



Spring/Summer
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Duke Nursing

magazine

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“We believe in higher education and what it can do for people. We established this gift annuity because of all Ann’s education did for her and the patients she served. We are so grateful to be able to help Duke in a way that also helps us.” —*Preston Leake, G’54, PhD’54*



Ann Leake, N’54 and Preston Leake, G’54, PhD’54

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For more information please contact Joseph W. Tynan, JD, director of gift and endowment planning for Duke Medicine, at tynan002@mc.duke.edu or 919-667-2506. Visit us on the Web at development.mc.duke.edu



SAMPLE DUKE ANNUITY RATES

Single Person

AGE	RATE
65	6.0%
70	6.5%
75	7.1%
80	8.0%

Married Person

AGE	RATE
65/65	5.6%
70/70	5.9%
75/75	6.3%
80/80	6.9%

Friends, In December we graduated our fifth cohort of students from the accelerated Bachelor of Science in Nursing (ABSN) degree program. Our school has returned to a fundamental historical role: preparing excellent new nurses to enter our profession. By offering this opportunity to people who have already completed another baccalaureate degree, this program is innovative yet grounded in our school's strongest traditions.



The Helene Fuld Health Trust committed \$6 million, a compelling sum, to this degree program. For our profession, this investment has already produced nearly 250 motivated nurses. More than half of them have gone on to work within the Duke University Health System, and two in 10 have sought a master's degree. Clearly the gift has been transformative.

Having the ABSN program in the same building with our master's program and our new PhD program for more than a year has been wonderful. Our sense of capacity and community has grown, and both formal and informal interactions and collaborations among the faculty are strengthening all of our offerings. The faculty members of our master's program, along with those of the ABSN and doctoral programs, have begun to review the curricula to better articulate program offerings.

Nurses from the Duke University Health System are entering the master's program to support their professional activities, including the development of applications for magnet recognition at Duke Raleigh and Durham Regional hospitals. Our PhD program welcomed a second cohort of students, while its continuing students won funding for their research, presented their findings at national and regional meetings, and submitted manuscripts for publication. As 2007 ended we learned that Duke's Board of Trustees enthusiastically endorsed our proposal to launch a Doctor of Nursing Practice degree program.

Successes such as these are dramatically elevating our stature among schools of nursing. As an alumna and member of our community, I feel great pride.

With the strong support of our friends and alumni, we are able to fulfill our commitment to the profession through these initiatives. In turn, these accomplishments honor our commitment to our alumni by enhancing the long-term value of a Duke University School of Nursing degree. A community collaborates to help each member, and it is important to me that each of you feels a strong sense of connection and belonging in this effort, especially those of you who may have felt disconnected in the past.

Our school's recent ascent in rankings and national visibility is built upon the hard work of everyone in the school's history as well as our current wealth of faculty, staff, and student talent. Each of us owns this success. We are stronger and aspire to even greater accomplishments, which helps us attract ever more gifted faculty, staff, and students as well as additional opportunities to expand and innovate.

Yet we have a great deal of work ahead. We need everyone's determination and commitment. I enthusiastically pledge mine.

May I count on you?

A handwritten signature in green ink that reads "Catherine L. Gilliss".

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

Duke Nursing

magazine

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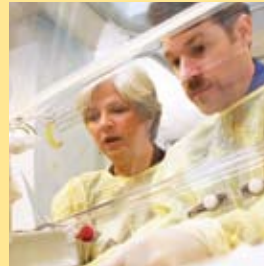
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New Doctor of Nursing Practice Degree Approved

A new Doctor of Nursing Practice (DNP) program was approved in December by the Duke University Board of Trustees.

With an emphasis on putting research and scientific findings into practice to improve health care systems, the three-year program plans to enroll 20 students in fall 2008. By 2013 total enrollment of 65 students is projected.

“The doctor of nursing practice program builds on our expertise, our school’s mission, and the mission of Duke Medicine,” says Barbara Turner, DNSc, RN, FAAN, professor and chair of the DNP program. “We have been inundated with emails from advanced practice nurses who comment that this is exactly the type of program that excites them about furthering their nursing education, with its focus on evidenced-based practice, quality and safety in practice, and health care leadership. We look forward to the arrival of the first class in the fall of 2008.”

Nationally 59 nursing schools have DNP programs, including several of Duke School of Nursing’s top-15 national peers. No nursing school in North Carolina currently offers the DNP degree.

Duke’s DNP program also will address a national need for clinical nurse leaders who will work with people from related professions to move research into clinical practice to promote innovative, high-quality, and safe patient care, says Gilliss.

In addition Duke’s DNP program will help ease the nation’s nursing shortage, which stems in part from a shortage of nursing faculty. DNP graduates are expected to be qualified to fill the gap and prepare the next generation of nurses.

For more information visit nursing.duke.edu.



Duke Nursing Breaks into NIH Top 15

The Duke University School of Nursing received more than \$2.8 million in National Institutes of Health funding for research in 2006, making it 14th in NIH funding among schools of nursing nationally. In 2005 the school ranked 19th.

“This accomplishment speaks well of the dedication and hard work of our faculty and my predecessor Jody Clipp,” says Diane Holditch-Davis, BSN’73, PhD, RN, FAAN, the Marcus Hobbs Distinguished Professor and associate dean for research affairs. “The faculty is continuing their scientific endeavors and I believe they will exceed this rating in the next year or two.”

The data for the ranking was compiled using an NIH Web-based tool that allows schools to determine the dollars awarded to any one organization or department.

U.S. News Rankings Soar

In 2007 the Duke University School of Nursing jumped from 29th to 15th in *U.S. News & World Report’s* rankings of America’s Best Graduate Schools. The last time nursing schools were ranked was 2004.

“The peer recognition that is reflected in this dramatic ascent results from the efforts of many people, including our faculty and staff, our students, our alumni and donors, and all our other supporters,” says Dean Catherine Gilliss, BSN’71, DNSc, RN, FAAN. “In these three short years we have launched the ABSN (accelerated bachelor of science in nursing) program, designed and launched the PhD program, enlarged the master’s program, erected a new building, recruited a new dean, enlarged the faculty by 33 percent, and earned recognition among the top 20 National Institutes of Health grantees in the field of nursing. It is good to have these efforts recognized by our peers.”

Longtime Duke Hospital Nurse Appointed Assistant Dean for Admissions



Syvil Burke, MSN, MBA, RN, has been appointed as the first assistant dean for admissions and student affairs. She has more than two decades of experience at Duke Hospital, including working as a nurse manager in the late 1980s and early '90s. She later served as associate operating officer for the transplant and dialysis service lines. In her new role she will streamline the School of Nursing's admissions and student services operations into a team that serves its changing and growing needs and constituencies. Burke received her bachelor's degree from the University of North Carolina at Chapel Hill, her master's from UNC-Greensboro, and her MBA from the Fuqua School of Business at Duke.



Colombian Physician Joins Office of Global and Community Health Initiatives



Rosa Solorzano, MPH, MD, a physician from Colombia with 17 years of U.S.-based public health experience, has been appointed associate director of the Office of Global and Community Health Initiatives. Most recently Solorzano worked with the non-profit organization TeenSmart International in Atlanta, Georgia, working with adolescents in Nicaragua, Guatemala, and Costa Rica to help promote healthy lifestyles and prevent health-risk behaviors. At Duke she will pursue three priorities: developing all global, international,

and local community initiatives with a focus on the Hispanic population; outlining a cultural competence course for nursing students; and creating research opportunities for Duke nursing students in local and international Hispanic communities. She is currently developing a two-week summer clinical and cultural experience in Nicaragua for ABSN students. Solorzano earned her medical degree in Colombia as a general practitioner and then went on to earn her master's degree in public health at Emory University.

Duke Mourns the Loss of Clipp, Noted Gerontology Researcher



Elizabeth C. "Jody" Clipp, PhD, RN, FAAN, the Bessie Baker Professor of Nursing and a nationally recognized researcher in the field of gerontology, died on August 5, 2007.

Clipp was the associate dean for research affairs and also held the title of professor, Department of Medicine, Division of Geriatrics, at Duke University Medical Center. She also was the associate director for research for the Geriatric Research, Education, and Clinical Center at the

Durham Veterans Affairs Medical Center.

In April Clipp was given the School of Nursing's Distinguished Contributions to Nursing Science Award, recognizing her many accomplishments, including her research related to trajectories of health across the life course, chronic illness and informal caregiving, and the quality of life and care at the end of life.

In May the building that houses nursing research faculty was renamed the Elizabeth C. Clipp Research Building.

Clipp was the principal investigator of the National Institutes of Health, Hartford Foundation, and RAND Corporation-funded Trajectories of Aging and Care (TRAC) Center, the first scientific Center of Excellence at the School of Nursing. She also was instrumental in designing and implementing the new PhD program.

"Dr. Clipp's passing is a tremendous loss, both professionally and personally for Duke, and especially for our school," said Dean Catherine Gilliss, BSN'71, DNSc, RN, FAAN. "Dr. Clipp has made substantial contributions to our understanding of health and aging, and she was a nationally respected researcher and educator. As a leader within our school, she helped build a research enterprise and launch a doctoral program. We will miss her dynamic personality, her enormous talent, and the generosity of her spirit."

Clipp received her bachelor's of nursing degree and master's degree in psychiatric nursing at the University of Maryland, College Park, and went on to receive her doctorate in developmental psychology from Cornell University. She completed a post-doctoral fellowship in aging research at Duke University. She was a member of Sigma Theta Tau and Phi Kappa Phi and was inducted posthumously as a fellow of the American Academy of Nursing (FAAN).

She is survived by her husband, Steven, and her children, Stephen, Elizabeth, and Celeste.

Holditch-Davis Receives First University Professorship

Associate Dean of Research Affairs **Diane Holditch-Davis, BSN'73, PhD, RN, FAAN**, has been appointed the Marcus C. Hobbs Distinguished Professor of Nursing, the first university distinguished professorship at the School of Nursing.

