



Summer
2010
Volume 5, No. 2

Duke Nursing

magazine

- 08 First DNPs Graduate
- 12 A Day in the Life: Pediatric Acute Care
- 16 Nursing Alumni in Haiti



GOING OUT TO LEAD

Duke nurses are tomorrow's change agents

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08 North Carolina's first DNP's implement real change even before they graduate, through capstone projects



12 Fragile infants benefit when care is delivered by highly trained pediatric acute care nurse practitioners



16 Nursing alums answer the call in Haiti

ALSO IN THIS ISSUE

- 03** Gilliss appointed to N.C. Institute of Medicine
- 04** Anderson named to Virginia Stone Professorship
- 04** Gallagher is new Nursing Alumni Association president
- 05** Student wins Schweitzer Fellowship for African refugee work
- 07** Op-Ed: APRNs and DNP's will lead health care reforms
- 20** 2010 Reunion Recap
- 21** Married couples share graduation rites
- 22** Margaret Davey Barbee's Valentine letter arrives 76 years late
- 23** Class Notes
- 24** Obituaries
- 25** Kelly Moore lands a job "Down Under"

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Change agents—that describes Duke University School of Nursing's students, faculty, and alumni throughout the country. They are leading improvements in patient care and global health.

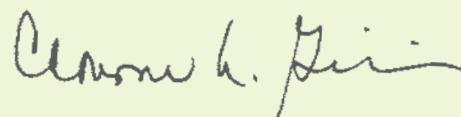
Our students are directing service projects that address disparities in health care for low-income and underserved communities. They are teaching members of refugee communities how to educate one another about the health care system in the United States, health prevention, and disease management.

Our faculty are studying the roles of nurses and other health professionals in care delivery and health promotion. They are conducting research to improve care delivery by examining how nursing care impacts the development of medical complications and how self-care and provider support can impact health outcomes.

The first graduates of our DNP program are leading the implementation and evaluation of innovations in patient care and community health. They are creating bedside plans to document how consistent application of evidence-based protocols improves health outcomes and working in partnership with other health care professionals to maximize compliance. Our DNP graduates are improving access to health care resources and community services for underserved populations. They are designing systems to share

select medical records electronically with patients with positive results.

In all the ways that Duke nursing students, faculty, and alumni are going out to lead, they are removing barriers to access and empowering patients with education and information. They are demonstrating for interdisciplinary care teams how integrating families into daily practice leads to better patient and workflow outcomes; teaching hospital nurses in Haiti about wound care and amputee treatment; educating both health care professionals and patients about the trajectory of a rare, life-threatening disease: these are just a few of examples of how, in a dynamic world of health care, Duke nurses are going out to lead the way to better outcomes.



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



appointments



Karen E. Caines



Brigit M. Carter



Marilyn Lombardi

Watch for These New Faculty Coming Fall 2010

Janet Prvu Bettger, ScD, FAHA, assistant professor

Lisa Day, PhD, CNS, assistant professor

Kay Mueggenburg, PhD, RN, assistant clinical professor

Jane Peace, PhD, RN, assistant professor

Karin Reuter-Rice, PhD, CPNP, director, Acute/Chronic Care Nurse Practitioner Specialty program, assistant professor

New SON Faculty Appointments

Karen E. Caines, PhD, CPN, has been appointed assistant professor. Her experience includes six years of teaching nursing fundamentals, therapeutic communication, pediatrics, and nursing research. She also has practiced as a pediatric nurse practitioner in school-based health centers and led a community health partnership. Her research interests are socio-cultural protective factors, positive youth development, community-based youth development programs, and adolescents. As part of her doctoral studies, she participated in a two-year Leadership Education in Adolescent Health fellowship at the University of Minnesota, where she conducted a classic ethnography by joining a youth swim team for a year to examine potential socio-cultural protective factors for early adolescent girls. Currently she is studying the outcomes of a community-based program that uses the kayak as a tool and the ocean as a classroom to offer positive developmental experiences. She holds an associate's degree in nursing from East Tennessee State University and a master of science in nursing degree and a PhD in nursing science degree from Vanderbilt University.

Brigit M. Carter, PhD, RN, CCRN, has been appointed assistant clinical professor. Last summer she provided direct oversight of the Making a Difference in Nursing program at the School of Nursing. Her experience includes 11 years as a clinical nurse in the Neonatal Intensive Care Unit at Duke University Hospital. For two years during that time, she was the intensive care nursery coordinator for staff education and development, serving as the liaison between hospital education and the intensive care nursery and between unit administration and committee chairs. Her area of research interest is maternal and neonatal risk factors for necrotizing enterocolitis in the preterm infant. She holds a bachelor of science in nursing degree from North Carolina Central University, a master's degree in nursing education from the University of North Carolina at Greensboro, and a doctor of nursing science degree from the University of North Carolina at Chapel Hill.

Marilyn Lombardi, PhD, has been appointed director of academic and strategic technology. Her experience includes working in the field of graduate education as a professor, scholar, program leader, and technology strategist for more than 20 years. Most recently she served as founding director of the Renaissance Computing Institute (RENCI) Engagement Center at Duke University and the University of North Carolina at Chapel Hill, where she provided strategic and operational oversight for the partnership between Duke and a statewide multi-institutional advanced computing organization. Her research projects in human-computer interaction and advanced cyber-infrastructures for learning and discovery have been funded by the National Science Foundation and the Ewing Marion Kauffman Foundation. As senior strategist for Duke's Office of Information Technology for the past five years, she provided comprehensive advisory services to the chief information officer and senior IT leadership to define emerging services, programs, and tools and enhance existing services. She holds a bachelor of arts, summa cum laude, and master's and doctorate degrees in English from the University of California, Los Angeles.



Mary D. Naylor

New Informatics Scholarships

Prospective nursing informatics students can apply for one of 11 new competitive scholarships covering up to 100 percent of tuition, thanks to a grant from the National Institutes of Health titled Consortia for University-based Training of Health IT Professionals in Health Care.

The scholarships are available to students applying to enter the School of Nursing's MSN in Informatics program for the first time in Fall 2010 or the Post-Master's in Informatics Certificate program for the first time in Spring 2011.

Information about how to apply is available at nursing.duke.edu; search "nursing informatics scholarships."

3rd Annual Informatics Conference

"Supporting Evidence-based Practice" will be the theme of the third annual Nursing Informatics Conference scheduled Friday, Oct. 29, 2010, at the School of Nursing.

Information about registration and submitting abstracts will be posted online at 2010-nursing-informatics-conference.org.

Naylor Speaks on "Care Transitions: Research, Realities, and Reform"

Mary D. Naylor, PhD, RN, FAAN, delivered the 2010 Carol Hogue Distinguished Lectureship in May during the Duke-Carolina Visiting Professorship in Geriatric Nursing event at the Duke University School of Nursing.

Naylor is the Marian S. Ware Professor in Gerontology at the University of Pennsylvania School of Nursing, and she spoke on "Care Transitions: Research, Realities, and Reform."

Naylor, who was recently appointed as a commissioner on the Medicare Payment Advisory Commission (MedPAC), also directs the NewCourtland Center for Transitions and Health. She is a National Institute of Nursing Research-funded investigator whose work focuses on improving outcomes and reducing costs of care for vulnerable community-based elders. She has completed three clinical trials focusing on discharge planning and home follow-up of high-risk elders by advanced practice nurses.

The distinguished guest speaker during the daylong event, sponsored by Blue Cross and Blue Shield of North Carolina, was William A. Dombi, Esq., director of the Center for Health Care Law of the National Association for Home Care & Hospice in Washington, D.C.

Gilliss Appointed to N.C. Institute of Medicine

Dean Catherine L. Gilliss, BSN'71, DNSc, RN, FAAN, has been appointed to the North Carolina Institute of Medicine (NCIOM) by Gov. Bev Perdue for a five-year term.

Gilliss will participate in task forces to study health issues facing the state. Typically, task forces develop workable solutions to improve health, health care quality, and health care access for North Carolinians.

She also will have the opportunity to submit commentary for the *North Carolina Medical Journal*, a statewide journal of health policy analysis and debate co-published by the NCIOM and The Duke Endowment six times a year.

NCIOM is an independent, quasi-state agency chartered by the General Assembly in 1983 to provide balanced, nonpartisan information on issues of relevance to the health of the people of North Carolina.

