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DUKE nursing

M A G A Z I N E

SPRING/SUMMER 2006
VOLUME 1, NO. 1



10

A HISTORY OF EXCEPTIONAL CARE
Duke Nursing celebrates its 75th anniversary

COVER STORY

A HISTORY OF EXCEPTIONAL CARE:

Duke University School of Nursing celebrates its 75th anniversary this year. Inside, a timeline tracks the evolution of a nursing school that truly has seen history in the making.

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DUKE nursing

MAGAZINE

SPRING/SUMMER 2006
VOLUME 1, NO. 1



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“We enter this new, exciting era raising the bar even higher, never complacent, as the determination set forth by the generations of alumni who precede us grounds our accomplishments and inspires our future.”



I am pleased to welcome you to the inaugural issue of *DukeNursing Magazine*.

As these pages will reveal, the School of Nursing’s 75-year history is one of great innovation and dedication to the highest level of care for patients. Duke Nursing’s commitment to patient health and safety has never wavered despite phenomenal challenges in health care.

I am very proud of the school and its outstanding faculty and graduates. As Duke Hospital and Health System strive to deliver ever more complex care, develop new models of patient safety, and advance human health both locally and globally, we will continue to need all of the resources that a leading school of nursing can provide, and I am committed to supporting the school on its ambitious trajectory of growth.

On behalf of the entire medical center, I wish Dean Catherine Gilliss and her faculty, staff, and students a happy 75th anniversary. In partnership with the School of Medicine and the Duke University Health System, I believe Duke Nursing’s greatest adventures lie ahead.

CATHERINE LYNCH GILLISS, DNSC, RN, FAAN

VICTOR J. DZAU, MD

Hard Hat Report: NEW BUILDING TO BE COMPLETED THIS FALL!



Construction is nearing completion on the School of Nursing's new home. Centrally located on Trent Drive in the heart of the Medical Center campus, the nearly 60,000 square-foot facility is a contemporary take on Duke's gothic architecture, complete with a central tower of Duke stone. A dedication ceremony is planned for late 2006, time to be announced to the Duke community and all nursing alumni. To take a virtual tour, see more photos, and learn more, visit the School of Nursing online at <http://nursealum.duke.edu>.

Meister to Lead New Board of Advisors

Susan Meister, PhD, RN, FAAN, a prominent child health policy expert affiliated with the Harvard School of Public Health, has been appointed chair of a newly formed Board of Advisors for the Duke University School of Nursing.

Meister also has been appointed by Chancellor Victor J. Dzau, MD, to the Duke Medicine Board of Visitors, the key advancement board of the medical center and health system.

"I am delighted that Dr. Meister has agreed to serve in both capacities," said Dzau. "Her background in public health—particularly the health of children and families, will be a great asset to our Board of Visitors and the school's new Board of Advisors. She is uniquely positioned to raise awareness—in both the academic and public health policy spheres—of the important work underway in nursing research and education at Duke."

The new Board of Advisors has a threefold mission:

- to assist the School of Nursing in strategic planning by sharing expertise in areas relevant to nursing education, research, and service;
- to provide philanthropic support, both directly and by facilitating the development of relationships;
- and to communicate to a national and international audience the work of Duke faculty and students in nursing research, education, and service.

For the past 20 years, Meister has served as a member of Harvard's Working Group on Early Life and Adolescent Health Policy. During that time, she has held a number of additional positions, including director for health services research at Children's Hospital and Health Center in San

Diego. She also was principal investigator on a Robert Wood Johnson Foundation-funded project to design and evaluate an innovation in care for children with serious chronic illnesses. At Harvard, she coauthored an interdisciplinary study of the contributions of cost-effectiveness analysis, decision analysis, and technology assessment in policy analysis.

Meister has served as Visiting Distinguished Centennial Professor in Health Policy at Columbia University; Distinguished Soule Professor in the Soule Summer Institute at the University of Washington, and Visiting Scholar at New York University, among other special appointments.

Currently, she is member of the Genetics Advisory Council at Harvard Medical School, and she also is working with Harvard's Julius Richmond, MD, former U.S. Surgeon General, to further develop the university's child health policy efforts.

Meister earned her BSN and PhD at the University of Michigan and an MSN from Chicago's Loyola University. She completed post-doctoral work at Harvard.



Happy Birthday! DUKE NURSING CELEBRATES 75 YEARS

The School of Nursing kicked off a year-long celebration of its 75th anniversary with a ceremonial cake cutting and the Harriet Cook Carter Lecture in January.

Duke Health System leadership, nursing faculty, students, and nurses from Duke Hospital attended a program on the School of Nursing's history, followed by the lecture, titled "Achieving Excellence in Patient Care through Collaboration, given by **Marita G. Titler, PhD, RN, FAAN**, who is the director of research, quality, and outcomes management at the University of Iowa Hospitals and Clinics Department of Nursing Services and Patient Care.

Although the event celebrated the School of Nursing's history, many of the remarks from Duke leaders focused on the current synergy between education and service and the importance of the collaborative efforts of nursing.



Gathered for the cake cutting are, from left, Duke University President Richard H. Brodhead; Dorothy Brundage, who served as interim dean from 1987-91; Catherine Gilliss, current dean and vice chancellor for nursing affairs; Mary Ann Fuchs, chief nursing officer and patient services officer for Duke University Health System; Mary Champagne, who served as dean from 1991-2004; Ruby Wilson, who served as dean from 1971-84; and Chancellor for Health Affairs Victor J. Dzau.

"From the first time I came to Duke it was clear to me that the School of Nursing was not only in a state of strength, but an active contributor to the entire university through its collaborations with not only the School of Medicine, but also the Law School, Divinity School, Fuqua School of Business, and other areas of the university."

Duke University President Richard H. Brodhead, PhD

"I'm professionally proud to be associated with Duke Nursing. But personally, I could not have asked for more in my own career than to return to Duke at this exciting time. With our compatriots in nursing service, we continually work at providing the best patient care while educating the best practitioners. We strive not only to be the best, but to continue to contribute to the university and to the community—and to make our alumni, students, and friends proud."

**Dean and Vice Chancellor for Nursing Affairs
Catherine L. Gilliss, DNSc, RN, FAAN**

"The landscape of health care has grown increasingly complex in the 75 years since nursing began at Duke. But from the moment that Bessie Baker was recruited as the first dean, the school has been remarkably visionary in recognizing trends and being proactive in meeting the needs of patients. Duke Nursing has continuously adapted and grown along with the changing landscape, and come out on top."

**Chancellor for Health Affairs
Victor J. Dzau, MD**

Then



Now



Holditch-Davis earns SON's inaugural Distinguished Contributions to Nursing Science Award

As more babies than ever are born prematurely, a Duke nurse-researcher has marched to the front lines to protect them from lifelong struggles with chronic disabilities.

Because of her intensive work to better understand how the health care system can help premature infants gain an early and strong foothold on life, **Diane Holditch-Davis, PhD, RN, FAAN (BSN'73)**, has been honored with the Duke University School of Nursing's inaugural Distinguished Contributions to Nursing Science Award. The award recognizes a graduate of the school whose outstanding research achievements add to the distinction of nursing, the health professions, the School of Nursing, and Duke University.

Holditch-Davis joined the Duke nursing faculty in January as a professor of nursing after more than 20 years at the UNC-Chapel Hill School of Nursing, where she was a Kenan Professor and head of the post-doctoral program.

Her research doesn't stop with newborns. Because many adults who were born prematurely may be more prone to heart disease, depression, and behavioral problems, she also is focusing on long-term developmental outcomes.



"Once these kids go out into the community, they're hard to track because they don't necessarily come back to the hospitals that initially treated them," she says. "It doesn't always occur to health care professionals to make a connection with the person having been born prematurely."

The implications to society, the health care industry, and the quality of life of patients and their families is huge, says Holditch-Davis.

The award recognizes a graduate of the school whose outstanding research achievements add to the distinction of nursing, the health professions, the School of Nursing, and Duke University.

The principal investigator on a study examining a nursing support intervention for mothers of pre-term infants, Dr. Holditch-Davis also has refined methods to study mother-infant behavioral interactions in both hospital and home environments.

Some of her research examines the mother's psychological well-being, her interactions with her premature infant, and how that affects the child's development. She showed, for instance, that moms of premies left their babies alone more often than those of full-term infants because the babies weren't crying as often, likely because premature babies sometimes are too weak to cry very much.

Because sleep cycles are an indication of brain function, she also is examining the relationship between sleep cycles and biological risk factors in

pre-term infants. An atypical sleep cycle could be a red flag that the brain is not developing as it should, she says.

Another of her research areas is nursing interventions to support rural African-American mothers of premies. African-Americans have a history of poorer outcomes for premature infants than other races.

Holditch-Davis is a fellow of the American Academy of Nursing and earned the Southern Nursing Research Society's Distinguished Research Award, as well as its Jean D. Wood Outstanding

Research Award. She has been honored with the Excellence in Research Award from the Association of Women's Health, Obstetrics, and Neonatal Nurses.

Holditch-Davis earned a BSN from Duke and both a master's degree in parent-child nursing and a doctoral degree in developmental psychobiology from the University of Connecticut.

In her role as a Duke nursing professor, she will be involved in the master's degree program and teach a number of courses in the new doctoral program, Trajectories of Chronic Illness and Care Systems.