The professorship is named in honor of Hobbs, a former Duke University provost, about whom Holditch-Davis notes that, "it's purely coincidental, but he happened to be provost when I was a freshman at Duke." Holditch-Davis entered the Duke Women's College before receiving her bachelor's degree from the School of Nursing in 1973.



The Hobbs professorship is the first endowed professorship at the School of Nursing to be funded by the university, a sign of the school's rising stature on campus. Holditch-Davis now represents the school at Duke-wide activities for university distinguished professors.

Holditch-Davis became associate dean leading the school's Office of Research Affairs in August, bringing eight years of experience as a scientific reviewer of grant applications for the National Institutes of Health. She is currently investigating the effects of mother-baby skin-to-skin "kangaroo care" versus mother-administered infant massage on maternal parenting practices and the behavioral development of pre-term infants.



Farmer to Speak at Nursing Global Health Lecture Series

Noted Harvard Medical School anthropologist, physician, and humanitarian **Paul Farmer, T'82, MD, PhD**, will be the keynote speaker for the Duke School of Nursing Office of Global and Community Health Initiatives' inaugural lectureship series on global health.

The event is scheduled for Monday, April 21, from 6:30–8:00 p.m. in Duke University's Page Auditorium.

Farmer is the founding director of Partners in Health, an international charity organization that provides health care services, research, and advocacy on behalf of those living in poverty. He is the subject of Pulitzer Prize-winning author Tracy Kidder's book, *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World*.

Farmer is the recipient of the Jimmy and Rosalynn Carter Award for Humanitarian Contributions to the Health of Humankind from the National Foundation for Infectious Diseases and several other national humanitarian awards.

He currently serves as the Maude and Lillian Presley Professor of Medical Anthropology in the Department of Social Medicine at Harvard. He also is an attending physician in infectious diseases and associate chief of the Division of Social Medicine and Health Inequalities at Brigham and Women's Hospital in Boston.

Tickets will be available at the box office on the day of the event on a first-come, first-served basis.

The event is co-sponsored by the Duke University Global Health Institute.

For more information visit nursing.duke.edu.

The Duke Global Health Institute

The Duke Global Health Institute was created in 2006 to address health disparities around the world. It brings knowledge and wisdom from across Duke University to bear on the pressing issues of global health in the 21st century. The institute goes far beyond addressing scourges such as HIV/AIDS and malaria or preparing for the spread of SARS or avian flu to examine the contexts in which these diseases exist—how issues such as poverty, gender, environment, and globalization reinforce existing health disparities, and what can be done in these areas to improve health.

The university-wide institute works with faculty and students from all nine schools at Duke in the areas of research, education, service, and policy. It aims to become a world-recognized authority in global health and to make significant contributions to the prevention and treatment of health problems in our local community and around the world.

For more information visit globalhealth.duke.edu.





Susan T. Miner and
Debbie Jones Mordaunt

Scholarship Gift Honors 1975 Alumna

Some of **Debbie Jones Mordaunt's**, BSN'75, best memories were of her time as a student at the Duke University School of Nursing. She and her roommate, **Susan Thomas Miner**, BSN'75, were like sisters. The two kept in touch over the years, and when Mordaunt died of cancer in 2005, Miner remained close to Mordaunt's parents, Thomas and Myrtle Jones of Stamford, Connecticut.

To honor Debbie's memory, Mr. and Mrs. Jones decided to establish a \$100,000 scholarship in her name at the School of Nursing. Mr. Jones is a retired executive of General Electric, and their gift was matched with \$50,000 from General Electric Corporation and additional matching funds from the Duke University Financial Aid Initiative brought the total endowment to \$300,000.

"We are deeply grateful to Mr. and Mrs. Jones," says Sallie Ellinwood, director of development for the School of Nursing. "Debbie loved the School of Nursing, and this gift is a wonderful way to honor and remember her."

Hase, BSN'82, Supports International Student Travel

Ashley Joyner Hase, BSN'82, and her husband, **Steve**, T'82, are passionate about putting their knowledge, faith, and resources to work to empower the less fortunate of the world. It is something they say was instilled in them during their time at Duke, when Ashley was a nursing student and Steve was a religion and philosophy major.

"Professors challenged me to think through how to put my faith into action in a way that serves the less fortunate with dignity and nobility," Steve says. "Our Duke degrees put us in a position where we can contribute to the global community."

The Hases recently pledged \$50,000 to the School of Nursing's Office of Global and Community Health Initiatives (OGACHI) to provide travel stipends to nursing students who have the option of satisfying a portion of their clinical credits through overseas placements in impoverished communities.

"We want to give back because we have such a fondness for Duke," Ashley says, adding that supporting the school's global health initiative was a natural step after they got involved with the City of Hope, a 300-bed orphanage and school in Tanzania with a 25-bed health center

for children of parents who have died of AIDS. It currently is under construction and will be the only health care facility within a three-hour radius of the village of Ntagacha, Ashley says.

The Hases say they hope nursing students will consider Tanzania when choosing where to do cultural immersion and service-learning.

Dorothy Powell, EdD, RN, FAAN, director of OGACHI, says the Hases' gift "will enable a significant number of students to gain valuable international experience in Africa and other parts of the world. Their commitment to developing countries parallels our own, and I am grateful for their assistance."

In fact Powell and other Duke officials are working to establish a relationship between the School of Nursing and Kilimanjaro Christian Medical Center (KCMC) in Tanzania to offer faculty, students, and residents overseas opportunities. The Duke School of Medicine already has a long-standing relationship with KCMC.

Ashley Hase is a former clinical and family practice nurse who is taking time off to raise the couple's four children. She said she hopes to return to nursing and contribute with hands-on health care in Tanzania.



The Hases live in Greensboro, North Carolina. They have four children—Libby, 17, who will enter Duke this fall; Steven, 14; Peter, 10; and Andrew, 6.

For more information on the School of Nursing's Office of Global and Community Health Initiatives, visit nursing.duke.edu and click on Global and Community Health. For more information on the City of Hope, visit citiesofhope.com.

—Jim Rogalski

1938 Alumna Steps Up for Scholarships

Twirling around the dance floor with a man half her age, **Annie Beery Bieber, N'38**, is a step ahead of most 91-year-olds. Her feet keep time to the Latin rhythms of the tango, mambo, cha-cha, and merengue.

Bieber's smile is wistful as the music recalls another time, when she and her late husband, **Gustave Francis Bieber, MD'43**, used to dress to the nines and go dancing to the big band sounds of Tito Puente and other Latin greats.

Now the arms around Bieber's slender waist are those of her dance instructor and dear friend Tim Saunders. Once a week he brings a boom box to the Greensboro retirement community where Bieber lives, and they spend an hour ballroom dancing. Bieber says it's the highlight of her week, and the exercise helps keep her mind, body, and spirit in shape.

Much has changed—in dancing and nursing—since Bieber took her first steps at Duke toward a life that would take her all over the world. Both her career in nursing and her marriage had their start at Duke, and that's where Bieber has decided to leave a bit of her legacy. She recently gave \$100,000 to establish the Annie Beery and Gustave Francis Bieber Scholarship Fund at the School of Nursing. Her gift will be matched by the Duke Financial Aid Initiative for a total of \$200,000.

"I think all of us, as alumni, feel a connection to today's students, and it's wonderful when alumni are able to give back by supporting scholarships," said Dean Catherine Gilliss, BSN'71, DNSc, RN, FAAN. "While Duke is preparing nurses today for a world of health care that is very different from the environment in which Annie—and even my generation—practiced, the quality of a Duke nursing education remains among the very best."



Annie Beery Bieber, N'38, with her dance instructor, Tim Saunders

Bieber had 35 classmates when she began classes at the School of Nursing, and only 18 of them graduated. She says that her class was instrumental in starting the Duke Student Government Association, partly a reaction to the strict curfews on nursing students, who were the only women on West Campus at the time.

After graduation she had the honor of being chosen as assistant to Miss Dill, the nursing arts instructor. In later years she worked in the Duke Hospital Emergency Room in the mornings and spent afternoons working in the Nose and Throat Clinic. During her last year and a half at Duke, she was a supervisor in the nursing office.

She remembers many legendary figures of Duke Medicine's early days, including deans of nursing Bessie Baker and Margaret Pinkerton, the first nursing faculty member, Ann Henshaw Gardiner, and original Duke medical faculty members Robert "Daddy" Ross, F. Bayard "Nick" Carter, Darryl "Sterile Darryl" Hart, and Fred Hanes.

Gustave Bieber was a third-year medical student when Bieber married him in 1941. After he graduated, they moved to the University of Chicago Clinics for his internship and residency. After Gustave completed two years in the U.S. Army Medical Corps during World War II, the couple moved to Honolulu, Hawaii, for his internship and residency in obstetrics and gynecology. They spent a number of years caring for workers on Hawaii's sugar plantations. Later they settled in New Orleans, Louisiana, where he worked at Charity Hospital and they began raising two sons, **Kenneth, E'70**, and Pete "Steve." They finally settled in Fort Myers, Florida, but traveled all over the world for medical conferences. Bieber collected necklaces from many of the places she visited, and these have become part of her trademark style.

Gustave died in 1988, and Bieber later moved to Greensboro, North Carolina, where her son Pete and his family live. When some bonds she had purchased years earlier matured, she decided to use the money to endow a scholarship at the School of Nursing. "It just seemed like a nice thing to do," she says.



—Marty Fisher

New SON Faculty Appointments

John Brion, PhD, RN, is an assistant clinical professor with more than 19 years of experience in clinical practice, baccalaureate nursing education, and program administration. He served for three years as executive director of the Ohio Board of Nursing and during that time was elected to serve on the board of directors of the National Council of State Boards of Nursing Education. At Duke he serves as an instructor with the ABSN program. Brion received an undergraduate degree in history from Clarion University of Pennsylvania before earning a BSN, two BAs—in psychology and sociology—and an MS in adult health and PhD in nursing at Ohio State University.

