2010. She was 89. After enlisting in the U.S. Army Nurse

Corps, her duties included serving with the Duke-affiliated 65th General Hospital from 1942-1945. Her career also included working as a nurse in Philadelphia, Pa., at Presbyterian Hospital, Bryn Mawr Hospital, Bryn Mawr College Infirmary, and Haverford State Hospital. She worked as a Philadelphia school nurse as well. She was predeceased by her husband John J. McDonnell.

Ruby Bingham Walters, N'47, of Virginia Beach, Va., died Nov. 16, 2010. She was 87. She was a former employee of Kellum Funeral Home's Pleasant Hall Chapel. A longtime hospital volunteer, she also was the first president of the Lake Taylor Transitional Care Hospital's Volunteer Corps. She was preceded in death by her husband Jack S. Walters.

Ann Franklin Pollok, N'49, of Durham, N.C., died Sept. 7, 2010, at Hock Family Pavilion. She was 83. Her career included working at Durham Regional Hospital. She was preceded in death by her husband Morris Pollok.

Jean Solomon Turner, BSN'49, died Aug. 30, 2010, at New Hanover Regional Medical Center in Wilmington, N.C. She was 83. She worked at James Walker Hospital and later worked in preschool at local churches. She is survived by her husband of 59 years, Cecil E. Turner.

1950s

Madeleine Auter Fero, N'49, BSN'51, of Mount Vernon, Wash., died Sept. 17, 2010. She was 83. After marrying her first husband, she worked part-time as a nurse and later became a homemaker and PTA volunteer. In 1967 she was the first woman elected to the Bothell City Council. After serving on the council for six years, she became a government planner for King County and earned a master's degree in public administration from the University of Washington. She was preceded in death by her second husband, Donald Fero.

Dotty Sutherland Hulsberg, N'51, BSN'53, of Scottsdale, Ariz., died Sept. 22, 2010. She was 81. After graduating from Duke, she traveled to Saudi Arabia with Aramoc to teach nursing. She and her husband were married in Switzerland and in 1965 returned to the United States, where she taught nursing and worked as a hospice nurse.

Elinor Emory Guinn, BSN'57, of Decatur, Ga., died Nov. 2, 2010. She was 75. Guinn worked for Grady Memorial Hospital in Atlanta for 24 years before retiring in 1995. She was active in her church and enjoyed traveling.

1960s

Deane Kenworthy Corliss, BSN'67, of Birmingham, Ala., died Nov. 7, 2010, after a two-year battle with cancer. She was 65. Her 20-year nursing career included teaching at the University of Alabama at Birmingham and serving as nursing director for public health for five counties in Alabama. At the age of 40 she earned a law degree and joined the law firm Bradley Arant Boult Cummings, LLP, where she later became a partner. As a health care attorney, she was instrumental in drafting Alabama's Natural Death Act. Corliss is survived by her husband David A. Corliss.

1970s

Constance Rocktoff Schilthuis, BSN'77, of Kennett Square, Pa., died May 6, 2010. She was 55. During her career she specialized in pediatrics and maternal care, working at the Delaware Division of Wilmington Medical Center in Wilmington, Del., and Sacred Heart Hospital in Allentown, Pa. She later taught nursing at Harrisburg Community College and Hartford County Community College. She battled cancer for more than 20 years. Schilthuis is survived by her husband of more than 30 years, Jim Schilthuis.

Gustafson, BSN'80, Brings Laughs, Unforgettable Lessons to Maternity Class

When **Cathy Gustafson, BSN'80, RN, IBCLC, RLC**, says she serves as a guest lecturer for the School of Nursing's N220 Maternity class, she uses the term lecturer rather loosely. Comedienne or entertainer might be a better descriptor.

From the doll she might jokingly hold upside down on her shoulder to demonstrate breastfeeding techniques to the tell-it-like-it-is manner she uses to discuss sensitive topics, Gustafson has been known to make a fair number of students giggle and blush.

But make no mistake. Gustafson, who's held various positions in her 30 years at Duke, incorporates a wealth of knowledge into her breastfeeding lectures, and students walk away with many memorable yet valuable lessons. Lesson number one: Get to know the mothers and do what it takes to make them comfortable.

Gustafson says while she gives the nursing students the basics on anatomy, like how the body makes milk, she also emphasizes the importance of offering each mother emotional support.

"You have to make these moms comfortable," she says. "Everybody's so concerned that you have to get the positioning exactly right. That's important, but focus on helping the mom get to know her baby. Every baby and family unit are different."

She adds, "I joke about a lot of things and use a lot of humor. Breastfeeding can be a very emotional thing for a lot of people. If you can get past that, you can usually make people more comfortable."

A perinatal nurse clinician and lactation consultant at Duke, Gustafson works primarily with high-risk pregnancies.

Whether detailing her experiences helping moms with major health issues establish and develop breastfeeding relationships with their babies or diligently working with healthy moms to breastfeed their fragile preemies, Gustafson offers the maternity students a unique perspective they might not get anywhere else.

She recalls the surprised reaction she got from students after showing them a picture of the large number of breast milk containers a mother had to wash each day for her baby who had an undiagnosed cardiac issue.

"I tell them that when you have to tell a mom she has to pump every so often, stop and think about what else she has to do," Gustafson says. "She may have a baby at home who has a feeding tube or may have a baby that has a trach tube." Gustafson's expertise in helping high-risk mothers and babies doesn't only come from her Duke education and clinical experience. Her firstborn child was a preemie. "She was in the neonatal intensive care unit," she explains. "I pumped, and so I have a good understanding of what it's like to have a baby in the NICU and what you go through."

Helen Gordon, MS, RN, CNM, who teaches the maternity course, first invited Gustafson to be a guest lecturer five years ago, and every semester since Gustafson's lectures have been a big hit.

"Cathy provides an incredible overview," says Gordon, an assistant professor of nursing. "Nurses can make or break the success of a new mother getting off to a strong start at breastfeeding. I want (students) to have the latest and the greatest evidence, and for Duke that would be Cathy. It is a real gift to be able to call upon one of our alumni to participate in the education of future nurses."

Gustafson's work has not gone unnoticed by those outside Gordon's class. In July



Gustafson uses a doll to demonstrate breastfeeding techniques

Gordon and some of the maternity students nominated Gustafson for a High-Five, a program that recognizes the work of Duke Medicine employees in the internal newsletter, *Inside Duke Medicine*. In 2007 she received a Friends of Nursing Award for patient and family education.

Gustafson also lectures Duke physician assistant students and occasionally teaches medical students when they see patients in her clinic. When she's not working with high-risk moms and lecturing students, Gustafson also teaches breastfeeding classes for the community at Durham's Teer House.

—BERNADETTE GILLIS



Gero Boot Camp

To prepare for their six-week geriatric rotation, students in the Accelerated Bachelor of Science in Nursing (ABSN) degree program took part in Gero Boot Camp, an immersion experience with volunteer elders. Valiantly offering themselves as standardized patients were **Margaret Mallory Merryman, N'41**, her husband **George E. Merryman, Jr.**, and **Evelyn D. Morgan, BSN'47, MSN'72**.

Above, Merryman gets tickled during her foot exam.