Anderson Named Virginia Stone Professor of Nursing

Ruth A. Anderson, PhD, RN, FAAN, Duke University School of Nursing professor and a senior fellow in the Duke University Center for the Study of Aging and Human Development, has been named the Virginia Stone Professor of Nursing, effective July 1, 2010.

Being selected for a distinguished professorship is the highest honor that Duke University awards its faculty members. This professorship is named in honor of Virginia Stone, PhD, RN, FAAN, who developed and implemented the first gerontological master's degree program in the nation at Duke for nurses interested in caring for older adults.

"Dr. Anderson has revolutionized our knowledge of the nursing home environment," says Dean Catherine L. Gilliss, BSN⁷¹, DNSc, RN, FAAN.

"Her contributions have illuminated our understanding of how to implement changes in care delivery to improve quality of life for older adults in long-term care facilities."

Anderson is a co-principal investigator on an NIH/National Institute of Nursing Research grant related to reducing patient fall rates in nursing homes. She is a frequent contributor and manuscript reviewer for numerous journals; a member of the Geriatric Research Education and Clinical Center Advisory Committee for the Durham Veterans Affairs Medical Center; and a former chair of the Health Care Management Division of the Academy of Management.

She received a bachelor of science in nursing degree from Stockton College in New Jersey. She earned a master of science in nursing degree in gerontological nursing and a master of arts degree in social gerontology from the University of Pennsylvania and a PhD in nursing from the University of Texas at Austin.



Gallagher Named New NAA President

Kathleen E.V. Gallagher, BSN⁷⁵, has been named the 2010-2011 president of the Duke Nursing Alumni Association.

An experienced fundraiser and community volunteer, Gallagher currently serves as executive director of institutional advancement for the Country Day School of the Sacred Heart in Bryn Mawr, Pa., where she oversees the school's alumni relations, communications, public relations, and marketing.

Prior to her current position, she worked as director of development for Drexel University's College of Nursing and Health Professions and the School of Public Health. She continues to volunteer for the College of Nursing, currently serving as chair of the Dean's Advisory Council and chair of the Fund-raising Committee. She also has held volunteer positions with local day and private schools in the Philadelphia area and with the Ocean City Beachwalk Program.

Gallagher's volunteer history with Duke includes chairing the Nursing Alumni Council's Fundraising Committee. She also served as a member of the Duke Annual Fund's Executive Committee from 1996-2006 and currently serves as class agent for the School of Nursing Class of 1975. The university recognized Gallagher for her years of service to Duke by awarding her with the 2006-2007 Charles A. Dukes Award, one of the university's highest volunteer honors.

Her nursing career included working as a staff nurse at Duke for a year after graduating from the School of Nursing and as a nursing instructor at Hahnemann University in Philadelphia. Gallagher also spent time working as a freelance writer and clinical editor for Nursing83 Books.

Gallagher earned both a master of science in nursing degree and a certificate in fundraising from the University of Pennsylvania in 1980 and 2005, respectively.



Work with Local African Refugees Earns Schweitzer Fellowship

When legal immigrants come to the United States, they often have a difficult time navigating their way through the health care system. But MSN student Julius Kibe hopes to make the process a little easier through a program called the Jenga Initiative.

His work with the program has earned him and Caroline Njogu a 2010-2011 Albert Schweitzer Fellowship. Kibe and Njogu established the Jenga Initiative to help address health disparities in North Carolina's African refugee population by creating a lay health advisor program focusing on diabetes and hypertension education.

Kibe is currently enrolled in Duke's acute care and family nurse practitioner programs, while Njogu is a public administration student at North Carolina Central University.

The word "Jenga," which is Swahili for "build," reflects Kibe's aim to help the refugees rebuild their lives in the United States. "The U.S. government accepts people based on refugee status, those who are in dire circumstances and willing to resettle and can apply themselves," he says. "For them it's quite a privilege and a challenge when they get here."

A native of Kenya, Kibe says he's visited refugee camps and has seen for himself the devastation they represent. The ravages of war leave many refugees with a number of health problems, most notably, diabetes and hypertension. And when they come to America, language barriers and financial difficulties can make transitioning to a new life a daunting and overwhelming task.

The Jenga Initiative helps local African refugees educate one another about America's health care system and the importance of treating diabetes and hypertension. This model of training lay health educators is common in many of the refugees' native countries, where a lack of doctors and other health care professionals makes the work of lay educators in the community a necessary tool in health prevention.

"They are not formally trained but obviously do a lot of

A photograph showing Julius Kibe, a young Black man with a red lanyard, sitting at a table and listening intently to someone whose back is to the camera. He has his hand to his chin in a thoughtful pose. The setting appears to be an indoor space, possibly a community center or office.

"For them it's quite a privilege and a challenge when they get here."

Julius Kibe counsels lay health educators in Raleigh.

good in prevention," Kibe says. He regularly meets with the lay health educators in Raleigh.

The Albert Schweitzer Fellowship awarded Kibe and Njogu \$3,000 to help fund the Jenga Initiative. The nonprofit organization annually supports 250 graduates from the nation's top health and human service schools as they develop and implement service projects that impact the health of low-income and underserved communities. A partner organization, the U.S. Committee for Refugees and Immigrants, will also help support Jenga.

After he completes his MSN degrees, Kibe hopes to pursue a PhD in public health and eventually work with a nonprofit to prevent health disparities on a global scale.



Deirdre Thornlow



Dana Carthron



Rob Califf

Two Duke Scholars Win Fagin Elder Care Fellowships

Two scholars in the School of Nursing are among eight nationwide who have been awarded \$120,000 Claire M. Fagin Fellowships to pursue research aimed at improving health outcomes for targeted groups of elderly patients.

Deirdre Thornlow, PhD, RN, an assistant professor of nursing at Duke, will follow older adults who undergo major surgery to examine how nursing care impacts the development of medical complications. Elderly patients who develop respiratory failure following surgery are at greatly increased risk of being readmitted to the hospital or dying, and rates of respiratory failure following surgery are increasing nationally for these patients.

Dana Carthron, PhD, RN, an assistant professor of community health nursing at Winston-Salem State University, will work with African American grandmothers who have diabetes and are raising their grandchildren. Her goal is to understand how self-care and provider support can impact health outcomes for these women. African American women are disproportionately affected by diabetes, the sixth leading cause of death in the United States, and many have the added stress of serving as primary caregiver for one or more grandchildren.

Carthron and Thornlow will be mentored at Duke by Virginia Stone Professor of Nursing Ruth Anderson, PhD, RN, FAAN. Anderson is nationally renowned for her expertise in gerontology, chronic illness, care systems, and translational nursing research. Carthron will also work with Chip Bailey, PhD, RN, Duke associate professor of nursing and a former Fagin Fellow, whose research focuses on chronic illness and patients who elect watchful waiting as a treatment plan. Thornlow will also work with Eugene Oddone, MD, MHSc, a Duke professor of medicine and director of the Durham Veterans Affairs Medical Center's Center for Health Services Research in Primary Care.

The Claire M. Fagin Fellowship Program is part of Building Academic Geriatric Nursing Capacity (BAGNC), a program funded by the John A. Hartford Foundation and the Atlantic Philanthropies and administered by the American Academy of Nursing.

Califf Encourages Graduates to Challenge Authority

According to **Rob Califf, T'73, MD'78, HS'78, '80-'83**, who gave the commencement address to the Duke University School of Nursing Class of 2010, "There has never been a better time for nursing and nurses to shape the future [of health care] by testing the boundaries of nursing's traditional role in society."

Califf is vice chancellor for clinical research, director of the Duke Translational Medicine Institute, and a professor of medicine in the Division of Cardiology. He is an international leader in health outcomes, quality of care, and medical economics and founding director of the Duke Clinical Research Institute.

In his address, he predicted that nursing will be at the center of a major upheaval of all the health professions and warned against efforts by some "to control the situation for the benefit of one segment of health care workers over another..."

Califf encouraged graduates to "speak up at all levels, challenge authority, and work towards improvement," and emphasized the growing importance of nursing research in bringing about positive change in health care reform.