Camille Lambe, PhD, RN, AOCN, NP, is an assistant clinical professor who also works half-time at Hospice of Wake County. She feels the clinical experience she gains working with terminally ill patients and their families is invaluable to her work as a nursing educator. At Hospice her focus is tailoring palliative care to maximize each patient's desired quality of life. At Duke she teaches the oncology nurse practitioner residency and online initial nurse practitioner acute chronic illness courses. Lambe received her PhD, her nurse practitioner master's degree, and her advanced oncology nursing certificate (AOCN) from the University of North Carolina at Chapel Hill and her bachelor's degree from Winston Salem State University. She has been a practicing nurse for the last 30 years.



John Brion, PhD, RN



Camille Lambe, PhD,
RN, AOCN, NP



Deirdre Thornlow,
PhD, RN



Charles Vacchiano,
PhD, CRNA

Deirdre Thornlow, PhD, RN, is an assistant professor of nursing whose research focuses on acute care quality and patient safety. She currently teaches a Duke master's-level course on the management of complex health organizations. She has served as a captain in the United States Army and as assistant vice president of quality management at Carolinas Healthcare System in Charlotte, North Carolina. She also has held positions with the American Association of Colleges of Nursing, the George Washington University Hospital, the University of California, Los Angeles (UCLA) Medical Center, and the National Health Service of London, England. Thornlow earned her PhD from the University of Virginia in 2007, and she holds a bachelor's degree in nursing from Penn State and a master's degree in cardiopulmonary nursing from UCLA.

Charles Vacchiano, PhD, CRNA, has been appointed to the faculty. Previously Vacchiano served in the United States Navy for 26 years, retiring as a captain. There he did research on hypoxia and hyperoxia at the Naval Aerospace Research Laboratory. He earned a bachelor's degree from Wright State University and a second bachelor's degree from George Washington University in order to become a certified registered nurse anesthetist (CRNA). He received his PhD in physiology from the University of South Carolina in 1995. His interests include anesthesia and applications of hypoxia research to diagnostic cardiology.

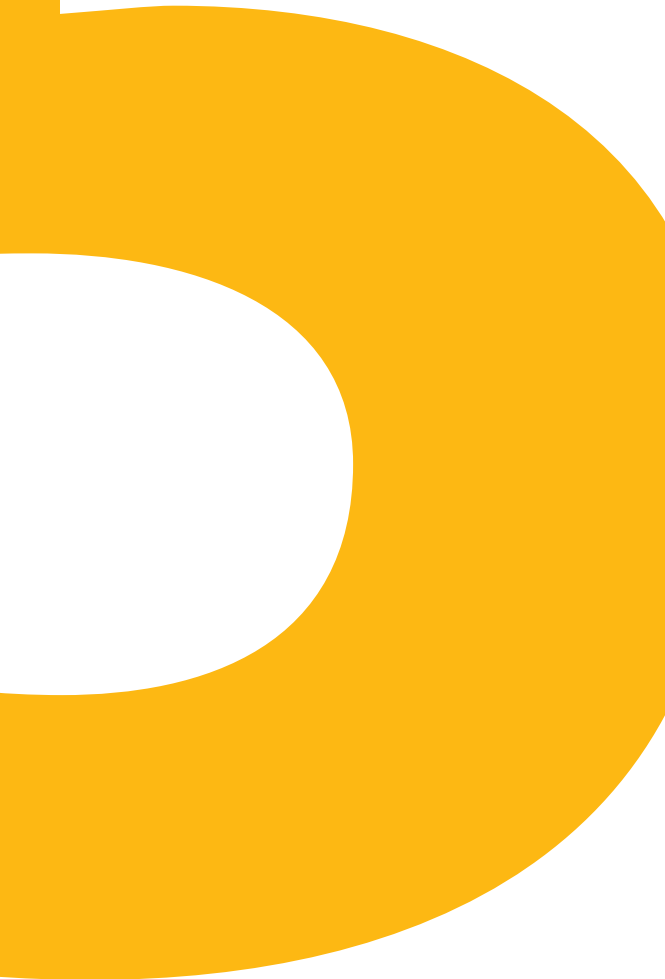
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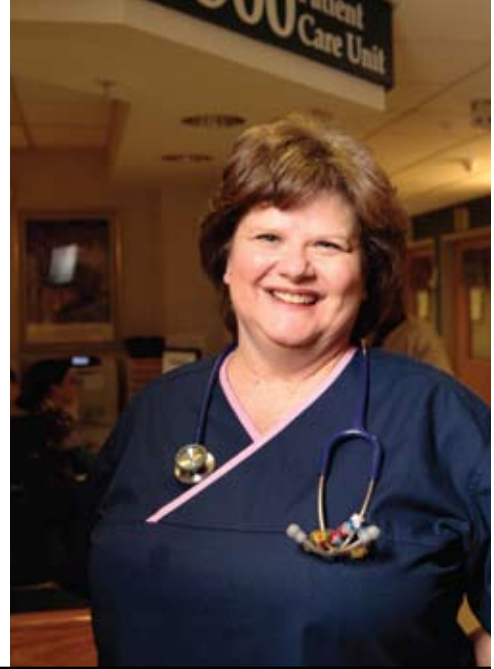
Program Turns

Program Draws Young Professionals into Satisfying Nursing Careers

BY MARTY FISHER

5





Pamela Watson, ABSN'08

Clinical Nurse I, 9300 Oncology Unit, Duke Hospital

Left a 30-year career in information technology services management to pursue her Duke ABSN

“One day during my preceptorship in the oncology unit at Duke Hospital, I was working with a nurse who had five patients. During the course of that day there were medical emergencies with four out of the five patients. The nurses all came together as a team, and they made me part of that team, and I was able to help. I realized how much I had learned and was surprised by how much I knew. It was a great confidence booster.”

By many measures life after college was a success for **Jo Ellen Holt, ABSN'08.**

Shortly after her graduation from the University of Arkansas with a BS in chemical engineering, she landed a job as a process engineer with Eastman Chemical Company.

After a year of supervising the manufacture of pharmaceuticals, pesticides, and cleaning products, she landed a job with AeroJet, a contractor to the U.S. military. She spent the next three years overseeing the production of rocket motors for missiles—Patriots, Sidewinders, Javelins, and the like. The money was good, and she enjoyed knowing her contribution was making the work process more efficient and safer for employees and the environment. But Holt was not happy.

“It was difficult to sleep at night knowing that you were working to destroy the world, basically,” she says. “The work was challenging and fun, but I did not like who I was as a person.”

Holt left her engineering job and in

December she graduated from Duke’s accelerated Bachelor of Science in Nursing (ABSN) degree program. She now works as a clinical nurse in Duke Hospital’s adult surgical step-down unit. She is actively seeking ways to incorporate engineering principles into work processes in health care, and she hopes to help develop a dual degree program in nursing and engineering at Duke.

Holt is just the kind of person former dean **Mary T. Champagne, N’07 (Hon.), PhD, RN, FAAN**, and her faculty team had in mind eight years ago, when they began designing the ABSN curriculum: smart, educated men and women in search of a more meaningful career. The goal? To develop nursing leaders—change agents who could make a difference in health care and in people’s lives.

A Fast Track to Better Nurses

Then as now, hospitals and health systems across the country faced an alarming shortage of baccalaureate-prepared registered nurses—college

Jo Ellen Holt, ABSN'08

Clinical Nurse I, Adult Surgical Step-Down Unit, Duke Hospital

Four years’ work experience as a chemical process engineer

BS, Chemical Engineering, University of Arkansas

“In industry, I was involved in Six Sigma training, which is continuous quality improvement...I think it’s time to bring that model into health care and show that it works in academia, and let it filter out into the real world. Nurses are engineers. We have to problem solve and trouble-shoot at the bedside every day...I want to use the formal discipline of engineering to help the young science of nursing progress.”

graduates with higher-level skills in critical thinking, communication, care management, and clinical leadership. A growing elder population and advances in medicine and technology to treat cancer, heart disease, congenital diseases, premature infants, and the elderly had significantly advanced the skill set needed to care for hospital and long-term care patients. At the same time, nursing faculty were beginning to age out of the profession, and enrollment in traditional four-year baccalaureate nursing programs was declining sharply.

A few dozen peer schools had started ABSN programs as a fast track to nursing for college graduates. Duke University, which had dropped its four-year baccalaureate nursing program in 1982, sought to create a better baccalaureate model, one that would focus on the fundamentals of nursing but also offer 15 master's-level credits and expose students to more hours of hands-on clinical experience in the acute care setting. Duke currently

offers more than 800 hours of clinical experience, culminating in a seven-week clinical preceptorship in an inpatient hospital unit. With collaboration from Duke University Health System's nursing leadership, the School of Nursing sought to produce new nurses who would be fully prepared to fill badly needed positions in Duke University Hospital as well as in community hospitals and health care facilities across the country.

Champagne and team applied for and received a coveted \$6-million grant from the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services. They also worked closely with the North Carolina Board of Nursing and the Commission on Collegiate Nursing Education (CCNE) to ensure the program met all requirements for the baccalaureate degree. As the end of 2001 approached, things were looking very positive for a successful accreditation visit in the spring of 2003.

A Transforming Gift

The progress was very encouraging, but one key element was missing: a philanthropic partner. Without significant private investment, the school would be extremely hard pressed to hire faculty, provide student scholarships, and secure and equip classrooms and laboratory space.

That hurdle was cleared in a big way in January 2002 when the Helene Fuld Health Trust, created by Leonard Felix Fuld, cemented a partnership with the School of Nursing with a \$6-million gift for the new ABSN program. On the same day the Fuld gift was announced, the Duke University Board of Trustees announced its approval of the ABSN degree program.

The Helene Fuld Health Trust, based in New York, is the nation's largest private foundation dedicated exclusively to nursing students and nursing education. The gift was the largest in the school's 72-year history and, according to **Dean Catherine Gilliss, BSN'71, DNSc, RN, FAAN**, it heralded a change in the school's fortunes that is still playing out today.

ABSN



Patrick Olson, ABSN'04

Clinical Nurse II, Medical Intensive Care Unit (MICU), Duke Hospital

BS, West Point, United States Army, 1992–1998

Started a MICU Intranet initiative at Duke for RN resources

"I chose Duke's ABSN program because of the shortened timeline to getting my BSN—16 months versus 24. The biggest advantage was the opportunity to do my final semester clinical rotation in the unit where I wanted to work after graduation, the MICU. This let me get a good feel for the unit, the daily workload, and the 'life' of an ICU nurse as a student without the pressures of stepping into the ICU as a brand new nurse."