Holditch-Davis will receive the Distinguished Contributions to Nursing Science Award during the School of Nursing's Reunion Weekend April 21-22, 2006. ♦

Sowers honored with SON's Distinguished Alumni Award

Over the years he may have swapped his nursing uniform for a suit and tie, but one thing has remained profoundly consistent about **Kevin Sowers, RN, MSN'89**: his ability to be patient-focused and a consummate team player.

As chief operating officer for Duke University Hospital, charged with man-



Sowers began his career at Duke in 1985 as a registered nurse in oncology. His leadership skills were quickly recognized and he moved into

According to Sowers, every conversation and encounter with employees, physicians, patients and their families is a learning experience that is vital as he charts the operational course for Duke University Hospital.

“When I get to a unit, I talk to the staff members who care for our patients that require the most complex care. I focus on patient safety, patient satisfaction, and performance improvement activities for the staff to be able to deliver effective care,” he says.

Sowers received his bachelor's degree in nursing from Capital University in Columbus, Ohio and his master's degree in nursing at Duke.

Sowers will receive the Distinguished Alumni Award during the School of Nursing's Reunion Weekend April 21-22, 2006. ♦

According to Sowers, every conversation and encounter with employees, physicians, patients and their families is a learning experience that is vital as he charts the operational course for Duke University Hospital.

aging the business end of the hospital as well as developing clinical and research programs, Sowers has been seen pitching in with such tasks as emptying the trash and feeding patients.

His tremendous success over more than 20 years, combined with his patient-centric can-do work ethic has earned him the prestigious Duke University School of Nursing 2006 Distinguished Alumni Award.

The Distinguished Alumni Award is the highest award presented by the faculty of the School of Nursing to alumni who have distinguished themselves in the field regionally, nationally, or internationally, in areas such as clinical expertise, teaching, administration, health policy innovation in healthcare delivery and more.

administrative positions. Before being named chief operating officer at Duke University Hospital in 2003, Sowers served as the associate vice president of the Duke University Health System and was interim chief executive officer for Durham Regional Hospital—a 369-bed community hospital within the Duke University Health System.

Sowers is internationally known for his lectures and writings on the issues of leadership, organizational change, mentorship, cancer care, and HIV. His past clinical research has focused on chronic illness.

He is an adjunct faculty member at Sun Yat-Sen Cancer Center in Taipei, Taiwan; the University of North Carolina's Health Policy and Administration Department; and the Duke University School of Nursing. He also has served in a variety of national leadership roles in the Oncology Nursing Society.

Investing in the Future of Health Care

DUKE ADMITS FIRST NURSING PHD STUDENTS

This fall, Duke will welcome five students unlike any who have ever studied on its campus—the first cohort of nursing PhD candidates.

As schools of nursing around the country struggle to find qualified faculty and providers seek better ways to meet the complex needs of the chronically ill—doctorally prepared nurses are in increasing demand.

“Consider that more than 90 million Americans currently live with chronic illness, and they account for more than 75 percent of our nation’s \$1.4 trillion in medical care costs,” says Victor J. Dzau, MD, Duke’s chancellor for health affairs and health system president and CEO. “High quality nursing science is needed to improve health outcomes for these individuals and their families.”

The new PhD program is a tremendous investment, but one that is vital to continue the steep rate of research growth targeted by new Dean Catherine L. Gilliss, DNSc, RN, FAAN. The School of Nursing will cover full tuition for each student, plus a stipend, for total cost of \$50,000 each.

“This program addresses both the need for evidence-based models of care and the shortage of doctorally-prepared nurse educators,” says Gilliss. “It is an investment in our school and the community we serve.”

The PhD program builds on the existing research centers, the National Institute of Nursing Research-funded Trajectories of Aging and Care (TRAC) Center at Duke and the RAND/Hartford Foundation-funded Hartford Interdisciplinary Geriatric Health Care Center. The PhD program will prepare nurse scientists to conduct research that follows people with chronic illness and

their interactions with care systems over time, with a goal of designing interventions to improve health outcomes.

The shortage of nursing faculty is felt at all levels of nursing education.

More than 30,000 qualified baccalaureate-level applicants are turned away from nursing schools each year because of a lack of faculty to teach them. At the master’s level, the shortage of community college faculty prevents rural nurses from advancing their education to increase the level of community-based care they can provide. According to the American Association of Colleges of Nursing, the average age of nursing faculty nationwide is 53.5.

“In 10 years the majority of nursing professors could be retiring,” points out **Ruth Anderson, PhD, RN, FAAN**, director of the new PhD program.

The Duke program will be small and individualized

“Many people aren’t aware of the opportunities in nursing science, but it is increasingly needed and valued to improve health care.”

RUTH ANDERSON, PHD, RN, FAAN

with an emphasis on faculty mentoring. Anderson was encouraged by the many strong applications she received from potential students. Of the five selected, interests vary from chronic illness health care delivery systems to patient safety. One student will major in nursing informatics and be fully funded by Duke’s health technologies department.

The program has full approval of Duke University’s Graduate School and will be evaluated by the university and medical center. It includes four intensive areas of work during the four- to

five-year course of study: formal coursework; mentored research experiences in which students participate in the work of a faculty investigator and apply their own research; mentored teaching experiences in which students assist a faculty member for a full semester and learn to develop a syllabus, lecture, and evaluate students’ work; and research portfolio development, including a dissertation, publications, and presentations at professional conferences.

Collaboration with other schools and departments across Duke University is a key strategy. Six courses—one-third of each student’s course load—will be taken outside of the School of Nursing.

“People choose the field of nursing because of nursing practice,” Anderson says. “Many people aren’t aware of the opportunities in nursing science, but it is increasingly needed and valued to improve health care.”

Plans call for a second cohort of five students in 2007-08 and six in 2008-09. Tuition and a stipend will be provided for all accepted students. As part of their

first-year assignment, each student will write a grant for external or internal funding to help cover their stipend.

Prior to establishing the program, Duke was the highest ranked nursing school in the country without a PhD program. It joins 88 other nursing PhD programs nationwide.

“Having doctoral students will help our faculty advance their research,” Anderson says. “The students are learning, science moves forward, and society wins.” ♦



New Faculty Members join the SON



Judy Miller, PhD, RN (MSN'77), has been named associate dean for academic affairs. She comes to the Duke University School of Nursing from the University of Portland School of Nursing, where she served as professor, associate dean, and director of the graduate program.

Her goals for her new position include working with faculty and the administration to help design educational programs that address the issues facing nursing today. "There are increasing health disparities nationally and globally. And we need to know how to deal with population shifts," she says. "We are an aging society. Who will be the nursing students of the future? How do we recruit in this global arena where young people have so many more opportunities?"

Faculty have multiple demands thrust upon them, she says, and part of her job is to support them with a structure conducive to excellence.

Miller's research interests address delirium and pain in hospitalized elders. She is an expert in the use of simulation in clinical education and is active in a number of nursing and academic organizations.

Miller is a widely published researcher who has been honored with many professional awards. Most recently, the University of North Carolina at Chapel Hill awarded her the School of Nursing Undergraduate Nursing Faculty Award and the Board of Governor's Award for Excellence in Teaching.

Miller earned a bachelor's degree in nursing at Adelphi University, a master's in nursing in gerontology rehabilitation from the Duke University School of Nursing, and a doctoral degree in gerontology from Oregon Health Sciences University. She also completed post-master's training in nursing education at Duke.



Janice Collins-McNeil, PhD, APRN, BC, has been appointed assistant research

professor. She earned a bachelor's degree in nursing from Winston-Salem State University, a master's in nursing degree from the University of North Carolina at Charlotte, and a

PhD degree from the University of Tennessee Health Science Center. Her areas of interest include health issues of African American adults, including type 2 diabetes, cardiovascular disease risk, and mental health.



Katherine C. Pereira, MSN'02, RN, FNP, has been appointed assistant clinical professor. She

earned a bachelor's degree in nursing from the University of Virginia and a master's degree in nursing from Duke University School of Nursing. She is interested in diabetes prevention, type 2 diabetes, metabolic syndrome, polycystic ovary syndrome, cardiac risk factor modification, and diabetes and pregnancy.



Beth C. Phillips, MSN'93, RN, has been appointed assistant clinical professor. She

earned a bachelor's degree in nursing from East Carolina University and a master's in nursing from Duke University School of Nursing. Her interests include staff nurse retention issues, nurse management burn-out/retention issues, and job satisfaction.

Joshua M. Thorpe, MPH,



PhD, has been appointed assistant research professor. He

earned a master's in public health degree from George Washington University and a PhD degree from the University of North Carolina at Chapel Hill. His interest is in geriatric health services research.



Kathryn J. Trotter, MSN, GNC'98, has been appointed assistant clinical professor. She

earned a bachelor's degree in nursing from George Mason University and a master's in nursing from the University of Kentucky-Lexington. She earned a post-master's nursing certificate at Duke. She is especially interested in group health care models, self care, and empowerment of patients.



Diane Holditch-Davis, PhD, RN, FAAN (BSN'73), has been appointed a professor of nursing.

See article on page 4.



Dorothy L. Powell, EdD, RN, FAAN, has been named director of Global and Community

Health Initiatives at the Duke University School of Nursing. *See article on page 8.*

New Director of Global and
Community Health Initiatives

The Power to Change Lives

When **Dorothy L. Powell, EdD, RN, FAAN**, talks about health, she does not discuss merely the absence of disease. She includes words like social, psychological, financial, and physical. When she defines the term “global health” she talks of the importance of relieving health disparities locally and throughout the world.