APRNs and DNPs:

Leading the Way to Better Health Care in America

BY MICHAEL ZYCHOWICZ

Michael Zychowicz, DNP, RN, ANP-C, FAANP, is the lead author and editor of the book *Orthopaedic Nursing Secrets* and writes a column on orthopaedic pathophysiology for the journal *Orthopaedic Nursing*. He is an associate clinical professor and director of the adult nurse practitioner program at the Duke University School of Nursing.

With health care reform, many more Americans will have health care coverage and will be attempting to access primary health care. This increased demand will be met with a shortage of nurses and primary care physicians. To meet these challenges, I believe we must significantly change how we deliver health care in our country, and that nursing will play a major role.

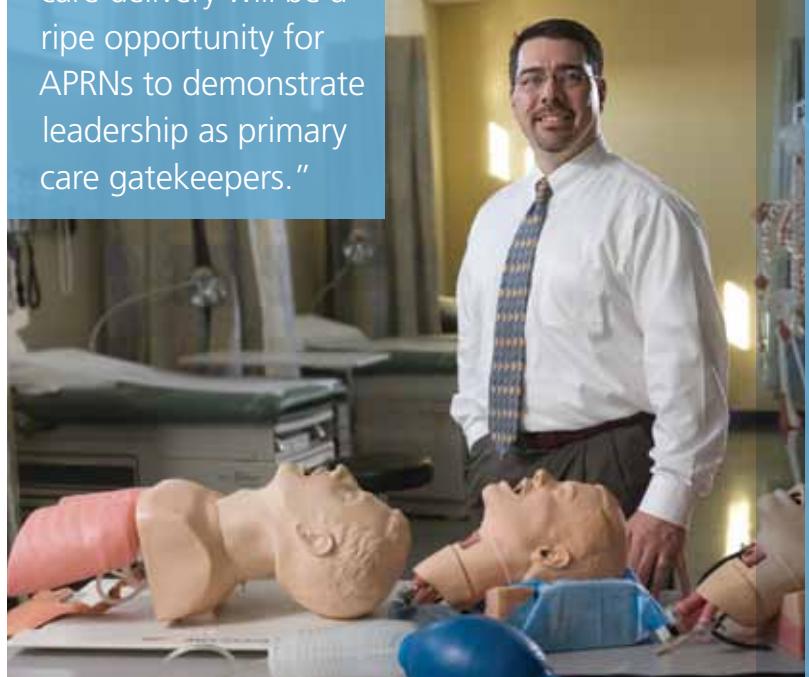
Part of the solution will come from the more than 125,000 advanced practice registered nurses (APRNs) who practice in the United States. As fewer physicians enter primary care practice, the gap in primary care delivery will be a ripe opportunity for APRNs to demonstrate leadership as primary care gatekeepers. APRNs are very well prepared for this new leadership role, and the literature supports their ability to provide quality, cost-effective primary health care with positive outcomes and better access to care.

We need to remove the barriers prohibiting APRNs from practicing to the fullest extent of their scope of training. Some states, including North Carolina, have only recently allowed APRNs the legal authority to write prescriptions, despite the fact that they have the education and training to responsibly engage in this activity. Other examples of barriers in various states include inability to sign death certificates, perform Department of Transportation physicals, or prescribe home health care for patients.

The inability of APRNs to practice independently without mandated supervision by or collaboration with a physician is another significant barrier to APRN practice and access to care. North Carolina state law currently requires nurse practitioners to have a written collaborative practice agreement with a supervising physician in order to be able to prescribe certain tests, treatments, devices, and medications. The agreement requires that the nurse and physician meet monthly for the first six months and annually after that and hold quality improvement meetings every six months.

It's often difficult for independent nurse practitioners to find physicians willing to take on this added responsibility,

"...the gap in primary care delivery will be a ripe opportunity for APRNs to demonstrate leadership as primary care gatekeepers."



which can also represent competition for patients and revenue. Removing this barrier—as many states have already done with success—would improve access to care for patients, especially in rural and underserved areas.

The coming wave of nurses with doctor of nursing practice (DNP) preparation and education will also have a positive effect on health care delivery and practice. The large number of DNP-prepared nurses entering leadership positions in clinical practice, management, academe, and small business can help transform health systems. DNP graduates are prepared to translate evidence into practice to improve health systems and clinical outcomes, as well as provide leadership and implement innovations in the delivery of health care.

Although the APRN and DNP are relatively young professional options for nurses, they offer a pathway for nursing to lead in improving the U.S. health care system. This is an exciting time to be an APRN or a DNP. These young professionals have a unique opportunity to make a significant difference in the delivery of health care in the United States.

First DNP Grads Are Innovators BY JIM ROGALSKI

In 2008, the week after **Elizabeth Rodriguez, DNP'10, RN**, received her acceptance letter to the Duke University School of Nursing's new doctor of nursing practice (DNP) program, she learned she was pregnant.

One-and-a-half semesters into the five-semester program, she gave birth to a daughter.

"There was definitely a lot to juggle," she says, "and it was very challenging."

But, she adds, it was manageable and very rewarding.

In May Rodriguez joined the School of Nursing's first cohort of 12 DNP graduates. The non-research clinical DNP degree provides them with a keen understanding of health care business and administration and gives them a new toolkit to assess research findings and implement them into practice.

"I'm looking down the road to becoming a senior hospital administrator, so this degree will help me move forward professionally," Rodriguez says.

Duke's DNP program—the first of its kind in North Carolina—was accredited in October 2009 by the Commission on Collegiate Nursing Education for five years, the maximum available for an initial accreditation.

The mostly Web-based degree program, which opened in Fall 2008, is an executive-style curriculum designed for working nurses who want to take their careers to a higher level and become change agents in the health care industry, says Barbara Turner, DNSc, RN, FAAN, the chair of Duke's DNP program.

The four-point mission is: to teach post-baccalaureate and post-master's degree nursing students how to translate research into practice; to teach students how to transform the health care industry by effecting policy; to create the next wave of health care leaders; and to advance the quality of patient care.

Key to the DNP degree is the capstone project, a four-semester-long scholarly project designed to address a practice issue affecting groups of patients, health care organizations, or health care systems. Students plan, implement, and evaluate an initiative jointly agreed upon by their practice, the students, and the students' advisory committee.

Because she was raising infant triplets and working while

earning her DNP degree, **Heather Taylor, DNP'10, RNC, WHCNP-BC**, says the flexibility of the Duke program was important, as was the close relationship with her School of Nursing advisor Constance Johnson, PhD.

"It's been an academic experience like no other," Taylor says. "I had zero informatics experience when I came, and now I'm prepared to teach others. Dr. Johnson was fully accessible throughout the entire process. Anytime I needed her, she was there."

Taylor is one of four DNP graduates whose capstone projects are profiled here:

TAYLOR: LINKING PEOPLE TO HEALTH RESOURCES IN MOORE COUNTY

For anyone living in North Carolina's five-county Sandhills region, finding health care resources and community services got a lot easier when Taylor completed her capstone project.

Taylor, a program development analyst with FirstHealth Moore Regional Hospital in Pinehurst, N.C., developed and coordinated the implementation of a Web site (firstnavistar.com) and toll-free call center that puts those resources at the touch of residents' fingers.

"Community members can spend an hour or more on the phone asking providers if they take new patients or accept their particular insurance. This Web site has all of that information," she says.

The main aspect of the site is a health care provider search function. Users can search for individual practitioners, home health agencies, skilled nurses, assisted living facilities, and dentists, or search specific categories such as cancer care. The secondary feature is a community resource search in which more than 500 community entities are listed, including food assistance organizations, transportation options, and more. A button labeled "Contact Support" allows users to interact with a trained volunteer who can help them navigate the Web site.

“There’s no cure for autism, but early intervention can help to mitigate the expression of it.” —GEORGETTE “GIGI” GURA

For the non-computer savvy, the toll-free number puts the caller in touch with a person who can work the Web site for them.

The project is funded by the Foundation of FirstHealth, the philanthropic entity that supports the FirstHealth health care system. Taylor began the process in early 2009 by surveying community members to learn what features were most important. She met face-to-face with some groups and sent written surveys to others. She then worked with a Web developer to create the Web site. She also conducted focus groups with case managers in the hospital to ensure accuracy and appropriateness of the material.