John Brion, PhD, RN, center, and students are ready for a day of clinic at the Butner facility. From left, the students are: Clark Schmutz, Kim Alexander, Darcy King, John Brion, Ashley Shurley, Jennifer Smith, and Stephanie Reese. Not pictured are Kelly Cato and Burke Dickens.

Federal Prison Clinical Experience Is a First for Duke

Second semester ABSN student Kim Alexander had some great clinical placement choices for her 15-week adult health course: an assortment of inpatient units at Duke, Durham Regional, Rex, Alamance Regional, or UNC hospitals. But something more unusual caught her eye.

For the first time, Assistant Clinical Professor John Brion, PhD, RN, was taking a group of eight ABSN students to the Federal Medical Center in Butner, North Carolina, a 700-bed hospital for the federal prison system, one of only six such facilities in the country.

"I chose the prison site because I thought it would be an interesting placement in terms of continuity of care, and it would give me the opportunity to do more direct patient care and procedures," says Alexander. She had noticed, during the six days of her first-semester clinical experience in Duke Hospital, that special IV and ostomy teams were called in for procedures. "At the prison it's just the nurses on the floor and us—we get to do whatever they do, as long as it's in the scope of our education," she says.

In addition to getting lots of hands on experience, Alexander, who was director of an Outward Bound program for teens with cancer before she decided to pursue her ABSN, appreciated the one-on-one time with patients. Brion and the students spend from 6:45 a.m. until 3:00 p.m. at the center every Monday and Tuesday.

During her second week at the center Alexander was assigned to a patient with end-stage cancer. "Because he was in prison and

separated from his family, he really needed somebody to listen as he processed what was going on for him," she says. The man had applied for compassionate release but was not expected to survive the long application process.

"Just being there for him and talking with him reaffirmed my career choice," she says. "It's one of the reasons I went into nursing—to be there for people."

According to Brion, a clinical placement at a prison facility is very unusual for a nursing school. But, as inpatient learning experiences become increasingly scarce, he's thrilled to find it. The 30-bed unit where his students are assigned provides them with "a wide variety of practice skills and pathology, including HIV, hepatitis C, tuberculosis, MRSA, orthopedics and amputations, burns, ventilator care, abdominal surgery, and dialysis. It's much more than your run-of-the-mill clinical experience," he says. He adds that the administration, staff, and even the inmates have treated him and the students well. "We all feel extremely welcomed in this setting," he says.

Prison Warden Al Beeler is eager to continue the relationship with Duke.

"We love having the students here, and hopefully somebody will want to join our team," he says. "We're always appreciative of being able to develop relationships with academic institutions—it helps our staff keep our energies and education up-to-date."



Simulation Fosters Team Building, Communications

Beginning in June, students in the accelerated Bachelor of Science in Nursing (ABSN) degree program will be able to computer-click their way through a three-dimensional (3D) virtual combat support hospital, treat a virtual trauma patient, and hone their team-building skills thanks to a high-tech computer game developed by the United States military and the Duke Human Simulation and Patient Safety Center (HSPSC).

An instructor will assess their behavior in the virtual world and give very real feedback afterwards.

The 3DiTeams software gaming program is among the most cutting-edge 3D computer software available for training medical personnel in team building and leadership. It is geared toward today's savvy generation of computer gamers and provides a cost-effective way to enhance skills.

"This is much more engaging than sitting in a lecture hall," says Jeffrey Taekman, MD, director of the HSPSC, who along with his team secured funding and helped develop the software. "The literature says that watching a lecture does not change behavior."

In the game students are assigned roles including senior and junior nurse, physician, and more. They create avatars—virtual characters within the computer game—which they move throughout the virtual combat hospital room. Students

communicate with each other through headsets as they assess and treat the patient.

A dialogue box gives a description of the incoming virtual patient, whose vital signs are visible on a monitor within the game. A faculty observer documents how the students perform during pre-briefing, treatment, and de-briefing. Behaviors being stressed include situational awareness, structured communication, and assertiveness, among others.

Students can computer-click on a patient's wound and get a list of options for treatment. During the session the instructor can create conflicts, such as directing the student physician to perform a procedure on the wrong side of the body, to see how the team will react.

Nancy M. Short, BSN'76, MBA'91, DrPH, RN, the chair of Duke's ABSN program, has secured a grant to purchase computers, reimburse the HSPSC for 3DiTeams training, and allow ABSN students access to the cutting-edge training software. The computers will be located in the Center for Nursing Discovery at the School of Nursing. She says this virtual training is important to get nurses ready for the workforce.

"It is increasingly difficult to train entry-level health care professionals in (real) tertiary settings," she says. "They need exposure to situations prior to entering a patient care environment, and



gaming simulations allow for team interactions, rehearsal, learning new concepts, and dealing with errors.”

The list of student behaviors to be accomplished is based on the curriculum of the Agency for Healthcare Research and Quality (AHRQ) called TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety). Duke is one of only four TeamSTEPPS centers of excellence in the country and is a training site for the TeamSTEPPS curriculum.

“Teamwork and communication are huge issues nationally,” Taekman says. “I’m a big advocate for interactive types of learning because when you do get to the patient’s bedside, you can maximize the time by having the best understanding possible.”

The HSPSC program is funded by the United States Army Telemedicine and Advanced Technology Research Center and at the School of Nursing by a Health and Human Services Resources Administration (HRSA) nurse education grant. 3DiTeams was created by Duke and the software company Virtual Heroes on behalf of the United States military. Virtual Heroes is run by Duke graduate **Jeremiah “Jerry” Heneghan, B’02**. The AHRQ is funding a Duke study to compare the 3DiTeams video game program to other forms of team training in regard to cost, outcomes, and attitudes.

Other members of Taekman’s team include Melanie Wright, PhD; Noa Segall, PhD; and Gene Hobbs, CHT.

—Jim Rogalski

“For me the pediatric course offered through the program was wonderful. The faculty who specialize in pediatrics helped me decide that neonatal pediatrics was the right track for me. I had wonderful clinical experiences—I actually got to do clinical in the Duke Intensive Care Nursery. We got hands-on patient care experience, which was more intensely involved than what I believe other universities would facilitate. The instructors were very influential. They had a lot of examples to bring to the classes...It made learning a whole lot easier.”

Chris Woods, ABSN’06

Student in Duke’s MSN-Neonatal Nurse Practitioner (NNP) Program
Full-Time Staff Nurse, Intensive Care Nursery (ICN),
Duke Hospital
BS, Liberal Studies, Excelsior College
Former U.S. Navy SEAL



ABSN

Schoenholz, BSN'73, Supports ABSN Financial Aid

When **Susan Hadam Schoenholz, BSN'73**, and her husband, **David, T'73**, decided recently to become \$1-million donors to Duke University's Financial Aid Initiative, Susan showed her support for the School of Nursing by designating \$250,000 of the gift for students in the accelerated Bachelor of Science in Nursing (ABSN) degree program.



"I know how valuable the baccalaureate education I received was and the opportunities it created for me," says Schoenholz. "Even though this program is very different from the program that I was a part of, I believe its graduates will be equipped with the problem solving and critical thinking skills they will need to succeed in a complex and changing field of nursing."

The Schoenholz gift will be matched by the Duke University Financial Aid Initiative for a total of \$500,000 for ABSN student scholarships.

"We are very grateful to Susan and David for their support for both nursing and arts and sciences education at Duke," says Duke University President Richard H. Brodhead. "The ABSN program has been a great success, and its graduates are filling an important need at Duke and nationally. It's wonderful to have the support of nursing alumni."

Schoenholz had a 20-year career in nursing, including work as a clinical specialist in education at Harvard University's Joslin Diabetes Center and as a clinical specialist in diabetes and pregnancy at Northwestern University. She later received a master's degree and worked as director of nursing at a home health agency before retiring.

ABSN

Katherine Hornack, ABSN'07

Clinical Nurse II, Intensive Care Unit, Duke Hospital
 BS, Psychology, German, Philosophy, Marquette University
 Worked as a therapist for suicidal and aggressive adolescents

"One of the great things about the ABSN program is that we have a little bit more experience and we know what we want to do in the world. I knew I wanted to work in critical care. The reason I chose nursing versus going back for my MD was that I found that even as a bachelor's-level psychotherapist, I knew what was happening with my patients almost better than the doctor. I liked the actual interaction with the patient and family. In nursing I can continue that and have the opportunity of growth into a master's or nurse practitioner role. One of the very big positives about Duke is that you feel like you're part of the community. I felt like I had a networking system here. I had done a preceptorship in the ICU, and I knew I could get a job in the ICU."



“A lot of very hard work went into designing a new curriculum that would put Duke back in the business of educating baccalaureate nurses,” says Gilliss. “The public endorsement we received from HRSA helped us gain the confidence of the Fuld Trust. This gift has done nothing less than transform our school, making possible new facilities, educational technology, and endowed support for our faculty.”

The Fuld gift funded student scholarships, a portion of the recently completed 59,000-square-foot building, an endowed professorship, support for visiting faculty, and a 10-bed simulation lab, the Center for Nursing Discovery.

The school received its preliminary four-year accreditation from the CCNE in Fall 2003 and recently completed a successful on-site review, with no recommendations, for the full 10-year accreditation.

Filling a Need

Duke ABSN students begin the 16-month program of study in August and finish in December of the following year. They are pinned at a special ceremony in December and celebrate graduation with the rest of Duke University in May.

Enrollment has increased each year of the program’s existence, from 38 students who graduated in 2004 to 65 in the class that will graduate in May 2009. HRSA awarded a second grant to the school in 2007 to support another planned expansion to as many as 84 students.

Duke’s ABSN program attracts a diverse group of college graduates, including roughly 6 percent men and about 9 percent minorities. They range in age from 21 to 57. About 60 percent come from North Carolina, and the

remaining 40 percent come from states in all regions of the country. They have a mean grade point average of about 3.3, and the number of students who graduate is consistently higher than 95 percent.