In her newly created position as director of global and community health initiatives at the Duke University School of Nursing, Powell says she will apply her holistic view of health to establish a program that will be the pivotal point in the School of Nursing for disseminating information, coordinating activities, and—perhaps most importantly—creating partnerships between the school, the greater university community, the region, and beyond to improve health.

“A long time ago I made the decision to focus on improving health outcomes for individuals, and I have committed my life professionally to making a difference,” she says.

NATIONAL LEADERSHIP

Duke is not the only entity recently to recognize her talent. The Robert Wood Johnson Foundation has appointed her to the advisory committee of its Partners Investing in Nursing’s Future program, which will address the nursing shortage at the local level through funding partnerships with community and regional foundations. Issues to be addressed include developing, recruiting and retaining qualified nursing educators; increasing diversity of the nurse workforce; strengthening the capacity of nurses to provide patient-centered

care; expanding the nurse role in quality improvement and patient safety; and empowering nurses to become leaders in health care and health policy.

Powell’s post on this national committee, she says, will help to enhance the School of Nursing’s visibility, which will contribute to its mission to address global health. She wants to increase the school’s responsiveness to meeting the health care needs of the underserved in Durham, the state, and beyond.

“If you pick up a local newspaper you are acutely aware of conditions of violence, adolescent pregnancy, obesity,



mental health, diabetes, cardiovascular disease, and hypertension. It is really important to find ways to work with communities—asking them about their needs—so they can solve these problems,” she says. A key part of that includes helping nursing students to understand the culture of people in their communities in ways that could include class courses, seminars, community service, clinical placement, and cultural immersion experiences in developing countries.

Powell’s past research and program successes certainly speak volumes about her ability to bring together various organizations and communities for a common goal. In 1996 she was honored by the U.S. Department of Health and Human Services for her program titled “Nursing Careers for Homeless People,” which identified nearly 90 homeless individuals in the Washington, D.C., area and enrolled them in a personal enhancement and academic program to

BIOGRAPHY

**Dorothy L. Powell, EdD,
RN, FAAN**

Previous position: Associate Dean of Nursing, College of Pharmacy, Nursing, and Allied Health Sciences at Howard University.

Qualities: A highly sought-after speaker and widely published nurse-researcher. Considered an expert in community

partnering and workforce training. Extensive experience in developing countries, including Africa and Latin America.

Education: Bachelor's degree in nursing from Hampton University; Master's degree in maternal-infant nursing from Catholic

University of America; Doctoral degree in higher education administration from The College of William and Mary; post-doctoral studies at Harvard University.

“We were able to figure out a way and a model by which we could identify homeless individuals, recognize their potential, and move them from that situation to college degrees. It reduced poverty, increased education, and improved health. That’s important to me.”

provide them with employable skills as nursing assistants. About 60 of the participants completed the program, with 45 of them going on to college nursing programs.

“For me it was an opportunity to facilitate tremendous change in peoples’ lives,” says Powell. “We were able to figure out a way and a model by which we could identify homeless individuals, recognize their potential, and move them from that situation to college degrees. It reduced poverty, increased education, and improved health. That’s important to me.”

BUILDING PARTNERSHIPS

Much of her early time in the newly created position will involve meeting people throughout the university and local community. “Meeting local residents is an essential element to setting priorities,” she says. “It gets people participating in their own health care.”

Duke University President Richard H. Brodhead identified global health as a major priority for Duke during his inaugural address in 2004. The Duke University Global Health Initiative works to reduce health disparities in the local community and worldwide. Recognizing that many global health problems stem from economic, social, environmental, and health care inequalities, Duke Global Health brings together interdisciplinary teams to solve complex health problems and is training the next generation of global health scholars. Its components include a think-tank to inspire innovative ideas; a delivery arm to translate ideas into action; and an educational component to make sure that the leaders of the future are exposed to and trained in issues of global health.

“I believe that universities and academic medical centers can be major players in global health because we have vast resources of knowledge, and

a vast company of people who have compassion and a desire to serve,” says Duke University Chancellor for Health Affairs Victor J. Dzau, MD.

The School of Nursing has a long history of preparing outstanding clinicians, educators, and researchers, who are key to addressing global health issues. Partnering with the medical school is nothing new: For years, nursing students have joined medical school students for a spring medical service trip to Honduras through the School of Medicine.

“I am privileged to be at Duke,” says Powell, “and to have this platform upon which to advance my personal philosophy, which is working to improve people’s health.” ♦

1931



75

Years of Exceptional Nursing

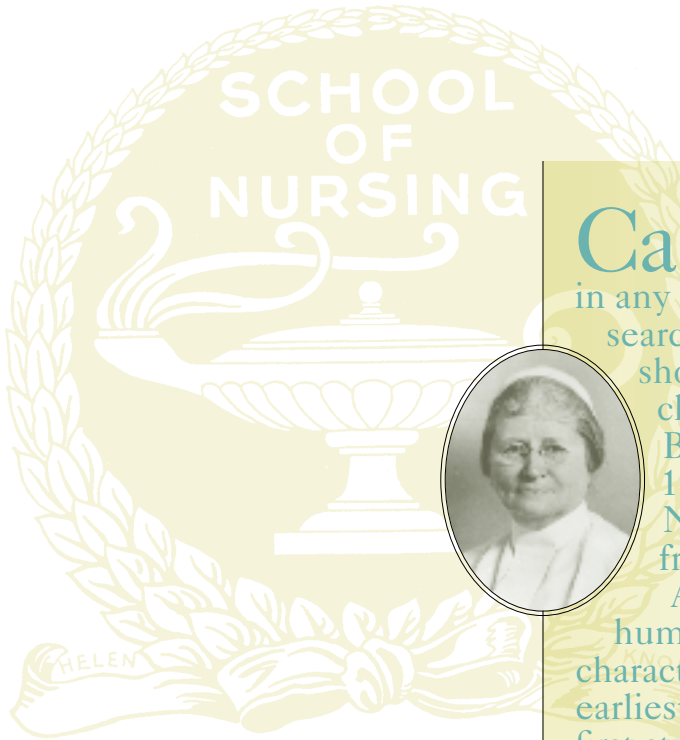
2006



From its inception, the Duke University School of Nursing has been remarkably visionary in recognizing trends and challenges in health care, research, and education and adapting its programs to prepare highly skilled, committed nurses for leadership in this rapidly changing profession.

As we celebrate the school's 75th anniversary, we look back on some of the key achievements that have helped it enter the highest ranks of nursing schools in the country, with some of the most advanced and specialized research, education, and patient care programs in existence.

By Laura Ertel



Calling the chief nurse “the most important person in any hospital,” Dean Davison conducted a nationwide search to fill the position. “Everyone agreed that Duke should try to get Miss Bessie Baker, who had been chief nurse of Base Hospital 18, the Hopkins Unit at Bazoilles-sur-Meuse while I was a patient there in 1917,” wrote Davison. Baker, a Hopkins School of Nursing and Columbia University graduate served from 1930-1938.

According to Davison, she had “a grand sense of humor,” and her dynamic personality and forceful character helped ensure the success of the school from its earliest days. She made plans for the school, recruited its first students, helped set up the hospital, and served as a liaison between the hospital and the university.

1924

James B. Duke leaves a \$4 million bequest in his will to create the Duke University School of Medicine, School of Nursing, and Hospital

1929

Dean Wilburt C. Davison, MD, the medical school's founding dean, recruits **Bessie Baker, RN**, as the first dean of the School of Nursing and head of Nursing Services for Duke Hospital



Dean Wilburt C. Davison, MD



Early construction of the medical campus

“...Knowledge may make of you a scientist, wisdom a sage, but understanding will make you a human being and an ideal nurse.”

ANN HENSHAW GARDINER · ASSISTANT PROFESSOR OF NURSING EDUCATION

1931

On January 2nd, 24 young women are admitted as Duke School of Nursing's first class in the new three-year diploma program. Tuition is \$100 per year.



First graduating class

The first students had one teacher: **Ann Henshaw Gardiner, RN**, assistant professor of nursing education. “I made up the whole curriculum and printed the first catalog,” she later recalled. Gardiner taught 15 to 18 subjects a year, including anatomy, physiology, sociology and chemistry.

“I wanted the student to know what I thought she ought to know in preparation for her life's work,” wrote Gardiner. “I know some students were afraid of me, but would die for

me now. As they grew older they realized what I was trying to do.”

A graduate of the Massachusetts General Hospital School of Nursing and Columbia University, Gardiner served on the faculty from 1930 to 1941. Her major responsibility was curriculum development and implementation, but her greatest contribution was the indelible imprint she left on the students she taught. An advocate for equal rights and responsibilities for women, in many ways

Gardiner was ahead of her time. She emphasized communication with patients as a vital part of their treatment long before there were therapists, psychologists, and psychiatrists to popularize it, and addressed issues such as nuclear waste, homosexuality, and evidence that smoking caused lung cancer—more than three decades before the Surgeon General published his own report on smoking and health.

“ VERBATIM

“Preliminary examinations of Duke revealed not only a beautiful campus and impressive hospital but little student nurses with neat whole stocking-clad gams. Needless to say, I had found my home for the next five years.”

Anna Fetter, RN, BSN'44



“We began with three months of classes, then we started studying nursing arts. Our instructor would demonstrate procedures, then we'd do them. After three months of nursing arts, we started on the wards, where we had the responsibility of getting experience doing the various procedures with patients, and getting them checked off in our little black books.”