The project pilot launched in March 2010. “We’ve received tremendous feedback from the community,” she says. “This is innovative patient education. The DNP will help me to take a step forward in my career, because now I have the formal education and knowledge to write better grant proposals and budget preparations. And I’m able to write about scientific topics at a much higher caliber.”

Taylor earned a BSN degree from George Mason University and an MS degree from the University of Maryland-Baltimore. She and her husband, U.S. Army Major Kevin Taylor, have 4-year-old triplets.

GURA: SCREENING FOR AUTISM IN RALEIGH

Twenty years ago **Georgette “Gigi” Gura, MSN’99, DNP’10**, knew something was different about her 20-month-old son. He rarely looked at people’s faces when spoken to, showed inconsistent attention when his name was called, and seemed to lack general social skills.

She had a hard time convincing skeptical doctors that she wasn’t imagining it.

Back then little was known about

autism. There were no standardized screenings, and when a child showed concerning behavior for autism, the common protocol was simply to wait and see how it eventually would be expressed and then formally diagnosed.

Today the research is clear, says Gura, a pediatric nurse practitioner in the three-provider-practice Pediatric Partners in Raleigh. “The earlier we can identify it and the earlier we can intervene, the better the patient outcomes. There’s no cure for autism, but early intervention can help to mitigate the expression of it.”

There’s just one problem, Gura says: The number of children under age two who get screened for autism is woefully





Heather Taylor



Georgette "Gigi" Gura



Elizabeth Rodriguez

inadequate. In a survey of physicians published in 2009, just 28 percent reported they screened for autism spectrum disorder (ASD), with only one physician screening routinely at 18 and 24 months of age, she says. The U.S. Centers for Disease Control and Prevention (CDC) reports that the average age of diagnosis currently is 41-60 months.

Gura hopes to help change that by sharing results from her School of Nursing DNP degree capstone project, in which she designed and implemented an ASD screening process that didn't disrupt the normal operation of her practice. She says the additional work involved with autism screening, combined with low reimbursement for it, are significant reasons why more practices don't include it in standard well-child visits.

With the American Academy of Pediatrics and CDC now recommending autism screening for all children age 18 and 24 months, more practices likely will be looking for guidance.

Gura developed a process that includes a template for her practice's electronic medical records system and a laminated, reusable Modified Checklist for Autism in Toddlers questionnaire and scoring template. Her practice screened 156 patients and identified two children with concerning signs of possible ASD who were referred to a county agency for evaluation. Both 24-month-old children met criteria for early intervention.

"This was cost-effective and did not decrease productivity in her office," says Jane Blood-Siegfried, DNSc, CPNP, a School of Nursing associate clinical professor and a member of Gura's DNP evaluation committee. "That alone is a hard thing to do."

Just as important, Blood-Siegfried says, Gura was able to increase autism awareness among the providers in her office, so they were more likely to refer children.

"The odd thing is, if you don't use a screening tool, you

don't think about autism," Blood-Siegfried says. "But when you do use a tool, you think about it and question the results."

ASD affects about 1 in 91 children in the United States, according to a national survey published in *Pediatrics* in November 2009. Children often show great improvement in symptoms with intensive behavioral treatment beginning during the preschool years.

Treatment can include developmental, behavioral, and speech therapy, as well as dietary modifications. The U.S. Food and Drug Administration has not approved any medications specifically for the treatment of autism, but in many cases medication can treat some of the symptoms associated with it, such as anxiety.

Gura earned a BSN degree from the University of North Carolina-Charlotte and an MSN degree from Duke. She and her husband Jerry have a 22-year-old son.

RODRIGUEZ: E-SHARING LAB RESULTS AT MEMORIAL SLOAN-KETTERING

At a time when the public is more educated about health and demanding more transparency between doctors and patients, **Elizabeth Rodriguez, DNP'10, RN**, led the design of a system to share certain medical records electronically with patients.

The system has gained the support of physicians, nurses, and patients at Memorial Sloan-Kettering Cancer Center in New York, where she is a nurse leader in the outpatient department. Rodriguez's DNP capstone project has answered some important questions about what had made physicians and nurses hesitant to provide such a service.

"Patients want unrestricted access to their records, and physicians and nurses fear it will increase their workload because patients won't fully understand what they're seeing and will call the office more often," Rodriguez says. "It's quite

“Long term, I hope we’ll find that our organization is 100 percent compliant with use of this protocol and that it has a positive impact on the overall organization.”

—MARY ANN FUCHS

controversial. A big part of my job was gaining support for doing this.”

It might not be controversial for much longer. The system, launched in June 2009, made 90 of the nearly 600 lab tests performed at Sloan–Kettering available to patients on the hospital’s password-protected patient portal, which already was sharing appointment and billing information. Rodriguez’s December 2009 survey of 600 Sloan–Kettering physicians and nurses showed that the workload either decreased or stayed the same.

“The issue of workload was my most significant finding,” Rodriguez says. So much so, that an additional 200 lab tests were added to the patient portal in December.

Another concern of providers was that patients would suffer increased anxiety over lab results they didn’t fully understand. But patients actually reported decreased anxiety because they didn’t have to wait as long for results or play phone tag with the doctor’s office to check if their results were in. Patients also said they felt more informed and prepared going to their providers for follow-up visits when they already knew lab results.

“Patients were very happy with having access and want more,” Rodriguez says. “They felt empowered and engaged in their own care. We’re now looking into also sharing results for CAT scans.”

Some record modification is needed before sending them to patients, Rodriguez says. “Medical records are designed for clinicians’ eyes, so with each test we link to the outside Web site labtestsonline.org that provides descriptions of the majority of the most common tests.”

The system also removes any red exclamation points that indicate a test value is out of the normal range.

Rodriguez manages a team of 60 nurses at Sloan–Kettering and is charged with supervising their work, implementing new programs, and being active on several policy and procedural committees. In the future she will explore whether providing electronic access to medical information has an impact on patient outcomes.

Rodriguez earned a BSN degree from Villanova and a master of arts in nursing administration from New York University. She and her husband, David, have a daughter.

FUCHS: PREVENTING UTIs AT DUKE

With hundreds of thousands of patients across the country contracting hospital-acquired infections each year, **Mary Ann Fuchs, MSN’90, DNP’10**, the chief nursing officer at Duke University Hospital and a clinical associate at the School of Nursing, set out to help decrease the numbers.

Her capstone project focused on the largest component of hospital-acquired infections—urinary tract infections (UTI).

Fuchs worked with infection prevention control experts with the Duke Infection Control Outreach Network and designed a bedside plan that includes a daily nurses’ checklist to determine if patients meet the criteria for keeping a catheter and regular discussions with patients’ physicians.

Preliminary results after the first three months of implementation are promising.

“We’ve seen a decrease in the number of overall catheter days and a decrease in the number of UTI infections,” she says. Data collection and results analysis are continuing.

Because Duke already had established a commitment to decreasing all hospital-acquired infections, getting others on board for her project was smoother than what she likely would have faced elsewhere, she adds.

“It’s always difficult in a large organization to get everyone to buy in,” she says. “At this hospital we have a very dedicated group of people. Long term, I hope we’ll find that our organization is 100 percent compliant with use of this protocol and that it has a positive impact on the overall organization,” she says.

Fuchs pursued the DNP degree because she is a strong believer in the need for continuous development for herself and her staff.

“If you do not stay current and advance your knowledge, you become stagnant in the dynamic world of health care,” she says. “I felt this curriculum would help me improve my ability to actually implement changes in the health system.”

She says the School of Nursing’s DNP program has been elevated to national attention because of the rigor of the curriculum and capstone project and the focus on public health.

“It’s really going to be seen as a national leader in the development of DNP curricula,” she says.

*Fuchs and her husband, **Herbert E. Fuchs, MD’83, G’84, HS’85-’91**, live in Durham with their four rescued Border Collies. ◆*

Jeannie Koo, Duke Pediatric Acute Care Nurse Practitioner BY MARTY FISHER



Jeannie Koo, MSN'08, PACNP, cares for some of Duke University Hospital's sickest, most fragile children in the 13-bed Pediatric Cardiac Intensive Care Unit (PCICU).

It's "exhausting, stressful, and incredibly stimulating," she says.

Koo came to the School of Nursing for its nationally recognized Pediatric Acute Care Nurse Practitioner (PACNP) program. Originally a premed student at the University of Connecticut, she spent a year with AmeriCorps in Colorado after her sophomore year, then decided nursing offered a faster route to patient care and a wealth of career options.