Enlightened self interest has encouraged a strong partnership between Duke University Hospital and the School of Nursing. The hospital offers a Nursing Education Reimbursement Program in exchange for working in Duke University Health System facilities, and most students take advantage of the program.

The school and hospital also collaborate extensively to provide clinical placements in nearly every area of Duke Hospital and many facilities in or affiliated with the Duke University Health System. One of the most popular aspects of the program, the seven-week preceptorship, gives the

Students Get Firsthand Elder Care Experience

Duke University’s accelerated Bachelor of Science in Nursing program is one of only a few nationally to have an award-winning stand-alone course in geriatric nursing care.

In 2004 the program was awarded “Best Stand-Alone Geriatric Nursing Course in Baccalaureate Nursing” by the American Association of Colleges of Nursing and the John Hartford Foundation Institute for Geriatric Nursing.

According to Donald “Chip” Bailey, Jr., PhD, RN, course director, the exposure to elder care is important because more than 60 percent of the patients these future nurses will encounter at Duke and other hospitals will be elderly.

The course format was developed using a series of evidence-based protocols or care strategies for common health problems faced by the elderly in long-term care settings. The protocols have been tested and proven effective for the majority of elderly patients. Students work in pairs over a seven-week rotation to implement and evaluate the protocols based on interactions with patients, staff, and faculty.

This year the students also completed service projects in each of the four long-term care facilities they worked in. These included conducting skin tests for tuberculosis,

creating an emergency evacuation plan, and designing large format calendars for patient rooms. Students also visited well elders in an independent living facility and shared information about healthy lifestyles, nutrition, medication management, and home safety.



Students in the Geriatric Nursing Program designed large format calendars to help elderly residents with time orientation. From left, first row, are students Andrea Lingle, Elizabeth Faulkner, and Rachel Klien; standing are Courtney Collins, Kelly Anderson, Laura Bax, Clinical Instructor Vickey Keathly, and student Amy Runk.

Gena Bittner Burnett, ABSN'06

Student in Duke's MSN-Certified Registered Nurse Anesthetist (CRNA) Program
 Worked as a clinical nurse in Duke Hospital's Medical Intensive Care Unit (MICU)
 BA, Chemistry, UNC-Chapel Hill
 Founding President, Duke Student Nurse Association

"Duke's program is unique in that it provides 15 hours of graduate-degree credit in addition to the required BSN curriculum. Knowing that I was planning to continue my education at the master's level, this was an important feature. The vigilance and critical thinking skills I learned in the ABSN program—through patient simulation and clinical rotations—were enhanced when I worked in Duke's MICU. Now as a new CRNA student, I am quickly learning that vigilance and critical thinking skills are essential for anesthesia practice."



ABSN

students experience tailored to the work they will be doing—nearly 40 percent accept employment on the unit where they completed their preceptorship. Others have taken positions at Triangle-area hospitals or tertiary hospitals in other states, including Johns Hopkins, the Mayo Clinic, Emory University, the University of Pennsylvania, the University of Chicago, and the University of California-San Francisco.

Best Practices

Judith Hays, PhD, RN, who served as chair of the ABSN program from 2004 until April 2007, credits faculty support for teaching as well as relationships across Duke University, the health system, and the community with the program's success.

"Our faculty has been very generous in giving time and one-on-one attention to our students," she says. "Our nursing faculty members are established researchers and clinical experts with

collaborations in global health, geriatrics, public policy, community health, and divinity—to name just a few. This deepens and enriches the learning experience for our students."

Hays, who was succeeded as chair by **Nancy M. Short, BSN'76, MBA'91, DrPH, RN**, says the time is ripe for a national effort to research best practices in accelerated baccalaureate nursing education.

"It has been about two decades since the accelerated model emerged, and a number of different models have evolved," she says. "As the shortage of nursing faculty and clinical training sites deepens, it's time to look at the most effective and efficient ways of educating baccalaureate nurses."

In March 2007 Hays and her Duke nursing colleagues hosted more than 100 participants from schools of nursing across the country. Twenty schools, including Duke, formed a consortium to develop a research agenda for evaluating

best practices in second-degree nursing education. The results will be published in nursing professional journals over the next several years.

"For me, it was Duke or nothing."

Like many of her classmates, Jo Ellen Holt says she was drawn to the aura of Duke University, with its gothic campus, championship athletic teams, and top-ranked academic medical center.

"For me it was Duke or nothing," says Holt. "I had dreamed about Duke as a young person. I always thought I might come here someday."

Holt arrived in Durham a few days before the start of classes. Eager to explore the campus, she quickly got turned around.

"I thought I was lost and in a forest," she says. "And then I happened upon Chapel Drive and drove up to Duke Chapel. That was an amazing experience. I think this will be a hard place to leave." ♦

Spelling Out Nursing's Alphabet Soup

By confessing on a television commercial that she's guilty of copious IM-ing ("Instant messaging") with her BFF ("Best Friend Forever") Rose, a little old lady, has proven that IM-speak is no longer the sole domain of SNERTs ("Snot-Nosed Egotistical Rude Teenagers.")

CMIW ("Correct Me if I'm Wrong"), but it's now NBD ("No Big Deal") for millions of people of all ages to use an alphabet soup of abbreviations to describe everything from KPC ("Keeping Parents Clueless") to NALOPKT ("Not A Lot Of People Know That") (which, until now, could probably have been said about KPC).

BTW ("By The Way"), all of these acronyms are established in mainstream IM-ing. Don't believe it? DYOR ("Do Your Own Research").

If you're a n00b ("Newbie") to nursing, you might be struggling to understand what all of the letters stand for at the end of your professors' names. Maybe you have a new boss and don't quite know what to make of the half dozen acronyms tagged onto his or her name. Perhaps you DKDC ("Don't Know, Don't Care"), but if you do, this article will help set you STR8 ("Straight").

Our own faculty member Eleanor S. McConnell, BSN'76, MSN'78, RN, PhD, GCNS-BC as you can see, has no fewer than five alphabetical arrangements after her name. Here's the 411 ("Information") on what they mean:

- BSN'76 means she earned a Bachelor of Science degree in nursing from Duke University in 1976.
- MSN'78 stands for the Master of Science in Nursing degree she received at Duke in 1978.
- RN, of course, means she's a registered nurse. (If you didn't know that you might want to consider a new career.)
- GCNS-BC indicates she a Geriatric Clinical Nurse Specialist, Board-Certified.

Knowing what order the acronyms should follow is equally challenging. Suffice it so say that the alpha-hierarchy flows from academic, to licensure or state designation, to board certification, to awards.

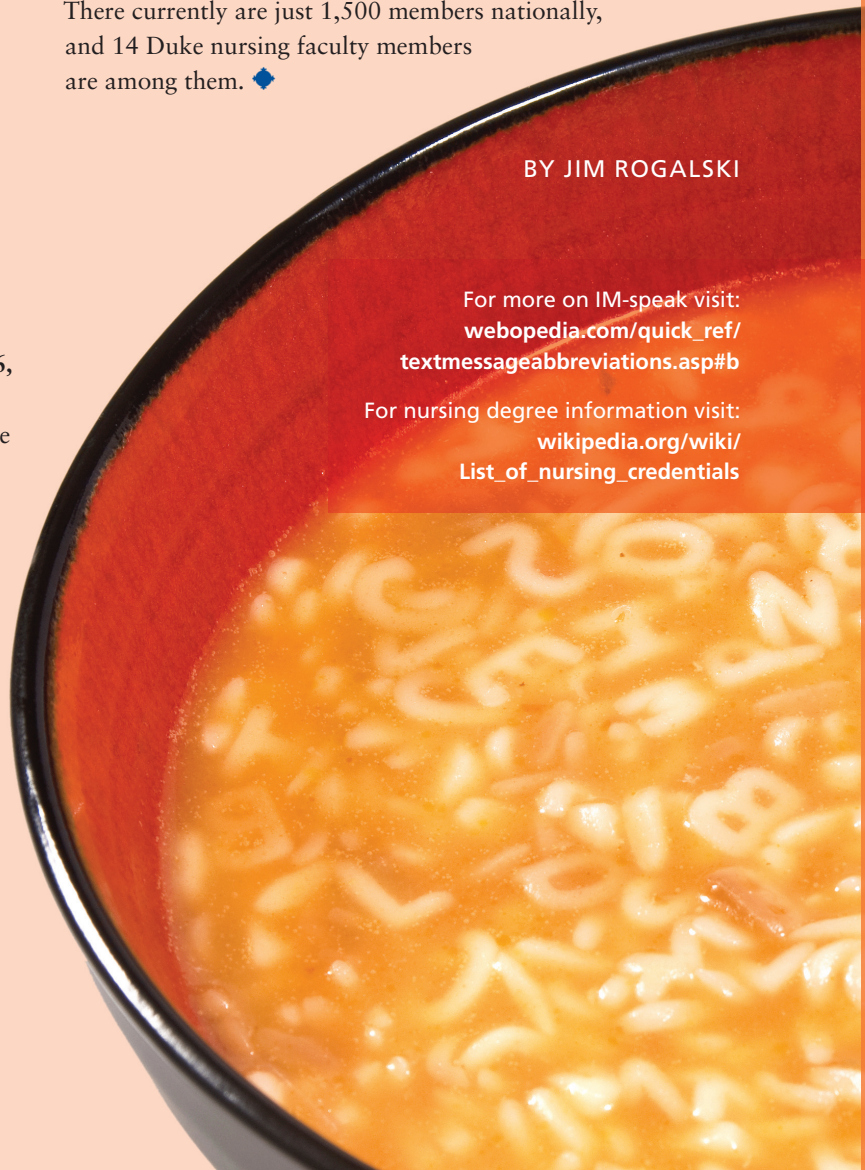
In the category of not-so-easily-recognized abbreviations of nursing degree and certificate programs offered at Duke come DNSc (Doctorate of Nursing Science degree), GNIE (Geriatric Nursing Innovations in Education), PACNP (Pediatric Acute Chronic Care Nurse Practitioner), ACNP (Acute Care Nurse Practitioner), CCNS (Critical Care Nurse Specialist), CRM (Clinical Research Manager), CRNA (Certified Registered Nurse Anesthetist), and the recently approved DNP (Doctor of Nursing Practice).