Rosie Wehunt Hampton, RN, 1936

“The nurse played a major role in hospitals in the early years. She placed the food on the trays and served them, sterilized needles, syringes, instruments and other equipment, mixed drugs, supervised the maid, and performed any other duties necessary for the care of the patient. The nurse assisted the physician and was there to carry out his orders. In other words, the nurse kept the ward running well.”

Rachel Booth, PhD, RN, Dean, 1984-87

1932

Construction of the Nurses Home (later renamed Baker House in honor of Dean Bessie Baker) completed



1934

First meeting of the Duke Nursing Alumnae Association



1938

Duke School of Nursing begins awarding baccalaureate degrees to students who complete two years of college along with the nursing curricula

1942

During World War II, Duke trains cadet nurse corps and staffs U.S. Army's 65th General Hospital in England



“It was a built-in internship.”

When the United States entered World War II, the nation's need for nurses skyrocketed. As one of the sites established by the U.S. Public Health Service (USPHS) for the training of a Cadet Nurse Corps, the still-young Duke School of Nursing rose to the challenge and was soon sending graduates overseas to staff the 65th General Hospital of the Duke University Medical Unit in England.

With the USPHS contributing part of the cost, many bright young women who otherwise would not have afforded the cost of nursing school were able to attend.

A new class was enrolled every nine months during the war, accepting up to 121 students instead of the usual 58. Students in the Corps received uniforms and salaries of \$15 to \$20 per month and had all of their tuition and other expenses paid. In return, they agreed to remain active in military or civilian service throughout the war. Duke also offered a three-month pre-nursing course covering college chemistry, biology, mathematics and English.

Duke nurses helped set up the general hospital in England, preparing the operating rooms, sewing linens, and setting up the wards. They improvised equipment: crates were used as boot racks and bedside tables,

trays were made from plywood, and inhalers were devised from metal cans. In the first eighteen months overseas, the nursing staff helped care for more than 15,000 patients, including soldiers and Air Force corpsmen with acute diseases and injuries.

Back in Durham, with many of the School's graduates overseas, nursing students provided much of the patient care in Duke Hospital. “It was a built-in internship,” one student recalled.

1944

School launches a bachelor of science in nursing education degree

Dean Florence Wilson with students



1952

Hanes House opens as a dormitory for Duke nursing students

According to admissions materials, Duke's new baccalaureate program was designed " to offer educational opportunities which will enable the student to attain maximal growth toward his personal and professional goals. A broad approach to nursing focuses on individualized care that is adapted to the unique personality, health state, and potential of the patient. Thus a graduate is expected to function competently as a beginning professional

nurse, either in institutions and agencies or as a private practitioner."

BSN students were required to fulfill all of Duke University's requirements for completing a bachelor of science degree, as well as completing those courses required for the nursing major. Sophomore year focused on fundamentals of nursing, where students were taught presenting signs and symptoms of the patient correlated with the relevant anatomy and physi-

ology, appropriate nursing interventions (nursing arts procedures), and medical care including drugs. The new nursing curriculum also included public health nursing and a three-month internship. Responsibility for self-learning, always a hallmark of Duke nursing education, was reflected in a required independent study during the Advanced Medical-Surgical Nursing course in the senior year.



1953

In response to the challenges of increasingly specialized health care and greater patient responsibility for nurses, the school starts a four-year professional program leading to a bachelor of science in nursing (BSN) degree

“ VERBATIM

“Doctors take nurses too much for granted.... The doctor takes much credit which the nurse rightfully deserves in getting many patients well. Nurses should be treated as assistants and co-workers.... My hat's off to any good nurse.”

FROM A 1947 QUESTIONNAIRE OF 35 DUKE DOCTORS ON ATTITUDES TOWARD NURSING PROBLEMS

1956

Duke Hospital creates nurse clinician position

1957~58



Thelma Ingles

Under the leadership of **Thelma Ingles, MA, RN**, professor and chair of the Department of Medical-Surgical Nursing from 1949-62, Duke develops the clinical nursing specialist program, the first master's program of its kind in the United States. This program prepared nurse leaders with advanced clinical knowledge in the delivery and teaching of nursing care.

Early entrance to Duke Hospital



In their regular Sunday afternoon talks at **Thelma Ingles' home** in the 1950s, **Ruby Wilson, DEd, RN**, (then faculty member, eventually dean from 1971-84) and Ingles discussed the need for a second, specialized level of preparation for clinical nursing, beyond the graduate programs in nursing supervision, teaching, or administration that were common at the time. Ingles, who had ideas for nursing education and clinical practice that were often ahead of her time, took a one-year leave of absence to study with Eugene Stead, Jr., MD, chairman of Duke's Department of Medicine. Together they attempted to identify the kinds of knowledge, skills, and attitudes needed by expert practitioners in medical and surgical nursing.

Assisted by Wilson, Ingles developed the curriculum, and in fall 1957 five students enrolled in what would become a model for other graduate nursing programs nationally. The pioneering program, supported by a grant from the Rockefeller Foundation, aimed "to enable and encourage students to explore, develop and test theories of

nursing practice with the aim that graduates will continue to seek and extend knowledge about nursing. Opportunities are provided for each student to progress toward his goals in a selected nursing specialty, such as gerontological nursing, community mental health, or gero-psychiatric nursing." Graduates were prepared to become nurse specialists in both practice and teaching positions.

The new master's program was so novel that the National League for Nursing (NLN) would not initially accredit it until Ingles and Wilson traveled to prominent schools of nursing across the United States securing the support of their deans for this new clinical specialization program. As other schools began to adopt a curriculum similar to Duke's, the NLN eventually relented and accredited the program.



“ VERBATIM

“We will not claim any honors for wanting to become outstanding contributors to our profession; we only profess to have...an interest in the future of nursing care to a patient as a person, and a desire to learn more about the realities of being a graduate and running a ward before we went out on our own away from our home hospital.”

PEGGY CAMPBELL, ANNE ROEBKEN, KAY SPRENKEL, NANCY WELLS, AND ELIZABETH WHEELER, FROM “THIS WAS OUR LIFE,” CLASS OF 1962, REPORT ON THE HANES PROJECT



Members of the Hanes Project

When 16 senior nursing students expressed interest in demonstrating the difference in performance levels between nurses with BSN degrees versus those with diplomas, then-Professor **Ruby Wilson, DEd, RN**, and Eugene Stead, Jr., MD, chairman of the Department of Medicine, encouraged them to pursue a graduate project.

At that time, the BSN degree was not wholly accepted within the nursing service organizations of hospitals across the country, Wilson later recalled. While diploma programs had been around “[since the] days of Florence Nightingale, they weren’t really quite sure about this nurse who had a degree and exactly how was she different.”

The BSN students said they wanted to “practice clinical nursing as they had been taught and not as they had observed being practiced by RN’s on the hospital units.” Under Wilson’s guidance, the students were enrolled in a special graduate program and, with the support of the hospital, medical school and nursing school, they took responsibility for providing patient care on Hanes Ward, a private medical clinical unit with 35 patients.

During the year that the Hanes Project ran, Wilson and the graduate nurses tested a variety of approaches to patient care, adopting those that proved successful. Each patient on the ward was admitted to a nurse as well as a physician, and their needs were assessed by both. Nursing and medical orders were written side by side, on the same page, to improve communication to all caregivers (standard practice in that day was that only the nurses saw the doctors’ orders). For the first time, patients were charged for nursing services, rather than including this as part of the hospital fee. The nurses even rotated onto different clinical services, such as endocrinology, cardiology, and dermatology, to gain experience.

The patient-nurse-physician relationship was a focal point of the project, and soon staff physicians were asking to have their patients admitted to Hanes. The professional growth of the participating nurses was described as phenomenal.

1960~61

Sixteen new graduates of Duke’s BSN program institute the Hanes Project, the first primary care nursing project in the country

1963

Ruby Wilson, DEd, RN, is promoted to clinical nurse specialist—Duke Hospital's first—providing care for dialysis and kidney transplant patients in the Division of Nephrology. Wilson also developed a training program for corpsmen that led to the later development of Duke's Physician Assistant Program.



1965

Virginia Stone, PhD, RN, develops and implements the first gerontological master's degree program for nurses interested in caring for older adults

Stone, who served as director of graduate studies and professor of nursing, was one of the first nurses appointed a fellow in Duke's Center for the Study of Aging and Human Development. "A nurse specialist in geriatrics begins with a strong theoretical

nursing base. In addition, she acquires scientific knowledge from the field of gerontology. She combines this knowledge to become a geriatric nurse specialist in geriatrics," Stone once stated.

1970

Wilma A. Minniear, MSN, RN, a former associate professor in the Duke School of Nursing, becomes Duke Hospital's first executive director of nursing services. During her 14-year tenure, she leads the planning of Duke Hospital's North Division, establishes the first quality assurance program in nursing in the U.S., and raises Duke's nursing staff levels from 167 to 1,200 despite nationwide nursing shortages.

1972

Beta Epsilon Chapter of Sigma Theta Tau, the International Honor Society of Nursing, established at Duke with a charter membership of 100 students, faculty and alumni



Wilma A. Minniear



1971

The BSN program implements a major curriculum revision



At the same time that Duke's Trinity College was undergoing major curricula changes, the School of Nursing introduced a new "integrated" curriculum. With a strong emphasis on clinical knowledge and performance, the innovative bachelor of science in nursing curriculum—again, a first in the country—gave students more opportunities to take electives.