She completed work on an undergraduate nursing degree at the University of Colorado Health Sciences Center and then spent three and a half years working as a travel nurse in busy pediatric ICUs in New York, Boston, and San Francisco. At Duke she interviewed personally with Sharron Docherty, PhD, CPNP, RN, who led the development of the national PACNP curriculum. Docherty started Duke's PACNP program, one of the country's first accelerated degree programs for family nurse practitioners working in pediatric acute care.



Koo worked in the Duke Pediatric Intensive Care Unit (PICU) while pursuing her degree and has been splitting her time since

graduating between the PICU and the PCICU.

As part of a team that includes pediatric cardiologists, cardiothoracic surgeons, critical care doctors, medical residents, fellows, and a host of pediatric health care professionals, she is encouraged to perform the same procedures that physician providers perform, including intubation, central and arterial line placement, lumbar punctures, and conscious sedation. When Koo is on duty in the PICU and PCICU, she is in charge of patient management and serves as a resource for the nursing staff.

"It's scary, exciting, and gratifying" says Koo. "I'm in awe of everything our patients go through and how resilient they are. Even on the hardest of weeks, I still love my job."

6:30 AM

Koo conducts an assessment on one-week-old Jasper Barton, who is three days post-surgery following a hybrid heart procedure—pulmonary arterial banding and an atrial septostomy to correct a congenital heart defect. Little Jasper is Koo's patient, and later this morning during rounds she will present his case to the team.

8:00 AM



Morning rounds. Koo reviews chest x-rays with Andrew Lodge, MD, a cardiothoracic surgeon, and Michael Camitta, MD, a pediatric cardiologist. The team compares the x-rays to those from the previous days, enters orders, and establishes a plan for each tiny patient's day.

"After rounds our team huddles and reviews the plans for the day. A lot can change with any of the patients, so we constantly reevaluate. You fly by the seat of your pants, because children are so variable," says Koo.

9:30 AM



Koo assists with a PICC line (catheter) dressing change for Hanna Grace McGlamery, a three-week-old infant recovering from surgery to repair truncus arteriosus, a rare congenital heart defect characterized by a single blood vessel arising from the left and right ventricles. Normally two vessels, the pulmonary artery and the aorta, carry blood into and out of the heart.

"We have an amazing amount of technology in cardiac surgery and new tools, so despite the complex problems these patients have, many of them do go home and have normal, healthy lives," says Koo. "There are always hard days, but they are balanced with really good days."

leadingcare

10:30 AM



Radiology rounds with a pediatric radiologist. Koo and Catherine Baxter, a new PACNP whom she's orienting to the unit, evaluate the x-rays of several ventilator patients who may have pneumonia.

12:30 PM



Koo and Bronwyn Bartle, CPNP, a cardiology nurse practitioner, enjoy a light moment after discussing the condition of a patient who left the PCICU and is now on the pediatric cardiology ward.

“It’s scary, exciting, and gratifying. I’m in awe of everything our patients go through and how resilient they are. Even on the hardest of weeks I still love my job.” —JEANNIE KOO

2:15 PM



Koo adjusts seven-year-old DeAsia Washington's blanket as her great-godmother, Catherine Miles, and her mother, Veronica Williams, look on. Miles wears a tee shirt imprinted with DeAsia's first grade school picture.

DeAsia was a bright-eyed, pony-tailed first grader before being diagnosed with cardiomyopathy following a viral illness. She suffered a stroke during surgery, and now a Berlin Heart left ventricular assist device keeps her heart pumping while she awaits a heart transplant.

"As a team, I think we do a great job of integrating families with our daily practice," says Koo. "We meet with every parent every day. We sit down and talk about not only the care of their child, but also what's going on in their lives and with their other children. Every member of our team values this interaction and finds it important."

3:30 PM



Koo visits three-week-old Korah Swenson, who has graduated from the PCICU to the pediatric step-down unit. Korah is recovering from the first of three phases of surgery she'll have to go through to correct hypoplastic left heart syndrome, in which the left side of the heart doesn't develop fully. She also required abdominal surgery to repair an intestinal anomaly. While the congenital defect cannot be completely repaired, Korah can live a relatively normal life after more heart surgery at age four to six months and again at two years.

"We have the kids who come back to visit us, and it's amazing to see them healthy and well—many of them send us Christmas cards," says Koo. "Even with tragedies and hardships, the families are so grateful for the time they had with their child. That's what makes it worth it."

To Haiti with Love:

Duke Nursing Alums Heed Haiti's Call for Disaster Relief BY BERNADETTE GILLIS

At 6 a.m. on Jan. 20, Linda Markee, BSN'63, was abruptly pulled from sleep by screams of "Earthquake, earthquake! Get out, get out!" She and 26 other Americans had been in Haiti for only a week when they found themselves experiencing the same terror felt by millions of Haitians during the massive 7.0 earthquake on Jan. 12.



Fortunately no one was hurt in the 5.9 aftershock. But once they returned to the Port-au-Prince hospital where they had been assigned, they discovered all the staff and patients—even the ones who had undergone surgery the night before—spread out along a rocky incline outside the hospital.

Markee says even after engineers declared the hospital safe, the patients still refused to return to the building. So she and her team members pulled together to reassure the patients and gain their trust.

"We explained that we believed God had sent us there," Markee recalls. "We said, 'We are here to help you.' So we all went over and put our hands on the hospital and had a big prayer. We went inside, and then the patients followed."

DEALING WITH LOSS

For two months Markee and her husband, Joseph E. Markee, MD'65, worked with their Christian organization, Haiti Foundation of Hope, and its partner, Medical Teams International (MTI), helping patients following Haiti's largest earthquake in 200 years.

After first learning about the quake, the Vancouver, Wash., couple had only 36 hours to prepare to leave with MTI's medical disaster response team. For the next month they treated patients in Port-au-Prince and then went north to spend another month in Terre Blanche,



Above, Duke nurse Katie Sligh (right) worked alongside Haitian nurses in Port-au-Prince. Left, Linda Markee's fellow workers from Medical Teams International help deliver a baby.

Linda Markee's husband, Joseph E. Markee, performs an ultrasound as a Haitian doctor (right) watches.



“There was so much work to be done and so many people to care for. You just get caught up in helping people.” —LINDA MARKEE

where Haiti Foundation of Hope has a medical clinic and two schools.

Even two decades' worth of experience treating patients in Haiti, including following major floods in 2004 and 2008, didn't prepare Markee for the devastation she encountered.

“I don't think I ever really have gotten to the point where I could cry and get it all out,” she says. “I guess there's a part of us that has different compartments where you put your emotions. There was so much work to be done and so many people to care for. You just get caught up in helping people.”

Among those they cared for was a pregnant woman with a broken leg named Tamara. While Joseph Markee performed an ultrasound, Markee noticed Tamara's husband waiting in the hospital hallway.

After trying to encourage him to join his wife, Markee says the man only wanted to talk about his three-year-old son who died in the quake.

Once Tamara gave birth to the baby a few days later, Markee came to

realize the husband still had not told his wife that the other child was dead. “She thought the three-year-old was in another hospital,” Markee says. “Her husband didn't tell her the truth because he didn't want to upset her because she was so close to term. They had no parents, no siblings left, nobody.”

THE DUKE TEAM

Markee is just one of a number of School of Nursing alumni who heeded Haiti's call for help after the Jan. 12 earthquake. Four nursing alumni employed at Duke volunteered to join Duke Medicine's first multidisciplinary relief team dispatched to Haiti on Feb. 5. For about a week and a half, nurses Lee Freeman, MSN'06, Jan J. Johnson, MSN'83, Nancy Payne, MSN'07, and Katie Sligh, ABSN'07, worked alongside 10 other Duke health care providers and volunteers from Partners in Health, an international nonprofit organization co-founded by Paul Farmer, T'82, MD, PhD.

When wound care nurses Payne and Johnson began working at the Partners in Health hospital in Cange, it was so

overcrowded that about 50 patients were lined up on mattresses and pallets on the floor of a nearby church. With only two nurses to care for everyone in the church, there was plenty for the Duke team to do, particularly treating wounds and caring for amputees. One of Payne's first duties was to get the patients off the mattresses and moving around.