Other noteworthy lettered litanies in the field of nursing include FAAN which means the person is a Fellow of the American Academy of Nursing, to which nurses are invited based on their leadership and professional accomplishments. There currently are just 1,500 members nationally, and 14 Duke nursing faculty members are among them. ◆

BY JIM ROGALSKI

For more on IM-speak visit:
webopedia.com/quick_ref/textmessageabbreviations.asp#b

For nursing degree information visit:
wikipedia.org/wiki/List_of_nursing_credentials





Harriet Cook Carter Lecture— Integrating Classroom and Clinical Learning

BY BERNADETTE GILLIS

Sometimes the best way to improve education is to listen to those most affected—students. That’s exactly what **Patricia E. Benner, PhD, RN, FAAN**, did recently as director of a national nursing education study sponsored by the Carnegie Foundation. She shared a few of the study’s highlights for a crowd of 300 at the School of Nursing’s annual Harriet Cook Carter lecture in January.

During the three-year study, which consisted of surveys and visits to nine schools of nursing, Benner and her research team found that even though most students are enthusiastic and passionate about nursing, educators still need to find better ways to mesh clinical with classroom learning. Benner says many methods used in the classroom, such as playing games or teaching to standardized tests, aren’t effective or engaging enough.

“We found classroom teaching to be weaker than clinical teaching,” she

says. “We really have to beef up the classroom teaching.”

Using feedback from a survey of 1,648 members of the National Student Nurses’ Association, Benner and her team identified three dimensions, or apprenticeships, that educators should use when teaching future nurses: cognitive, practice, and ethical standards.

The cognitive apprenticeship includes basic intellectual training that typically occurs in the classroom. The practice apprenticeship involves learning that goes on in clinical practice settings.

Benner says students often view ethical standards as abstract principles but don’t always realize ethics lessons can occur any time in day-to-day practice.

The key is to find a way to incorporate all three apprenticeships into both classroom and clinical settings. Benner says while most educators and administrators do include them separately in their curriculums, there is very little integration.

For example in the survey one student expressed concern that too much emphasis is placed on technical skills. The student wrote: “Bedside manner, social interaction, calming difficult patients, dealing with intense emotion, and communication with patients with whom you do not share a common language are all much harder than learning to start an IV, yet the emphasis on skills over theory and thought pretends otherwise.”



Duke nursing alumni and students, faculty, and administrators from nursing schools across North Carolina attended the Harriet Cook Carter Lecture at Duke.

Benner says after visiting the nine schools of nursing, she and her team were not able to find a school that effectively incorporated all three apprenticeships. However, she recognized that Duke’s School of Nursing—which was not included in the study—has made significant efforts to do so.

Judith Hays, immediate past chair of Duke’s accelerated Bachelor of Science in Nursing (ABSN) degree program, says expert faculty are key to effectively integrating the cognitive, practice, and ethical dimensions into nursing education.

“Full-rank faculty and experienced clinical instructors are consistently present with small groups of our students in patient care units and in clinical simulation labs,” she says. “They are able to interpret classroom concepts and highlight relevant ethical dilemmas

in service of the best caregiving practice. From the beginning our goal for the eight clinic-based courses of the ABSN program has been to protect time and space for this most critical developmental trajectory.”

For schools that are not effectively integrating the three apprenticeships, Benner suggests including more discussions about clinical experiences and ethical issues in the classroom. She also recommends that educators keep the students’ classroom learning goals in mind when coaching students in clinical settings. And whether teaching in the classroom or in the clinic, teachers should ask their students, as well as themselves, reflective questions.

Overall, Benner says it’s important for educators to get students to see the world through the patient’s eyes. “That’s the goal of good nursing education.” ♦

Currently a professor and the Thelma Shobe Chair in Ethics and Spirituality in the Department of Social and Behavioral Sciences at the University of California, San Francisco, School of Nursing, Benner has written a number of books that have formed the basis for curriculum design at many colleges and universities, Duke included. Four of her works, including From Novice to Expert: Excellence and Power in Clinical Nursing Practice (1984), have won the American Journal of Nursing Book of the Year award. She was elected an honorary fellow of the Royal College of Nursing in the United Kingdom in 1994 and is a fellow in the American Academy of Nursing.



Cycled Light Research

Changes Standard of *Care for Premies*

BY BRYAN GILMER

In the mid-1990s **Debbie Brandon, PhD, RN**, was working in the neonatal intensive care unit (NICU) at Duke University Hospital, where the tiniest and sickest premature babies spent 24 hours a day under bright interior lights.

“If you are there 24-7, and you see the environment, you know it is not normal,” she says. “I thought, we have improved the technology for keeping these babies alive, but we have not done as much to improve their long-term developmental outcomes. I was interested in what I as a nurse could best do to impact it.”

Brandon had begun her PhD work at the School of Nursing in the fall of 1994. For her dissertation she decided to work to find interventions that would benefit preemies’ development. When she reviewed the academic literature, she found it both scant and not terribly compelling.

“I pulled light out as a potential intervention,” she said, noting that some other NICUs were keeping neonates in near darkness 24 hours a day in an attempt to mimic the intrauterine environment or in the belief that bright light would harm their eyes.

“When I was looking at all the kinds of potential stimuli, light was the one I thought had the potential to be the most significant influence,” she says.

She wondered whether light in the nursery might actually help visual development, and soon she began to suspect that alternating light and dark could help the babies regulate their circadian rhythms after birth.

Brandon was onto something. More than a decade later, she is now an associate professor in both the School of Nursing and in pediatrics at Duke University Medical Center. And she is completing her second longitudinal study on lighting schemes in NICUs. Her work and that of peers around the country has influenced the way hospitals care for newborns.

Weight Gain, Regular Sleep Patterns Are Possible Benefits

Brandon has studied a simple routine called “cycled light”: For 11 hours during the day shift, the lights stay on. For 11 hours during the night shift, nurses keep them off. For the hour during shift change, anything goes—and that was a pragmatic decision straight out of Brandon’s clinical nursing experience.

“I did that because it is practical,” she says. “Because if it is not practical, it won’t get implemented.”

Her first study, published in 2002 in *The Journal of Pediatrics* with **Diane Holditch-Davis, BSN’73, PhD, RN, FAAN**, and another colleague, found that infants born at or before 28 weeks postconceptional age who received cycled light at birth or at 32 weeks gained weight faster than infants not receiving it until 36 weeks. It also found no short-term advantages of near darkness.

Brandon’s new study compares giving cycled light for babies born at or before 28 weeks postconceptional age as soon as they reach 28 weeks versus keeping them in continuous near darkness until 36 weeks of age.

“Another difference in the study is that we are looking not only at short-term outcomes but those until 24 months corrected age after discharge from the hospital,” she says, adding that her hypothesis was that “kids who got the cycled light earlier would have better growth, be discharged from the hospital sooner, and have better sleep-wake patterns.”

She has followed 121 infants born between 2003 and 2007, all of whom have been discharged from the hospital, though 43 still have not turned two. She plans to publish the results of that study as soon as the data are in and analyzed.

It might seem counterintuitive that 11 hours of light could benefit a baby that had become used to the darkness of the womb. But Brandon points out that the baby’s body changes profoundly with birth.

“The pre-term infant is neither a fetus, nor is it a full-term baby,” she notes. “Its organ systems are now functioning quite differently, and quite different developmental demands are being placed on the body. Besides, you can’t mimic the uterine environment.”

Though the second study isn’t yet complete, Brandon’s work has made a difference. Already at Duke Hospital as well as at many other hospitals around the country, premature infants receive a regimen of cycled light. ♦



Debbie Brandon, PhD, RN



Learning, Serving, and Sharing— ABSN Students Experience Cultural Immersion in Barbados and India

BY BRYAN GILMER

Charis Lawrenson Ackerson, ABSN'08, RN, was amazed. She and a local nurse in Barbados had just stepped through the door of a tiny concrete-block house with a corrugated metal roof to check on a diabetic patient. The nurse measured the patient's blood sugar level and then led Ackerson to the kitchen.

“She opens the fridge and gets the insulin out,” Ackerson remembers. “But then I see she also looks to see if they’re eating vegetables or high-carb foods. Then she opens their cabinets to see what kind of snacks they are having.”

The moment drove home for Ackerson how crucial such simple, effective preventive measures are in providing low-cost, high-quality health care.

“They had so much to teach us,” she says of the summer cultural immersion trip she took last summer. “They don’t have a lot of money to spend on health care in Barbados, so they really focus on primary prevention.”

Ackerson and her classmates worked alongside the local nurses, providing front-line care at a local polyclinic in the morning, then visiting chronic patients in their homes each afternoon. The nurses quickly treated the Duke students as members of the staff, with the near-complete autonomy nurses operate

under in Barbados.

“By the second week they were like, ‘OK, check in the patient, check schedules, answer the phone,’” she says. “They are so busy.”

Now, less than five months later, Ackerson is a nurse in the neonatal intensive care unit at Presbyterian/St. Luke’s Medical Center in Boulder, Colorado. But she is also looking for community volunteer work to provide prenatal counseling and preventive care to pregnant women in her community.

Raising Awareness

Dorothy Powell, EdD, RN, FAAN, director of the school’s Office of Global and Community Health Initiatives, says OGACHI created the summer cultural immersion trips to Barbados, India, Jamaica, and Nicaragua and continued to work with Duke University’s Exploring Medicine in Other Cultures program on trips to

Honduras to offer new nurses just such insights—and to raise their awareness of cultural differences.

“To have a Duke experience in Duke facilities is a privileged opportunity to see the best that medical care has to offer anywhere in the world,” Powell says. “But these international experiences show that the majority of health care delivery systems in the world aren’t as privileged. It allows students to contrast what they have here with what other parts of the world don’t have. Yet many of those countries are able to use what they have in effective ways to deal with their problems.”