The novel curriculum offered three options: a clinical concentration in an area such as oncology or cardiovascular nursing; a second major in an area such as psychology, sociology or anthropology; or a "Taster's Choice," including electives in nursing and the arts and sciences.

As part of the effort, **Pauline Gratz, DNEd, RN**, developed Human Ecology, a

two-semester course including anatomy, physiology, microbiology, biochemistry and nutrition, that provided the foundation for subsequent required nursing courses. Human Ecology I and II were among the few human-oriented science courses offered in a university, and focused on the spectrum of age, illness, as well as individual, family, and groups with health care needs.

1980s



Ruby Wilson

Duke's bachelor's degree in nursing program was ended and the school began focusing on the MSN degree programs, post-master's certificates and joint degree programs



“ VERBATIM

“We were not successful in keeping the BSN program... I was unwilling for it to be watered down because of finances. As I said to the alumni, I would rather have it discontinued and people to always say, ‘Why did they discontinue that excellent program at Duke?’ than to let it die on the vine, which had happened at some other private universities. But we were able to keep the school of nursing open with the masters program.”

RUBY WILSON, DEd, RN, DEAN, 1971-84

1980s

The collaboration between the school and Duke Hospital's Department of Nursing is formalized under the leadership of **Dean Rachel Booth, PhD, RN** (1984-87). Nursing faculty gain appointments in various clinical areas.

1984

Eight Duke nurses join with three pilots to launch Duke Life Flight, North Carolina's first private hospital-based transport service



1988

Friends of Nursing at Duke created to recognize professional excellence in nursing practice, education, and research, and to promote the image of nursing as a positive career choice

Also, Duke Hospital establishes the Clinical Ladder Program to recognize nursing excellence at the bedside. In subsequent years, the program grows to encompass three tracks—administration, clinical, and education—and helps to establish succession planning for the nursing staff with focuses on leadership and career development.





1989

Women's health nursing internship and medical specialty nursing internship initiated at Duke

1990s

One of the country's first master's degree programs in nursing informatics begins at Duke

1991

With the arrival of Mary Champagne, PhD, RN, FAAN, as dean, the school of enters a period of tremendous growth

During Dean Champagne's 14-year tenure, the school's faculty ranks swelled from five to 38; it was nationally ranked for the first time; federal research funding grew substantially; and 11 new degree programs were added.



Mary Champagne

“ VERBATIM

“We thought about: What are the real strengths of Duke? What can we do that others can't do? We coupled that with: What are the real health care needs of people in our country? Then, we used that as our framework to increase the number of programs we had that broaden students; we recruited faculty; we began a research center and really focused on science that would help improve the lives of people, and we began very meaningful service activities that would focus on care for the most vulnerable, particularly in our country, but also in our state. We also increased the diversity of the student body and faculty, adding more men and minorities, which also made the School much stronger.”

MARY CHAMPAGNE, PhD, RN, FAAN



1992

North Carolina's first master's in geriatric nurse practitioner program begins at Duke. Other nurse practitioner programs soon follow, including pediatric, acute care and oncology/HIV.

1995

Duke's family nurse practitioner program launches one of eight national projects designed to address disparities of care in rural areas

In 1995, Duke began a partnership with the Fayetteville Area Health Education Center (FAHEC) and local hospitals and practitioners to recruit nurses from rural, medically underserved areas of our state and prepare them to practice alongside their physician colleagues to improve access to health care. The family nurse practitioner program, headed by associate clinical professor **Bonnie Friedman, PhD, RN**, was the school's first to use on-line education delivery for portions of the program, making it possible for nurses from remote areas to participate.



With the elderly population growing, the state and the country had entered an era where chronic, rather than acute, illness had become the care paradigm. In response to this shift, the School of Nursing developed the first geriatric nurse practitioner program in North Carolina. Today it is ranked eighth in the country, and graduates have gone on to lead long-term care in the state. The program also incorporated service activities, such as a unique program to provide

in-home care to poor elderly living in subsidized housing in Durham.

Throughout the 1990s, the school applied that same model to populations such as low-birth-weight infants and rural underserved communities by developing pediatric and neonatal nurse practitioner programs and a pediatric clinical nurse specialist program. Duke was one of the first schools in the nation to develop an acute care nurse practitioner program. Duke's acute care pediatric

nurse practitioner program was also one of only a handful like it nationwide, with strong demand for its graduates around the country.

Recognizing a critical state and national shortage of nurse anesthetists, the school also collaborated with Duke's Department of Anesthesiology, Durham Regional Hospital, and Durham Anesthesiology Associates to develop a nurse anesthetist program, now ranked sixth nationally.



1995

Robert Wood Johnson Foundation grant supports collaboration with East Carolina University to take master's education to rural areas



From 1995 to 2002, the School of Nursing was also engaged in another program designed to help meet the health care needs of rural underserved communities.

A grant awarded by the Robert Wood Johnson Foundation (RWJF) gave the school an opportunity to partner with different groups across the state and develop a different educational delivery method.

In conjunction with the Duke Department of Community and Family Medicine and East Carolina University, the school launched Duke University-East Carolina University Partnerships for Training to develop Web-based degree programs for nurse practitioner, certified nurse-midwife, and physician assistant students in federally designated medically underserved

counties in eastern North Carolina.

Sixty-five students graduated from the programs. Eighty-six percent of program graduates practiced in medically underserved areas; many were employed by their program preceptors. In addition to the RWJF, The Duke Endowment and the North Carolina Area Health Education Center also funded the project.



1996

School of Nursing alumna **Brenda Nevidjon, MSN'78, RN, FAAN (BSN'72)**, becomes the first registered nurse to hold the position of chief operating officer of Duke University Hospital

1998

Duke Health System expands to include Duke Health Raleigh Hospital, Durham Regional Hospital, Duke Health Community Care and Duke University Affiliated Physicians, adding several hundred more nurses into the Duke Nursing family and expanding learning opportunities for nursing students. Today the Duke University Health System employs more than 5,800 nurses.



Durham Regional Hospital

1999

New health and nursing ministries program combines master's level work in theology and advanced nursing practices

2000s



Led by a new Center for Nursing Research, the school's research enterprise surges. By 2004, under the leadership of **Barbara Turner, DNSc, RN, FAAN**, this center helps Duke reach 23rd in National Institutes of Health research funding for nursing schools nationally.

2000

School launches Trajectories of Aging and Care Center, the first Duke center funded by the National Institute of Nursing Research and a major step toward creating a PhD program



The Trajectories of Aging and Care (TRAC) Center, directed by **Elizabeth Clipp, PhD, RN**, is the school's first federally funded nursing research exploratory center. The center's "big picture" approach emphasizes the interaction between patterns of aging and care, with each pilot research

study following patients and their interactions with the health care system over a period of time.

Duke's TRAC Center is the only one among nine NINR-funded developmental nursing research centers nationally that takes the longitudinal or "trajectory" approach.

The center serves as an incubator for attracting and mentoring the next generation of research faculty while building a solid scientific base at the school and improving care for patients at Duke and beyond.



2001

U.S. News & World Report ranks Duke School of Nursing #27 out of 200 programs nationwide

2002

For the first time since 1984, the school offers a bachelor's degree program



The practice-intensive 18-month accelerated bachelor of science in nursing (ABSN) program quickly becomes a national model. Designed to address the country's critical shortage of both professional nurses and nursing faculty, the program enrolls students who hold four-year college degrees. It has grown from 40 students in the Class of 2004 to 56 students in the Class of 2007, and more than 80 percent of its graduates are now employed Duke Health System facilities.



Catherine Gilliss
as a student



Catherine L. Gilliss

2004

Catherine Lynch Gilliss, DNSc, RN, FAAN, (BSN'71), becomes the new dean of the Duke School of Nursing. An alumna of the school, she was previously Yale's dean of nursing.

“ VERBATIM

“...At Duke, we believe that the partnership between the educational programs and the care delivery systems are fundamental to the enrichment of each and, ultimately, to providing the best patient care.”

DEAN CATHERINE L. GILLISS, DNSc, RN, FAAN



“ VERBATIM

“The landscape of health care has grown increasingly complex in the 75 years since the nursing school began at Duke. But from the moment that Bessie Baker was recruited as the first dean, the school has been remarkably visionary in recognizing trends and being proactive in meeting the needs of patients. Duke Nursing has continuously adapted and grown along with the changing landscape, and come out on top.”

VICTOR J. DZAU, MD,
CHANCELLOR FOR HEALTH AFFAIRS, DUKE UNIVERSITY



2005

Ground is broken on a new facility to physically unite all nursing education and research programs on one campus. Scheduled to be completed in 2006, the state-of-the-art facility is centrally located on Trent Drive, between Duke Clinic and Duke Hospital.

2006

The first PhD in nursing candidates are accepted into a new program approved by the Graduate School of Duke University



The new PhD program will address one of the country's most urgent health care issues: the rapidly growing prevalence of chronic disease. Titled Trajectories of Chronic Illness and Care Systems, the doctoral program will allow nurse researchers to design longitudinal studies that will give a

clearer picture of what happens to chronically ill patients over time.

The program will address a critical national shortage of nursing faculty, preparing nurses to become university-based teachers of nursing and to conduct studies that will lead to important improvements in patient care.