“The wound care and the people getting up and moving with crutches and walkers, I'm sure prevented a lot of complications,” Payne says.

Both Payne and Johnson were touched by a young seminary student, Bel, whose right arm was amputated after being crushed during the earthquake. Payne says Bel's biggest concern was whether he'd be able to serve communion one day.

Payne and Johnson were able to wrap Bel's arm and change his dressings, but they were not able to discuss the option of getting a prosthetic arm, like they normally do for patients in the United States. Payne says, “We were told before we went, ‘Don't promise anything,’ because we didn't know what

leading global health



Top, Linda Markee, who has more than 20 years' experience working as a medical volunteer in Haiti, says she wasn't prepared for the devastation. Markee's patient, Tamara, finds joy among the death and destruction with the birth of her baby.

was going to happen. So I did not get to communicate about the possibilities of prosthesis because I didn't know if he'd get one."

Fortunately Bel did get a prosthetic arm after the first Duke team left. However, Payne fears for Bel's future and others like him. Payne wonders if the amputees will be able to get the follow-up care they need. "What's going to happen next year or the year after?" she asks. "Young children usually have to have a new prosthesis every year. Are they going to have supplies and the facilities to get these, or are children going to be hopping on one foot a year from now?"

LOOKING AHEAD

As for the future of some of the children she saw, Markee at least feels

good knowing that in many cases extended families are there to do all they can to help their loved ones. She was struck by the unexpected number of young mothers who died during the earthquake, leaving young babies behind. She was even more amazed by the number of sisters and other relatives who stepped up to care for the now motherless children.

Payne also was moved by the amount of responsibility taken on by the Haitian families. Thanks to family members who were willing to feed, change bedpans, and wash their relatives, Payne says she and the team were able to focus mainly on nursing care.

"They were the most gracious families," Payne says. "If a patient didn't

"But there's still so much that needs to be done in Port-au-Prince. I guess we made a dent, but there's still a lot to do."—KATIE SLIGH

have a support system, the person across the room would help them."

The resilience of the Haitian people left a lasting impact on Markee and Sligh as well. "In those two months we were in Haiti, I've seen more suffering than you need to see in a lifetime," Markee says. "But at the same time, I've seen the resilience of the Haitian people. They get up and they move on. They have a saying, 'We remember but we move on.'"

Sligh, who spent most of her 10 days in Haiti in Port-au-Prince, was amazed by the strength displayed by one young female amputee. "She had lost most of her arm, from right above the elbow on down," Sligh says. "And she had a big hole in part of her other arm. She spoke some English, and every time we changed the dressing, she said she didn't need any pain medicine. She said, 'No, I'm strong, I'm strong.' She handled it with such grace and resiliency."

Johnson, who has traveled to Nicaragua multiple times for medical mission work, hopes to return to Haiti. She says it will likely be a long time before the country returns to anything that resembles normalcy, and the country will need help for years to come, particularly since so many health care workers lost their lives. Among the hundreds of thousands killed during the earthquake was an entire class of nursing students.



Clockwise from top left: Members of the Duke disaster relief team talk with Partners in Health co-founder Paul Farmer, MD, PhD (left). Many team members found themselves working in makeshift wards like the one in Cange, pictured here. The Duke team performs surgery on a Haitian patient. Haitian children gather in the Cange clinic.

Because Haiti Foundation of Hope is permanently set up in Haiti, Markee's work in the country is far from over. On June 17 she and a medical team began two weeks of providing medical care and training the clinic's Haitian medical staff.

"We need to look at what will really make a difference," Markee says. "I think medical teaching will make a difference."

Payne hopes her team's time in Haiti, although short, will have a lasting impact. She, too, recognizes

the importance of teaching medical professionals in Haiti. While in Haiti, she spent one night teaching hospital nurses about wound care and how to treat amputees.

"To the individuals that we saw, yes, our work made a lasting difference," Sligh adds. "But there's still so much that needs to be done in Port-au-Prince. I guess we made a dent, but there's still a lot to do."

Duke has sent two additional disaster relief teams to Haiti. The most recent trip, which took place April 4-14,

included team members Cameron Wolfe, MD, infectious diseases; Mark Shapiro, MD, general surgery; Christopher Young, MD, anesthesiology; Desiree Cooper, nursing; Kathleen Bloemeke, nursing; Janna Borcherding, nursing; Alyson Stalzer, MSN'09, nursing; and Yasmin Singleton, nursing. To learn more about Duke's response to the earthquake and ways you can help, visit dukemedicine.org/giving. ♦

To Make a Nomination please send an e-mail to amelia.howle@duke.edu or call 919-667-2529 and note the person's name, name of the award, and a statement about why you believe they are qualified.

2010

REUNION RECAP



More than 150 alumni, friends, faculty, and students gathered on campus for Nursing Reunion Weekend April 16-17, 2010.

Dean Catherine L. Gilliss, BSN'71, DNSc, RN, FAAN, and Connie Cabell Kendall, BSN'84, MSNA, CRNA, the 2009-2010 Nursing Alumni Association president, presented School of Nursing Awards to Joy Forsythe Reed, BSN'70, EdD, RN, FAAN; Jo Ann Baughan Dalton, BSN'57, MSN'60, EdD, RN, FAAN; and Shirley Davis Martin, N'56, BSN'58, MSN'60, PhD, ARNP. Chancellor Victor J. Dzau also attended the ceremony, offering words of congratulations to the awardees.

Other weekend highlights included the 2010 Distinguished Contributions to Nursing Science Lecture presented by Dalton and a nursing symposium on virtual learning environments.

- 1 Victor J. Dzau, MD, Chancellor for Health Affairs, Duke University, and CEO, Duke University Health System; Paulette Hartsell; Catherine Hartsell; Audrey Lintner, N'56
- 2 Shirley Davis Martin; Ruby Wilson, EdD'69, RN, FAAN, former dean; Jo Ann Baughan Dalton
- 3 Members of the Nursing Class of 1975 Terri Jackson Forsyth, Teresa Jones Schleimer, Susan Bowers Guptill, Susan Thomas Miner, Rosemary Hickey Irion, Laura L. Barbour
- 4 Joy Forsythe Reed, Dean Catherine L. Gilliss

Couples Complete Their Nursing Journeys Side by Side

Having family and friends cheer you on from the stands on graduation day is sweet. But having your spouse in a cap and gown seated right next to you is even sweeter. Just ask the Garretts and the Kings.

The two married couples were among this year's School of Nursing graduating class. Studying full time for MSN degrees while being married had its challenges, but both say it was well worth it.

Just 10 days after getting married in 2008, **Shannon Garrett, MSN'10**, and **Jonathan Garrett, MSN'10**, left Seattle for Durham so Jonathan could start the nursing anesthesia program while Shannon took a job as a nurse in the emergency department at Duke University Hospital.

But pretty soon Shannon felt it was time for her to earn another degree as well, and she applied for the family nurse practitioner program. Shannon says, "I feel really lucky that Jon encouraged me to go to school while he was in school. Now we can move on to the next step together."

"We sort of knew exactly what the other one was going through."

—NIKKI KING

Being in two different programs made it hard for the couple to spend quality time together, especially when Jonathan traveled across the state for clinical rotations. "It was really hard to be apart so much, but I think it helped that we were in school together," Shannon says. "We both really had an understanding of the intensity and the focus that we needed to devote to school."

For Nikki King, MSN'10, and Derrick King, MSN'10, who both earned MSN degrees in nurse anesthesia, being in the same program made things a little easier. They were able to lean on one another for moral support and were often study buddies. "We sort of knew exactly what the other one was going through," Nikki says. "It was easy for us to relate to each other and tutor each other."

Nikki and Derrick both earned BSN degrees at the University of North Carolina-Wilmington, and it was their mutual love for working with patients that led them to enter the nurse anesthesia specialty together. "In anesthesia you have to build a rapport with the patient because it's important for the patient to trust you." Nikki adds, "It seemed like a challenging profession with opportunities for growth."

The couple admits that being full-time students proved difficult for their finances. "It seems a lot of our colleagues had a spouse to rely on financially," Nikki says. "But we got through it together. We knew Duke was the place we wanted to go, so we had been saving since undergrad."