OGACHI, established two years ago, works closely with Duke University’s signature Global Health Institute to increase the number of students who complete such service learning experiences. The School of Nursing also partners with other nursing schools in the host countries, where in some cases a local faculty member accompanies students to the site to help them understand the situation in the health care facilities they visit.



A Study in Contrasts

Shannon Russell, ABSN'08, traveled to India with a group to see how residents there receive health care, with a focus on HIV/AIDS prevention. She found a cavernous disparity between the private hospital system for the well-to-do and the government- or charity-run hospitals and clinics open to all.

“The government hospitals had just the bare essentials,” Russell recalls. “It was pretty dirty, and they just don’t have a lot of equipment. They were struggling even to implement universal precautions [to prevent contact with bodily fluids that can transmit HIV]. They were trying, but the resources were so limited.”

But one private hospital “was just as good as here, accredited by the same organization that accredits Duke Hospital,” she says. “The problem is the only people who can afford care there are the very wealthy. It was just such a stark contrast.”

Russell said the experience solidified her interest in working with underserved populations. Now she has taken a job at Virginia Garcia Memorial Health Center

in Portland, Oregon, a primary care center serving migrant farm workers and others who face significant barriers to health care.

“I see how health care is at the root of helping a person have good outcomes in every area of their life, of being able to take care of their family,” she says.

Cultural Competence

Students go through an orientation before their trips to gain knowledge of the culture and health care system they will visit. A Duke clinical instructor accompanies them. Though students visit host countries with a respectful, humble attitude, ready to learn, they sometimes have chances to share knowledge with their foreign counterparts.

For example, Ackerman gently suggested prioritizing the treatment of a pregnant patient who showed signs of pre-eclampsia when the local custom is simply to take patients in the order in which they arrive.

“I’m recognizing the symptoms of pre-eclampsia, and they were saying, ‘What time did she get here?’” says Ackerman.

She and her classmates also made a parting gift of name badges for the local nurses’ uniforms to enhance their sense of professionalism and help patients relate to them.

“They loved them and are still wearing them,” she said. “We have stayed in touch.”

Each student has to pay or borrow the cost of his or her trip, around \$2,000. Powell is working to raise funds for scholarships to enable more students to participate.

“We certainly are a global society, and we need to be able to understand each other across the continents,” Powell says. “These trips also cause students to examine their own values and deal with their own potential stereotypes or biases. There are so many cultures represented in our own country to whom we provide care. We absolutely must ensure that our students develop cultural competence, sensitivity, and respect for differences.”

New Strategies to Improve Cardiovascular Health in Barbados

In October the School of Nursing's Office of Global and Community Health Initiatives (OGACHI) helped organize a conference in Christ Church, Barbados, on managing cardiovascular disease in the elderly.

The conference, which yielded promising strategies for improving the cardiovascular health of Caribbean elders, was the first in a series OGACHI plans in cooperation with the Pan American Health Organization's Office of Caribbean Program Coordination, according to **Director Dorothy Powell, EdD, RN, FAAN.**

A total of 165 nurses, physicians, dentists, government officials, educators, and health administrators from the United States and 17 Caribbean islands participated. The group agreed that Caribbean countries need to:

- Promote better preventive health care for adults as they age, including improved community-based and primary care
- Offer more specialized geriatric training in the health professions, especially advanced specialties such as geriatric nurse practitioner and geriatrician
- Improve and expand health care and health research so scientific evidence informs effective public policies
- Better support families caring for elderly members

Advances in sanitation, public health, and basic medical care are helping people in Caribbean countries live longer. But that achievement has raised a whole new set of health care issues that are only beginning to be addressed, especially increased cardiovascular disease and associated morbidities.

"They don't have the resources in the Caribbean that we have in the U.S. for taking care of the elderly," such as long-term care facilities, Powell says. "Elderly people usually are taken care of at home. But now people who would customarily have been those caregivers are part of the workforce. So many elderly people have been put into hospitals, and there are not special protocols for the care and treatment of the elderly in institutional settings."

The United States has evolved successful models of care to cope with similar societal changes, and its nursing professionals have knowledge to share with their Caribbean counterparts, Powell says. Caribbean stakeholders may adapt models of care and evidence-



based standards of care emerging from research in the United States to local needs, resources, and cultures to manage the care of elderly with chronic conditions.

"The participation and excitement the conference generated were very encouraging," Powell says. "This is all the beginning of a dialogue, and we are expecting this dialogue to continue. We hope that some of these ideas can eventually become policy and improve health care."

Duke's 18-member contingent included 10 faculty presenters from the School of Nursing's geriatric nursing faculty, the Duke University Medical Center on Aging, the Division of Cardiovascular Medicine, the Duke Heart Center, the Terry Sanford Institute of Public Policy, Duke University Hospital, and others. ♦



Duke University School of Nursing Awards & Recognitions

2006–2007



Donald Bailey, PhD, RN

American Cancer Society Travel Scholarship Award

Kirsten Corazzini, PhD

Duke University Center for International Studies, Duke Global Health Institute, Faculty Travel Award, 2007

Humanities, Arts, Science, and Technology Advanced Collaboratory Fellowship

University of California San Diego, Supercomputer Center, Summer Institute on Cyberinfrastructure in the Humanities and Social Sciences, 2006

NIH/NINR Gerontological Nursing Interventions Research Center/Hartford Center for Geriatric Nursing Excellence, University of Iowa, Mentoring Grant Recipient, 2006

Catherine L. Gilliss, DNSc, RN, FAAN

Appointed Member, *Nursing Outlook* Editorial Board

Doctor Honoris Causa, University of Portland, Oregon

2007 Jean S. Vallance Lecturer in Nursing Innovation, Pennsylvania State University, School of Nursing

President-Elect, American Academy of Nursing Lifetime Achievement Award, International Family Nursing Society, 2007

Wall of Fame, Distinguished Alumni of University of California, San Francisco School of Nursing

Judith C. Hays, PhD, RN

Elected Member, American Public Health Association Publications Board

Constance M. Johnson, PhD, RN

Top-10 Paper, 2006 Health Informatics Conference

Holly S. Lieder-Parker, MSN, RN, CPNP-AC

ABS Faculty Excellence Award

Brenda Nevidjon, MSN, RN, FAAN

President-Elect, Oncology Nursing Society

Judith K. Payne, PhD, RN, AOCN, CS

Elected Coordinator, Oncology Nursing Society Advanced Nursing Research Special Interest Group

Associate Editor, *Oncology Nursing Forum*

2007 Duke Comprehensive Cancer Center Young Investigator Award (\$1,000)

Oncology Nursing Forum Foundation 2007-2009 Mara Morgensen Flaherty Lectureship Award

Dorothy L. Powell, EdD, RN, FAAN

2006 Helen Sullivan Miller Lecturer, North Carolina Central University, Department of Nursing

Marva Mizell Price, DrPH, RN, FAAN

Fellow, American Academy of Nurse Practitioners

Reappointment, North Carolina State Commission for Health Services

Susan M. Schneider, PhD, RN, AOCN

2007 Oncology Nursing Society Excellence in Cancer Nursing Research Award

Nancy M. Short, DrPH, MBA, RN

North Carolina Nurses Association Board of Director's Outstanding Service Award

Named One of "The Great 100" Nurses in North Carolina

Ruby Wilson, EdD, RN, FAAN

University Medal for Distinguished Meritorious Service at Duke



Duke University School of Nursing Faculty Publications

2006–2007

Ruth A. Anderson, PhD, RN, FAAN

Castle, N. G., Engberg, J., & Anderson, R. A. (2007). Job satisfaction of nursing home administrators and turnover. *Medical Care Research and Review*, 64(2), 191-211.

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Donald E. Bailey, PhD, RN

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Wanda Bradshaw, MSN, RNC, NNP, PNP

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Bradshaw, W. T., Turner, B. S., & Pierce, J. R. (2006). Physiologic monitoring. In G. B. Merenstein & S. L. Gardner (Eds.) *Handbook of neonatal intensive care* (6th ed.). St. Louis: Mosby.

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Debra Brandon, PhD, RN, CCNS

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Janice Collins-McNeill, PhD, APRN, BC

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Kirsten Corazzini, PhD

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Utley-Smith, Q., Phillips, B., & Turner, K., (accepted 2007). Avoiding socialization pitfalls in accelerated nursing education: Re-visiting Shane's Returning-to-School model. *Journal of Nursing Education*.

Queen Utley-Smith, EdD, RN

Colón-Emeric, C., Lekan-Rutledge, D., Utley-Smith, Q., Ammarell, N., Bailey, D., Piven, M. L., Corazzini, K. N., & Anderson, R. A. (2006). Connection, regulation, and care plan innovation: A case study of four nursing homes. *Health Care Management Review, 31*(4), 337-346.

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Utley-Smith, Q., Phillips, B., & Turner, K., (accepted 2007). Avoiding socialization pitfalls in accelerated nursing education: Re-visiting Shane's Returning-to-School model. *Journal of Nursing Education*.

Duke University School of Nursing Funded Research and Training Grants*

Active during Fiscal Year '06-'07 (7/1/06-6/30/07)



Anderson, R. A. (Principal Investigator). **Bailey Jr., D. E., Burton, R., Corazzini, K. N., McConnell, E. S., Utley-Smith, Q.** Outcomes of Nursing Management Practice in Nursing Homes. Funded by NIH/NINR (5R01-NR03178-08), 9/1/1994-1/31/2007, \$152,998.

Anderson, R. A. (Principal Investigator). Staffing Characteristics of Nursing Homes and Quality. Funded by University of Pittsburgh (0003617-112512-1), 4/1/2007-3/31/2009, \$15,873.

Bailey Jr., D. E. (Principal Investigator). **Barroso, J., Clipp, E. C., Landerman, L. R., Muir, A.** Uncertainty and Watchful Waiting in Chronic Hepatitis C. Funded by National Institutes of Health (1R15-NR008704-01A1), 9/30/2005-8/31/2008, \$150,000.