Before 2006, Duke was the highest ranked nursing school in the country without a PhD program. It will be one of only 88 such programs nationwide and will boost the Duke School of Nursing into the ranks of the country's elite. ♦



WILL MCINTYRE

A BLUE PARTNERSHIP

TO ADVANCE ELDER CARE

Duke Blue and Carolina Blue may clash on the basketball court, but when it comes to the best care for older adults, the blues are complementary.

Two years ago, under the leadership of then-deans Mary Champagne, PhD, RN, FAAN, of Duke, and Linda Cronenwett, PhD, RN, FAAN of UNC-Chapel Hill, the two schools of nursing set a goal of collaborating to improve elder care in North Carolina.

The result is the Duke-UNC Geriatric Nursing Leadership Visiting Professorship, a three-day summit led by a national geriatric nursing expert.

The two academic partners turned to another “big blue,”—Blue Cross and Blue Shield of North Carolina—for funding and dissemination to the health care service community. BCBS, which serves more than 200,000 Medicare-eligible members, employs hundreds of case managers, and conducts hospital utilization reviews, signed on to fund six years of the professorship.

The two schools take turns hosting the lectureship, now in its second year. The visiting expert spends one day at each institution’s hospital consulting with students, faculty, and senior leadership, including representatives of Blue Cross and Blue Shield. The third day is reserved for a faculty retreat, ending with a dinner and lecture named for Carol Clark Hogue, PhD, RN, FAAN, who was a student and distinguished professor and clinician at both schools.

NICHE—A NEW MODEL

This year's summit—with visiting professor Mathy Mezey, EdD, RN, FAAN—had the immediate result of sparking interest in a new model of elder care among nursing leadership at Duke Hospital.

Mezey is the Independence Foundation Professor of Nursing Education at New York University's College of Nursing and co-director of its John A. Hartford Institute for Geriatric Nursing. A proponent of evidence-based care, she founded NICHE (Nurses Improving Care for Health System Elders), a program designed to improve care by enhancing bedside nurses' expertise in preventing and managing common problems such as delirium, urinary incontinence, falls, and sleep disturbance.

Currently used in 143 hospitals throughout the country—including UNC—NICHE offers four care models:

- Stationing geriatric resource nurses on hospital wards to provide current best practices and protocols. Based on a diabetes resource model, this method shows improved outcomes for the elderly in terms of shorter hospital stays, fewer pressure sores, improved continence, and other measures.
- A dedicated ACE (acute care of the elderly) Nursing Unit, designed to create a hospital environment especially friendly to the elderly, much as a children's hospital might offer a child- and family-friendly setting. This proven effective model is also the most expensive.
- Geriatric Syndrome Management, the implementation of hospital-wide standards of care to manage the many complex and inter-related problems that plague the frail elderly in hospitals.

• The Quality Cost Model of Transitional Care, in which advanced nurse managers care for high-risk elderly patients, tracking them and visiting them after they return home from the hospital. This mimics transitional care for high-risk newborns and has shown a tremendous reduction in readmissions at some hospitals.

Eleanor S. McConnell, PhD, RN, an associate professor of nursing and gerontological nursing specialty director at the Duke School of Nursing, recognized the NICHE model as consistent with Duke Hospital's philosophy and needs. With the help of graduate student Leanne Richbourg, RN, BSN, she wrote a "white paper" explaining NICHE to Mary Ann Fuchs, MSN, RN, chief nursing and patient care officer.

Fuchs took the opportunity to discuss the program in detail with Mezey during her visit to Duke and decided to send several nurse leaders to an annual NICHE conference in February to learn more. As a result Fuchs is currently evaluating their recommendations to decide which NICHE models Duke will adopt.

"All of our practice is evidence-based, so NICHE is not new to us in that respect," says Fuchs. "But we do look for beneficial extended partnerships, and

this could be a way for hospital nurses to partner with a number of groups within and outside the health care system to improve care."

NURSING'S CORE BUSINESS

Planning is underway for the third Duke-UNC Geriatric Nursing Leadership Professorship, and McConnell, who manages the program with UNC counterpart Mary Palmer, PhD, RNC, FAAN, the Helen W. and Thomas Umphlett Distinguished Professor in Aging, says the program has been a "terrific collaboration."

"When two great schools come together, both institutions benefit, and unexpected things can happen," says McConnell. As an example, she cites the case of a post-doctoral student, Anna Beeber, who attended the first lectureship with guest speaker Sarah Kagan, PhD, RN, FAAN, associate professor of gerontological nursing at the University of Pennsylvania. Beeber made connections with nursing professors at both schools and worked out a joint mentoring arrangement to continue her studies at Duke and UNC.

Palmer agrees. "Personally and professionally, it's been very gratifying to bring an international figure here to foster our collaboration and help raise the profile of gerontology," she says.

// When two great schools come together, both institutions benefit, and unexpected things can happen."

ELEANOR S. MCCONNELL, PHD, RN



// Personally and professionally, it's been very gratifying to bring an international figure here to foster our collaboration and help raise the profile of gerontology."

MARY PALMER, PhD, RN, FAAN

Mary Palmer, PhD, RNC, FAAN, and Eleanor S. McConnell, PhD, RN, at UNC-Chapel Hill.

Debra Miller, director of health care services for Blue Cross Blue Shield of N.C.'s Medicare programs, says her company has a decided interest in reducing hospital stays and improving the health of North Carolina's growing elderly population.

"One of the greatest benefits of this program for us has been the increased knowledge for our nurses," she says.

Elderly patients currently make up 45 percent of Duke Hospital's and 38 percent of Durham Regional Hospital's patient populations, respectively. These percentages will only increase as the Baby Boomer generation continues to age.

According to McConnell, elder care is called "nursing's core business" for a good reason. Nurses are expert at the kind of meticulous evaluation and day-to-day attention needed to keep elders independent and healthy for as long as possible.

"Care of the elderly is an enormous challenge given the demographics," says McConnell. "It's a bigger problem than either of our schools can deal with alone. If Duke and Chapel Hill exercise leadership together, we can develop models of elder care for the nation." ♦

HONORING A LEADER

"The Time Bomb is Ticking" was the name of the talk. **Carol Clarke Hogue, PhD, RN, FAAN, (BSN'56, MSN'60)** remembers the determination it gave her almost 40 years ago when Duke's Carl Eisdorfer, MD, PhD, spoke at UNC about the growing population of elders and their health needs.



Even then, the two schools collaborated and complemented each other's efforts. Eisdorfer was director of Duke's Center for the Study of Aging and Human Development. He offered students at UNC's School of Public Health, where Hogue was pursuing a doctorate in epidemiology, the opportunity to use Duke's longitudinal studies research data. Hogue, then a pediatric nurse, was inspired to begin studying elder health care.

With a Duke master's degree in nursing and a UNC doctorate in epidemiology,

Hogue in 1974 accepted dual faculty appointments at Duke—in the School of Nursing and the School of Medicine's Department of Community and Family Medicine. She later continued her studies at the University of Pennsylvania through the prestigious Robert Wood Johnson Nurse

Scholars Program, established to engage nursing faculty in clinical practice and encourage their involvement in clinical research.

One of Duke's first doctorally prepared nursing faculty members, Hogue was internationally known for her work on mobility and falls prevention. She was an investigator on Duke's Longitudinal Studies of Aging, the foundation of today's NIH-funded Trajectories of Chronic Illness and Care Systems (TRAC) Center, on which

the new PhD curriculum is based. She also served as a fellow on the U.S. House of Representatives Select Committee on Aging, led by the late Claude D. Pepper.

In 1986 Hogue moved to the UNC School of Nursing as a faculty member and researcher. From 1992-2002 she served as associate dean for graduate studies. She helped write the proposal to start the UNC Institute on Aging, and she was associate director for research at the institute from 1998 until she retired in 2002.

"Carol has been a really important person in the life of both schools," says McConnell. She was my mentor...she's loved by more alumni than I can count."

As for the joint Duke-UNC lectureship that carries her name, Hogue says "I feel honored and humbled. It's very important to me to help people do well. This lectureship is a great opportunity to do that."



A Need that Can't Wait

Helping Future Nurses through Duke's Financial Aid Initiative

When Christopher Woods, BSN'05, RN, talks about the critical need to be exact, focused, and committed in an environment best described as intense, he easily could be reflecting on his time as a member of the U.S. Navy Seal's Special Operations Unit during the Gulf War.

By Jim Rogalski

But Woods, now 35, who during that phase of his life hurled himself out of planes with a parachute, performed covert diving missions, and worked with high-tech explosives, was in fact talking about the newest chapter in his life: that of a nurse in the Intensive Care Nursery at Duke University Hospital.

"Changes occur really, really fast, and you have to be ready," says the current master's student in the Neonatal Nurse Practitioner (NNP) program at Duke University School of Nursing. "You face challenges every day and get to see a wide range of clinical manifestations."

He and his nurse wife Amanda have an 8-year-old daughter, so after getting his accelerated bachelor's degree in nursing at Duke and deciding to continue his education and earn a master's degree, he was faced with having to wait several years so he could save money.

The health care industry, though, can't wait as it continues to suffer from a dangerous shortage of nurses, who comprise the largest component of the health care workforce. So Duke stepped in and worked out an aid package for Woods.

"The financial aid made it easy for me to continue right into my master's,"

he says. "Without the aid, I would have had to take time off to stabilize financially." He is studying part-time and continuing to work in the Intensive Care Nursery.