Nikki and Derrick both worked in the cardiothoracic intensive care unit before entering the nurse anesthesia program and plan to return to Duke as nurse anesthetists on July 1. ♦



Jonathan and Shannon Garrett



Nikki and Derrick King

Valentine Never Reached Margaret Davey Barbee, N'35

Addressed in cursive to Miss Margaret Davey, the envelope arrived at Duke by U.S. mail, affixed with a 1- and 2-cent stamp.

The postmark: Feb. 12, 1934.

"There's no telling where it was for these past 76 years," said Mike Trogdon, director of Duke Postal Operations.

With no return address, and no one in the Duke directory by the name Margaret Davey, Trogdon slit open the envelope and pulled out a card decorated with a giraffe and hearts. "To My Valentine," it read. "In the race for my affection, you win by a long neck—so be my valentine!!"

It was signed, Joyce.

Since the envelope was addressed "c/o Duke Hospital, Duke University," maybe, just maybe, Margaret Davey was a student in 1934. On a hunch, Trogdon called Duke's Alumni and Development Records.

Records confirmed that Margaret Davey graduated from Duke's School of Nursing in 1935. She married John Barbee, who fought in the Battle of the Bulge during World War II. They raised a son, James, and daughter, Patricia. Margaret Davey Barbee worked many of her 35 years as a registered nurse for the Veterans Affairs Hospital in Salem, Va., before retiring in Florida.

She passed away this year, on Jan. 10, at age 96, before the lost card surfaced.

"It's been two months since she died, but things are still coming back to remind you that she's still around," said her daughter-in-law, Ann Barbee, also of Florida.

An old-fashioned nurse, Margaret wore a



"There's no telling where it was for these past 76 years."

MIKE TROGDON
DIRECTOR OF DUKE
POSTAL OPERATIONS

starched white uniform topped off with white cap until she retired from Morton Plant Hospital in Clearwater, Fla., in 1983. She cheered for the Duke Blue Devils, particularly J.J. Redick, every chance she got. In later years, and until the day she died, Margaret kept a poster of the men's basketball team, signed for her 90th birthday by Coach K, above her bed in the nursing home.

A fierce ambassador for anything Duke, she wasn't shy about showing her Duke pride.

"Any doctor that she ever went to, she'd always check the walls, and it was always, 'I went to Duke. I went to school at Duke,'" said Barbee, the daughter-in-law. "She would tell everyone. She was very impressed with Duke. That was the ultimate place you could be from."

When first told about the discovery of the lost Valentine's card, even her daughter-in-law couldn't place the card, or Joyce.

The card was postmarked in 1934 from Salem, Va., where Margaret Davey once lived. She had outlived her husband, brother,

and four sisters. So who could it be?

"I really don't have any idea," the daughter-in-law said.

Then it dawned on her.

Margaret's oldest sister, Florence, had two daughters in 1934. One was Elizabeth (Betsy), who was nearly two years old at the time; the other was approaching six, and her name: Joyce.

"My mother wrote both the envelope and the 'Joyce' signature inside," said Joyce Galbraith Colony, who lives in Charlottesville, Va., and turned 82 in April. "She was my favorite aunt."

The card's whereabouts for the past 76 years may remain a mystery. When mailed in 1934, letters from home were coveted by nursing students studying 11 months of the year. At the time, zip codes did not exist. But in 1963, when codes were announced for the country, or sometime after that year, someone, somewhere, scrawled on the envelope 27870 – the code for Roanoke Rapids, N.C. The Duke and Durham zip code is 27708.

And on March 11, 2010, the U.S. Postal Service delivered the card to Duke in a plastic bag that read, "We Care."

It included a message of apology from the Postmaster.

“Although every effort is made to prevent damage to the mail, occasionally this will occur because of the great volume handled and rapid processing methods which must be employed to assure the most expeditious distribution possible,” the plastic bag read.

Trogdon, Duke’s postal director, said it’s possible the card accidentally fell behind a mail counter in 1934, only to be discovered years later. “My best guess,” he said, “is it then went to Roanoke Rapids, and it was there until somebody found it, put it in the mail several days ago, and it ended up here.”

But the mystery didn’t end there.

Around the same time Duke received Margaret Davey’s lost Valentine’s card, a second discovery was made in Raleigh.

Another piece of mail—a letter from Joyce in Salem, Va., to her aunt Margaret Davey “c/o Duke Hospital”—was found in the U.S. Postal Service’s Processing and Distribution Center in Raleigh.

That envelope’s postmark: Jan. 15, 1935, nearly one year after the Valentine’s card was mailed.

The young Joyce had written in cursive on lined stationery about Christmas presents, A’s on a report card, and getting her tonsils removed.

“Write to us soon. Lots of love,” Joyce wrote.

That lost letter was returned to a family member in Salem, Va., and then sent to Elizabeth (Betsy) DeCarolis—Joyce’s sister and Margaret Davey’s other niece—on March 12, 2010, with an explanation from the U.S. Postal Service.

“We believe it may have been left in a mail-bag and overlooked by our personnel who emptied the contents,” the Postal Service wrote on March 9, 2010. “Occasionally, an envelope may stick to the seam inside a bag.”

The mail bag was recently pulled from storage.

“This is amazing. The timing is just unbelievable,” said Elizabeth (Betsy) DeCarolis, 77, of Durham. “How many more might be out there somewhere?”

—LEANORA MINAI

reprinted courtesy of Duke Magazine

1950s

Shirley Davis Martin, N’56, BSN’58, MSN’60, PhD, of Altamonte Springs, Fla., received the Duke University School of Nursing Humanitarian Award in April 2010. She currently is an international missionary nurse. Outside of nursing she enjoys traveling, reading, biking, and walking. She has four children—Vicki Roberts and Kathryn Whitlock of Atlanta, Ga.; Leslie Dibble of Kazakhstan; and Scott Martin of Opelika, Ala.—and 11 grandchildren.

1970s

Susan M. Glover, BSN’70, a cancer prevention nurse at Anne Arundel Medical Center in Annapolis, Md., is a certified tobacco treatment specialist by the Mayo Clinic. She is teaching three seven-week smoking cessation courses per year. Her clients report a 35 percent quit-rate after one year. She lives in Annapolis.

Connie B. Bishop, BSN’75, will enter the Duke University School of Nursing’s doctor of nursing practice (DNP) program in the fall. A true Blue Devil fan, she writes her favorite seasons are “football, basketball, and spring.”

Zoe Tillson Timperon, BSN’75, opened a bed and breakfast in Kingston, Ontario, with her husband, Don, in 2004. Since then they have hosted guests from more than 30 countries. When not busy with their guests, the couple enjoys ballroom dancing, sailing on Lake Ontario, gardening, traveling, and visiting their children. Together they have five children, three of whom have graduated from college.

1980s

Susan Fitzgibbon Shumaker, BSN’81, was named president of Moses Cone–Wesley Long Community Health Foundation in September 2009. She and her husband, Brad Shumaker, have two college-age children and live in Greensboro, N.C.

Sarah Killam Mondando, BSN’82, has been named vice president of business development and sales for the Visiting Nurse Association of the Treasure Coast in Vero Beach, Fla. She is responsible for the operation of the intake/referral center, coordination of the hospital and community liaison activities, medical record keeping, clinical/financial evaluation of patient referrals, management of referral data, and medical coding.

2000s

Tracy Andrews, MSN’05, has completed the doctor of nursing practice degree as well as a sub-specialty in genetics at Columbia University School of Nursing. She also has been promoted to assistant clinical professor of nursing at the school of nursing and clinical director of aortic surgery at Columbia University Medical Center. Andrews has been selected to attend the National Institutes of Health’s prestigious National Human Genome Research Institute’s 2010 workshop in genomics. She lives in Weehawken, N.J.

obituaries

1930s

Lucille Lopp, BSN'38, of Lexington, N.C., died March 2, 2010. She was 94. After working as a nurse at Duke University Hospital, she accepted a job with the State Board of Health's Crippled Children's Division. In the summer of 1945, she joined other medical workers in providing care for polio patients in a special hospital in Hickory, N.C. From 1949-1986 she worked for the Cabarrus County Public Health Department. She is survived by a sister.