Barroso, J. (Principal Investigator). Bartlett, J., Hicks, C., Pence, B., Wheten, K. Fatigue in HIV Positive People. Funded by NIH/NINR (5R01-NR008681-04), 9/1/2004-5/31/2009, \$393,406.

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

Brandon, D. (Principal Investigator). Freedman, S., Goldstein, R., Gustafson, K., **Landerman, L. R.** Preterm Infants: Light Effects on Health and Development. Funded by National Institutes of Health (5R01-NR08044-05), 2/1/2003-1/31/2009, \$130,849.

Burks, A. W. (Principal Investigator). **Turner, B. S.** Duke Clinical and Translational Sciences Institute. Funded by NIH/NCRR (1UL1-RR024128-01), 9/30/2006-6/30/2011, \$2,182,545.

Califf, R. (Principal Investigator). **Bailey Jr., D. E., Hendrix, C., McConnell, E. S., Turner, B. S.** CTSA UL. Funded by National Institutes of Health (5UL1-RR024128-02), 9/30/2006-6/30/2011, \$6,887,902.

Clipp, E. C. (Principal Investigator). **Anderson, R. A., Landerman, L. R., McConnell, E. S.** Trajectories of Aging and Care in Nursing Science. Funded by National Institutes of Health (5P20-NR007795-06), 9/15/2001-6/30/2008, \$197,042.

Colón-Emeric, C. (Principal Investigator). **Anderson, R. A.** Evidence-Based Medicine in the Skilled Nursing Facility. Funded by National Institutes of Health (5K23-AG024787-04), 7/15/2004-5/31/2009, \$156,589.

Corazzini, K. N. (Principal Investigator). Translating Nursing Systems Science into Practice in LTC: The PALS Intervention. Funded by University of Iowa, 1/1/2007-12/31/2007, \$10,000.

Davis, L. L. (Principal Investigator). **Landerman, L. R., Thorpe, J. M.** Project ASSIST for Chronic Illness Caregivers. Funded by National Institutes of Health (5R01-NR008285-06), 9/30/2002-6/30/2008, \$320,090.

Demark-Wahnefried, W. (Principal Investigator). **Clipp, E. C., Cohen, H., Morey, M.** RENEW: Reach-Out to Enhance Wellness in Older Survivors. Funded by National Institutes of Health (5R01-CA106919-04), 7/15/2004-5/31/2008, \$315,834.

Demark-Wahnefried, W. (Principal Investigator). Daughters And MothErS (DAMES) Against Breast Cancer. Funded by National Institutes of Health (R21-CA122143-01A1), 6/10/2007-5/31/2009, \$140,000.

Denman, S. (Principal Investigator). **Landerman, L. R., Martin, M., Parrado, E., Reyes, R.** Health of Latino Infants: Interventions to Assure Care. Funded by National Institutes of Health (1R15-NR008701-01A2), 9/21/2006-8/31/2008, \$150,000.

Docherty, S. L. (Principal Investigator). Kurtzberg, J., **Landerman, L. R., Miles, M.** Parental Caregiving of Children Post-stem Cell Transplant. Funded by National Institutes of Health (1R15-NR009041-01), 8/1/2004-7/31/2008, \$150,000.

Freedland, S. J. (Principal Investigator). **Demark-Wahnefried, W.** Ketogenesis, Ketogenic Diet, and Prostate Cancer Progression. Funded by Department of Defense (W81XWH-06-1-0133), 11/15/2005-11/14/2007, \$236,447.

Freedland, S. J. (Principal Investigator). **Demark-Wahnefried, W.** Ketogenic diet and prostate cancer. Funded by Atkins Foundation, 6/29/2006-6/30/2007, \$75,000.

Freedland, S. J. (Principal Investigator). **Demark-Wahnefried, W.** Molecular Dissection of the Association Between Obesity and Aggressive Prostate Cancer. Funded by Department of Defense (W81XWH-06-0353), 4/1/2006-3/31/2011, \$648,148.

Goldberg, R. N. (Principal Investigator). **Brandon, D.** Cooperative Multicenter Neonatal Research Network. Funded by National Institutes of Health (5U10-HD040492-08), 5/1/2001-3/31/2011, \$421,568.

Hamilton, J. (Principal Investigator). **Sikkema, K. J.** AIDS International Training and Research Program. Funded by National Institutes of Health (2D43-TW006732-04), 7/1/2003-5/31/2012, \$262,698.



Hendrix, C. (Principal Investigator). **Clipp, E. C., Landerman, L. R.,** Moore, J., Schneider, S. M. Informal Caregiver Training in Cancer Symptom Management. Funded by National Institutes of Health (1R15-NR009489-01A1), 3/1/2006-8/31/2008, \$125,000.

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

Holditch-Davis, D. H. (Principal Investigator). **Brooks, J.** Supplement: Mother-Administered Interventions for VLBW Infants. Funded by National Institutes of Health (5R01-NR009418-04S1), 9/21/2006-6/30/2009, \$33,974.

Holditch-Davis, D. H. (Principal Investigator). **Landerman, L. R.** Mother-Administered Interventions for VLBW Infants. Funded by National Institutes of Health (5R01-NR009418-04), 9/30/2005-6/30/2010, \$350,057.

Holditch-Davis, D. H. (Principal Investigator). Reducing Depressive Symptoms in Low-Income Mothers (HILDA). Funded by University of North Carolina at Chapel Hill (5-50245), 4/3/2006-2/29/2008, \$8,114.

Hoyo, C. (Principal Investigator). **Demark-Wahnefried, W.** In-utero Exposure and Infant Loss of IGF2 Imprinting. Funded by National Institutes of Health (5R21-ES014947-02), 9/20/2006-8/31/2008, \$121,375.

Hybels, C. (Principal Investigator). **Landerman, L. R.** Depression and Physical Functioning in Older Adults. Funded by National Institutes of Health (5K01-MH066380-05), 4/1/2003-1/31/2009, \$103,186.

Hybels, C. (Principal Investigator). **Landerman, L. R.** Subtypes and Trajectories of Depression in Older Adults. Funded by National Institutes of Health (1R01-MH080311-01), 6/1/2007-5/31/2011, \$50,000.

Jones, L. W. (Principal Investigator). **Demark-Wahnefried, W.** Post-Operative Exercise Training for Non-Small Cell Lung Cancer Patients. Funded by Lance Armstrong Foundation, 1/1/2006-12/31/2007, \$98,989.

***McConnell, E. S.** (Principal Investigator). **Bailey Jr., D. E., Corazzini, K. N., Hendrix, C.** Evidence Based Nursing Practice in Geriatric Settings. Funded by Health Resources and Service Administration (5D62-HP01909-05-00), 9/1/2003-6/30/2009, \$154,326.

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

***Parker, H.** (Principal Investigator). **Turner, B. S., Docherty, S. L.** Pediatric Advanced Practice Nurse Practitioner for FNP's. Funded by Health Resources and Service Administration (5D09-HP07339-02-00), 7/1/2006-6/30/2009, \$179,103.

Pieper, C. (Principal Investigator). **Landerman, L. R.** RC 1. Funded by National Institutes of Health (5P30-AG028716-02), 9/15/2006-6/30/2011, \$198,297.

Price, M. L. (Principal Investigator). Partnering Research Involving Mentoring and Education (PRIME) in Prostate Cancer. Funded by Department of Defense (W81XWH-05-1-0209), 1/15/2005-2/14/2008, \$190,679.

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

Tulsky, J. (Principal Investigator). **Clipp, E. C., Hays, J.** Trajectories of Serious Illness: Patients and Caregivers. Funded by National Institutes of Health (5R01-NR008249-05), 8/1/2003-4/30/2008, \$383,947.

***Turner, B. S.** (Principal Investigator). Clinical Research Management Program for Nurses. Funded by Health Resources and Service Administration (D09HP07350-02), 7/1/2006-6/30/2009, \$142,408.

***Turner, B. S.** (Principal Investigator). **Goodwin, L. K.** TIP-NEP: Technology Integration Program for Nursing Education and Practice. Funded by Health Resources and Service Administration (1U1-KHP07713-01-00), 9/1/2006-8/31/2011, \$269,912.

***Turner, B. S.** (Principal Investigator). Nurse Anesthesia Program. Funded by Health Resources and Service Administration (1D09-HP07359-02), 7/1/2006-6/30/2009, \$158,238.

Weinfurt, K. P. (Principal Investigator). **Clipp, E. C., Demark-Wahnefried, W.** CaPS Supplement. Funded by National Institutes of Health (5U01-AR052186-04), 9/28/2004-7/31/2009, \$409,861.

Williams, R. S. (Principal Investigator). **Turner, B. S.** Building Interdisciplinary Research Careers in Women's Health. Funded by NIH/NICHD (K12HD043446), 9/26/2002-7/31/2007, \$458,886.



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Nursing Students Connect with Homeless

In October eight Duke School of Nursing students participated in a one-day event aimed at connecting Durham's homeless with valuable services and resources.

During Project Homeless Connect, an event held at Urban Ministries to kick off Durham's 10-year plan to end homelessness, the students provided blood pressure screenings. The screenings were just one of many free services made available that day for the homeless. Other services included hair cuts, flu shots, and housing and employment assistance.

The event gave the nursing students an opportunity to work with a population they seldom get a chance to interact with, says Catherine Taylor, MSN, RN, BC, manager of clinical placements at the School of Nursing. "Interacting with the homeless was very instructive and made a big impression." She adds: "The students were able to

see a major community health event in action."

The students also offered the people nutritional advice and referred anyone with a high blood pressure reading to a nurse practitioner or physician on site. "The people were very satisfied and pleased with the information the students gave them," says Rosa Solorzano, MPH, MD, associate director of the School of Nursing's Office of Global and Community Health Initiatives.

The eight students learned about Project Homeless Connect through their Community Health Nursing course, which is taught by Helen Gordon, CNM, MS, and required of all accelerated Bachelor of Science in Nursing (ABSN) students. Taylor says the entire class, made up of 65 ABSN students and one master's degree student, will participate in Project Homeless Connect again in the fall.



Grace Odom (right) receives a blood pressure checkup from Duke nursing student Andrea Lingle.