ENDOWING THE FUTURE

Attracting more top-quality students into nursing school and getting them into the workforce is a key tenet embedded in the spirit of Duke's \$300 Million Financial Aid Initiative (FAI), announced in December. The goal is to shore up restricted funds for scholarships by adding \$300 million of permanent support to the university-wide



“I’ve been pretty much responsible for my college education. Aid is important to me because I don’t have resources to rely on.”

◀ JEWEL SCOTT

financial aid endowment. The School of Nursing’s goal is to raise \$4 million.

The total tuition for an 18-month accelerated bachelor’s degree in nursing (ABSN) at Duke is \$36,227. Yearly tuition for a master’s degree is \$20,007. Currently, 95 percent of ABSN students receive some form of financial aid, as do 62 percent of master’s degree nursing students. The majority of that aid is currently paid for with unrestricted funds that are needed to support the school’s academic programs. So the FAI is about creating a permanent source of support for Duke’s need-blind admissions policy, which attracts the best students regardless of their ability to pay.

“I want to prevent future collisions between two fundamental imperatives,” says University President Richard H. Brodhead, “our obligations to social openness and to academic excellence.”

TOMORROW’S CAREGIVERS AND TEACHERS

Within the health care field there is an especially critical need for geriatric nurses to meet the demands of the aging Baby Boomer population.

Leanne Richbourg, BSN, RN, CWOCN, has been a nurse since 1982 and has always enjoyed working with the elderly. In 1998 she became certified in wound, ostomy, and continence nursing, and in 2004 she began master’s studies at Duke in the clinical nurse specialist in gerontology track. “I just felt there was more I needed to know,” she says.

But at age 45 with a daughter in college, taking out nearly \$40,000 in student loan debt for her master’s degree “was out of the question.”

The average debt for MSN graduates at Duke is \$23,352. The average debt for ABSN grads is \$44,017.

Richbourg says the aid she receives from Duke is “extremely helpful.” She is working part-time and attending school full time. “My children are 16 and almost 20, and my husband is very self-sufficient, so this was a good time in my life to go back to school,” she says.

She is at the top of her class and was a key partner with associate professor Eleanor McConnell, PhD, RN, in the preparation of a white paper on the Nurses Improving Care for Health System Elders (NICHE) Program

that was presented to Duke Hospital administration.

Developed by the John Hartford Foundation Institute for Geriatric Nursing and New York University’s College of Nursing, NICHE provides materials and services to assist facilities with updating and improving nursing care of the hospitalized elderly. Richbourg says research has shown that this can result in greater patient satisfaction, decreased length of stay and readmissions, increased nursing knowledge and skill, and reduced costs.

“I really love my specialty,” she says. “I’d like to expand my duties to be involved in staff education, community outreach, and policy and procedures.”

The nursing shortage is not limited to front-line nurses like Woods and Richbourg. A serious need also exists for faculty to teach the next generation of nurses.

Jewel Scott, BSN, RN, currently is earning her master’s degree at Duke in the Family Nurse Practitioner Program. She hopes to eventually get a PhD and teach at the university level. Financial aid has been key to her success so far.



“My children are 16 and almost 20, and my husband is very self-sufficient, so this was a good time in my life to go back to school.”

◀ LEANNE RICHBOURG



“I come from a lower middle-class family,” she says. “I’ve been pretty much responsible for my college education. Aid is important to me because I don’t have resources to rely on.”

She says that it’s one thing for the university to recruit the best and the brightest students, but when students come to making a decision, “aid is a huge factor. The bottom line is you have to be able to pay the tuition.” ♦

To make a contribution to the School of Nursing’s Financial Aid Initiative, or to learn more, please call Sallie Elinwood at 919-667-2532.

MEDICAL FACULTY WIVES MAKE THE MATCH FOR NURSING

Donations to the FAI between \$100,000 and \$1 million will be matched dollar-for-dollar through a \$100 million challenge fund set up with \$75 million from The Duke Endowment, and a total of \$25 million from four donors.

That kind of incentive was just too attractive to pass up for the Duke Medical Faculty Wives,

who have given \$100,000 to the School of Nursing’s effort. When matched with the challenge funds, that \$100,000 is parlayed into \$200,000.

“There are a large number of us who are nurses, and we just feel so strongly about nursing education,” says Medical Faculty Wives President **Mary Wilkinson**.

The group operates The Nearly New Shoppe, a thrift store now located in the Hock Building on Erwin Road. All profit goes toward providing medical scholarships. Since 1968 when the shop first opened, the group has given nearly \$3.5 million.

For information about the Nearly New Shoppe, please call 919-286-4597.

By the Numbers

18-month tuition for AB SN degree	\$36,227
Yearly tuition for MSN degree	\$20,007
Percentage of ABSN students receiving financial aid	95%
Percentage of MSN students receiving financial aid	62%
Average debt for ABSN students	\$44,017
Average debt for MSN students:	\$23,352

ELLINWOOD TAKES REINS OF SON DEVELOPMENT

As the newly appointed director of development for the School of Nursing, **Sallie W. Ellinwood** is committed to personally meeting and thanking many friends of the school who have given their financial support. So when she's not in the office working to develop new models for raising money for the school, she'll be on the road garnering valuable face time and strengthening relationships.

She sees great potential and value in partnering with other development directors within the Duke University Health System to raise "transforming gifts" for the School of Nursing, and she has the contacts in place to hit the ground running. Ellinwood has been at Duke since 1992, having worked in development for the Duke Comprehensive Cancer Center, the Heart Center, and the Department of Medicine.

"Duke Medicine has consistently ranked number four in the nation for gerontology programs in the country, for instance, and nursing care is a huge part of that," she says. So why not rally all entities involved with gerontology care and research to collaborate on a gift proposal that

will benefit them all?

One of the things that drew her to this position, she says, is the quality of the School of Nursing faculty and staff, and the "impressive and important research taking place at the School of Nursing."

She also will be heavily involved with the School of Nursing Annual Fund, the bulk of which is used to provide valuable scholarships to students.

"Scholarships are huge," she says. "If we can increase the scholarship opportunities we can increase the number of students going into nursing."

The School of Nursing has a \$4 million fund raising goal as part of the University-wide Financial Aid Initiative, which hopes to add a total of \$300 million to the scholarship endowment.

Ellinwood earned a bachelor's degree from Salem College in Winston-Salem, N.C., and did graduate study at the University of North Carolina-Chapel Hill.



POOLE NAMED TO EXTERNAL AFFAIRS

Helen K. Poole, BSN, MPH, has been appointed executive director for external affairs for the Duke University School of Nursing, a newly created position to provide leadership on such matters as public and community relations, philanthropic development, and alumni affairs.

"The Duke University School of Nursing has been one of the best kept secrets out there and it's time to let that secret



people to know," she says. That's important to keep attracting top faculty and students, as well as gaining more national recognition.

Poole also will be involved in fund-raising efforts and hopes to attract more alumni support. "We want to kick our fund raising up a notch," she says.

Poole is active in the community and currently chairs the Board of Directors of Wake County Human Services. She was the 2004

"The Duke University School of Nursing has been one of the best kept secrets out there and it's time to let that secret out."

HELEN K. POOLE

out," says Poole, who has been at Duke since 2001, first as director of clinical services for Duke Health Community Care and later as director of major gifts, marketing and development for the same.

Even before arriving at the School of Nursing, Poole was impressed with its quality of faculty and research. She says she has a lot of material to work with and is eager to spread the word. "The research going on here is just tremendous and we want

recipient of the Triangle Business Journal's 25 Women Business Leaders Award. She has more than 25 years of experience in health care leadership and has won a number of awards.

She earned her bachelor's in nursing degree from the University of North Carolina School of Nursing and her master's in public health degree in health policy and administration from the UNC School of Public Health.

HEARST FOUNDATION ADDS SCHOLARSHIPS FOR STUDENTS



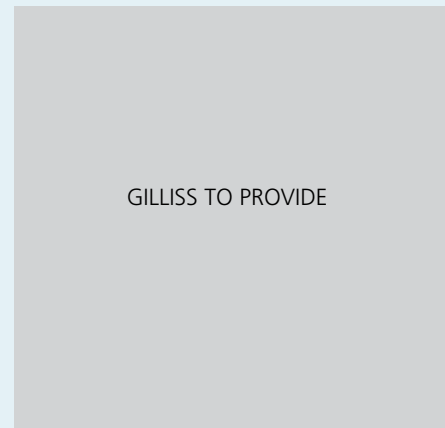
The William Randolph Hearst Foundation has given \$200,000 for student scholarships in Duke's Accelerated Bachelors of Science in Nursing and Family Nurse Practitioner programs. The grant will be matched by Duke University's new Financial Aid Initiative for a total of \$400,000. The Hearst Foundation has a long history of supporting nursing education at Duke—an endowment established in 1985 supports oncology nursing scholarships.

MEISTERS SUPPORT DUKE NURSING WITH UNRESTRICTED FUNDS



A gift of \$50,000 in unrestricted support from Susan and Paul Meister of Hampton, N.H., will provide unrestricted support for the School of Nursing. **Susan Meister, PhD, RN, FAAN** (left), is a child health policy expert affiliated with the Harvard School of Public Health. She is a friend and colleague of **Dean Catherine Gilliss, DNSc, RN, FAAN (BSN'71)**, and recently accepted appointments on the School of Nursing's national Board of Advisors and the Duke Medicine Board of Visitors.