1940s

Jean Elizabeth Plews, BSN'42, of Crystal Lake, Ill., died March 18, 2010. She was 88. During WWII she served on hospital ships that took her all over the Pacific Ocean theater. Soon after marrying in 1946, she and her husband, George, moved to Crystal Lake. Plews was active in her church, where she sang in the choir, led search committees, and served as a member of the chancel guild. She was preceded in death by her husband in 1981. She is survived by four children, 16 grandchildren, and one great-grandchild.

Carol Poole White, BSN'42, died April 16, 2010, at Tuomey Regional Medical Center in Sumter, S.C. She was 90. After graduating from Duke University, she worked on staff there until her marriage to the late **Clayton A. White, T'47**. She is survived by three sons, six grandsons, and two great-granddaughters.

Ruth Slocumb Emlet, BSN'44, of Pensacola, Fla., died Feb. 25, 2010. She was 89. Over the years she was active in many local organizations, including the Garden Club and Escambia Medical Auxiliary, serving as president in 1964. She enjoyed

golf, boating, reading, and gardening. She was preceded in death by her husband **Jack Emlet, MD'45**. She is survived by a daughter, two sons, eight grandchildren, and a great-granddaughter.

Jewel Voss Jones Mickey, N'44, died March 1, 2010, at Forsyth Medical Center in Winston-Salem, N.C. She was 86. One of Mickey's joys in life was being a founding and active member of the 50-year-old Hill and Dale Garden Club. She is survived by her husband, sister, three children, eight grandchildren, and two great-grandchildren. One daughter preceded her in death.

Mary Hanna Barnes, BSN'45, of New Johnsonville and Waverly, Tenn., died March 16, 2010, of acute respiratory distress syndrome. She was 87. Her career included working as a nurse in Veterans Affairs hospitals in Jacksonville, Fla., and Denver, Colo., as well as at Shriners Hospitals for Children in Greenville, S.C. In later years she served as an ombudsman to monitor the care and facilities of two local nursing homes. She was preceded in death by her husband, Charles Barnes. She is survived by two brothers and one sister.

Sarah Pritchett Meyer, BSN'47, of Houston, Texas, died March 2, 2010. She was 90. During her nursing career, she was a registered nurse at the Morris Memorial Hospital in Milton, W.Va., the Dow Hospital in Freeport, Texas, and also taught nursing at the Hermann Nursing School in Houston. She was preceded in death by her husband of 33 years, Kenneth E. Meyer, two brothers, and a sister.

Betty Bodkin Farrior, N'48, of Tampa, Fla., died March 24, 2010. She was

82. Her career included working as a registered nurse at Duke University Hospital and as a public health nurse for the Hillsborough County Health Department in Tampa. She was active in the Planned Parenthood Association and many civic activities, including serving as president of the Salvation Army Women's Auxiliary. She is survived by her husband of 60 years, **Richard T. Farrior, MD'49**, four children, seven grandchildren, and one great-granddaughter.

Eugene M. Holmes, N'48, of Simpsonville, Ky., died May 26, 2010. She was 83. She was a supervisor in the former Children's Hospital of Louisville, Ky. Her interests outside of nursing included gardening, golf, and fly-fishing in Wyoming. She was preceded in death by her husband of 42 years, E.M. Holmes. She is survived by three children and seven grandchildren.

1970s

Constance R. Schilthuis, BSN'77, of Kennett Square, Pa., died May 6, 2010, after a 20-year battle with cancer. She was 55. Specializing in pediatrics and maternal care, she worked at Delaware Division of Wilmington Medical Center in Wilmington, Del., Sacred Heart Hospital in Allentown, Pa., and Polyclinic Medical Center in Harrisburg, Pa. She later taught nursing at Harrisburg Community College and Hartford County Community College. Schilthuis is survived by her husband, Jim, three children, her mother, and sisters.

The Best of Both Worlds: New Pharmaceutical Position Moves Moore to Australia



“...we learned to be thinking nurses who work outside of the traditional boxes and to work directly with physicians.”

After happily working in the pharmaceutical industry for eight years, **Kelly Moore, T'98, ABSN'07**, made a connection with a cancer patient that left a lasting impression. Patient interaction was limited in her line of work, but while working as a senior product manager at the pharmaceutical company Novartis, Moore had the opportunity to meet the patient and learn of her battle with cancer and her experience with the company's drug Gleevec. It was at that moment Moore came to realize something was missing from her career.

“She's quite remarkable and is just very inspiring,” Moore says of the patient. “We were about the same age, and she told me the things that made a difference to her were the people who directly cared for her. I just felt a really strong pull to work with people more closely than I had been previously, which is why I left that career, went to nursing school, and did the ABSN program.”

Moore fulfilled her dream of working at the bedside by becoming a nurse in the Duke Pediatric Bone Marrow Transplant Program. However, her industry days were far from over. After a year, Alexion Pharmaceuticals came calling and offered her a job as an oncology clinical specialist, educating patients and physicians all along the East Coast.

Most recently Alexion Pharmaceuticals offered Moore a position as a regional medical services manager in Alexion's Sydney, Australia, office. Moore says the job offers her the best of both the marketing and nursing worlds. And on top of that she gets to do it all while traveling internationally.

In the newly created position, Moore now devotes her time to educating physicians, nurses, and patients in Australia and Southeast Asia about a rare, life-threatening disease called paroxysmal nocturnal hemoglobinuria (PNH).

Moore works closely with physicians and nurses to explain what the disease is and how to administer Alexion's drug, Soliris, to patients intravenously. But she says her presentations go beyond the traditional sales pitch. Her nursing background allows her to speak as one health care professional to another.

“The job requires the ability to truly translate the medical component to a physician in a way that clearly paints a picture of a patient,” Moore says. “I walk the physician through the entire disease process, what happens with the disease, and how the product works for the disease. The process of going through all that information is pretty substantial.”

Affecting just 10 to 15 patients per million in the United States, PNH is a rare type of disorder that causes the immune system to attack the red blood cells. The disease is difficult to diagnose, but symptoms can include anemia, thrombosis, and renal failure. The median age of diagnosis is 32. The drug Soliris is currently the first and only medication approved to block the breakdown of red blood cells in PNH patients. It was launched on the market in the United States three years ago and just recently received marketing approval in Australia.

Part of Moore's job will be to help facilitate the launch of the drug in Australia. She will also work with hospitals and other health care sites to set up clinical trials and recruit patients.

Moore first learned about PNH well before arriving at Alexion. While a Duke nurse, Moore worked with **Amy Abernethy, MD'94, HS'94-'01**, program director of the Duke Cancer Care Research Program, collecting data for the PNH international registry.

The PNH registry experience and her Duke nursing degree were instrumental in her getting the job with Alexion. “The Duke nursing degree was quite helpful because we learned to be thinking nurses who work outside of the traditional boxes and to work directly with physicians,” she says.

Moore says her aim now is to educate as many people as she can about PNH, and just because it's a rare disease doesn't mean it deserves any less attention than well-known diseases. She believes every patient deserves equal access to treatment.

“It's important that patients who have these rare disorders are not disadvantaged in comparison to patients with more common diseases,” she says. “The key thing is that life is life.”

—BERNADETTE GILLIS



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Graduation 2010

The first class of Duke doctor of nursing practice (DNP) students graduated on Sunday, May 16, along with 52 MSN graduates and nine students who received post-master's certificates. A total of 68 Accelerated BSN students completed their studies in December and also received their official Duke degrees in May. The DNP graduates are the first ever in the state of North Carolina.

- 1 Misty Benfield, Sarah Queen, Emily Funk, Gena Burnett, Rebecca Davis, Adrienne West, Nicole King, Nicole Sadowski, Zebulon Thomeczek, Bradley Norden, and Sarah-Jane Lawless
- 2 Shane Anderson, Lola Ogunniyi, and Angelica Ortiz
- 3 Rebecca Russo, Jen Perkins, Tamrah Parker, Laura Cox, Shannon Garrett, and LaKeisha Rayner
- 4 Front row: Karol Harshaw-Ellis, Heather Taylor, Mary Ann Fuchs, Sara Paul, Rosemary Brown, Mary Vinson. Middle row: Diane Caruso, Gigi Gura, Sharon Hawks, Julee Waldrop. Back row: Ann King, Debra Thompson, Meg Carman, Liz Rodriguez, Anne Derouin, Bob Blessing