GIFT LAUNCHES CLASS CAMPAIGN AND FUNDS PROFESSORSHIP



GILLISS TO PROVIDE

An anonymous member of the Class of 1971 has given \$200,000—\$100,000 to the Mary T. Champagne Professorship endowment fund and \$100,000 to the School of Nursing Building Fund. The Champagne Professorship was established by the School of Nursing Advisory Board in 2004 to honor Champagne's leadership as dean from 1991-2004. The Building Fund gift is a challenge to members of the Class of 1971—of which **Dean Catherine Gilliss, DNSc, RN, FAAN (BSN'71)** is a member—to raise a total of \$200,000 to name the dean's suite in the new building to honor the class. They have until fall of 2006—when the building will be dedicated—to raise the additional funds.



ALUMNA'S GIFT WILL NAME STUDENT CENTER

An alumna from the Class of 1962, **Boydie Casto Girimont, BSN'62**, of Southern Pines, N.C., and her family have given \$60,000 to the School of Nursing's Building Fund. The gift honors her mother, **Emily Lou Tompkins, WC'36**, a 1936 graduate of the Duke Woman's College. The Admissions and Student Services Suite in the new building will be named to honor Tompkins. Girimont, an expert quilter, will donate one of her originals to hang in the new Center.

Boydie Girimont (far left) with sisters, Betsy Altize, and Joanna Dye (far right) and their mother, Emmy Lou Tompkins.



By Nancy M. Short, DrPH, MBA, RN

A large, vertical, semi-transparent image showing two pairs of hands. One pair is in the foreground, holding the other pair. The hands are positioned as if in a supportive or comforting gesture. The image has a soft, slightly blurred quality with a warm, yellowish-green tint.

The Art of the Apology

Have we reached a tipping point?

I had been a practicing registered nurse for only two years when I found myself holding my patient's wife in my arms while we both wept. Mr. Johnson was extending his devastating stroke before our eyes, and in 1978 there was little to do other than provide airway and circulatory support.

Mr. Johnson's poor outcome was not caused by an error. I had not missed a critical piece of information nor did his physician; however, I've often wondered how a similar event would unfold in a setting where displaying sympathy or saying "I'm so sorry" is taken as an admission of fault rather than of compassion.

Although not all poor outcomes are the result of human error, there is an historical and unrealistic expectation of error-free human actions in health care.

According to a health policy brief from The Urban Institute, "Too many patients suffer preventable injuries. Compensation of injuries is very poor as few patients make claims and fewer still collect. Claims resolution is inefficient: too slow and costly, liability fears hamper physician-patient communication and disclosure of injuries, and determinations of negligent medical injury are inherently subjective."

How can the situation be improved for patients and caregivers alike?

From a provider point of view, having been trained in an environment that demands perfection, the shame and blame that often follows disclosure of an error creates an understandable reluctance to be forthcoming. According to Michael

Woods, the author of *Healing Words: The Power of Apology in Medicine*, medical providers usually respond to error in one or combinations of four ways:

1. Provide a sincere apology or full disclosure
2. Provide an insincere, strategic apology to avoid a lawsuit
3. Maintain silence (denial by silence)
4. Conceal a mistake

The current legal environment provides incentives to hide errors. Existing laws hold the specter of liability over the heads of providers. Laws vary from state to state and are applied unevenly. By law in many states any statements of apology or acknowledgment of an adverse event offered by a provider or hospital representative is admissible as evidence of guilt in malpractice pro-

...open communication with patients defuses anger, recognizes grief, reduces the length and cost of litigation...

ceedings. In tandem with these laws are insurance clauses that require providers not to disclose any adverse events under penalty of losing malpractice coverage. These non-cooperation clauses also account for risk management departments' wary attitudes. And there are other, more personal reasons to hide errors—unpleasantness, maintaining the fallacy of perfection, avoiding punishment, feelings of shame and psychological pain, and adopting a paternalistic attitude toward the passivity of the patient (“I know what’s best for them.”)

When things go wrong, patients and their families want an acknowledgment of even minor errors. They want respect for their right to self-determination, to be included in decisions about possible remedies or compensation, to receive appropriate sympathy, open commu-

nication, and to feel confident that no one else will suffer from a similar error. Providing open communication about errors may actually reduce the risk of punitive legal actions. When a patient becomes suspicious that he is being treated with wariness, being avoided, or not getting straight answers, he becomes angry.

“The majority of people who file lawsuits file out of anger, not greed,” says Sorry Works! founder Doug Wojcieszak in the National Review 2005. Sorry Works! is a national campaign to reduce the number of lawsuits stemming from medical errors and to reduce overall costs to hospitals. The campaign is built upon a solid foundation of evidence that open communication with patients defuses anger, recognizes grief, reduces

the length and cost of litigation, and promotes quality improvement.

If hospitals are afraid of going out of business by

providing “ammunition” to patients who might sue them, how can systemic errors be discussed, analyzed, and prevented? If the shame and blame environment promotes secretive behaviors, how can we do what we know is right? In 1986, Massachusetts enacted the first law excluding the “admission by a party opponent” doctrine as evidence of liability. However, the exemption was limited to expressions of compassion and sympathy—statements such as “I’m sorry that I hurt you,” aren’t included.

In 1987 after being slapped with two multi-million dollar lawsuits in the mid-1980s, the Lexington, Ky., Veteran’s Administration Medical Center was the first to institute a policy of full disclosure. The policy included proactive disclosure when patients did not suspect that anything had gone wrong. This

was a unique situation because the VA is protected by its association with the U.S. government, its unusual two-year statute of limitations, and the fact that it is insured by the U.S. Treasury.

From 1987-2003, the center negotiated 170 settlements with patients, went to trial only three times, and incurred an average settlement of \$16,000, as compared to a VA system-wide average of \$98,000.

Since 1999, 17 states have enacted some form of apology law. In 2001, the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) established a standard requiring all health professionals to explain clearly instances of unanticipated outcomes to the patient or family.

In 2003 Colorado passed the first law protecting not only a basic apology, but also a full admission of guilt from being used against a provider. This law excludes from evidence statements made to the patient but not to colleagues.

In June 2005 the Reliable Medical Justice Act was introduced into the U.S. Senate. If passed it will provide federal funding for apology pilot projects like Sorry Works! around the nation.

Have we reached a tipping point? Can the liability of full disclosure be balanced for risk managers and hospital attorneys? The challenge lies in achieving a balance. We need to be able to deal with errors in a non-punitive way. We also need accountability and suitable compensation for patients who are harmed. Truth should be the ultimate goal in any health care practice. ♦

Nancy M. Short, DrPH, MBA, RN, is assistant dean and an assistant professor at the Duke University School of Nursing and a Robert Wood Johnson Foundation Health Policy Fellow.



3 questions

with former Dean
Mary Champagne, PhD, RN, FAAN

What is your life like now— as *Professor Mary Champagne*?

I'm teaching, which I've always enjoyed, and I'm involved in several research projects, including looking at the effectiveness of some of our community-based programs for children and the elderly and investigating new models for translating our research into practice.

I'm also working on some international projects that I hope will really bear fruit in the future. I traveled to Honduras as part of the nursing/medicine team, visited the Rhon Klinkum hospitals in Germany to support our pilot project to educate advanced practice nurses, and worked on the Modi International project in India, which focuses on implementing a clinical trials research management education program.

I'm very committed to a couple of service projects. I'm in my second year as chair of the board of the Center for Child and Family Health, a collaboration between Duke, UNC-Chapel Hill, N.C. Central University and North Carolina Child and Parent Support Services. The center is leading the way in changing how we prevent and treat child abuse and trauma.

I also have the privilege of serving on the board of trustees for Durham Regional Hospital and chairing a new committee on patient safety and quality, and I sit on the Duke University Health System committee on patient safety.

What accomplishments during your tenure make you most proud?

I'm really proud of the way the faculty, staff and I as a team were able to grow the school. When I came to Duke, the School of Nursing really was not seen as an integral part of Duke University. It is now. It is a school that has made its mark, is in good standing, and well recognized.

I love that we brought back the BSN degree to Duke with our new ABSN program. I'm proud that we raised money for the new building, grew the master's programs, and got our research program up and running with our first NIH-funded RO1 Nursing Research Center and P20 Exploratory Research Center Grant. And the doctoral program was in the approval phase when I stepped down. It is clear we had great faculty leaders in these efforts. The school was a vibrant, exciting place to be!

What do you see as key challenges for nursing as a profession?

Year after year, nursing is ranked as the most trusted profession, but we haven't been able to communicate as fully as we should what a wonderful career you can have in nursing—bedside nursing, hospital administration, advanced practice, teaching, or conducting research that improves patient outcomes. Nursing is a career that combines science and caring in the service of others—it is a career that brings meaning to one's life.



Nurses

STRENGTH

COMMITMENT

COMPASSION

Duke University School of Nursing honors all nurses during National Nursing Week, May 6–12.

“From the bedside to the classroom to the halls of research institutions, state legislatures, and Congress, nurses are meeting America’s expanding health care needs.”

—THE AMERICAN NURSES ASSOCIATION

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FOR THE MOMENT:

Duke Hospital's most critically ill infants and children are in the hands of nurses like **Remi Heuckle, FNP, RN**, Pediatric ICU nursing team leader. Heuckle has a partner in **Holly Lieder, MSN'02, RN, GNC'0X**, an assistant clinical professor of nursing who brings advanced training and the most current evidence-based practice to the PICU team. "We have a great environment for ongoing learning—our link to the School of Nursing has been invaluable," says Heuckel.